STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.

DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 www.dbc.ca.gov

NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of the Dental Board of California will be held as follows:

Thursday, May 17, 2012

Embassy Suites SFO Airport Waterfront
150 Anza Blvd., Burlingame, CA 94010
650-292-7376 or 916-263-2300

*Public comments will be taken on agenda items at the time the specific item is raised. The Board may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. 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 Web Site 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 Richard DeCuir, 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*

Thursday, May 17, 2012

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources.

8:30 a.m. DENTAL BOARD OF CALIFORNIA – FULL BOARD - OPEN SESSION

ROLL CALL ..... Establishment of a Quorum

***CLOSED SESSION - FULL BOARD**
Deliberate and Take Action on Disciplinary Matters
*The Board will meet in closed session as authorized by Government Code Section 11126(c)(3)

***CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE**
Issuance of New License(s) to Replace Cancelled License(s)
*The Committee will meet in closed session as authorized by Government Code Section 11126(c)(2) to deliberate on applications for issuance of new license(s) to replace cancelled license(s)

***CLOSED SESSION – EXAMINATION APPEALS COMMITTEE**
Grant/Deny Appeals from California Examination candidates
*The Committee will meet in closed session as authorized by Government Code Section 11126(c)(1)

OPEN SESSION RESUMES AT APPROXIMATELY 10:00 a.m. OR UPON ADJOURNMENT OF CLOSED SESSION

AGENDA ITEM 1 ..... Discussion, Review and Possible Acceptance of the Universidad De La Salle Site Team Report

AGENDA ITEM 2 ..... Discussion and Possible Action Regarding:
(A) Acceptance of the Subcommittee Recommendations Regarding the Universidad De La Salle's Renewal Application;

(B) A Decision on the Renewal Application for Universidad De La Salle

AGENDA ITEM 3 ..... Discussion and Possible Action Regarding the California Dental Association's Request to Amend Regulations Pertaining to Mobile Dental Clinics *(Cal. Code of Regs., Title 16, §1049)*

AGENDA ITEM 4 ..... Presentation by the California Dental Association Regarding Possible Future Legislation to Require Dental Labs to Register with the Dental Board and Disclose Material Types and Place of Origin

AGENDA ITEM 5 ..... Presentation by Dr. Paul Glassman Regarding Office of Statewide Health Planning and Development (OSHPD) Pilot Project (HWPP #172) Relating to Training Current Allied Dental Personnel for New Duties in Community Settings

AGENDA ITEM 6 ..... Presentation by Western Regional Examination Board (WREB) Representative Regarding WREB Activities and the Recently Completed Governance Restructuring Process

COMMITTEE/COUNCIL MEETINGS

- DENTAL ASSISTING COUNCIL

See attached Dental Assisting Council agenda

- EXAMINATION COMMITTEE

See attached Examination Committee agenda

- LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

See attached Licensing, Certification, and Permits Committee agenda

- LEGISLATIVE AND REGULATORY COMMITTEE

See attached Legislative and Regulatory Committee agenda

- ENFORCEMENT COMMITTEE

See attached Enforcement Committee agenda

PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

Note: 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).)

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MEMORANDUM

DATE	April 30, 2012
TO	Dental Board of California
FROM	Steven Morrow, DDS Dental Board of California
SUBJECT	**Agenda Item 1:** Discussion, Review and Possible Acceptance of the University De La Salle Site Team Report

The Onsite Inspection and Evaluation Report of the site visit conducted at the University De La Salle School of Dentistry is the result of a combined effort of many individuals. The Site Visit Team consisted of three full-time California dental educators, one of which is a member of the Dental Board of California, and a full-time practicing California general dentist who is also an Assistant Clinical Professor at a California dental school. In addition, a member of the Dental Board staff accompanied the Site Visit Team and provided valuable assistance in the form of recording minutes of meetings with University administrators, faculty, staff and students. She also was very helpful in obtaining copies of various documents requested by the Site Visit Team, translating those documents into English, when needed, and providing language interpretation during some of our meetings.

The Site Visit Team offers their sincere thanks and appreciation to the Board's Executive Officer, Richard DeCuir, the Dental Board staff, and Dr. Huong Le for the time and effort required to accomplish this very important and lengthy undertaking. The Site Visit Team is also very appreciative of the University De La Salle's administration, staff, faculty, and students for their gracious hospitality and their tolerance for any disruption of their academic and clinic schedules resulting from the Site Visit Team's presence.

The Site Visit Team especially wants to thank two individuals. First, Dr. Mary Jean McGrath Bernal, the Dean of the University De La Salle School of Dentistry, for the professional manner and atmosphere that we experienced during the onsite inspection and evaluation process. Her attention to detail and pre-planning of the site visit schedule was very beneficial in maximizing the use of Team's time. Second, we want to thank Ms. Erica Cano for her very thorough recording of minutes from our numerous meetings with the University's administration and the School of Dentistry's administration, faculty, staff and students. Her contribution to the generation of the Site Visit Team's report was invaluable.

I personally extend my heartfelt thanks and appreciation to all of the Site Visit Team members, Dr. Nelson Artiga-Diaz, Dr. Ernest Garcia, Dr. Timothy Martinez, and Ms. Erica Cano. Their enthusiasm, dedication, and teamwork resulted in a very thorough and in-depth inspection and evaluation of all aspects of the University De La Salle's dental education program.

A copy of the Onsite Inspection and Evaluation Report has been included in this Board meeting's agenda packet for your review, discussion and possible acceptance.

This concludes the University De La Salle School of Dentistry Onsite Inspection and Evaluation Team's Report.

FINAL DRAFT (May 9, 2012)

ONSITE INSPECTION AND EVALUATION REPORT
UNIVERSITY DELASALLE BAJIO
LEON, GUANAJUATO, MEXICO

The University DeLaSalle Bajio School of Dentistry submitted an application for reapproval to the Dental Board of California. The Dental Board voted to accept the application, as complete, at the Dental Board meeting on Thursday, February 23, 2012. An Onsite Inspection and Evaluation (Site Visit) of the University DeLaSalle Bajio School of Dentistry was conducted on March 12-15, 2012. The Site Visit Team consisted of Dr. Nelson Artiga-Diaz, Dr. Ernest Garcia, Dr. Timothy Martinez, Dr. Steven Morrow and Ms. Erica Cano (Dental Board of California staff).

The purpose of the Site Visit was to ascertain continued compliance with the requirements for approval of dental schools as set forth in Chapter 2, Article 1; Section 1024.1 of Title 16 of the California Code of Regulations. The Site Visit was conducted under authority of Section 1024.11 of Title 16 of the California Code of Regulations, which states in pertinent part: "The Board may, in its discretion, conduct a site inspection to ascertain continued compliance with the requirements of these regulations." Section 1024.1 of the California Code of Regulations identifies 12 Institutional Standards and 42 Sub-Standards that must be met to show continued compliance and to obtain renewal of the Board's approval.

The Onsite Inspection and Evaluation Team submit the following report of their findings and recommendations to the Dental Board of California for consideration and action as the Board deems appropriate.

Institutional Standard (a): Institutional Mission, Purposes and Goals

(1) An institution shall have a clearly stated written purpose or mission statement that reflects the institution's goals and objectives, and that addresses teaching, patient care, research, and service to the community.

(2) The institution shall have a formal and ongoing outcomes assessment process, including measures of student achievement based on the institution's mission/purpose, goals and objectives.

(3) The institution shall have an ongoing planning process, which is broad-based and systematic, for the evaluation and improvement of educational quality.

Site Visit Team's Comments / Observations:

- The University DeLaSalle's mission, purpose and goals, are directed towards development of the whole person and encourage social awareness in their students and service to their community. The University's Mission, Vision, and Goals are very well stated.
- The University DeLaSalle's outcomes assessment measures are not obvious and may easily be overlooked.
- The graduates have a highly successful pass rate on Mexican National Examinations. From an equivalency standpoint, one outcome assessment measure commonly used in the United States dental schools is the passage rate of the National Board Dental Examinations.

- The University has a system in place so that if a student does not demonstrate adequate foundational knowledge or clinical skills at any point in the dental education process, there are remediation measures in place to bring the student up to the necessary level. There is a reassessment done to ensure that the student has achieved the necessary foundational knowledge and/or clinical skills.
- The system is strict and rigorous, but flexible enough to allow students to achieve the standards. The system also includes the establishment of a process to determine if a student's lack of performance requires remediation or dismissal from the program.
- The school cultivates and works with the students and encourages them to successfully complete the dental program.
- Clear processes are in place where if a student does not meet the competency requirements he/she will be dismissed from the program. However, they give students a fair chance to remediate throughout their academic career.
- With a class size of 90 - 100 students, the didactic and clinical courses are divided into two groups of 45 – 50 students in each group. This allows for smaller group classes with better teacher/student interaction to improve the quality of the educational process.
- An aggressive and creative strategic plan is in place. The school has a strong foundation and a belief in multidisciplinary and interdisciplinary collaboration. An internalized system for continuous faculty development is in place. A systematic way of developing projects, creating a timetable and assessing quality of those projects is also in place.
- The University appears to have sufficient financial stability for maintenance and development in the future.
- Faculty members interviewed indicated they are satisfied with the educational system and would not change anything at this time. As the site visit team continued through the process of the inspection and evaluation, they realized that the faculty has internalized a system of constant change as, and when, it is deemed appropriate.

Consensus by the Dental Board's Site Visit Team is that the University DeLaSalle Bajio School of Dentistry is in compliance with this standard and sub-standards.

Recommendation

While the University DeLaSalle Bajio School of Dentistry has an ongoing outcomes assessment program in place, it has been so recently implemented they did not have a representative sample of data, at the time of the site visit, for review. The site visit team recommends that, within a 2 year period from the re-approval date, the University DeLaSalle submit, to the Dental Board for review, a representative sample of data resulting from their outcomes assessment measures.

Educational Standard (b): Educational Program (Admissions Policy)

The institution shall have and shall follow specific written criteria, policies, and administrative procedures for student admissions. The institution shall not admit any student who is obviously unqualified or who does not appear to have sufficient pre-professional education in basic sciences to complete the professional program.

Site Visit Team's Comments / Observations:

- Preparatory high school education in Mexico is longer (more years) and more comprehensive than high school education in the United States. Following 3 years of preschool, 6 years of primary school and 3 years of secondary (high school), Mexican National students are required to spend 3 additional years in preparatory school where they are required to select a professional career track that will permit them to enter into a University level education. Depending on which career track is chosen, specific courses of study are required in preparation for higher education.
- The school administers psychometric testing and evaluations of all applicants as a part of the selection process. The site visit team commends the school for employing this type of assessment as a part of the student selection process, thus enabling a better determination of the applicants' level of readiness for the rigors of a dental education.
- Students applying for admission to the school's California Program of education are students that have graduated from a United States high school, have completed additional college/university courses, when needed, to meet the school's entry requirements, and are seeking eligibility for dental licensure in California. Currently, the school limits this program to five students each year.
- The student selection process was validated by the California Program students interviewed. They unanimously agreed that the national students were well prepared academically for the dental education program at the University. Some students in the California Program had undertaken additional predental college/university education but not all.
- Students in the California Program that graduated from a United States high school are sometimes required, to take additional college/university level courses before matriculation at the University DeLaSalle School of Dentistry.
- The Mexican "high school" education system is without a doubt equivalent and may even exceed the United States high school education system, unless the United States student has taken a number of advanced placement courses in high school.
- The University DeLaSalle is relying on Mexico's Secretary of Education to independently and systematically verify, translate, and authenticate that the applicants to the California Program have a pre-admission education that is equivalent to that of Mexican National students.
- While the University DeLaSalle School of Dentistry has specific written criteria, policies, and administrative procedures for student admissions in place, the site visit team has concern that the students entering the California Dental Program, having graduated from high school in the United States, may not have sufficient pre-professional education in basic sciences required for an equivalent United States dental education.

Consensus by the Dental Board's Site Visit Team is that the University DeLaSalle Bajio School of Dentistry is in compliance with this standard. However, the site visit team is concerned that the level of education received by graduates from United States high schools entering the University DeLaSalle Bajio five-year California Program may not be equivalent to that of entering Mexican National students or that of students entering United States dental schools following 2 – 4 years of predental education.

Recommendations

The site visit team recommends that the University DeLaSalle Bajio School of Dentistry consider a revision of its admissions policy to state that, following review and evaluation of the applicant's pre-admission education, additional courses of instruction may be required to meet the minimum requirements for admission to the University DeLaSalle Bajio School of Dentistry's California Dental Program.

Commendation

The site visit team commends the utilization of psychometric testing during the admissions and student selection process. The site team agrees with the University DeLaSalle Bajio's philosophy of the total development of the individual, with the purpose of maximizing student well being and professional development.

Educational Standard (c): Educational Program (Curriculum)

(1) The curriculum shall include at least four academic years of instruction or its equivalent.

(2) The institution shall define the competencies needed for graduation, which shall be focused on educational outcomes.

(3) The institution shall ensure an in-depth understanding of the biomedical principles, consisting of a core of information on the fundamental structures, functions, and interrelationships of the body system.

(4) The curriculum shall provide biomedical, behavioral, and clinical knowledge that is integrated and is of sufficient depth and scope for graduates to apply advances in modern biology to clinical practice and to integrate new medical knowledge and therapies relevant to oral health care.

(5) The educational program shall be designed to ensure that graduates are at a minimum competent in:

- *(A) Behavioral sciences*
- *(B) Practice management*
- *(C) Ethics and professionalism*
- *(D) Information management and critical thinking*

(6) The educational program shall be designed to ensure that graduates are at a minimum competent in providing all of the following types of oral health care within the scope of general dentistry to all types of patients:

- *(A) Patient assessment and diagnosis*
- *(B) Comprehensive treatment planning*
- *(C) Health promotion and disease prevention*
- *(D) Informed consent*
- *(E) Anesthesia, sedation and pain and anxiety control*
- *(F) Restoration of teeth*
- *(G) Replacement of teeth*
- *(H) Periodontal therapy*
- *(I) Pulpal therapy*
- *(J) Oral mucosal disorders*
- *(K) Hard and soft tissue surgery*
- *(L) Dental emergencies*
- *(M) Malocclusion and space management*
- *(N) Evaluation of the outcomes of treatment*

(7) The institution shall provide to students, in advance of instruction, the goals and requirements of each course, nature of course content and methods of evaluation.
(8) The institution shall employ student evaluations methods that measure the defined competencies.
(9) The institution shall have a system of ongoing curriculum review and evaluation, including a curriculum management plan that assures evaluation of all courses relative to competency objectives, elimination of outdated, unnecessary material, and incorporation of emerging information.
(10) The institution shall ensure that students have adequate patient experiences to achieve the institution's stated goals and competencies within a reasonable time.

Site Visit Team's Comments / Observations:

- The curriculum includes behavioral sciences that are adequate.
- Training and experiences in critical thinking are embedded into the entire curriculum.
- Patient assessment and diagnosis takes placed in the diagnosis clinic. An assessment form for documenting compliance with this system is utilized, which includes an interdisciplinary treatment planning process. The faculty and students expressed strongly the importance of obtaining informed consent from the patient before providing any planed treatment.
- A patient recall system is in place where the outcomes of patient treatments are evaluated. Clinical faculty and tutors (clinical patient care managers) are advised about treatment plans that were inadequate and when retreatment was required. At the time of recall, the patient receives an oral examination and assessment of previous treatment and this information is recorded in the patient's clinical treatment record. The Associate Dean of Clinics authority may be used to mitigate the cost of retreatment so the patient is not required to pay a second time for the same treatment.
- The site visit team believes that the recall program is a good system. However, the team did not see any data resulting from this clinical outcomes assessment process. The school has chosen an electronic health record (EHR) to manage their patient care and is currently in the acquisition, instillation and implementation process. Once the electronic health record system is in place and functioning, clinical outcomes assessment data will be more readily available. The site visit team would like to see data on patient clinical outcomes assessment of the student's performance, when available.
- A process for assessment of each student's pre-clinical competency is in place. Pre-clinical competencies are assessed using mannequins and typodonts. This process ensures that each student has met pre-clinical skill levels required before allowing them to provide patient care in the school's clinics.
- The school has a clinical evaluation system in place that measures the defined clinical competencies. This is a criteria based evaluation system and not anecdotal. Students are expected to achieve a minimum score of a 3 (on a 5 point scale) for all assessment criteria for each clinical procedure that is done in order to receive credit towards graduation requirements. The site visit team was provided with the assessment forms used for this purpose for review. However, cumulative data regarding outcomes of this process were not available for review.
- According to their bylaws, the University conducts a complete curriculum review every five years. However, the school of dentistry conducts an internal curriculum review on an annual basis. This annual review is conducted by the Academic Council of the dental school. The Dean

and Associate Dean for clinics indicated that the students are notified of any changes that are made by hard copy and through email.

- Review of the course syllabi that were provided to the site visit team demonstrated that students are adequately provided, in advance of the course, the goals and requirements for each course, the course content and the method(s) of assessment of student performance.
- Faculty and students agreed that adequate patient experiences are available for the students to achieve the stated goals and competencies.
- The site visit team was advised, by the school of dentistry administration, that a process to implement patient-based clinical competency assessments required for graduation is in development and should be implemented soon.
- It should be noted that the curriculum for the National Program and the California Program are identical for the first four years of instruction. All graduates from dental schools in Mexico, including graduates from the California Program at the University DeLaSalle, are required to provide one year of service in the National Public Health Program. During this fifth year, the California Program students are offered review courses in preparation for the National Board Dental Examinations, the California Law and Ethics examination, and the Western Regional Examining Board (WREB) clinical licensure examination. The students' diplomas are not issued until this fifth year of public health service has been satisfied.

Consensus by the Dental Board's Site Visit Team is that the University DeLaSalle Bajio School of Dentistry is in compliance with this standard and sub-standards.

Recommendation

The site visit team recommends that the school develop and maintain an ongoing process for collection and evaluation of data to support that their graduates are, in fact, competent in the clinical competencies identified in Educational Standard (c); (6); (A – N). The site visit team also recommends that the Board request submission of such data within a 2 year period following the re-approval date.

Commendation

The site visit team commends the University DeLaSalle Bajio School of Dentistry for their thorough and systematic curriculum review process.

Educational Standard (d): Faculty and Staff

(1) The institution shall employ qualified faculty sufficient in number to meet the institution's stated mission, purposes, and objectives.

(2) The institution shall have a form of governance that allows the faculty to participate in the institution's decision making process.

(3) The institution shall have a formal ongoing faculty development process.

(4) The institution shall have a defined process to objectively measure the performance of each faculty member in teaching, patient care, research, scholarship and service.

(5) When contracting for educational services, the institution shall maintain control of, and responsibility for, all academic matters, and shall assure that the instruction and faculty satisfy the standards established in this division.

(6) The faculty shall have sufficient expertise to support the institution's awarding of a degree in dentistry.
(7) The institution shall maintain records documenting that each faculty member is qualified to perform the duties to which the faculty member was assigned, including providing instruction, evaluating learning outcomes, and student projects.

Site Visit Team's Comments / Observations:

- There is a strong commitment from the faculty and staff, a great esprit de corps, and the site visit team was highly impressed by their enthusiastic participation in the educational process.
- There is a consistency of education, as the majority of faculty are full time with a minimum of 35 hours a week involved in classroom, laboratory, and clinical instruction.
- The majority of the dentist faculty, in addition to their academic endeavors, are involved in the private practice of dentistry in the community.
- The school requires their faculty receive a specified number of hours attending continuing dental education courses each year.
- A significant number of the faculty have advanced training in Prosthodontics.
- The University and the school of dentistry encourage and support their faculty to be involved in local and national dental organizations by attending meetings and giving scientific presentations.
- A process for student evaluation of faculty is ongoing and is utilized to continuously improve the quality of education provided.

Consensus by the Dental Board's Site Visit Team is that the University DeLaSalle Bajio School of Dentistry is in compliance with this standard and sub-standards.

Commendation

The school consists of highly qualified, specialty trained faculty, including some who are certified board diplomats. Interdisciplinary faculty, including psychologist, medical doctors, dentists and dental specialists are all utilized to coordinate the educational process.

The site team commends the institution for the exceptional morale of the faculty and staff, as reflected by the student morale at the University DeLaSalle Bajio School of Dentistry.

Institutional Standard (e): Resources (Plant and Facilities)

(1) The institution shall have sufficient facilities and necessary equipment to support the achievement of its mission, purpose, goals and objectives.
(2) The institution shall, as part of its curricula, require that students use available library and other learning resources.
(3) An institution shall have a library and other learning resources focused on dentistry and its related sciences in order to meet the teaching and research needs of the institution.
(4) The library shall be a learning center that is administered by a professionally qualified staff and that has an adequate budget.

Site Visit Team's Comments / Observations:

- The University and the School of Dentistry is well equipped and has adequate lecture rooms, preclinical laboratories and patient care clinics to provide instruction in the necessary foundational knowledge, foundational skills and clinical skills required.
- Students are required to utilize the University Library as a source of additional information to supplement the didactic lectures.
- The library is administered by a trained librarian and a knowledgeable support staff.
- The library contains multiple areas for reading and is equipped with a generous number of computer stations, as well as a WiFi system, that have access to the internet for acquisition of research databases and scientific journals of interest to the biomedical sciences.

Consensus by the Dental Board's Site Visit Team is that the University DeLaSalle Bajio School of Dentistry is in compliance with this standard and sub-standards.

Commendation

The facilities and grounds are well maintained. The school has up-to-date dental equipment, chairs, and sterilizing equipment. The site visit team wants to make a special commendation for the International Dental Program for their state of the art facilities and modern equipment.

The library is strategically placed on campus for easy access by students from the various schools. The library is well supplied with current and past journal volumes and text books of importance to dentistry. An adequate number of computer stations are available with internet access for students to conduct literature searches and to obtain additional current and historical information for their educational needs. The entire library is equipped with WiFi internet access for personal laptop computers.

Institutional Standard (f): Patient Care Services

(1) The institution shall have a formal system of quality assurance for its patient care program that includes all of the following:

(A) Standards of patient centered care with a focus on comprehensive care, including measurable assessment criteria;

(B) A process of ongoing review of patient records to assess appropriateness, necessity and quality of care provided;

(C) Mechanisms to determine causes of treatment deficiencies;

(D) Patient review policies, procedures, outcomes and corrective measures

(2) The institution shall ensure that student, faculty and support staff are proficient in basic life support and are able to manage medical emergencies.

(3) The institution shall have and enforce a mechanism to ensure adequate preclinical, clinical and laboratory asepsis, infection control, and disposal of infectious waste.

(4) The institution shall ensure the delivery of comprehensive patient care to individual patients.

Site Visit Team's Comments / Observations:

- Mechanisms for determining causes of treatment deficiencies are in place. They include processes such as criteria based assessment for every restoration/procedure that is done and a patient recall program to assess clinical outcomes and identify causes of deficiencies.
- Data collection forms are utilized for a systematic assessment of patient care (chart audits).
- Life support oxygen and crash cabinets are located and identified in every patient care (clinic) area.
- Both faculty and students were familiar with the protocols for management of medical emergencies.
- The school has a contractual agreement with a hospital nearby where patients are transported by Emergency Medical Transport when needed.
- Red Cross approved Basic Life Support (BLS) and Cardiopulmonary Resuscitation (CPR) certification of faculty and students is required every two years.
- Instrument sterilization, verification of sterilization and infection control (cross contamination) procedures and methods are well developed and utilized effectively.
- The delivery of comprehensive patient care is insured in the school's model of patient care. Comprehensive patient evaluations (medical and dental) are conducted and multiple interdisciplinary treatment plans are developed and presented to the patients.

Consensus by the Dental Board's Site Visit Team is that the University DeLaSalle Bajio School of Dentistry is in compliance with this standard and sub-standards.

Commendation

The site visit team commends the establishment of the current system for managing patient care (Model of Clinical Attention – MAC). The MAC system is an efficient model which utilizes an interdisciplinary approach to comprehensive evaluation and development of patient treatment plans. Patient care is well managed, with direct involvement of the patient in determining the care to be provided. The patient care model consists of multiple tiered student clinical groups that are managed by clinical tutors.

Institutional Standard (g): Research

(1) The institution shall ensure that research is an integral component of its purpose, mission, goals, and objectives and that the dental school faculty engage in research and other forms of scholarly activity.

(2) The institution shall also provide students with the opportunity to participate in these research activities in order to fulfill its purpose, mission, goals, and objectives.

Site Visit Team's Comments / Observations:

- Four years ago, the University implemented a new strategic plan that included an increased involvement of faculty and students in research activities.
- This strategic plan included the development of a Department of Research.
- The University provides the opportunity, and encourages faculty and students, to be involved in research.
- While faculty and students are currently involved in research, the school is actively exploring ways to provide more opportunities for predoctoral dental students to gain experience in laboratory and patient based research.

Consensus by the Dental Board's Site Visit Team is that the University DeLaSalle Bajio School of Dentistry is in compliance with this standard and sub-standards.

Commendation

The University has a research department with faculty and student involvement. Research activities include biomedical, clinical sciences and public health. The University DeLaSalle and the School of Dentistry have made significant improvement in the past four years in their research department, including recognition as one of the leading research institutions in Mexico.

Institutional Standard (h): Ownership and Management

Each owner, corporate director, and chief executive officer of an institution has the duty to act in the utmost good faith to expend or authorize the expenditure of the institution's assets and funds in a diligent and prudent manner to assure that students receive the education and students services which were represented to the students receive the education and student services which were represented to the students and which meet the requirements of this article.

Site Visit Team's Comments / Observations:

- The University DeLaSalle Bajio is well managed and has had a presence in Mexico since 1905.
- It is a private University under the umbrella of the Catholic Church.
- The University DeLaSalle Bajio campus was established 44 years ago in Leon, Mexico.
- The University's Bajio campus has 26 programs leading to professional licensure, 43 Masters Degree programs and 1 Ph.D. program.
- The University appears to be well funded and is pursuing a strategic plan for continued growth and improvement in its facilities and educational programs.

- The University students' well being, and the well being of the people living in the surrounding communities seems to be at the center core of the school's philosophy.
- The University expends great effort to ensure that students receive the education and services which are represented to them before matriculation.
- The school is a well managed institution and the school of dentistry is receiving adequate resources. The University meets and exceeds this standard in some areas.
- The dental school, being a part of this University system, enjoys an excellent infrastructure and support from the Rectory (University Administration).

Consensus by the Dental Board's site visit team is that the University DeLaSalle Bajio School of Dentistry is in compliance with this standard.

Institutional Standard (i): Administration

(1) The institution shall employ administrative personnel who have the expertise to implement activities to achieve the institution's mission/purposes, goals and objectives and the operation of the educational programs.
(2) The duties and responsibilities for administrative personnel shall be set forth in a personnel manual or other writing maintained by the institution.
(3) An institution with one or more locations shall establish written institutional policies regarding the division and sharing of administrative responsibilities between the central administration at the main location and the administration of the other locations.
(4) The administrative staffing at each location shall reflect the purposes, size, and educational operations at that location.

Site Visit Team's Comments / Observations:

- The Rector and Vice Rector both appear very well qualified.
- The Dean of the School of Dentistry referred to the personnel manual on several occasions. The personnel manual references the authorities that have been given to different members of the administration and faculty.
- The personnel manual is developed and maintained by the Rector's office and they have codified very well the duties, responsibilities of individual administrative and faculty positions. This manual also identifies promotion opportunities available at different levels within the University.
- The entire University personnel manual was not requested by the site visit team. However, the site visit team did request that the Dean of the School of Dentistry provide copies of the job description/duties and responsibilities for the administrative positions within the school of dentistry. The site visit team was provided copies of these documents for review.
- The International Dental Studies program is located on a different campus from the school of dentistry. There is an exchange of faculty between the two campuses and the California Program students attend some lectures and seminars that involve review and preparation for the National Board Dental Examinations, the Western Regional Examining Board clinical examinations, and the California Law and Ethics examination that are conducted at the International Dental Studies facility.

Consensus by the Dental Board's Site Visit Team is that the University DeLaSalle Bajio School of Dentistry is in compliance with this standard and sub-standards.

Institutional Standard (j): Catalog

(1) The institution shall publish a current catalog either in printed or electronic format.
(2) The catalog shall contain all of the following:
(a) The specific beginning and ending dates defining the time period covered by the catalog
(b) A statement of the institution's mission/purpose and the objectives underlying each of its educational programs
(c) The institution's admissions policy
(D) The institution's policies regarding the acceptance of units of credit earned by the student at other institutions or through challenge examinations and standardized tests.
(E) The curriculum for each year of the educational program in dentistry.
(F) A list of the courses offered and a brief description of each course.
(G) The institution's standards for student achievement.

Site Visit Team's Comments / Observations:

- Students are required to sign and acknowledge that they have received all of the rules and regulations of the university's licensure program at the beginning of matriculation.
- There are eight different University catalogs/brochures that are available to prospective students.
- A hard copy of the School of Dentistry's catalog, including the California Program, was not available. However, all of the different University Schools' catalogs are available online.
- Review of the School of Dentistry's online catalog revealed a detailed description of the dental education programs available, including admission requirements, rules and regulations and the curriculum for each program is identified by semester.
- The International Dental Studies (CIRO) Program Director provided a hard copy of the program's catalog including admission information and requirements for the site visit team's review.

Consensus by the Dental Board's Site Visit Team is that the University DeLaSalle Bajio is in compliance with standard and sub-standards.

Recommendation

Site Visit Team recommends that the catalog be revised to reflect the recommendation under Section 1024.1, sub-section (b) Educational Program (Admissions Policy). The site visit team recommends that the University DeLaSalle Bajio School of Dentistry consider a revision of their admissions policy, as stated in the catalog, that following review and evaluation of the applicant's pre-admission education record, additional courses may be required to meet the minimum requirements for admission to the University DeLaSalle Bajio California Dental Program.

Institutional Standard (k): Student Records

(1) The institution shall maintain a file for each student who enrolls in the institution whether or not the student completes the educational program.
(2) The file shall contain written records and transcripts of any formal education, training, or testing that are relevant to the student's qualifications for admission to the institution or the institution's award of credit or acceptance of transfer records documenting units of credit earned at other institutions that have been accepted and applied by the institution as transfer credits toward the student's completion of an educational program
(3) The file shall contain records of the dates of enrollment and, if applicable, withdrawal from the institution, leaves of absence, and graduation.
(4) The transcript shall contain all of the following:
(A) The classes that were completed, or were attempted but not completed, and the dates of completion or withdrawal.
(B) The final grades or evaluations given to the student.
(C) Credit for courses earned at other institutions.
(D) Credit based on any examination of academic ability or educational achievement used for admission or college placement purposes.
(E) Degrees and diplomas awarded the student.
(F) Copies of any official advisory notices or warnings regarding the student's progress.
(G) Complaints received from the student.

Site Visit Team's Comments / Observations:

- The university has recently converted to a digital electronic student records management system.
- The system is very well organized and maintained.
- Copies of student records that were requested by the site visit team for review were readily available and presented in hard copy.

Consensus by the Dental Board's Site Visit Team is that the University DeLaSalle Bajio School of Dentistry is in compliance with this standard and sub-standards.

Institutional Standard (l): Maintenance of Records

(1) An institution shall maintain all records required by this article that relate to the institution's compliance with this article for at least five years, except, however, that student transcripts shall be retained indefinitely. These records may be maintained in either printed form or on computer disk so long as they are available for inspection.
(2) Notwithstanding subsection (1) above, a record that is less than five years old may be stored on microfilm, microfiche, or any other method of record storage only if all of the following apply:
(A) The record may be stored without loss of information or legibility for the period within which the record is required to be maintained by this article.

(B) The institution maintains functioning devices that can immediately reproduce exact, legible printed copies of stored records. The devices shall be maintained in reasonably close proximity to the stored records.
(C) The institution has personnel scheduled to be present at all times during normal business hours who know how to operate the devices and can explain the operation of the devices to any person authorized by the board t inspect and copy records.

Site Visit Team's Comments / Observations:

- The University has a well organized system of student records management and storage. Student records were readily available upon request.

Consensus by the Dental Board's Site Visit Team is that the University DeLaSalle Bajio School of Dentistry is in compliance with this standard and sub-standards.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
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	May 15, 2012
TO	Dental Board of California
FROM	Huong Le, DDS and Steven Morrow, DDS Dental Board Subcommittee
SUBJECT	**Agenda Item 2(A):** Discussion and Possible Action Regarding Acceptance of the Subcommittee Recommendations Regarding the Universidad De La Salle's Renewal Application

Drs. Huong Le and Steven Morrow were appointed by President John Bettinger, DDS to act as an Advisory Committee of the Board to oversee the process of renewal for the University De La Salle School of Dentistry. Accordingly, the Subcommittee submits the following report.

After review of the completed renewal application submitted by the University De La Salle Bajio School of Dentistry requesting Board re-approval of the its dental education program, and following the review of the Onsite Inspection and Evaluation Team's report, the Subcommittee finds that the University De La Salle School of Dentistry has adequately demonstrated that the institution remains in compliance with the Institutional Standards identified in Chapter 2, Article 1, Section 1024.1, Title 16 of the California Code of Regulations that are required for Board approval, and re-approval, of dental schools.

The Subcommittee recommends that the Dental Board consider granting re-approval of the University De La Salle Bajio School of Dentistry.

Additionally, the Subcommittee suggests implementation of the recommendations of the Onsite Inspection and Evaluation Team stated in its report as follows:

(a) **Institutional Standard (a): Institutional Mission, Purposes and Goals:** While the University De La Salle Bajio has an ongoing outcomes assessment program in place, it has been so recently implemented they did not have a representative sample of data at the time of the site visit for review. The site visit team recommends that within a 2 year period from the re-approval date, the University De La Salle Bajio submit to the Dental Board for review, a representative sample of data resulting from their ongoing outcomes assessment program.

(b) **Institutional Standards (b): Educational Program (Admissions Policy):** The site visit team recommends that the University De La Salle Bajio School of Dentistry consider a revision of its admissions policy to state that following review and evaluation of the applicant's pre-admission education, additional courses of study may be required to meet the minimum requirements for admission to the University De La Salle Bajio School of Dentistry's California Dental Program.

(c) **Institutional Standard (c): Educational Program (Curriculum):** The site visit team recommends that the University De La Salle Bajio School of Dentistry develop and maintain an ongoing process for collection and evaluation of data to support that their graduates are, in fact, competent in the clinical competencies identified in (6);(A-N) of this standard. The site visit team also recommends that the Board request submission of such data following a reasonable time (1 to 2 years) for implementation of the clinical competency assessment processes required for graduation.

(d) **Institutional Standard (j): Catalog:** The site visit team recommends that the University De La Salle Bajio School of Dentistry's catalog be revised to implement recommendation (b) above.

Action:

The Board may accept or reject the Subcommittee Report.

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MEMORANDUM

DATE	May 15, 2012
TO	Dental Board of California
FROM	Huong Le, DDS and Steven Morrow, DDS Dental Board Subcommittee
SUBJECT	**Agenda Item 2(B):** Discussion and Possible Action Regarding A Decision on the Renewal Application for Universidad De La Salle

As delineated in Agenda Item 2(A), the Subcommittee finds that the University De La Salle School of Dentistry has adequately demonstrated that the institution remains in compliance with the Institutional Standards identified in Chapter 2, Article 1, Section 1024.1, Title 16 of the California Code of Regulations that are required for Board approval, and re-approval, of dental schools.

Recommendation
The Subcommittee recommends that the Dental Board of California grant re-approval of the University De La Salle Bajio School of Dentistry in accordance with Business & Professions Code, Section 1636.4(g) for an additional seven years.

In addition, the Subcommittee suggests implementation of the recommendations in the Onsite Inspection & Evaluation Team Report as outlined in Agenda Item 2(A) which include the following:

(a) **Institutional Standard (a): Institutional Mission, Purposes and Goals**
(b) **Institutional Standards (b): Educational Program (Admissions Policy)**
(c) **Institutional Standard (c): Educational Program (Curriculum)**
(d) **Institutional Standard (j): Catalog**

Action:

1. The Board may accept or reject the Subcommittee recommendation to grant re-approval of the University De La Salle Bajio School of Dentistry for an additional seven years.
2. The Board may accept or reject the Subcommittee suggestion to implement the recommendations in the Onsite Inspection & Evaluation Team Report as outlined in Agenda Item 2(A) which include the following:

   (a) Institutional Standard (a): Institutional Mission, Purposes and Goals
   (b) Institutional Standards (b): Educational Program (Admissions Policy)
   (c) Institutional Standard (c): Educational Program (Curriculum)
   (d) Institutional Standard (j): Catalog

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MEMORANDUM

DATE	May 3, 2012
TO	Dental Board of California
FROM	Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California
SUBJECT	**Agenda Item 3:** Discussion and Possible Action Regarding the California Dental Association's Request to Amend Regulations Pertaining to Mobile Dental Clinics, California Code of Regulations, Title 16, Section 1049

Background:

On May 28, 2010, the California Dental Association (CDA), submitted a letter to the Board's Executive Officer, Richard DeCuir, seeking consideration to promulgate additional regulatory requirements relative to mobile dental clinics. The CDA had reviewed the Board's regulations governing mobile and portable dental providers and found the regulations lacking appropriate measures to ensure accountability and public safety.

The letter submitted by CDA (Attachment 1) outlined its issues of concern and suggested the following provisions to strengthen public protection and safety:

1. Individuals receiving dental services receive culturally and linguistically appropriate, written information about the treatment they received, including:
    a. Names and license numbers of all providers
    b. Services performed
    c. A description of any dental needs observed during a screening, assessment, or other form of visual inspection, or diagnosed during an exam
    d. Future appointment dates and times
    e. Contact information of the provider if an individual was referred to another provider
    f. Contact information for the mobile provider (phone number and address)
    g. Instructions for dental emergencies – who to contact and phone number

2. The mobile and portable dental provider has an official place of business in California, that is not a post office box, where official records are stored.

3. The mobile and portable dental provider has a phone line for patients, dentists, or other interested parties to contact the mobile provider with emergencies, questions, requests for records, etc.

4. A written procedure for emergency follow-up care for patients treated by the mobile dental provider and that such procedures include arrangements for treatment in a dental facility permanently established in the area.

5. The mobile and portable dental provider submits proof to the Dental Board, via a letter, of a current working relationship with a community-based provider willing to accept patients for follow-up and emergency services.

6. Language inclusive of current (RDHAP) and future dental professionals practicing within their scope. This language is needed to align the regulations with current scope of practices and to prevent the need to amend regulations if/when a new type of provider is approved by the state.

7. Exemption from these regulations for mobile and portable dental facilities operated or sponsored by the federal, state or local government.

The CDA requested the issue of amending the Board's mobile dental clinic regulations be placed on the agenda for a future meeting. At the time of the CDA's request, the Board was in the midst of promulgating several regulatory packages relating to disciplinary guidelines, dental assisting educational programs and courses, retroactive fingerprinting, minimum standards for infection control, and enforcement measures. The Board prioritized the review of the mobile dental clinic regulations to begin after the completion of the regulatory packages already in the queue.

At its February 2012 meeting, the CDA requested the Board begin its review of the mobile dental clinics. The CDA provided draft proposed language for the Board's consideration (Attachment 2).

Staff Analysis:

Staff has completed a preliminary review and has identified some provisions within the proposed language that may not meet the Office of Administrative Law's (OAL) approval standards if the Board promulgates this language as a formal rulemaking. The OAL approves regulations that interpret, implement or make specific existing statutes and that meet the following standards: (1) Necessity, (2) Authority, (3) Clarity, (4) Consistency, (5) Reference, (6) Nonduplication. Staff has identified the following issues:

- The CDA proposes adding language to subdivision (a) to define "operator" as the person licensed to practice dentistry or hygiene in the State of California and who has registered a mobile dental facility or portable dental operation with the board pursuant to the registration requirements of this regulation. Additionally, the CDA's proposed language in subdivision (b) would authorize a dentist or other licensed dental professional practicing within their scope of practice to apply for a permit.

  Existing law, Business and Professions Code Section 1657, only authorizes licensed dentists to operate mobile dental clinics. This proposed language would

not be able to be approved because the Board does not have current statutory authority to authorize hygienists as mobile dental unit operators. Furthermore, the CDA's proposed addition of "or other licensed dental professional practicing within their scope of practice" may not meet the clarity standard in that the meaning of the regulations may not be easily understood by those persons directly affected by them.

Senate Bill 1202 (Leno) is currently moving through the legislative process and contains provisions relating to the practice of dental hygiene. If this bill is signed by Governor Brown and enacted into law, a Registered Dental Hygienist in Advanced Practice (RDHAP) would have statutory authority to operate a mobile dental clinic. However, the Board may wish to consult with the Dental Hygiene Committee of California regarding the promulgation of regulations relating to RDHAP's operating mobile dental units.

- The CDA proposed amendments to subdivision (c)(1)(D) to require the driver of the mobile dental clinic to provide documentation of a valid, appropriately classified, California driver's license. The OAL may find that "appropriately classified" does not meet the clarity standard. The Board may wish to identify what is the appropriate California driver's license classification because the term "appropriate" may be considered ambiguous.

If the Board moves forward with the CDA's proposed amendments, staff will need to amend the "Application for Mobile Dental Clinic Permit" form and incorporate it by reference as part of the rulemaking.

Staff has provided relevant statutes relating to the operation of mobile dental units for the Board's convenience (Attachment 3).

Action Requested:
Staff recommends the Board discuss the provisions contained in the CDA's proposed language from a policy standpoint and determine if it wishes to move forward with developing regulatory language. If the Board wishes to move forward, direct staff to work with Legal Counsel, the CDA, and any other interested party to further develop the proposed regulatory language to bring back to a future Board meeting for consideration.

Attachment 1

May 28, 2010

Richard DeCuir, Executive Officer
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

RE: Promulgating regulations governing mobile/portable dental providers

Dear Mr. DeCuir:

The California Dental Association has reviewed California's regulations governing mobile and portable dental providers and found the current regulations lacking appropriate measures to ensure accountability and public safety. We believe the Dental Board has the authority to promulgate additional regulations pursuant to Business and Professions Code sections 1601.3 and 1657.

The issues of concern and provisions we suggest are as follows:

1. Individuals receiving dental services receive culturally and linguistically appropriate, written information about the treatment they received including:
    a. Names and license numbers of all providers
    b. Services performed
    c. A description of any dental needs observed during a screening, assessment, or other form of visual inspection, or diagnosed during an exam
    d. Future appointment dates and times
    e. Contact information of the provider if an individual was referred to another provider
    f. Contact information for the mobile provider (phone number and address)
    g. Instructions for dental emergencies - who to contact and a phone number

It is important that individuals receive the above information because mobile dental providers are unlike community-based dentists in that their window of availability is far less. Mobile providers are essentially only available when they are treating patients and they are only available to the individuals at that particular site. After a set amount of time, they move to a different location. In the event of a dental emergency, this information will be needed to ensure individuals get the care they need. Additionally, knowing who provided care will allow another dentist to request records should that be necessary.

2. The mobile/portable provider has an official place of business in California, that is not a post office box, where official records are stored.

This information is imperative for records sharing and also for the purposes of serving legal documents.

3. The mobile/portable provider has a phone line for patients, dentists, or other interested parties to contact the mobile provider with emergencies, questions, requests for records, etc.
4. A written procedure for emergency follow-up care for patients treated by the mobile dental provider and that such procedures include arrangements for treatment in a dental facility permanently established in the area.
5. The mobile/portable provider submits proof to the dental board, via a letter, of a current working relationship with a community-based provider willing to accept patients for follow-up and emergency services.

Working collaboratively in a community is essential to ensure continuity of care. Mobile providers are not permanently established and therefore must rely on community-based providers to ensure their patients of record have access to care when the mobile provider is unavailable.

6. Language inclusive of current (RDHAP) and future dental professionals practicing within their scope. This language is needed to align the regulations with current scope of practices and to prevent the need to amend regulations if/when a new type of provider is approved by the state.
7. Exemption from these regulations for mobile/portable facilities operated or sponsored by the federal, state or local government.

The measures outlined above are for public protection and safety. The population served by the majority of mobile/portable dental providers is primarily located in underserved areas and these patients frequently speak English as a second language and may not understand how to advocate for themselves or know how to navigate the system to file a complaint should that become necessary.

We respectfully request this issue be placed on the agenda for a future Dental Board meeting. A thorough review of all sections of the Business and Professions Code, Health and Safety Code, and the California Code of Regulations Section 1049 pertaining to mobile and portable dental providers needs to be conducted to ensure accountability and public safety.

Sincerely,

Dean Chalios,
Vice President, Public Policy
California Dental Association

cc: Kristy Scheildge

Attachment 2

The California Dental Association has proposed the following amendments to California Code of Regulations, Title 16, Section 1049 relative to Mobile Dental Clinics:

§ 1049. Mobile Dental Clinics.

(a) Definition. For purposes of Section 1657 of the code, a "mobile dental clinic" or "mobile dental unit" means any self-contained facility in which dentistry will be practiced which may be moved, towed, or transported from one location to another. "Operator" means the person licensed to practice dentistry or hygiene in the State of California and who has registered a mobile dental facility or portable dental operation with the board pursuant to the registration requirements of this regulation.

(b) Application for Permit. A licensed dentist or other licensed dental professional practicing within their scope of practice who wishes to operate a mobile dental clinic shall apply to the board for a permit by providing evidence of compliance with the requirements of this section and paying the fee prescribed in Section 1021 for application for an additional office permit.

The board shall inform an applicant for a permit in writing within seven (7) days whether the application is complete and accepted for filing or is deficient and what specific information is required.

The board shall decide within 60 days after the filing of a completed application whether the applicant meets the requirements of a permit.

(c) Requirements.

(1) The applicant shall ~~certify that~~ submit documentation of the following to the board along with their applications:

(A) ~~There is a~~A written procedure for emergency follow-up care for patients treated in the mobile dental clinic and that such procedure includes arrangements for treatment in a dental facility which is permanently established in the area.

(B) A written agreement or contract with a permanently established dentist or dental clinic in the area in which the mobile dental facility is providing services indicating their willingness to accept patients for emergency care.

~~(B)~~(C) The mobile dental clinic has communication facilities which will enable the operator thereof to contact necessary parties in the event of a medical or dental emergency.

~~(C) The mobile dental clinic conforms to all applicable federal, state and local laws, regulations and ordinances dealing with radiographic~~

~~equipment, flammability, construction, sanitation and zoning and the applicant possesses all applicable county and city licenses or permits to operate the unit.~~

(D) A phone number where patients are able to contact the official business office, and have their non-emergency call returned within 48 hours, with questions, concerns, or emergency needs. If a live person is not available to answer calls, the phone line must include a recorded message with information about who to contact in case of a dental emergency.

~~(D)~~(E) That ~~T~~the driver of the unit possesses a valid, appropriately classified, California driver's license.

(2) Official Place of Business and Maintenance of Records. The applicant shall maintain an official business or mailing address of record which shall not be a post office box and shall be filed with the board.

(A) The board shall be notified within 30 days of any change in the address of record.

(B) All written or printed documents available from or issued by the mobile dental clinic shall contain the official phone number and address of record for the mobile dental clinic.

(C) All dental and official records shall be maintained at the official place of business and available for inspection and copying upon request by representatives of the board or other entity with legal authorization.

(D) With a signed patient authorization, patient records, including radiographs and any diagnosis and proposed treatment plan, must be provided to the requesting entity within 14 business days.

(3) Each mobile dental clinic shall:

(A) Have ready access to a ramp or lift if services are provided to disabled persons.

(B) Have a properly functioning sterilization system.

(C) Have ready access to an adequate supply of potable water, including hot water.

(D) Have ready access to toilet facilities.

(E) Have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials.

(F) Conform to all applicable federal, state and local laws, regulations, and ordinances dealing with disposal of medical waste, radiographic equipment, flammability, construction, sanitation and zoning and the applicant poseses all applicable county and city licenses or permits to operate the unit.

(G) Be in compliance with the current recommended Infection Control Practices for Dentistry as published by the federal Centers for Disease Control and Injury Prevention (CDC) and Section 1005 of Division 10 Titl 16 of the California Code of Regulations.

(H) Allow inspection by a board member or a staff evaluator prior to receiving approval to operate by the board, at the board's discretion.

(I) Have communication facilities which enable the operator thereof to contact emergency medical services and other necessary parties in the event of a medical or dental emergency.

(d) Transferability. A permit to operate a mobile dental clinic is not transferable.

(e) Renewal. A permit to operate a mobile dental clinic expires at the same time as the permit holder's dental license to provide dental care. The permit holder may apply for renewal and shall pay the fee set for renewal of an additional office permit.

(f) Exemptions.

(1) Mobile dental facilities operated by or sponsored by agencies of the federal, state or local government are exempt from the requirements of this section.

(2) Federally Qualified Health Centers are exempt from the requirements of this section.

(3) Dentists, RDHAPs, or other California licensed dental professionals practicing within their scope of practice, who have not registered with the board to operate a mobile dental facility or portable dental operation may provide dental services through the use of dental instruments, materials, and equipment taken out of a dental office without registering if the service is provided as emergency treatment for their patients of record.

(g) Identification of Personnel, Notification of Changes in Written Procedures, and Display of Licenses.

(1) The Operator of a mobile dental facility or portable dental operation shall identify and advise the board in writing within thirty (30) days of any change of licensed personnel associated with the mobile dental facility or portable dental operation by providing the full name, address, telephone numbers, and license numbers, where applicable.

(2) The Operator shall advise the board in writing within thirty (30) days of any change in the written procedure for emergency follow-up care for patients treated in the mobile dental facility or portable dental operation, including arrangements for treatment in a dental facility which is permanently established in the area. The permanent dental facility(s) shall be identified in the written procedure.

(3) Each dentist, hygienist, registered dental assistant, and any other licensed individual providing dental services in the mobile dental facility or portable dental operation shall prominently display evidence of his or her California dental license in plain view of patients.

(h) Identification of Location of Services.

(1) Each Operator of a mobile dental facility or portable dental operation shall maintain a confidential written or electronic record detailing for each location where services are provided:

(a) The street address of the service location;

(b) The dates of each session;

(c) The names of patients served; and

(d) The types of dental services provided and quantity of each service provided.

(2) The confidential written or electronic record shall be made available to the board or its representative within ten (10) days of a request. Costs for such records shall be borne by the mobile dental facility or portable dental operation.

(3) Each mobile dental facility or portable dental operation must possess all applicable county and city licenses or permits to operate at each location.

(i) Licensed Dentist in Charge.

(1) A California licensed dentist or other California licensed dental professional operating within their scope of practice who is in good standing with the board shall be in charge of and responsible for all aspects of a mobile dental facility or portable dental operation at all times.

(j) Information for Patients.

(1) During or at the conclusion of each patient's visit to the mobile dental facility or portable dental operation, the patient shall be provided with a culturally and linguistically appropriate information sheet. If the patient has provided consent to an institutional facility or dental office to access the patient's dental health records, the institution shall also be provided with a copy of the information sheet. A copy of the information sheet shall also be provided to the school or other institution including but not limited to a long term care facility with which the

mobile dental facility has a contract or other agreement for care. *An institutional facility includes*, but is not limited to, a long-term care facility or school. A dental office includes, but is not limited to, a private practice, a community clinic, or other mobile dental facility.

(2) The information sheet as required herein shall include the following:

(A) Pertinent contact information for the mobile facility as required by this regulation;

(B) The name of the dentist and other licensed dental staff who provided services;

(C) A description of the treatment rendered, including CDT billed service codes and fees associated with treatment, and tooth numbers when appropriate; and

(D) A description of any dental needs observed during a screening, assessment, or other form of visual inspection, or diagnosed during an exam. If a full examination is performed, diagnosis and proposed treatment plan shall be included.

(E) If necessary, referral information to another dentist as required by this regulation.

(F) Language, including contact information of the Dental Board of California, notifying patients of their right to contact the Dental Board should the patient have a problem they can not resolve with the mobile facility and/or the rendering dentist.

(k) Follow-up Treatment Services. "Patient of record" refers to a patient who has been examined, has had a medical and dental history completed and evaluated, and has had oral conditions diagnosed and a written plan developed by the licensed dentist. A mobile dental facility that accepts a patient and provides preventive treatment, including prophylaxis, radiographs, fluoride, and/or sealants but does not follow-up with treatment or follow-up on referral for treatment when such treatment is clearly indicated, is considered to be abandoning the patient. Appropriate and accessible (within the patient's geographic area) arrangements must be made for treatment services on a follow up basis. Reasonable attempts to have follow up treatment in an instance where a patient does not re-appear for treatment or does not meet a scheduled appointment is not abandonment. All statutory and professional ethical requirements apply to the mobile provider-patient relationship.

(l) Cessation of Operation.

(1) Upon cessation of operation by the mobile dental facility or portable dental operation, the Operator shall notify the board within thirty (30) days of the last day of operation in writing of the final disposition of patient records and charts.

(2) If the mobile dental facility or portable dental operation is sold, a new registration application must be filed with the board.

(3) Upon choosing to discontinue practice or services in a community, the Operator of a mobile dental facility or portable dental operation shall notify all patients of record and preserve all records in compliance with the requirements set forth in the Principles of Ethics and Code of Professional Conduct published by the American Dental Association (ADA) and Board regulations.

(4) The Operator shall make reasonable arrangements with the active patients of the mobile dental facility or portable dental operation for the transfer of the patient's records, including radiographs or copies thereof, to the succeeding practitioner or, at the written request of the patient, to the patient. The cost for duplication can be passed along to patients not to exceed statutes set forth by California Health and Safety Code Section 123100-123149.5

(5) As used in this section, "active patient" applies and refers to a patient of record whom the mobile dental facility or portable dental operation has examined, treated, cared for within the two-year (2) year period prior to discontinuation of practice, or moving from or leaving the community.

(m). Services on a Minor. No services including an assessment or visual exam, shall be performed on a minor without a signed informed consent from the parent or legal guardian.

(n) Safety. The mobile dental facility must have carbon monoxide detection devices installed and in proper working order. This requirement does not apply to those entities using portable dental equipment.

(o) Failure to Comply. Failure to comply with state statutes or regulations regulating the practice of dentistry, dental hygiene, and the operation of mobile dental facilities or portable dental operations may subject the Operator and all practitioners providing services through a mobile dental facility or portable dental operation to disciplinary action.

Note: Authority cited: Sections 1614 and 1657, Business and Professions Code. Reference: Section 1657, Business and Professions Code.

Attachment 3

Statutes Relating to Mobile Dental Clinics:

Business and Professions Code

§1625.Practitioners of dentistry

Dentistry is the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation. Without limiting the foregoing, a person practices dentistry within the meaning of this chapter who does any one or more of the following:

(a) By card, circular, pamphlet, newspaper or in any other way advertises himself or represents himself to be a dentist.

(b) Performs, or offers to perform, an operation or diagnosis of any kind, or treats diseases or lesions of the human teeth, alveolar process, gums, jaws, or associated structures, or corrects malposed positions thereof.

(c) In any way indicates that he will perform by himself or his agents or servants any operation upon the human teeth, alveolar process, gums, jaws, or associated structures, or in any way indicates that he will construct, alter, repair, or sell any bridge, crown, denture or other prosthetic appliance or orthodontic appliance.

(d) Makes, or offers to make, an examination of, with the intent to perform or cause to be performed any operation on the human teeth, alveolar process, gums, jaws, or associated structures.

(e) Manages or conducts as manager, proprietor, conductor, lessor, or otherwise, a place where dental operations are performed.

§ 1650. Required Information; Time for registration

Every person who is now or hereafter licensed to practice dentistry in this state shall register on forms prescribed by the board, his or her place of practice with the Executive Officer of the State Board of Dental Examiners, or, if he or she has more than one place of practice, all of the places of practice, or, if he or she has no place of practice, to so notify the executive officer of the board. A person licensed by the board shall register with the executive officer within 30 days after the date of his or her license.

§ 1657. Mobile dental clinics

(a) A licensed dentist may operate one mobile dental clinic or unit registered as a dental office or facility. The mobile dental clinic or unit shall be registered and operated in accordance with regulations established by the board, provided these regulations are not designed to prevent or lessen competition in service areas. A mobile dental clinic or unit registered and operated in accordance with the board's regulations and that has

paid the fees established by the board, including a mobile dental unit registered for the purpose specified in subdivision (d), shall otherwise be exempted from this article and Article 3.5 (commencing with Section 1658).

(b) A mobile service unit, as defined in subdivision (b) of Section 1765.105 of the Health and Safety Code, and a mobile unit operated by an entity that is exempt from licensure pursuant to subdivision (b), (c), or (h) of Section 1206 of the Health and Safety Code, are exempt from this article and Article 3.5 (commencing with Section 1658). Notwithstanding this exemption, the owner or operator of the mobile unit shall notify the board within 60 days of the date on which dental services are first delivered in the mobile unit, or the date on which the mobile unit's application pursuant to Section 1765.130 of the Health and Safety Code is approved, whichever is earlier.

(c) A licensee practicing in a mobile unit described in subdivision (b) is not subject to subdivision (a) as to that mobile unit.

(d) Notwithstanding Section 1625, a licensed dentist shall be permitted to operate a mobile dental unit provided by his or her property and casualty insurer as a temporary substitute site for the practice registered by him or her pursuant to Section 1650 as long as both of the following apply:

> (1) The licensed dentist's registered place of practice has been rendered and remains unusable due to loss or calamity.
>
> (2) The licensee's insurer registers the unit with the board in compliance with subdivision (a).

§ 1658.8. Mobile dental unit provided by insurer allowed temporarily
Notwithstanding any other provision of this chapter, a licensed dentist may operate a mobile dental unit provided by his or her property and casualty insurer as a temporary substitute site for the practice registered by him or her pursuant to Section 1650, if both of the following requirements are met:

(a) The licensee's registered place of practice has been rendered and remains unusable due to loss or calamity.

(b) The licensee's insurer registers the unit with the board in compliance with Section 1657.

Health and Safety Code Section
§ 1765.105. As used in this chapter, the following definitions shall apply:
(a) "Parent facility" means a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2, or a clinic licensed pursuant to Chapter 1 (commencing with Section 1200) of Division 2.

(b) (1) "Mobile service unit" or "mobile unit" means a special purpose commercial coach as defined in Section 18012.5, or a commercial coach as defined in Section 18001.8,

that provides services as set forth in Section 1765.110, and meets any of the following criteria:

(A) Is approved pursuant to this chapter by the state department as a service of a licensed health facility, as defined in Section 1250.

(B) Is approved by the state department pursuant to this chapter as a service of a licensed clinic, as defined in Section 1200.

(C) Is licensed pursuant to this chapter by the state department as a clinic, as defined in Section 1200.

(D) Is licensed pursuant to this chapter as an "other" type of approved mobile unit by the state department. "Other" types of approved mobile units shall be limited to mobile units performing services within new health facility or clinic licensure categories created after the effective date of this chapter. The State Department of Health Services shall not create a new health facility or clinic licensure category under this subparagraph absent a legislative mandate.

(2) "Mobile service unit" or "mobile unit" does not mean a modular, relocatable, or transportable unit that is designed to be placed on a foundation when it reaches its destination, nor does it mean any entity that is exempt from licensure pursuant to Section 1206.

§ 1765.130.
(a) Any applicant under this chapter shall file with the state department an application. The application shall be on forms prescribed and furnished by the state department that shall contain any information as may be required by the state department for the proper administration and enforcement of this chapter.

(b) An applicant health facility or clinic pursuant to this chapter shall submit an application to the licensing and certification district office of the state department stating with specificity all of the following:

(1) The proposed service to be provided.

(2) The expected hours and days of operation.

(3) The type and the manufacturer of the mobile unit contemplated.

(4) The proposed area or areas where the mobile unit will be providing services.

(c) An applicant for licensure as an independently licensed clinic under this chapter shall submit a verified application to the state department on the appropriate forms for the type of clinic for which it wishes to obtain licensure.

(d) Prior to granting approval to an applicant parent facility for operation of a mobile unit under the parent facility's existing licensure pursuant to this chapter, or prior to granting

license for an independent mobile unit, the state department shall conduct an onsite inspection, including, but not limited to, a review of policies and procedures.

(e) Supplemental services offered via mobile units shall be listed by the state department as an approved or supplemental service on the license of the parent facility.

(f) Licenses issued by the state department authorizing operation of a mobile unit as an addition to existing parent facility licensure shall be posted at the parent facility. Licenses authorizing operation of a clinic as a mobile unit shall be posted at the administrative headquarters of the licensee. A true copy of the license shall be posted within the mobile unit.

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MEMORANDUM

DATE	April 30, 2012
TO	Dental Board of California
FROM	Karen Fischer, Associate Analyst Dental Board of California
SUBJECT	**Agenda Item 4:** Presentation by the California Dental Association Regarding Possible Future Legislation to Require Dental Labs to Register with the Dental Board and Disclose Material Types and Place of Origin

Representatives from the California Dental Association (CDA) will be giving this presentation.

April 11, 2012

Bruce L. Whitcher, DDS
President
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815-3894

Dear Dr. Whitcher:

The California Dental Association respectfully requests the opportunity to discuss with the board, at its next available meeting, possible future legislation to require dental laboratories doing business in California to register with the Dental Board while at the same time requiring dental labs to disclose to dentists the materials and place of origin of their products.

In 2008, the CDA House of Delegates approved a resolution that launched what became three years of evaluation and discussion, by its Policy Development Council and by a special Dental Laboratory Task Force, focusing on the many issues affecting the dental laboratory industry in California. As you know, dental laboratories currently are not regulated in California, and much of the CDA evaluation focused on the implications of the state's inability to assure that dental patients have at least minimal information about the materials that are being placed in their mouths.

The three years of work resulted in the approval of a new resolution by the 2011 House of Delegates, calling on CDA to pursue legislation requiring dental lab disclosure of materials and place of origin, and to consider pursuing legislation requiring dental labs to register with Dental Board. As envisioned in concept, the registration requirement would be similar to the current requirement for dental referral services, providing basic information that would give the board some ability to enforce the disclosure requrement.

Following the house resolution's approval, CDA's Government Affairs Council elected not to pursue legislation in 2012 but instead to use this year to discuss the concepts with key stakeholders with the goal of developing consensus legislation to introduce in 2013. It is for that purpose that we would like to begin discussing the issue with the board as soon as the board's calendar will allow it..

Thank you for your consideration of this request.

Sincerely,

William C. Lewis
Manager, Regulatory Affairs

California Dental Association
1201 K Street, 14th Floor, Sacramento, CA 95814 | t. 800.232.7645 | p. 916.443.0505 | f. 916.443.2943 | cda.org

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MEMORANDUM

DATE	April 30, 2012
TO	Dental Board of California
FROM	Linda Byers, Administrative Assistant Dental Board of California
SUBJECT	**Agenda Item 5:** Update of the Office of Statewide Health Planning and Development (OSHPD) Pilot Project (HWPP #172)

Dr. Paul Glassman, Project Director, will be giving an update regarding OSHPD Pilot Project (HWPP #172) relating to training current allied dental personnel for new duties in community settings.

Dr. Paul Glassman is Professor of Dental Practice and Director of Community Oral Health at the University of the Pacific, Arthur A. Dugoni, School of Dentistry in San Francisco. In addition, he is a former President of the Special Care Dentistry Association, a national organization of oral health and other professionals dedicated to improving oral health for people with special needs and older adults. He is also Co-Director of the Statewide California Pipeline Program, Director of the Pacific Center for Special Care and Director of the California Statewide Task Force on Oral Health for People with Disabilities and Aging Californians.

Dr. Glassman has had many years of dental practice experience treating complex patients and has published and lectured extensively in the areas of Hospital Dentistry, Dentistry for Patients with Special Needs, Dentistry for Individuals with Medical Disabilities, Dentistry for Patients with Dental Fear, and Geriatric Dentistry. He has a long career working with special populations in a variety of practice and community settings. He has developed and acted as PI for many community-service demonstration and research programs designed to improve oral health for people with disabilities and other underserved populations.

Dr. Glassman also has many years of experience in developing and managing advanced dental education programs in general dentistry. He has directed GPR and AEGD programs and served on numerous committees for the Commission on Dental Accreditation. In addition, he has developed distance education programs for use in dental schools, continuing education and residency education environments.

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MEMORANDUM

DATE	April 30, 2012
TO	Dental Board of California
FROM	Linda Byers, Administrative Assistant Dental Board of California
SUBJECT	**Agenda Item 6:** Presentation by Western Regional Examination Board (WREB) Representative

Dr. Charles Broadbent, Director of Examination Development for WREB, will give a presentation regarding the recently completed Governance restructuring process and other WREB activities.

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WREB
A National Dental and Dental Hygiene Testing Agency

23460 North 19th Avenue, Suite 210 • Phoenix, Arizona 85027
Phone: 602-944-3315 • Fax: 602-371-8131
www.wreb.org
generalinfo@wreb.org
dentalinfo@wreb.org
hygieneinfo@wreb.org

March 26, 2012

Bruce L. Whitcher, DDS
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

Dear Dr. Whitcher,
I am writing on behalf of the Board of Directors of WREB. It is very important to our Board that each member state stays current on topics related to WREB and that you receive accurate and timely information. To that end, we would like to send a representative to an upcoming meeting of the Dental Board of California and be placed on the agenda to give an update on WREB and make sure that all the members have an understanding of the recently completed governance restructuring process.

Please let me know the time, date and location of the meeting so that we can make arrangements to send someone to speak to your Board.

Thank you.

Sincerely,

Beth Cole
Chief Executive Officer

CC: All Members of the Dental Board of California, Richard Decuir, Executive Officer

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NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of the Dental Assisting Council of the Dental Board of California will be held as follows:

NOTICE OF DENTAL ASSISTING COUNCIL MEETING
Thursday, May 17, 2012
Upon Conclusion of Full Board Items
Embassy Suites SFO Airport Waterfront
150 Anza Blvd., Burlingame, CA 94010
650-292-7376 or 916-263-2300

DENTAL ASSISTING COUNCIL
Anne Contreras, RDA
Pamela Davis-Washington, RDA
Judith Forsythe, RDA
Teresa Lua, RDAEF
Emma Ramos, RDA
Denise Romero, RDA
Bruce Whitcher, DDS

CALL TO ORDER

ROLL CALL AND ESTABLISHMENT OF QUORUM

DAC 1 – Dental Assisting Council Member Self Introductions and Administration of Oath of Office

DAC 2 - Election of Dental Assisting Council Chairperson

DAC 3 – Overview of the Roles and Responsibilities of the Dental Assisting Council

DAC 4 – Update Regarding Status of Dental Assisting Programs and Courses

DAC 5 – Dental Assisting Program Examination Statistics

DAC 6 – Dental Assisting Program Licensure and Permit Statistics

PUBLIC COMMENT

ADJOURNMENT

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's web site at **www.dbc.ca.gov**. The meeting facilities are accessible to individuals with physical disabilities. Please make any request for accommodations to Richard DeCuir at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, no later than one week prior to the day of the meeting.

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MEMORANDUM

DATE	May 7, 2012
TO	Dental Assisting Council Members Dental Board of California
FROM	Karen Fischer, Associate Analyst Dental Board of California
SUBJECT	**Agenda Item DAC 1:** Dental Assisting Council Members – Self Introductions

Anne Contreras, RDA
Ms. Contreras is a Registered Dental Assistant, who has been in the dental field for approximately 17 years. She started her career in general dentistry by having the duties of insurance billing, financials, and office managing. Furthering her education and interned at USC dental school, she obtained an AS degree and acquired her RDA license. Ms. Contreras is currently an Orthodontic Assistant for a private practice in Southern California where she is the back office manager.

In addition to working chairside, Ms. Contreras has been teaching future dental assistants for the past five years, incorporating her hands-on experience to daily lectures and laboratory procedures. She attained specific licensures and certificates to instruct Coronal Polishing, Methodology, Radiology, Pit & Fissure Sealants and Ultrasonic Scaling. She also instructs CPR for health care providers through the American Heart Association.

Ms. Contreras is a firm believer of giving back to her profession by volunteering at charity events. She is also a guest speaker at study clubs, doctor/staff lunch to lunch functions, and lecturing to dental assistants and dental hygiene students at local community colleges. Ms. Contreras completed the Orthodontic Assistant permit course, attended AAO, AOE, CADAT, CDA, HDS, Invisalign, OCDS and PCSO meetings for her continuing education units.

Prior to her appointment to the Council, she participated as a Subject Matter Expert, writing and editing the questions for the Dental Board of California Registered Dental Assistant written exam.

Ms. Contreras fills a position on the Council designated for a Registered Dental Assistant. Her initial appointment is for two years.

Pamela Davis-Washington, RDA
Ms. Davis-Washington has worked as a Registered Dental Assistant for over 30 years. Not only does she have experience chair-side assisting, but as the Back Office Manager at the Children's Dental Health Clinic (CDHC), she is also responsible for the training and monitoring of all RDAs' duties, skills, and proficiencies. She has extensive knowledge of OSHA and DHS guidelines, and JACHO guidelines for hospital dentistry and assisting. She has also been instrumental in developing and monitoring standard operating procedures for the CDHC. Though she spends most of her time assisting pediatric dental residents with their patients, she is still able to manage and schedule a large staff of eight (8) dentists and ten (10) RDAs for the CDHC.

Ms. Davis-Washington fills a position on the Council designated for a registered dental assistant. Her initial appointment is for three years.

Teresa Lua, RDAEF
Ms. Lua has been in the dental assisting field for 29 years. She started her career in a Regional Occupational Program in Placerville and has continued to increase her knowledge and experience to receive licensure as a Registered Dental Assistant in Extended Functions 2. She also has an Orthodontic Assistant Permit.

Ms. Lua has been volunteering for the Smile for Kids campaigns organized by the Sacramento District Dental Foundation to provide free dental services to underserved children within the Sacramento Area. She is also a supporter and volunteer for the RAM event that occurs in Sacramento and throughout the state.

She is currently active as an allied Dental Health Professional member of the Sacramento District Dental Society, working o the Continuing Education Committee and the Dental Careers Workgroup.

Ms. Lua fills a position on the Council designated for a registered dental assistant in extended functions. Her initial appointment is for four years.

Emma Ramos, RDA
Ms. Ramos attended North-West College, in Pomona, CA for dental assisting. After completing her coursework, she worked in general practice settings for 5 years. This experience prepared her to take the practical and didactic tests, which allowed her to become a Registered Dental Assistant.

In 1993 she started her education career. She became a Dental Assistant Instructor at North-West College in Pomona, CA, where she was able to share her skills and knowledge with young adults pursuing careers in the dental industry.

She continued her educational career by teaching at United Education Institute in Ontario, CA from 1999 to the present. While at United Education Institute, she has continued her dental training and has added CPR Instructor certifications, Pit and Fissure Licenses as well as Ultra-Sonic Scaling License.

While at United Education Institute, she has had the opportunity to become the Dental Assistant Program Director for the campus, which allowed her to concentrate and

improve the campuses' retention of students as well as increasing job placements. She continues to work with the Dental Assisting Program at a corporate level, by becoming the Dental Assistant Regional Program Director for the company. This allowed her to implement newer updated curriculum, new equipment, proficiency lab books, and instructor training.

She has been a member of CADAT since 2000.

Ms. Ramos fills a position on the Council designated for a faculty member. Her initial appointment is for three years.

Denise Romero, RDA, CDA, OA, MA
Ms. Romero graduated from the Cerritos College Dental Program, receiving her Associate Arts degree and Registered Dental Assistant. She comes to the educational arena with sixteen years of practical dental office experience, including Orthodontics, Pedodontics and general dentistry. Denise also served as a dental sales representative for six years, while earning her Bachelor's degree in Business Administration. This provided her additional insight into the field, linking her to the latest technological advancements in the dental industry; while also providing her the groundwork for developing liaisons with the broader dental community.

Ultimately, Denise transitioned her career into education, where she has been committed to facilitate students to become professionals in the field. She received her designated subjects teaching credential from California State University, Long Beach and a Master's of Arts in Education Curriculum and Instruction from California State University-Dominguez Hills in 2010. For the past five years she has served as an instructor and Pasadena City College's Dental Assisting Program. She also has her Orthodontic permit.

Ms. Romero fills a position on the Council designated for a faculty member. Her initial appointment is for one year.

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MEMORANDUM

DATE	May 3, 2012
TO	Dental Assisting Council
FROM	Karen Fischer, Associate Analyst Dental Board of California
SUBJECT	**Agenda Item DAC 2:** Election of Dental Assisting Council Chairperson

Dental Assisting Council members will vote to elect a chairperson.

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MEMORANDUM

DATE	May 7, 2012
TO	Dental Assisting Council Members Dental Board of California
FROM	Denise Johnson, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item DAC 3:** Overview of the Roles and Responsibilities of the Dental Assisting Council

The Dental Assisting Council members attended the Department of Consumer Affairs Board/Committee Member Orientation held in Sacramento on April 10, 2012. Richard DeCuir, Executive Officer, Denise Johnson, Assistant Executive Officer, and Karen Fischer, Associate Analyst also attended the orientation.

In an effort to help Council members become familiar with the dental assisting issues that may come before them, prior to this meeting staff distributed copies of the Board's Dental Assisting Committee meeting agendas & minutes for the past three years – since 2009 when the Committee on Dental Auxiliaries (COMDA) was abolished, the Dental Hygiene Committee of California was created, and the Dental Board took over all matters relating to dental assisting. In addition, they also received a copy of AB 2637 (Chapter 499, Statutes of 2008).

ROLES AND RESPONSIBILITIES OF THE DENTAL ASSISTING COUNCIL

The Dental Assisting Council of the Dental Board was created through legislation that was a result of the oversight hearings (Sunset Review) conducted by the California Legislature. Senate Bill 540 (Ch 385, Statutes of 2011) required the Dental Board of California to create a seven member Dental Assisting Council (Council).

The Council may periodically review the requirements for dental assistant and dental assistant in extended functions examinations, licensure and renewal, and permits for orthodontic assistants and dental sedation assistants.

Additionally, the Council may review standards and criteria for approval of dental assisting educational programs, courses (including but not limited to radiation safety, coronal polish, pit and fissure sealants, ultrasonic scaling, infection control, orthodontic assistants, and dental sedation assistants), and continuing education.

A major part of what the Council will be doing is vetting issues relating to new and existing regulations; and providing the Dental Board with recommendations for new regulations and/or changes to existing regulations.

The following courses were not addressed by AB 2637 (Chapter 499, Statutes 0f 2008). It was understood that the format would eventually be revised to be consistent with the educational programs and courses language in AB 2637.

- Pit & Fissure Sealant Course Requirements (CCR, Title 16, § 1070.3)
- Radiation Safety Course Requirements (CCR, Title 16, §§ 1014-1014.1)
- Coronal Polishing Course Requirements (CCR, Title 16, § 1070.4)
- Ultrasonic Scaling Course Requirements (CCR, Title 16, § 1070.5)

The following items may need to be reviewed and amended to ensure compliance with AB 2637.

- Dental Assistant Duties and Settings (CCR, Title 16, § 1085)
- Registered Dental Assistant Duties and Settings (CCR, Title 16, § 1086)
- Registered Dental Assistant in Extended Functions Duties and Settings (CCR, Title 16, § 1087)

The Board and staff have identified additional regulations that may need to be reviewed and amended. They include:

- Dental Assisting Program Application and Examination Requirements (CCR, Title 16, §§ 1076 – 1081.1, and 1083)
- Equivalency Standards for CPR Courses (New Regulation)
- Educational Methodology Requirements (New Regulation)

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MEMORANDUM

DATE	April 30, 2012
TO	Dental Assisting Council
FROM	Sharon Langness, Educational Programs Analyst Dental Assisting Program
SUBJECT	**Agenda Item DAC 4:** Update Regarding Status of Dental Assisting Programs and Courses

The Dental Assisting Program and consultants have been working diligently to reduce the backlog of course applications which occurred during the 3 month vacancy at the educational programs desk. They have made significant headway by reviewing 12 stand-alone courses, 2 RDA programs, and conducting 6 site visits throughout the state.

The table below identifies applications which are currently moving through the approval process. There are a total of 40 applications. The Registered Dental Assistant (RDA) programs have been reviewed, and are pending a response from the course provider for deficiencies.

Registered Dental Assistant Program	6
Radiation Safety Course	4
Coronal Polish Course	5
Pit and Fissure Sealants Course	3
Ultrasonic Scaler Course	1
Infection Control Course	11
Orthodontic Assistant Course	6
Dental Sedation Assistant Course	4

Attached, is a list of the applications for dental assisting program and course providers which are in the process of approval, and a list of courses which have received approval since the last Board meeting.

Dental Assisting - Courses in Process

Provider	App Rec'd	RDA Program	X-Ray	CP	P/F	US	IC	DSA	OA
UEI College - Anaheim	1/31/11 5/13/11	X							
UEI College - San Marcos	2/7/11 5/13/11	X							
UEI College - San Bernardino	2/8/11 5/13/11	X							
Make a Smile	4/4/11						X		
Health Quest Academy LLC	4/26/11						X		
Southland Dental/Lin Dental Corp	5/18/11						X		
UEI College - Gardena	6/6/11	X							
North-West College - Glendale	6/14/11		X						
North-West College - Glendale	6/14/11			X					
All Stars Orthodontics	6/21/11								X
UEI College - Riverside	7/13/11	X							
Four-D College - Colton	7/29/11	X							
Pacific Dental Services - Rancho Cucamonga	8/11/11			X					
Adrian Vogt	9/13/11								X
Redwood City Dental Institute	10/7/11						X		
Charter College - Oxnard	10/27/11						X		
San Mateo County Office of Education	10/28/11		X						
Charter College - Oxnard	11/7/11			X					

Provider	App Rec'd	RDA Program	X-Ray	CP	P/F	US	IC	DSA	OA
Dr. Betsy Lindbergh	11/14/11		X						
California Dental Certifications Dr. Adele Baca	11/15/11						X		
Brite Dental Group - Sacramento	11/17/11								X
Charter College - Oxnard	1/19/12				X				
Ricardo J. Berrios, DDS - Huntington Beach	12/13/11							X	
Robert G. Allen, DDS - Petaluma	12/12/11							X	
Ohanian Dental Corporation - Reseda	11/22/11			X					
Pima Medical Institute - Chula Vista	2/7/12						X		
International Career College - Pasadena	2/7/12						X		
Napa Valley Oral & Maxillafacial Surgery - Napa - John R. Pappas, DDS	1/27/12							X	
Ohanian Dental Corporation - Reseda	2/8/12						X		
Ohanian Dental Corporation - Reseda					x				
Punjabi Denal Society - Ontario Dr. Ranjeev Salwan							x		
Marysville Joint Union SD - Marysville							x		
Elite Orthodontics - San Diego Dr. Nader Ehsani	3/16/12								x
Career Colleges of America - South Gate Deodre Cotton	3/13/12		x						
Bay Area Center for Oral & Maxillofacial Surgery, Juan F. Luque	3/22/12							x	
Pulsipher Orthodontics Gary H. Pulsipher	3/30/12								x
My Dentist, School for Dental Assistants Sepehr Sadeghpour	4/2/12						x		

Provider	App Rec'd	RDA Program	X-Ray	CP	P/F	US	IC	DSA	OA
Charter College - Canyon Country	4/20/12			x					
Richard L. Jacobson, DMD, MS, Inc.	4/13/12								x

Dental Assisting Courses Approved Since Last Board Meeting

Provider	Approval Date	RDA Program	X-Ray	CP	P/F	US	IC	DSA	OA
Heald College - Roseville	2/15/2012 Provisional	X							
Institute of Technology - Citrus Heights	2/17/2012 Provisional	X							
San Bernardino County ROP Morongo USD	4/24/12 Provisional	X							
Four - D College - Victorville	4/25/2012 Provisional	X							
Dental Courses 4 You - El Dorado	3/20/12		X						
Pacific Dental Services - Rancho Cucamonga	4/17/12		X						
Robert Sheffield, DDS	3/21/12								X
Kathleen J. Nuckles, DDS	4/9/12								X

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MEMORANDUM

DATE	April 30, 2012
TO	Dental Assisting Council Dental Board of California
FROM	Dawn Dill, Manager, Licensing and Examination Unit
SUBJECT	**Agenda Item DAC 5:** Dental Assisting Program Examination Statistics

Written Examination Statistics for 2012 ALL CANDIDATES

Written Exam	Total Candidates Tested	% Passed	% Failed
RDA	865	61%	39%
RDA Law & Ethics	1006	64%	36%
RDAEF	7	14%	86%
Orthodontic Assistant	13	46%	54%
Dental Sedation Assistant	1	0%	100%

Written Examination Statistics for 2012 FIRST TIME CANDIDATES

Written Exam	Total Candidates Tested	% Passed	% Failed
RDA	646	71%	29%
RDA Law & Ethics	761	70%	30%
RDAEF	1	0%	100%
Orthodontic Assistant	10	50%	50%
Dental Sedation Assistant	0	0%	0%

Written Examination Statistics for 2012 REPEAT CANDIDATES

Written Exam	Total Candidates Tested	% Passed	% Failed
RDA	219	37%	63%
RDA Law & Ethics	245	48%	52%
RDAEF	6	17%	83%
Orthodontic Assistant	3	33%	67%
Dental Sedation Assistant	1	0%	100%

RDA Practical Examination Statistics for 2012 ALL CANDIDATES

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDA – February North	236	86%	14%
RDA – February South	269	78%	22%
RDA – April North			
RDA – April South			
RDA – August North			
RDA – August Central			
RDA – August South			
RDA – Nov - North			
RDA – Nov - South			
Total for Year	505	82%	18%

RDA Practical Examination Statistics for 2012 FIRST TIME CANDIDATES

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDA – February North	201	86%	14%
RDA – February South	174	91%	9%
RDA – February			
RDA – April North			
RDA – April South			
RDA – August North			
RDA – August Central			
RDA – August South			
RDA – Nov - North			
RDA – Nov - South			
Total for Year	375	88%	12%

RDA Practical Examination Statistics for 2012 REPEAT CANDIDATE

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDA – February North	35	89%	11%
RDA – February South	95	55%	45%
RDA – February			
RDA – April North			
RDA – April South			
RDA – August North			
RDA – August Central			
RDA – August South			
RDA – Nov - North			
RDA – Nov - South			
Total for Year	130	64%	36%

RDAEF Clinical/Practical Examination Statistics for 2012

Practical/Clinical Exam Type	**Candidates Tested**	**% Passed**	**% Failed**
RDAEF – June North			
RDAEF – June South			
Total for Year			

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MEMORANDUM

DATE	April 30, 2012
TO	Licensing, Certification and Permits Committee Dental Board of California
FROM	Dawn Dill, Manager, Licensing and Examination Unit
SUBJECT	**Agenda Item DAC 6 – Dental Assisting Program Licensure & Permit Statistics**

Following are statistics of current license/permits by type as of April 1, 2012

License Type	Active	Inactive	Delinquent	Renewal In Process	Total Current Population	Total Cancelled Since Implemented
RDA Licenses	33,681	10,366	9,168	615	53,830	33,045
RDAEF Licenses	1,264	119	172	18	1,573	134
Total Licenses	34,945	10,485	9,340	633	55,403	33,179

New RDAEF licenses issued since January 1, 2010 = 68.
Existing AEF licenses enhanced since January 1, 2010 = 121.

RDA License Held for Fingerprinting - 739
AEF License Held for Fingerprinting - 38

Permit Type	Current Active Permits	Delinquent	Total Cancelled Since Implemented
Dental Sedation Assistant Permit	7	0	0
Orthodontic Assistant Permit	18	0	0

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NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of Examination Committee of the Dental Board of California will be held as follows:

NOTICE OF EXAMINATION COMMITTEE MEETING

Thursday, May 17, 2012
Upon Conclusion of Dental Assisting Council Meeting
Embassy Suites SFO Airport Waterfront
150 Anza Blvd., Burlingame, CA 94010
650-292-7376 or 916-263-2300

EXAMINATION COMMITTEE
Chair – Stephen Casagrande, DDS
Vice Chair – Steven Morrow, DDS
John Bettinger, DDS
Rebecca Downing, Public Member
Judy Forsythe, RDA
Suzanne McCormick, DDS

CALL TO ORDER

ROLL CALL AND ESTABLISHMENT OF QUORUM

EX 1 – Approval of the February 23, 2012 Examination Committee Meeting Minutes

EX 2 – Dental Assisting Program Examination Statistics

EX 3 – Final Report on Registered Dental Assistant (RDA) Written Examination

EX 4 – Update on the Changes to the National Board Dental Examination

PUBLIC COMMENT

ADJOURNMENT

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's web site at **www.dbc.ca.gov**. The meeting facilities are accessible to individuals with physical disabilities. Please make any request for accommodations to Richard DeCuir at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, no later than one week prior to the day of the meeting.

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Examination Committee
Meeting Minutes
Thursday, February 23, 2012

Holiday Inn on the Bay, 1355 North Harbor Drive
San Diego, CA 92101
DRAFT

Members Present
Stephen Casagrande, DDS, Chair
Steven Morrow, DDS, Vice Chair
John Bettinger, DDS
Rebecca Downing, Public Member
Judy Forsythe, RDA
Suzanne McCormick, DDS

Members Absent

Staff Present
Richard DeCuir, Executive Officer
Denise Johnson, Assistant Executive Officer
Kim Trefry, Enforcement Chief
Teri Lane, Supervising Investigator I
Sarah Wallace, Legislative and Regulatory Analyst
Karen Fischer, Associate Analyst
Linda Byers, Executive Assistant
Kristy Shellans, DCA Senior Staff Counsel
Greg Salute, Deputy Attorney General

Roll Call and Establishment of Quorum:
Dr. Casagrande, Chair, called the committee meeting to order at 2:11 p.m. Roll was called and a quorum established.

EX 1 – Approval of the November 7, 2011 Examination Committee Meeting Minutes
M/S/C (Morrow/Forsythe) to approve the November 7, 2011 Examination Committee meeting minutes. The motion passed unanimously.

EX 2 – Dental Assisting Program Examination Statistics
Denise Johnson, Assistant Executive Officer, gave an overview of the statistics and reported that the RDA written exam statistics are not yet available due to insufficient numbers to compile the data. Dr. Casagrande commented that overall the numbers are going up showing improvement. Dr. Morrow pointed out that there is a 6-8 point percentage differential between the results of exams taken in Northern California compared to Southern California. Judy Forsythe commented that it's always been that way and no explanation has been found. Dr. Casagrande stated that he is still puzzled as to why a quarter of the candidates fail the Law and Ethics exam. Ms. Forsythe stated that the Law and Ethics exam is less than 2 years old with many duty changes. The sampling of data does not contain enough candidates to give a fair, accurate assessment of the true results. Ms. Forsythe stated that there has been continued improvement. Dr. Lori Gagliardi, CADAT, commented that the Law and Ethics exam is not broken down by candidates who have gone through an approved dental assisting program and candidates who only have on the job training (OJT). Generally speaking the candidates that go through an approved training course have higher scores than those with only OJT. Dr. Gagliardi asked if there was a way to break out the statistics into those candidates that went through an approved program and those that were OJT. Ms. Johnson stated that she can look into whether or not that can be done. Dr.

Casagrande stated that the test itself should be looked at to be sure it isn't more difficult than the test the dentists take? Dr. Morrow asked if there were multiple versions of the test for re-takers. Dr. Casagrande answered yes, there are multiple versions of the test and the content is scrambled. Richard DeCuir, Executive Officer, stated that he would take a look at the exam and bring back some answers at the next Board meeting.

EX 3 – Update on Registered Dental Assistant (RDA) Written Examination

Mr. DeCuir stated that at the time the Board packet was compiled, no statistics were available. The company developing the test, Applied Measurements, had done a Beta test of the first 100 examinations but they do not release the scores. They reviewed the results to determine which questions are appropriate and valid and which may need to be revised or discarded. The results of this first testing are a pass rate of 60%. Mr. DeCuir reiterated that this is the first time this test has been given and historically, the first time is the lowest pass rate. Dr. Casagrande stated that he is concerned that we are inadvertently hindering candidates from getting a license. He asked that an exit survey be done with all of the examination candidates to see how the students feel about the test. Whether it was fair, relevant, what they studied and if there is a problem with English as a Second Language (ESL) students understanding the questions. Dr. McCormick asked if we can break down the applicants into those who were trained in an approved program and those with OJT. She stated that if we are going to do an exit survey we should included this information so that we can discover what, if any, artificial barriers impede success on these examinations. Mr. DeCuir stated that it has been some time since an Occupational Analysis has been done which looks at the relevancy of what is being done in the office compared to what is being tested. Dr. Morrow pointed out that in dental education they are finding more and more students with English as a secondary language. The educational community has found that these students score much higher on oral exams than written exams because they don't always understand the question in the written form. Dr. Morrow suggested also asking if they understand the questions. Tamara McNeely, President/Director San Joaquin Valley College, stated that it is also relevant to ask not only if they graduated from an approved program but also how long it has been since these candidates graduated. Dr. Casagrande stated that he would like to ask the candidates if the material that is available for study on the web is easily accessible and current. Dr. Gagliardi stated that the Board posts the results of the RDA Written and Practical exam for the candidates from each approved school so it would be easy to discern how many candidates graduated from an approved program versus those that were OJT with these statistics.

EX 4 – Western Regional Examination Board (WREB) Statistics and Update

Dr. Suzanne McCormick reported WREB statistics from their Executive Officer Barbara Cole; currently there are 17 member states with Illinois being the latest to join in January 2012. There was discussion about having WREB along with other testing agencies such as SERT come and talk to the board. The overall pass rate for the WREB exam is 81.2%. 81.9% pass on the first attempt and 3.5% never pass. A contract has been signed with OPES to perform the regularly scheduled evaluation of the WREB exam. Mr. DeCuir will report back once the evaluation is complete. The next meeting of the Exam Review Board is July 18, 2012, Dr. McCormick will attend on behalf of the Board. Dr. Casagrande asked if we are represented on the WREB Board. Dr. McCormick stated that each member state is represented on the Exam Review Board but only a few are represented on the Board of Directors. California represents 30-40% of the total number of WREB exam attempts but is not on WREB's Board of Directors. Dr. Casagrande suggested that since California represents such a large percentage of exam attempts, we should look into getting on that Board. Dr. McCormick will look into what it takes to get on WREB's Board of Directors.

PUBLIC COMMENT

Dr. Earl Johnson encouraged the Board to keep its mind open because he thinks universal licensure across the United States is going to happen sooner or later so we should be looking in that direction. There was no additional public comment.

The committee adjourned at 2:33 p.m.

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MEMORANDUM

DATE	April 30, 2012
TO	Examination Committee Dental Board of California
FROM	Dawn Dill, Manager, Licensing and Examination Unit
SUBJECT	**Agenda Item EX 2:** Dental Assisting Program Examination Statistics

Written Examination Statistics for 2012 ALL CANDIDATES

Written Exam	Total Candidates Tested	% Passed	% Failed
RDA	865	61%	39%
RDA Law & Ethics	1006	64%	36%
RDAEF	7	14%	86%
Orthodontic Assistant	13	46%	54%
Dental Sedation Assistant	1	0%	100%

Written Examination Statistics for 2012 FIRST TIME CANDIDATES

Written Exam	Total Candidates Tested	% Passed	% Failed
RDA	646	71%	29%
RDA Law & Ethics	761	70%	30%
RDAEF	1	0%	100%
Orthodontic Assistant	10	50%	50%
Dental Sedation Assistant	0	0%	0%

Written Examination Statistics for 2012 REPEAT CANDIDATES

Written Exam	Total Candidates Tested	% Passed	% Failed
RDA	219	37%	63%
RDA Law & Ethics	245	48%	52%
RDAEF	6	17%	83%
Orthodontic Assistant	3	33%	67%
Dental Sedation Assistant	1	0%	100%

RDA Practical Examination Statistics for 2012 ALL CANDIDATES

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDA – February North	236	86%	14%
RDA – February South	269	78%	22%
RDA – April North			
RDA – April South			
RDA – August North			
RDA – August Central			
RDA – August South			
RDA – Nov - North			
RDA – Nov - South			
Total for Year	505	82%	18%

RDA Practical Examination Statistics for 2012 FIRST TIME CANDIDATES

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDA – February North	201	86%	14%
RDA – February South	174	91%	9%
RDA – February			
RDA – April North			
RDA – April South			
RDA – August North			
RDA – August Central			
RDA – August South			
RDA – Nov - North			
RDA – Nov - South			
Total for Year	375	88%	12%

RDA Practical Examination Statistics for 2012 REPEAT CANDIDATE

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDA – February North	35	89%	11%
RDA – February South	95	55%	45%
RDA – February			
RDA – April North			
RDA – April South			
RDA – August North			
RDA – August Central			
RDA – August South			
RDA – Nov - North			
RDA – Nov - South			
Total for Year	130	64%	36%

RDAEF Clinical/Practical Examination Statistics for 2012

Practical/Clinical Exam Type	**Candidates Tested**	**% Passed**	**% Failed**
RDAEF – June North			
RDAEF – June South			
Total for Year			

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MEMORANDUM

DATE	April 30, 2012
TO	Examination Committee Members Dental Board of California
FROM	Richard DeCuir, Executive Officer Dental Board of California
SUBJECT	**EX 3:** Final Report of the Registered Dental Assistant (RDA) Written Examination

Please refer to the following final report of the Registered Dental Assistant (RDA) Written Examination submitted by Tracy A. Montez, Ph.D. of Applied Measurement Services, LLC.

Applied Measurement Services, LLC

May 2, 2012

Department of Consumer Affairs
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

Dear Mr. DeCuir:

The purpose of this letter is to provide an update of the Registered Dental Assistant (RDA) examination development contract activities for the Dental Board of California May 17-18 board meeting to be held in San Francisco.

In January, a new form of the RDA examination was released. The form is based on the *same* RDA examination plan published in January 2010 which means the content of the exam is the same, but the items or questions are different.

Between January and February, multiple test scoring and item analyses (TSIA) were performed to evaluate the examination. Of the 155 questions in the new form of the RDA examination, 15 have been identified as pilot (i.e., non-scored questions with the purpose of gathering statistical data for building the RDA item bank of questions) and 140 as scored.

After the TSIAs, the passing score was applied and final candidate results were released the beginning of March. To date, the *overall pass rate is 61%* and *the first-time taker pass rate is 71%*. These are reasonable passing rates given the multiple pathways to licensure and the new item pool.

It should be noted that the analyses showed that one candidate has taken the exam 15 times and another candidate has taken the exam 20 times. The DBC should consider how these retakes are affecting the integrity of the examination.

Beginning with this exam cycle, candidates who fail the RDA examination will receive a feedback report detailing the number of questions in each content area and the number obtained correct by the respective candidate. This report will be provided by PSI at the test site.

If you have questions, you may contact me by email at Tracymontez@sbcglobal.net.

Sincerely,

Tracy A. Montez

Tracy A. Montez, Ph.D.
President

1539 Dickinson Dr. ■ Roseville, CA 95747 ■ (530) 788-5346

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MEMORANDUM

DATE	April 30, 2012
TO	Examination Committee Dental Board of California
FROM	Steven Morrow, DDS Dental Board Member
SUBJECT	**Agenda Item EX 4:** Update on the Changes to the National Board Dental Examination

According to their Mission Statement; "The Joint Commission on National Dental Examinations (JCNDE) develops and conducts highly reliable, state of the art cognitive examinations that assist regulatory agencies in making valid decisions regarding licensure or oral health care professionals, develops and implements policy for the orderly, secure, and fair administration of its examinations, and is a leader and resource in assessment of the oral health care profession."

The JCNDE consists of fifteen (15) members representing the following constituents:

- American Association of Dental Boards (6)
- American Dental Education Association (3)
- American Dental Association (3)
- American Dental Hygiene Association (1)
- American Student Dental Association (1)
- Public (1)
- Liaisons & Observers (one from each; ADA Board & ASDA Observer)

At it's the April 8, 2009 meeting, the JCNDE reviewed the report of the *ad-hoc* Committee on Strategic Planning. A Mission Statement and several goals were proposed by the *ad hoc* Committee and adopted to guide the work of the JCNDE over the next five years. The JCNDE established the Committee for an Integrated Examination (CIE) to carry out select pieces of the strategic plan, specifically a need to develop contemporary assessment formats and approaches to evaluate candidates for licensure. As the JCNDE has worked to implement a more clinically relevant approach to testing, many stakeholders have encouraged integration of the NBDE Part I and NBDE Part II examinations.

In 2009, the JCNDE appointed an ad hoc sub-committee for an integrated examination (CIE) to develop and validate a new examination instrument for dentistry that integrates basic, behavioral and clinical sciences to assess entry level competency in dental practice to replace the current Part I and Part II examinations. The integrated examination retains the same fundamental examination purpose, to assist state boards of dentistry in making licensure decisions. The CIE met for the first time in January, 2010 and has been hard at work to construct the Integrated National Board Dental Examination (INBDE).

The CIE's major efforts to date have focused on the following areas:

1. Determining what content should be included in the examination.
2. Collecting validity evidence to support that content.
3. Determining what types of items to include.
4. Determining how many items should be assigned to each topic area.
5. Developing communication mechanisms to keep communities of interest informed and prepared (i.e., soliciting input from state dental boards concerning their readiness for the INBDE, development of an INBDE web page: www.ada.org/JCNDE.aspx)

The JCNDE will continue to administer the current NBDE Part I and NBDE Part II until work on the new integrated examination is complete. Once the new integrated examination is launched, it will replace NBDE Part I and NBDE Part II. Sufficient transition time will be planned to allow students who have taken NBDE Part I time to complete NBDE Part II assuming the students stay on schedule to graduate within the normal time frame.

The timing of the administration of the integrated examination will be determined by each school just like NBDE Part I and NBDE Part II are now. Each school's curriculum is unique and it will be up to the school to decide where in the curriculum the students will be sufficiently prepared to take the examination.

The implication for state boards will vary depending on the language in the state's dental practice act. If the state dental practice act specifically refers to NBDE Part I and/or NBDE Part II, the language may need to be updated. In addition, with the implementation of pass/fail score reporting on January 1, 2012, numerical scores will no longer be reported for NBDE Part I or NBDE Part II. Any language referencing a particular passing score will need to be adjusted.

At the present time, the JCNDE has not established a definite time line for implementation of the INBDE. However, stakeholders have been advised that implementation will not take place before 2017.

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NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of Licensing, Certification and Permits Committee of the Dental Board of California will be held as follows:

NOTICE OF LICENSING, CERTIFICATION AND PERMITS COMMITTEE MEETING

Thursday, May 17, 2012

Upon Conclusion of Examination Committee Meeting
Embassy Suites SFO Airport Waterfront
150 Anza Blvd., Burlingame, CA 94010
650-292-7376 or 916-263-2300

LICENSING, CERTIFICATION, AND PERMITS COMMITTEE
Chair – Thomas Olinger, DDS
Vice Chair – Suzanne McCormick, DDS
Steve Afriat, Public Member
John Bettinger, DDS
Luis Dominicis, DDS
Judith Forsythe, RDA

CALL TO ORDER

ROLL CALL AND ESTABLISHMENT OF QUORUM

LCP 1 – Approval of the February 23, 2012 Licensing, Certification and Permits Committee Meeting Minutes

LCP 2 – Dental and Dental Assisting Program Licensure and Permit Statistics

LCP 3 – General Anesthesia/Conscious Sedation Permit Evaluation Statistics

LCP 4 – Update Regarding the General Anesthesia/Conscious Sedation (GA/CS) Calibration Courses

LCP 5 – Overview of the General Anesthesia/Conscious Sedation Permit Programs

PUBLIC COMMENT

ADJOURNMENT

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's web site at **www.dbc.ca.gov**. The meeting facilities are accessible to individuals with physical disabilities. Please make any request for accommodations to Richard DeCuir at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, no later than one week prior to the day of the meeting.

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Licensing, Certification and Permits Committee
Meeting Minutes
Thursday, February 23, 2012

Holiday Inn on the Bay, 1355 North Harbor Drive
San Diego, CA 92101
DRAFT

Members Present
Thomas Olinger, DDS - Chair
Suzanne McCormick, DDS – Vice Chair
Steve Afriat, Public Member
John Bettinger, DDS
Luis Dominicis, DDS
Judith Forsythe, RDA

Staff Present
Richard DeCuir, Executive Officer
Denise Johnson, Assistant Executive Officer
Kim Trefry, Enforcement Chief
Teri Lane, Supervising Investigator I
Sarah Wallace, Legislative and Regulatory Analyst
Karen Fischer, Associate Analyst
Linda Byers Executive Assistant
Kristy Shellans, DCA Senior Staff Counsel
Greg Salute, Deputy Attorney General

Roll Call And Establishment Of Quorum:
Dr. Olinger, Chair, called the committee meeting to order at 2:41 p.m. Roll was called and a quorum was established.

LCP 1 – Approval of the November 7, 2011 Licensing, Certification and Permits Committee Meeting Minutes
M/S/C (Afriat/Forsythe) to accept the November 7, 2011 Licensing, Certification and Permits Committee meeting minutes. The motion passed unanimously.

LCP 2 – Dental and Dental Assisting Program Licensure and Permit Statistics
Denise Johnson, Assistant Executive Officer, gave an overview of the changes to the permit statistics since the last Board meeting. Dr. Bettinger asked if it would be possible to break down the data even further to reflect the number of graduates from each school. Mr. DeCuir stated that information is already on our website.

LCP 3 – General Anesthesia/Conscious Sedation Permit Evaluation Statistics
Ms. Johnson presented the General Anesthesia/Conscious Sedation/Medical General Anesthesia Evaluation Statistics. Dr. McCormick asked what is being done to recruit evaluators so that we don't have to postpone so many evaluations due to lack of evaluators. Dr. Bettinger asked how often we have to do these evaluations. Mr. DeCuir answered that we are required to evaluate General

Anesthesia permit holders every 5 years and Conscious Sedation permit holders every 6 years. Dr. Olinger asked that Ms. Johnson report back at the next meeting what new strategies are being implemented to recruit evaluators. Dr. Bettinger requested that we ask the California Dental Association (CDA) to publish an article in their newsletter requesting evaluators. Dr. McCormick asked if the Board had considered creating a full time GA or CS evaluator position such as the Consultant position in Southern California. Mr. DeCuir stated that we work very closely with CALAOMS and are continually trying to recruit from their ranks. Mr. DeCuir stated that a high number of the postponements come from new individuals coming out of the residency programs because they have yet to establish their practice and we require that these evaluations be done at their place of practice. Dr. Bettinger requested that staff report on the reason for each postponement at the next Board meeting.

LCP 4 – Update Regarding the General Anesthesia/Conscious Sedation (GA/CS) Calibration Courses

Denise Johnson reported that 2 dates for Evaluator Calibration Courses have been scheduled; Wednesday March 14, 2012 in Union City and Wednesday May 2, 2012 in Anaheim.

There was no public comment.

The committee meeting adjourned at 3:00 p.m.

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MEMORANDUM

DATE	April 30, 2012
TO	Licensing, Certification and Permits Committee Dental Board of California
FROM	Dawn Dill, Manager, Licensing and Examination Unit
SUBJECT	**Agenda Item LCP 2 – Dental and Dental Assisting Program Licensure & Permit Statistics**

Following are statistics of current license/permits by type as of April 1, 2012

License Type	Active	Inactive	Delinquent	Renewal In Process	Total Current Population	Total Cancelled Since Implemented
Dental License	37,631	3,718	2,910	176	44,435	11,728
RDA Licenses	33,681	10,366	9,168	615	53,830	33,045
RDAEF Licenses	1,264	119	172	18	1,573	134
Total Licenses	72,576	14,203	12,250	809	99,838	44,907

New RDAEF licenses issued since January 1, 2010 = 68.
Existing AEF licenses enhanced since January 1, 2010 = 121.

Dental (DDS, OMS SP) License Held for Fingerprinting - 247
RDA License Held for Fingerprinting - 739
AEF License Held for Fingerprinting - 38

Dental Licenses Issued via Pathway	Total Issued in 2012	Total Issued in 2011	Total Issued to Date	Date Pathway Implemented
California Exam	0	0	53,977	Prior to 1929
WREB Exam	99	632	4,211	January 1, 2006
Licensure by Residency	17	181	739	January 1, 2007
Licensure by Credential	40	164	2,312	July 1, 2002
LBC Clinic Contract	0	5	23	July 1, 2002
LBC Faculty Contract	0	0	3	July 1, 2002

License/Permit /Certification/Registration Type	Current Active Permits	Delinquent	Total Cancelled Since Implemented
Additional Office Permit	2,001	453	5,031
Conscious Sedation Permit	468	22	285
Continuing Education Registered Provider Permit	1,320	593	1,165
Elective Facial Cosmetic Surgery Permit	20	0	0
Extramural Facility Registration	*140	n/a	n/a
Fictitious Name Permit	5,211	909	3,494
General Anesthesia Permit	807	17	738
Mobile Dental Clinic Permit	22	10	22
Medical General Anesthesia Permit	68	17	131
Oral Conscious Sedation Certification (Adult Only 1,109; Adult & Minors 1,114)	2,223	370	114
Oral & Maxillofacial Surgery Permit	82	3	11
Referral Service Registration	*285	n/a	n/a
Special Permits	33	10	151
Dental Sedation Assistant Permit	7	0	0
Orthodontic Assistant Permit	18	0	0

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

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MEMORANDUM

DATE	May 1, 2012
TO	Dental Board Members
FROM	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item: LCP 3:** General Anesthesia/Conscious Sedation/Medical General Anesthesia Evaluation Statistics

2011-2012 Statistical Overview 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
April	18	1	0	0		0
May	11	0	0	4		0
June	12	0	4	2		2
July	10	0	1	4		5
August	5	0	0	3	2	2
September	13	0	0	4	8	0
October	16	0	0	2	3	0
November	15	0	0	0	7	0
December	7	0	0	1	2	5
January	12	0	0	1	2	1
February	13	0	0	2	2	1
March	14	0	2	2	2	0
April*	20	0	0	0	0	0
May*	16	0	0	0	1	0
Total	**182**	**1**	**7**	**25**	**29**	**16**

***Approximate schedule for April/May

Conscious Sedation Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
April	4	0	0	1		0
May	4	0	0	4		0
June	5	0	0	3		2
July	6	0	0	1		0
August	4	0	0	1	3	0
September	2	1	0	1	2	1
October	4	1	0	0	0	0
November	9	1	0	0	1	0
December	1	0	1	1	1	0
January	1	0	0	1	2	0
February	3	1	3	4	1	2
March	4	0	1	1	0	2
April*	8	0	0	1	1	0
May*	7	0	0	0	1	0
Total	**62**	**4**	**5**	**19**	**12**	**6**

*Approximate schedule for April/May

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
April	1	0	1	0		0
May	0	0	1	2		0
June	1	0	0	0		0
July*	2	0	0	0		0
August	0	0	0	0		0
September	0	0	0	0	3	1
October	1	0	0	1	1	0
November	1	0	0	0	0	0
December	0	0	0	1	0	0
January	1	0	0	1	0	0
February	0	0	0	1	0	0
March	0	0	0	1	1	0
April*	1	0	0	1	0	0
May*	1	0	0	1	0	0
Total	**9**	**0**	**2**	**8**	**5**	**1**

*Approximate schedule for April/May

Evaluators Approved after December 2011

Region	GA	CS	MGA
Northern California	4	1	0
Southern California	3	1	0

Pending Evaluator Applications*

Region	GA	CS	MGA
Northern California	2	0	0
Southern California	1	3	0

*Deficient, or do not meet 3 year requirement.

Current Evaluators per Region

Region	GA	CS	MGA
Northern California	158	70	15
Southern California	202	89	14

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MEMORANDUM

DATE	May 2, 2012
TO	Dental Board Members
FROM	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item: LCP4:** Evaluator Calibration Courses

The following dates have been scheduled for the 2012 General Anesthesia/Conscious Sedation/Medical General Anesthesia Evaluator Calibration Training Courses.

The first General Anesthesia, Conscious Sedation Calibration Course of 2012 was given on March 14, 2012 at the Crowne Plaza Hotel in Union City, CA. The course was presented by Board President, Dr. Bruce Whitcher and Dr. Steve Leighty of Auburn, CA. The course resulted in the appointment of five new evaluators for the Board's onsite inspection and evaluation program.

The second General Anesthesia, Conscious Sedation Calibration Course was given on May 2, 2012 at the Anaheim Hilton Hotel in Anaheim, CA. The course was presented by Board President, Dr. Bruce Whitcher, Board Member Dr. Suzanne McCormick, and Dr. David Tracy of Carlsbad, CA.

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MEMORANDUM

DATE	April 25, 2012
TO	Licensing, Certification, and Permits Committee Dental Board of California
FROM	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item: LCP 5:** Overview of the General Anesthesia/Conscious Sedation Permit Programs

At the February Board meeting, members requested an overview of the General Anesthesia and Conscious Sedation (GA/CS) programs and asked that staff identify the hurdles they have been experiencing with the administration of these programs.

The Dental Board of California (Board) is responsible for the issuance and maintenance of the GA/CS permits. Part of this maintenance includes the scheduling of on-site inspections and evaluations which are required every five years for general anesthesia permits, six years for conscious sedation permits and within 1 year for new permit holders.

The California Association of Oral and Maxillofacial Surgeons (CALAOMS) conducted the GA/CS permit on-site inspections via a contract with the Board until January 1, 2009. When the Board resumed these duties, the on-site inspections were approximately one year behind in scheduling. Also at this time, the decision was made by a previous Executive Officer to schedule the on-site inspection for ***new*** permit holders within 3 months of issuance of the permit instead of one year. This change resulted in many unsuccessful attempts at scheduling on-site inspections because permit holders did not have an opportunity to establish an office or patient to be tested. With much determination we have been able to bring the general anesthesia permit scheduling up to date. However, the conscious sedation permits have not yielded the same results due to a shortage of evaluators.

Beginning January 1, 2012, GA/CS permit holders will again be tested within their first year of permit issuance. This change will allow new permit holders to gain employment once they complete their training and establish a patient base. This change however does not remove the ongoing difficulty of scheduling evaluations. In order for a permit holder to be tested, (s)he must supply Board Staff with three dates at least 2-3 months in advance. Board Staff must then find two evaluators who are available on these dates. The permit holder is then notified and must find an appropriate patient. This process can be as simple as contacting two evaluators who can clear their schedules, but can also

take as many as 10-15 contacts of different evaluators before two can be found. While we attempt to schedule all on-site inspections, there are times when it is just not possible. Some contributing factors for the delay in scheduling can include the inability to coordinate schedules, a lack of available evaluators in the area, drug shortages, lack of patients, sickness, and family emergencies.

Recruitment of evaluators has been the largest hurdle despite the various efforts of Board and staff. Board Members and Board Staff have done the following in an effort to recruit new evaluators:

- Sent letters to all permit holders inviting them to become evaluators for the on-site inspection program.
- Host the Evaluator Calibration Course 2-3 times per year throughout California.
- Dr. McCormick and Dr. Whitcher have been guest speakers at the California Dental Society of Anesthesia Annual Meeting for the last three years.
- Contacted the California Society of Pediatric Dentist, California Academy of General Dentistry, and the California Society of Anesthesiology in an effort to seek additional new evaluators.

Staff would welcome any additional recommendations or assistance from the Board.

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NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of the Legislative and Regulatory Committee of the Dental Board of California will be held as follows:

NOTICE OF LEGISLATIVE AND REGULATORY COMMITTEE MEETING
Thursday, May 17, 2012
Upon Conclusion of Licensing, Certification, and Permits Committee Meeting
Embassy Suites SFO Airport Waterfront
150 Anza Blvd., Burlingame, CA 94010
650-292-7376 or 916-263-2300

LEGISLATIVE & REGULATORY COMMITTEE
Chair – Fran Burton, Public Member
Vice Chair – Steve Afriat, Public Member
Stephen Casagrande, DDS
Huong Le, DDS
Steve Morrow, DDS
Thomas Olinger, DDS

CALL TO ORDER

ROLL CALL AND ESTABLISHMENT OF QUORUM

LEG 1 - Approval of the February 23, 2012 Legislative and Regulatory Committee Meeting Minutes

LEG 2 - 2012 Tentative Legislative Calendar – Information Only

LEG 3 - Discussion and Possible Action on the Following Legislation:

- AB 338 (Wagner) Regulations: Legislative Validation: Effective Date
- AB 1504 (Morrell) Administrative Regulations
- AB 1537 (Cook) Government Accountability Act of 2012
- AB 1538 (Cook) Recovery Audits
- AB 1588 (Atkins) Professions and Vocations: Reservist Licensees
- AB 1896 (Chesbro) Tribal Health Programs: Health Care Practitioners
- AB 1904 (Block) Professions and Vocations: Military Spouses
- AB 1914 (Garrick) Agency Reports
- AB 1932 (Cook) United States Armed Services: Healing Arts Boards
- AB 1976 (Logue) Licensure and Certification: Military Experience
- AB 1982 (Gorell) Regulations: Effective Date: Legislative Review
- AB 2022 (Wagner) Controller: Financial Information Request
- AB 2041 (Swanson) Regulations: Adoption: Disability Access
- AB 2090 (Berryhill) Regulations
- AB 2091 (Berryhill) Regulations: New or Emerging Technology
- AB 2120 (Nielson) Public Contracts: Contractors: Licensure
- AB 2213 (Donnelly) Government Reorganization: Realignment or Closure
- AB 2380 (Huber) State Government: Agency Repeals
- AB 2401 (Blumenfield) Secure Electronics Communications
- AB 2458 (Conway) Healing Arts: Health Care Practitioners
- AB 2506 (Perez) State Government
- AB 2570 (Hill) Licensees: Settlement Agreements
- SB 103 (Liu) State Government: Meetings
- SB 694 (Padilla) Dental Care
- SB 975 (Wright) Professions and Vocations: Regulatory Authority

- SB 1099 (Wright) Regulations
- SB 1171 (Harman) Maintenance of Codes
- SB 1202 (Leno) Dental Hygienists
- SB 1327 (Cannella) State Government: Business Information: Web Site
- SB 1348 (Gaines) CEQA: Public Projects: Judicial Review
- SB 1374 (Harman) Liability: Good Faith Reliance on Administrative Rules
- SB 1414 (Dutton) Community Redevelopment
- SB 1507 (Fuller) Global Warming Solutions Act: Tractor-trailers: Exempt
- SB 1520 (Calderon) State Government" Administrative Efficiency
- SB 1575 (Senate B.P. & E.D. Committee) Professions and Vocations
- SB 1576 (Senate B.P. & E.D. Committee) Professions and Vocations
- Any additional legislation impacting the Board that staff becomes aware of between the time the meeting notice is posted and the Board meeting

LEG 4 – Discussion and Possible Action Regarding the California Dental Association's Legislative Proposal to Amend *Business and Professions Code §1640* Relative to Special Permits

LEG 5 - 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

PUBLIC COMMENT

ADJOURNMENT

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's web site at **www.dbc.ca.gov**. The meeting facilities are accessible to individuals with physical disabilities. Please make any request for accommodations to Richard DeCuir at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, no later than one week prior to the day of the meeting.

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Legislative and Regulatory Committee
Meeting Minutes
Thursday, February 23, 2012

Holiday Inn on the Bay, 1355 North Harbor Drive
San Diego, CA 92101
DRAFT

Members Present:
Fran Burton, Chair
Steve Afriat, Vice Chair
Stephen Casagrande, DDS
Huong Le, DDS
Steve Morrow, DDS
Thomas Olinger, DDS

Members Absent:

Staff Present:
Richard DeCuir, Executive Officer
Denise Johnson, Assistant Executive Officer
Kim Trefry, Enforcement Chief
Teri Lane, Supervising Investigator I
Sarah Wallace, Legislative and Regulatory Analyst
Karen Fischer, Associate Analyst
Linda Byers Executive Assistant
Kristy Shellans, DCA Senior Staff Counsel
Greg Salute, Deputy Attorney General

CALL TO ORDER

Roll Call and Establishment of Quorum:
Chair Fran Burton called the committee meeting to order at 3:36 p.m. Roll was called and a quorum was established.

LEG 1 - Approval of the November 7, 2011 Legislative and Regulatory Committee Meeting Minutes
M/S/C (Afriat/Morrow) to accept the November 7, 2011 Legislative and Regulatory Committee meeting minutes. The motion passed unanimously.

LEG 2 - 2012 Tentative Legislative Calendar – Information Only
Ms. Burton pointed out that February 24, 2012 was the last day to introduce bills for this session.

LEG 3 - Discussion and Possible Action on the Following Legislation:
Sarah Wallace, Legislative and Regulatory Analyst, reported on the 5 bills brought before the Board;

- AB 127 (Logue) Regulations: effective date
  No changes – continue to watch.

- AB 991 (Olsen) State government: licenses: California Licensing and Permit Center
  No changes – continue to watch.

- SB 103 (Liu) State government: meetings
  No changes – continue to watch.

- SB 544 (Price) Professions and vocations: regulatory boards
  Ms. Wallace reported that she and Ms. Burton attended the January 9, 2012 hearing for this bill. Upon arrival at the hearing, the bill was pulled from the calendar. It has missed the deadline to pass out of the House rendering it essentially dead.

- SB 694 (Padilla) Dental care
  Ms. Wallace reported that we have been following this bill since last year. It is sponsored by the Children's Partnership. This bill would create the Statewide Office of Oral Health (Office) and suspends existing law authorizing the current dental program within the Department of Public Health (DPH), provided the Department of Finance (DOF) memorializes in writing, that sufficient funds have been deposited within the state to establish the Office.

  The bill creates the Office within DPH and specifies that a licensed dentist shall serve as the dental director, and that the dental director and staff shall have the responsibilities of:

  - Advancing and protecting the oral health of Californians,
  - Developing a comprehensive and sustainable state oral health action plan to address oral health needs,
  - Encourage private and public collaboration to meet the oral health needs of Californians,
  - Securing funds to support infrastructure and statewide and local programs,
  - Promote evidence-based approaches to increase oral health literacy, and
  - Establishing a system for surveillance and oral health reporting

  This bill has several provisions relating to the funding of the program. It specifies that no General Fund moneys shall be used for the purposes of implementing the Office, and would authorize the state to accept other public or private funds for the purpose of implementation of the proposed Office. This bill specifies that DOF shall make a determination regarding the funding status of the Office on January 1, 2014, and annually thereafter.

  This bill also specifies that the Office shall only be established after DOF determines that public or private funds, in an amount sufficient to fully support the activities of the Office, have been deposited with the State. This bill provides that if DOF makes a determination that sufficient funding has been secured for the establishment of the Office, DOF shall file a written statement with the Secretary of the Senate, the Chief Clerk of the Assembly, and Legislative Counsel memorializing that this determination has been made.

  Additionally, if the Office does become established, it will assume responsibility for identifying and securing funding to maintain its function. If DOF makes a determination that the Office has not secured sustainable funding sources to maintain the activities of the Office, DOF shall file a written statement with the Secretary of the Senate, the Chief Clerk of the Assembly, and Legislative Counsel memorializing that this determination has been made.

  The bill also specifies that the provision establishing the Office shall become inoperative on January 1, 2016.

  This bill finds and declares that, as part of a comprehensive integrated system of dental care, with the dentist as the head of that system, additional dental providers who provide basic preventive and restorative oral health care to underserved children, located at or near where children live or go to

school, may have the potential to reduce the oral health disease burden in the population most in need.

This bill authorizes the Office to design and implement a scientifically rigorous study to assess the safety, quality, cost-effectiveness, and patient satisfaction of expanded dental procedures for the purpose of informing future decisions about how to meet the state's unmet oral health need for the state's children. This bill requires the research parameters of the study to include public health settings, multiple models of dentist supervision, multiple pathways of education and training, and multiple dental providers. This bill requires procedures performed during the study be performed only by providers within the confines of a university based study.

This bill requires the Dental Director to convene an advisory group, as specified, on study design and implementation, provide input regarding study design and implementation, receive all study data and reports, and develop a report and recommendations to be submitted to the Legislature based on the study findings. This bill requires the Dental Director to consult with the Legislative Analyst's Office in designing the study and selecting contractors.

This bill provides that no General Fund money shall be used to implement the study, and that money to fund the study, including analysis and findings, shall be secured from other public or private sources. This bill provides that no one providers group or interest group may provide more than half the private funding for the study

This bill sunsets the study by January 1, 2014, if it is not sufficiently funded and commenced by that date.

This bill sunsets the Office and the study on January 1, 2016.

Ms. Wallace further stated that this bill is sponsored by The Children's Partnership and is intended to begin addressing the lack of dental health care access in California, especially its impact on children.

The Senate Health Committee's analysis finds that nearly a quarter of California's children ages 0 to 11 have never been to the dentist despite the recommendation by the American Academy of Pediatric Dentistry that children visit the dentist at the time of first-tooth eruption and no later than one year of age and that they have a dental check-up every six months after that.

This bill ties into the Affordable Care Act which:

a. Requires that insurance plans include oral care for children,
b. Expands school-based sealant programs,
c. Authorizes $30 million for fiscal year 2010 to train oral health workforce,
d. Establishes five-year, $4 million demonstration projects to test alternative dental health care providers,
e. Establishes a public health workforce track, including funding for scholarships and loan repayment programs for dental students and grants to dental schools,
f. Establishes three-year, $500,000 grants to establish new primary care residency programs, including dental programs, and
g. Provides funding for new and expanded graduate medical education, including dental education.

During the 2011 oversight hearing of the Dental Board of California, the Senate Committee on Business, Professions, and Economic Development raised concerns whether California will be able to meet the increased demand for dental services with the enactment of the Affordable Care Act.

Currently, the Oral Health Unit within DPH (formerly the Office of Oral Health), currently has one staff and among other functions, is charged with
maintaining a dental program that develops a comprehensive dental health plans, coordinates federal, state, county, and city agency programs related to dental health, and encourages, supports, and augments the efforts of city and county health departments in the implementation of a dental health component. This bill eliminates this unit and will replace it with the Statewide Office of Oral Health.

Ms. Wallace reported that currently, this bill has passed out of the Senate it is in the Assembly's first reading file.

Ms. Burton stated that she would like everyone to be aware of how many times this bill has been amended and it is still in the lower house. The bill has not been set for hearing so given that it may be an entirely different product when all is said and done, she recommended a watch position at this time. Mr. Afriat stated that every bill goes through changes He would like to see the board show more support for this bill. Ms. Burton stated that she thought that the entire Board would probably like to see this go forward but it is still subject to too much change to take a more affirmative position at this time.

Dr. Morrow commented that this bill has stirred up controversy which he thinks is good because it affords opportunity for change for the better. Dr. Morrow stated that being a dental educator and this being a University based study, who has been contacted about the willingness on the part of universities, to provide a framework for such a study to be done? Katherine Scott, Children's Partnership, stated that they have approached some sites and universities in conversation only but as Ms. Burton stated, this is still a work in progress. They are working on educational requirements, university participation, funding is a big piece that they're working on. They are committed to strong participation by the dental community. Dr. Morrow asked where the money would come from for the university based studies? Ms. Scott answered through private, federal and public funding.

Dr. Casagrande stated that his personal opinion is that the role of the Dental Board is to protect the public and that will come later. He does not feel the Board has a role in access to care except not to impede access to care through regulation. He feels that the position should be to watch.

Dr. Olinger commented that Ms. Scott mentioned university or other facility and asked what was meant by other facility. Ms. Scott explained that part of their early conversations were with facilities that train hygienists that are affiliated with universities.

Mr. Afriat stated that since there have been so many amendments since the initial bill came out, how does the Author feel about the current version? Ms. Scott stated that it is a work in progress. They are very happy that the bill is still focused on access to care. Mr. Afriat asked Ms. Scott what she would like to see the Board do as far as this bill goes. Ms. Scott answered that they would like to keep the lines of communication with the Board open. The Board's expertise is very valuable and support would be much appreciated. The Children's Partnership is striving to keep the bill going in the direction of public protection.

Ms. Burton stated that authors have been known to divorce bills, the Board should be cautious. Ms. Scott stated that the author is committed to working on the bill for the next few months. It doesn't have to move out of committee until the end of June and she doesn't see it moving before then. Dr. Casagrande stated that he wouldn't support the bill unless he saw a lot more details about the study, and that there is public protection, especially for the children, what the setting is, what the parameters are, and generally more information.

Dr. Morrow stated that if these studies are to be university based they will have to pass Institutional Review Board (IRB) approval before implementation and they are very strict about the safety of

patients. That is the advantage of a university based study. University based does not mean that it has to be at the university site. It can be offsite under university control.

Richard DeCuir, Executive Officer, stated that he wanted to make it clear that the Dental Board is not in a position to help with funding.

Guy Acheson, California Academy of General Dentistry (CAGD), is against this bill unless amended. He stated that California is at the leading edge of creating many different categories of care providers to assist in access to care. CAGD is concerned that the thrust of this legislation is to create a study specifically to generate another workforce category. Dr. Acheson questioned if RDAEF's are utilizing their expanded duties now and how adding 2 new expanded duties, drilling and extraction, are going to make any kind of significant difference in access to care. Dr. Acheson feels that drilling caries and extracting teeth are not the solution, prevention is the solution. He would like to see the intent of the study amended to focus on capacity, feasibility and utilization of the resources that we already have.

Joel Berick, DDS, is dismayed that the Board is only taking a watch position on this bill. Keeping in mind that the Board mission is to protect the public, the idea that a new practitioner is going to be developed and with little training allowed to practice on the most vulnerable portion of our population does not seem to be in the best interest of public protection. The fact that it is a university based study makes it more palatable but if it does pass university consideration, these people are going to be able to go out and practice on children with significantly less training than the people who are currently available.

Dr. Morrow stated that this bill is simply asking for a study to be done to gain evidence as to the worthiness of proceeding with the development of a level of provider that Dr. Berick is opposed to. It is not establishing that level of provider it is simply asking for evidence and information. Dr. Morrow stated that in his 30 years of experience he has been involved in more studies that show that there is not a need than those that proved there was a need.

Ms. Burton commented that we should not assume an outcome of this bill. We should wait and see what it evolves into.

M/S/C (Burton/Olinger) to recommend the Board take a watch position on SB 694. The motion passed unanimously.

There was no additional legislation.

LEG 4 - Discussion of Prospective Legislative Proposals:

Dr. Morrow stated that the Joint Commission on National Dental Examinations will be changing their examinations from a 2 part exam to just one examination in 2015. He asked if it will be necessary for the Board to seek a change in Business and Professions code 1634.1(d) regarding requirements for licensure and the wording in subsection (d) that indicates multiple "examinations" to the singular "examination". Ms. Shellans stated that we will need to change the wording from multiple to singular once the change has been officially made but we don't want to jump the gun and make a change that hasn't happened yet. Ms. Burton mentioned that each year there is an omnibus bill to clean up small details like this.

Ms. Burton stated that she and Executive Officer, Richard DeCuir discussed the utilization of the remaining funds in the loan repayment program. Their discussions centered around making the program more user friendly as it is or considering restructuring the program altogether.

Dr. Morrow brought forward Business and Professions Code Section 1626(c) regarding the practice of dentistry by licensed dentists of other states or countries while operating as clinicians or instructors in dental colleges. Dr. Morrow stated that he was unaware of any requirement for a background check on

these individuals. Mr. DeCuir stated that the responsibility is on the school to do due diligence. It is an exemption to the practice of dentistry therefore we have no jurisdiction. Ms. Shellans stated that these people are exempt from the Dental Board's oversight and therefore the Board cannot impose a requirement on them. It would be up to the Board to decide whether or not they want to require some type of licensure for these individuals and thereby remove the exemption. Dr. Morrow requested that this item be placed on the Legislative and Regulatory Committee agenda for discussion at a future meeting. Ms. Burton asked for more information on what the issues and alternatives are with regard to changing this exemption. Ms. Shellans stated that in order to effectuate a legislative change there must be data to support a need for the change. Mr. Afriat supported Dr. Morrow as a co-committee member and his request to have this put on the committee's agenda for discussion at a future meeting. Ms. Burton reiterated her former statement that she would like staff to work with Dr. Morrow to gain more background and information on this subject before bringing it back to the committee as an agenda item. Mr. DeCuir agreed to have staff work with Dr. Morrow.

Bill Lewis, California Dental Association, commented that CDA would certainly be interested in exploring ways to utilize the Dental Repayment Program. He stated that CDA has approached the Senate Business & Professions committee for possible inclusion in their Omnibus bill to tweak the Special Permit Law that Dr. Ron Mito from UCLA spoke about at a previous meeting to help faculty recruitment of specialists. The current law requires "graduating" from a dental college approved by the Board. CDA would like to see that wording deleted and changed to include those specialists who acquire their specialty training through an approved residency program. Mr. Lewis also requested that the Board resume discussions regarding regulations pertaining to Mobile Dental Units. He stated that the market has evolved and the regulations do not cover the full spectrum of what's out there now. Mr. Lewis stated that the Department of Health Services has made some inquiries regarding Mobile Dental Units related to Denti-Cal and entities that are going into schools.

There was no further public comment.

The committee adjourned at 4:40 p.m.

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MEMORANDUM

DATE	April 25, 2012
TO	Legislative and Regulatory Committee, Dental Board of California
FROM	Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California
SUBJECT	**Agenda Item LEG 2:** 2012 Tentative Legislative Calendar – Information Only

Background
The 2012 Tentative Legislative Calendar is enclosed.

2012 TENTATIVE LEGISLATIVE CALENDAR

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

Revised 10-5-11

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

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

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

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

MAY							
	S	M	T	W	TH	F	S
Wk. 1			1	2	3	4	5
Wk. 2	6	7	8	9	10	11	12
Wk. 3	13	14	15	16	17	18	19
Wk. 4	20	21	22	23	24	25	26
No Hrgs.	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. 4 Legislature reconvenes (J.R. 51(a)(4)).

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

Jan. 13 Last day for **policy committees** to hear and report bills introduced in 2011 for referral to **fiscal committees** (J.R. 61(b)(1)).

Jan. 16 Martin Luther King, Jr. Day.

Jan. 20 Last day for any committee to hear and report to the **Floor** bills introduced in their house in 2011 (J.R. 61(b)(2)).

Jan. 27 Last day to submit **bill requests** to the Office of Legislative Counsel.

Jan. 31 Last day for each house to pass **bills** introduced in 2011 (Art. IV, Sec. 10(c)) (J.R. 61(b)(3)).

Feb. 20 Presidents' Day.

Feb. 24 Last day for bills to be **introduced** (J.R. 61(b)(4), J.R. 54(a)).

Mar. 29 **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).

Mar. 30 Cesar Chavez Day observed.

Apr. 9 Legislature reconvenes from Spring Recess (J.R. 51 (b)(1)).

Apr. 27 Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).

May 11 Last day for **policy committees** to hear and report to the floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).

May 18 Last day for **policy committees** to meet prior to June 4 (J.R. 61(b)(7)).

May 25 Last day for **fiscal committees** to hear and report to the floor bills introduced in their house (J.R. 61 (b)(8)). Last day for **fiscal committees** to meet prior to June 4 (J.R. 61 (b)(9)).

May 28 Memorial Day.

May 29 – June 1 Floor session only. No committee may meet for any purpose (J.R. 61(b)(10)).

2012 TENTATIVE LEGISLATIVE CALENDAR

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

Revised 10-5-11

JUNE							
	S	M	T	W	TH	F	S
No Hrgs.						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

June 1 **Last day to pass bills** out of house of origin (J.R. 61(b)(11)).

June 4 Committee meetings may resume (J.R. 61(b)(12)).

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

June 28 Last day for a legislative measure to qualify for the Nov. 6 General Election ballot (Elec. Code Sec. 9040).

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

July 4 Independence Day.

July 6 Last day for **policy committees** to hear and report bills (J.R. 61(b)(13)). **Summer Recess** begins on adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).

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

Aug. 6 Legislature reconvenes from Summer Recess (J.R. 51(b)(2)).

Aug. 17 Last day for **fiscal committees** to meet and report bills to the Floor (J.R. 61(b)(14)).

Aug. 20 - 31 Floor session only. No committee may meet for any purpose (J.R. 61(b)(15)).

Aug. 24 Last day to **amend** on the Floor (J.R. 61(b)(16)).

Aug. 31 Last day for **each house to pass bills** (Art. IV, Sec. 10(c), J.R. 61(b)(17)). **Final Recess** begins on adjournment (J.R. 51(b)(3)).

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2012

Sept. 30 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).

Oct. 2 Non-urgency bills enacted on or before this date take effect January 1, 2013. (Art. IV, Sec. 8(c)).

Nov. 6 General Election.

Nov. 30 Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).

Dec. 3 2013-14 Regular Session convenes for Organizational Session at 12 noon. (Art. IV, Sec. 3(a)).

2013

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

*Holiday schedule subject to final approval by Rules Committee.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
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MEMORANDUM

DATE	May 9, 2012
TO	Legislative and Regulatory Committee, Dental Board of California
FROM	Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California
SUBJECT	**Agenda Item LEG 3:** Discussion and Possible Action on Legislation

Background

Board staff is currently tracking thirty-six (36) bills, the majority of which pertain to the Administrative Procedure Act, government accountability, and military licensing. The only two bills that amend provisions of the Dental Practice Act are Senate Bill 1202 (Leno) and Senate Bill 1575 (Senate Business, Professions and Economic Development Committee), both of which contain amendments to provisions governing the licensing of dental hygienists.

In the interest of time, staff will not be presenting each of these bills to the Legislative and Regulatory Committee, as the majority are bills that should be watched at this time. However, if a Committee Member wish to discuss a measure, staff will pull the bill for discussion during the Committee's meeting.

In the interest of full disclosure, staff has enclosed an attachment containing a brief summary of each bill, as well as information regarding each bill's status and location. In an effort to reduce waste, the meeting packets do not contain copies of each bill; however, the following Web sites are excellent resources viewing proposed legislation and finding additional information:

- www.senate.ca.gov
- www.assembly.ca.gov
- www.leginfo.ca.gov

Staff will be presenting the following bills to the Committee for review and consideration:

- AB 1588 (Atkins) Professions and vocations: Reservist licensees
- AB 1932 (Cook) United States Armed Services: Healing arts boards
- AB 1976 (Logue) Licensure and certification: Military experience
- SB 694 (Padilla) Dental care
- SB 1202 (Leno) Dental hygienists

- SB 1575 (Senate Business, Professions, and Economic Development Committee) Professions and vocations

Copies of each of these bills are enclosed in the meeting packet. Copies of Board staff's analyses for each of the bills to be presented will be hand-carried to the meeting for the Committee's review.

Action Requested:

The Legislative and Regulatory Committee may recommend the Board take one of the following actions regarding proposed legislation:

- Support
- Oppose
- Neutral
- Support If Amended
- Oppose Unless Amended
- Watch

DENTAL BOARD OF CALIFORNIA
MAY 2012 BOARD MEETING

TRACKED LEGISLATION – BILL SUMMARIES

ASSEMBLY BILL 338

AUTHOR:	Wagner (R)
TITLE:	Regulations: Legislative Validation: Effective Date
INTRODUCED:	02/10/2011
LAST AMEND:	02/17/2012
DISPOSITION:	Pending
COMMITTEE:	Senate Environmental Quality Committee
HEARING:	05/14/2012 1:30 pm, Room 112
SUMMARY:	This bill requires the Office of Administrative Law to submit to the Legislature for review a copy of each disapproved regulation where the basis for that disapproval was a determination that the agency exceeded its statutory authority in adopting the regulation. This bill requires that a regulation become effective on the 60th day after it is filed with the Secretary of State, unless prescribed conditions occur.
STATUS:	03/19/2012 - In Senate Committee On Environmental Quality: Not heard.

ASSEMBLY BILL 1504

AUTHOR:	Morrell (R)
TITLE:	Administrative Regulations
INTRODUCED:	01/10/2012
LAST AMEND:	04/16/2012
DISPOSITION:	Pending
LOCATION:	Assembly Business, Professions and Consumer Protection Committee
SUMMARY:	This bill amends the Administrative Procedure Act and requires each state agency that is considering adopting, amending or repealing a regulation, to complete an economic assessment of the proposed action prior to submitting a notice of proposed action to the Office of Administrative Law. This bill requires an agency to conduct a standardized regulatory impact assessment when the economic impact on businesses and individuals within the state exceeds a specified amount.
STATUS:	04/24/2012 - In Assembly Committee On Business, Professions & Consumer Protection: Failed passage.

ASSEMBLY BILL 1537

AUTHOR:	Cook (R)
TITLE:	Government Accountability Act of 2012
INTRODUCED:	01/24/2012
LAST AMEND:	03/28/2012
DISPOSITION:	Pending
LOCATION:	Assembly Business, Professions and Consumer Protection Committee
SUMMARY:	This bill enacts the Government Accountability Act of 2012 and requires that a major proposed regulation include a provision to repeal the regulation within a specified time period after approval by the Office of Administrative Law. This bill requires the Office of Administrative Law to return to an agency any proposed regulation that does not include the repeal provision, unless the Legislature enacts a statute that expressly validates and approves the content.
STATUS:	04/10/2012 - In Assembly Committee On Business, Professions & Consumer Protection: Not heard.

ASSEMBLY BILL 1538

AUTHOR:	Cook (R)
TITLE:	Recovery Audits
INTRODUCED:	01/24/2012
LAST AMEND:	04/19/2012
DISPOSITION:	Pending
COMMITTEE:	Assembly Appropriations Committee
HEARING:	05/09/2012 9:00 am, Room 4202
SUMMARY:	This bill authorizes the Controller to contract with consultants to provide semiannual recovery audits of state agencies with expenditures exceeding a specified amount in a fiscal year, unless excepted by regulation and authorizes reasonable payment to the consultants. This bill requires these contracts to apply the specified confidentiality provisions to consultants as applicable to the Controller, the state agency or their employees that are subject to the audit.
STATUS:	04/19/2012 - In Assembly. Read second time and amended. Re-referred to Committee on Appropriations.

ASSEMBLY BILL 1588

AUTHOR: Atkins (D)
TITLE: Professions and Vocations: Reservist Licensees
INTRODUCED: 02/06/2012
LAST AMEND: 03/05/2012
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: This bill requires boards, commissions, or bureaus within the Department of Consumer Affairs to waive renewal fees and continuing education requirements of any licensee or registrant who is a reservist called to active duty as a member of the Military Reserve or the California National Guard if certain requirements are met.
STATUS: 03/28/2012 - In Assembly Committee On Appropriations: To Suspense File.

ASSEMBLY BILL 1896

AUTHOR: Chesbro (D)
TITLE: Tribal Health Programs: Health Care Practitioners
INTRODUCED: 02/22/2012
LAST AMEND: 03/27/2012
DISPOSITION: Pending
LOCATION: SENATE
SUMMARY: This bill codifies a federal requirement, concerning the licensing of health professionals employed by a tribal health program, by specifying that person who is licensed as a health care practitioner in any other state and is employed by a tribal health program is exempt from any state licensing requirement with respect to acts authorized under the person's license where the tribal health program performs specified services.
STATUS: 05/03/2012 - In ASSEMBLY. Read third time. Passed ASSEMBLY. *****To SENATE.

ASSEMBLY BILL 1904

AUTHOR: Block (D)
TITLE: Professions and Vocations: Military Spouses
INTRODUCED: 02/22/2012
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: This bill authorizes a board within the Department of Consumer Affairs to issue a temporary license to an applicant who holds an equivalent license in another jurisdiction and is married to an active duty member of the Armed Forces of the United States.

STATUS: 04/18/2012 - In Assembly Committee On Appropriations: To Suspense File.

ASSEMBLY BILL 1914

AUTHOR: Garrick (R)
TITLE: Agency Reports
INTRODUCED: 02/22/2012
LAST AMEND: 04/09/2012
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: This bill requires each state or local agency to submit a list of all reports the agency has not yet submitted to the Legislature along with a status summary for each report, including a statement explaining why any overdue report has not yet been submitted and a compliance plan. This bill proviides that the Legislature may withhold appropriations for any agency that fails to submit timely reports.
STATUS: 05/02/2012 - In Assembly Committee On Appropriations: To Suspense File.

ASSEMBLY BILL 1932

AUTHOR: Gorell (R)
TITLE: United States Armed Services: Healing Arts Boards
INTRODUCED: 02/22/2012
LAST AMEND: 04/17/2012
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: This bill requires every healing arts board to issue a written report to the Department of Veterans Affairs and the Legislature that details methods of evaluating the education, training, and experience obtained in military service and whether such education, training and experience is applicable to the board's requirements for licensure.
STATUS: 05/02/2012 - In Assembly Committee On Appropriations: To Suspense File.

ASSEMBLY BILL 1976

AUTHOR: Logue (R)
TITLE: Licensure and Certification: Military Experience
INTRODUCED: 02/23/2012
LAST AMEND: 04/11/2012
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: This bill requires a healing arts board within the Department of Consumer Affairs, upon the presentation of qualifying evidence by an applicant for licensure, to accept military service related education, training, and practical experience towards licensure or certification qualifications. This bill requires schools seeking accreditation or approval to have procedures in place to accept that same information toward completion of education to qualify a person to apply for licensure. This bill would require healing arts boards and the State Department of Public Health to adopt regulations to implement the provisions of this bill.
STATUS: 04/24/2012 - From Assembly Committee on Veterans Affairs: Do pass to Committee on Appropriations.

ASSEMBLY BILL 1982

AUTHOR: Gorell (R)
TITLE: Regulations: Effective Date: Legislative Review
INTRODUCED: 02/23/2012
LAST AMEND: 04/18/2012
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: This bill requires the Office of Administrative Law to submit to the Legislature for review a copy of each major regulation that it submits to the Secretary of State. This bill extends the time period that a regulation becomes effective after being filed with the Secretary of State. This bill specifies that the list of prescribed conditions that prevent a regulation from becoming effective include a statutory override of the regulation.
STATUS: 04/24/2012 - From Assembly Committee On Business, Professions & Consumer Protection: Do pass to Committee on Appropriations.

ASSEMBLY BILL 2022

AUTHOR:	Wagner (R)
TITLE:	Controller: Financial Information Request
INTRODUCED:	02/23/2012
DISPOSITION:	Pending
LOCATION:	Assembly Business, Professions and Consumer Protection Committee
SUMMARY:	This bill requires a state agency to provide the Controller with its budget or salary information, or both, if requested by the Controller. This bill states that it is the intent of the Legislature that the University of California comply with this provision.
STATUS:	03/08/2012 - To Assembly Committee on Business, Professions & Consumer Protection.

ASSEMBLY BILL 2041

AUTHOR:	Swanson (D)
TITLE:	Regulations: Adoption: Disability Access
INTRODUCED:	02/23/2012
DISPOSITION:	Pending
FILE:	99
LOCATION:	Assembly Consent Calendar - Second Legislative Day
SUMMARY:	Existing law requires an agency to publish a notice of proposed action that includes specified information at least 45 days prior to a hearing and the close of the public comment period. This bill requires an agency to include within the notice of proposed action a specified statement regarding the availability of narrative description for persons with visual or other specified disabilities.
STATUS:	05/03/2012 - In Assembly. Read second time. To Consent Calendar.

ASSEMBLY BILL 2090

AUTHOR:	Berryhill B (R)
TITLE:	Regulations
INTRODUCED:	02/23/2012
LAST AMEND:	04/10/2012
DISPOSITION:	Pending
LOCATION:	Assembly Appropriations Committee
SUMMARY:	This bill defines a major regulation as a regulation that an agency determines has an expected economic impact on business enterprise and individual in a specified amount. This bill modifies the requirements that an adopting agency must meet when preparing the economic impact analysis and the standardized regulatory impact analysis. This bill makes the requirement to involve parties that would be subject to any regulations in public

	discussions regarding certain proposed regulations applicable to all proposed regulations.
STATUS:	04/17/2012 - From Assembly Committee On Business, Professions & Consumer Protection: Do pass to Committee on Appropriations.

ASSEMBLY BILL 2091

AUTHOR:	Berryhill B (R)
TITLE:	Regulations: New or Emerging Technology
INTRODUCED:	02/23/2012
DISPOSITION:	Pending
LOCATION:	Assembly Business, Professions and Consumer Protection Committee
SUMMARY:	Requires a state agency proposing an administrative regulation that would require a person or entity to use a new or emerging technology or equipment to determine if that technology is available and effective in accordance with certain requirements. Requires the state agency to submit to the Office of Administrative Law, and make available to the public upon request, a statement that the agency has complied with the requirements of the Administrative Procedure Act.
STATUS:	04/24/2012 - In Assembly Committee On Business, Professions & Consumer Protection: Failed passage.

ASSEMBLY BILL 2120

AUTHOR:	Nielsen (R)
TITLE:	Public Contracts: Contractors: Licensure
INTRODUCED:	02/23/2012
DISPOSITION:	Pending
LOCATION:	ASSEMBLY
SUMMARY:	This bill makes technical, non-substantive changes to existing law requiring state agencies and departments, prior to awarding a contract for work to be performed by a contractor, to verify that the person seeking the contract is licensed.
STATUS:	02/23/2012 - Introduced.

ASSEMBLY BILL 2213

AUTHOR:	Donnelly (R)
TITLE:	Government Reorganization: Realignment or Closure
INTRODUCED:	02/24/2012
LAST AMEND:	04/16/2012
DISPOSITION:	Pending
LOCATION:	Assembly Business, Professions and Consumer Protection Committee
SUMMARY:	This bill establishes the Bureaucracy Realignment and Closure Commission to consider recommendations for the closure or realignment of state bureaucracies submitted by specified entities. This bill requires the commission to conduct related public hearings.
STATUS:	04/24/2012 - In Assembly Committee On Business, Professions & Consumer Protection: Failed passage.

ASSEMBLY BILL 2380

AUTHOR:	Huber (D)
TITLE:	State Government: Agency Repeals
INTRODUCED:	02/24/2012
DISPOSITION:	Pending
LOCATION:	Assembly Business, Professions and Consumer Protection Committee
SUMMARY:	This bill makes technical, non-substantive changes to existing law establishing the Joint Sunset Review Committee to identify and eliminate waste, duplication, and inefficiency in government agencies and to conduct a comprehensive analysis of every eligible agency, as defined, to determine if the agency is still necessary and cost effective. This bill requires an eligible agency to submit a report to the Committee on or before December 1st, 2 years prior to the year it is set to be repealed.
STATUS:	04/10/2012 - In Assembly Committee On Business, Professions & Consumer Protection: Failed passage. 04/10/2012 - In Assembly Committee On Business, Professions & Consumer Protection: Reconsideration granted.

ASSEMBLY BILL 2401

AUTHOR: Blumenfield (D)
TITLE: Secure Electronic Communications
INTRODUCED: 02/24/2012
DISPOSITION: Pending
LOCATION: Assembly Judiciary Committee
SUMMARY: This bill authorizes a business, a government agency, government official, or a person acting with official government authority to communicate with a person in writing by the use of a secure electronic delivery service.
STATUS: 03/19/2012 - To Assembly Committee on Judiciary.

ASSEMBLY BILL 2458

AUTHOR: Conway (R)
TITLE: Healing Arts: Health Care Practitioners
INTRODUCED: 02/24/2012
DISPOSITION: Pending
LOCATION: Assembly
SUMMARY: This bill makes technical, non-substantive changes to existing law providing for the licensure and regulation of various health care practitioners and requiring those health care practitioners to disclose their license status while working on a name tag in specified type.
STATUS: 02/24/2012 - Introduced.

ASSEMBLY BILL 2506

AUTHOR: Perez V (D)
TITLE: State Government
INTRODUCED: 02/24/2012
LAST AMEND: 03/29/2012
DISPOSITION: Pending
LOCATION: Assembly Business, Professions and Consumer Protection Committee
SUMMARY: This bill requires state agencies to submit regulatory actions to a specified legislative committee to be submitted to certain policy committees for review. This bill provides for the establishment of regional innovation and job creation boards as mutual benefit corporations. This bill exempts from the sales tax property purchased for use in manufacturing, processing, refining, fabricating, or recycling. This bill increases research and development income tax credits and authorizes a credit for contributions to postsecondary education institutions.
STATUS: 03/29/2012 - From Assembly Committee On Business, Professions & Consumer Protection with author's amendments.

03/29/2012 - In ASSEMBLY. Read second time and amended. Re-referred to Committee on Business, Professions & Consumer Protection.

ASSEMBLY BILL 2570

AUTHOR:	Hill (D)
TITLE:	Licensees: Settlement Agreements
INTRODUCED:	02/24/2012
DISPOSITION:	Pending
LOCATION:	Assembly Appropriations Committee
SUMMARY:	This bill prohibits a licensee who is regulated by the Department of Consumer Affairs or various boards, bureaus, or programs from including a provision in an agreement to settle a civil dispute that prohibits the other party in that dispute from contacting, filing a complaint with, or cooperating with the department, board, bureau, or program.
STATUS:	04/24/2012 - From Assembly Committee On Business, Professions & Consumer Protection: Do pass to Committee on Appropriations.

Senate Bill 103

AUTHOR:	Liu (D)
TITLE:	State Government: Meetings
INTRODUCED:	01/12/2011
LAST AMEND:	07/12/2011
DISPOSITION:	Pending - Carryover
LOCATION:	Assembly Appropriations Committee
SUMMARY:	This bill authorizes a state body, to the extent practicable, to conduct teleconferencing meetings. This bill requires a state body to provide a supplemental live audio broadcast on the Internet Web site of its board meetings that are open to the public unless it is determined to be too costly and prohibits teleconference meetings as a matter of convenience. This bill requires a body that operates an Internet Web site to provide a supplemental live audio or video broadcast on the Web site of board meetings open to the public.
STATUS:	08/25/2011 - In Assembly Committee On Appropriations: Held in committee.

SENATE BILL 694

AUTHOR: Padilla (D)
TITLE: Dental Care
INTRODUCED: 02/18/2011
LAST AMEND: 01/25/2012
DISPOSITION: Pending
LOCATION: Assembly Health Committee
SUMMARY: This bill makes provisions of existing law regarding the maintenance of a state dental program inoperative for a specified period of time upon the creation of an Office of Oral Health within the Department of Public Health. This bill provides that no General Fund moneys will be used to implement the provisions creating the office. This bill authorizes other public and private funds. This bill authorizes the office to conduct a specified study under described circumstances.
STATUS: 04/23/2012 - To Assembly Committee on Health.

SENATE BILL 975

AUTHOR: Wright (D)
TITLE: Professions and Vocations: Regulatory Authority
INTRODUCED: 01/19/2012
LAST AMEND: 03/27/2012
DISPOSITION: Pending
COMMITTEE: Senate Business, Professions & Economic Development Committee
SUMMARY: This bill provides boards, bureaus, and commissions within the Department of Consumer Affairs have the sole and exclusive authority to license and regulate professions and vocations regulated by those boards pursuant to provisions of the Business and Professions Code and that no licensing requirements shall be imposed upon a person licensed to practice one of those professions or vocations other than under that code or by regulation promulgated by the board. This bill prohibits local entities from the regulation process.
STATUS: 03/27/2012 - From Senate Committee on Business, Professions And Economic Development with author's amendments.
03/27/2012 - In Senate. Read second time and amended. Re-referred to Committee on Business, Professions & Economic Development.

SENATE BILL 1099

AUTHOR: Wright (D)
TITLE: Regulations
INTRODUCED: 02/16/2012
LAST AMEND: 04/25/2012
DISPOSITION: Pending
COMMITTEE: Senate Appropriations Committee
SUMMARY: This bill amends the Administrative Procedure Act and provides that a regulation or order of repeal is effective on either January 1, April 1, July 1, or October 1 subject to specified exceptions. This bill requires the Office of Administrative Law to make a free copy of the full text of the Code of Regulations available on its Internet Web site. This bill requires the office to provide on the Internet site a list of, and a link to the full text of, each regulation filed with the Secretary of State that is pending effectiveness.
STATUS: 05/07/2012 – From Senate Committee on Appropriations: Do pass as amended.

SENATE BILL 1171

AUTHOR: Harman (R)
TITLE: Maintenance of Codes
INTRODUCED: 02/22/2012
DISPOSITION: Pending
FILE: 92
LOCATION: Senate Consent Calendar - Second Legislative Day
SUMMARY: This bill amends existing law directing the Legislative Counsel to advise the Legislature from time to time as to legislation necessary to maintain the codes. This bill makes non-substantive changes in various provisions of law to effectuate the recommendations made by the Legislative Counsel to the Legislature.
STATUS: 05/03/2012 - In SENATE. Read second time. To Consent Calendar.

SENATE BILL 1202

AUTHOR: Leno (D)
TITLE: Dental Hygienists
INTRODUCED: 02/22/2012
LAST AMEND: 04/12/2012
DISPOSITION: Pending
COMMITTEE: Senate Appropriations Committee
HEARING: 05/14/2012 11:00 am, Burton Hearing Room (4203)
SUMMARY: This bill authorizes dental hygiene programs to be approved by the Dental Hygiene Committee. This bill requires an applicant for licensure as a registered dental hygienist to satisfactorily complete committee-approved instruction in gingival soft tissue curettage,

	nitrous oxide-oxygen analgesia, and local anesthesia. This bill authorizes special permits to teach in a dental hygiene program.
STATUS:	04/12/2012 - In Senate. Read second time and amended. Re-referred to Committee on Appropriations.

SENATE BILL 1327

AUTHOR:	Cannella (R)
TITLE:	State Government: Business Information: Web Site
INTRODUCED:	02/23/2012
DISPOSITION:	Pending
LOCATION:	Senate Appropriations Committee
SUMMARY:	This bill requires the Governor to establish an Internet Web site to assist an individual with the licensing, permitting, and registration requirements necessary to start a business. This bill authorizes the imposition of a reasonable fee.
STATUS:	04/30/2012 - In Senate Committee On Appropriations: To Suspense File.

SENATE BILL 1348

AUTHOR:	Gaines T (R)
TITLE:	CEQA: Public Projects: Judicial Review
INTRODUCED:	02/24/2012
LAST AMEND:	04/17/2012
DISPOSITION:	Pending
LOCATION:	Senate Rules Committee
SUMMARY:	This bill establishes specified judicial review procedures for the review of an environmental impact report for a project that will result in a specified minimum investment subject to the requirements of the California Environmental Quality Act. This bill establishes an alternative procedure for creating the administrative record.
STATUS:	04/17/2012 - From Senate Committee on Rules with author's amendments. 04/17/2012 - In Senate. Read second time and amended. Re-referred to Committee on Rules.

SENATE BILL 1374

AUTHOR:	Harman (R)
TITLE:	Liability: Good Faith Reliance on Administrative Rules
INTRODUCED:	02/24/2012
LAST AMEND:	04/23/2012
DISPOSITION:	Pending
COMMITTEE:	Senate Judiciary Committee
HEARING:	05/08/2012 1:30 pm, Burton Hearing Room (4203)
SUMMARY:	This bill relates to the tort liability and immunity of, and claims and actions against, public entities and their officers and employees. This bill provides that certain persons shall not be liable or subject to punishment for a violation of a civil statute or regulation if such person plead and proved that the person had sought an applicable written order, ruling, approval, interpretation, or enforcement policy from the agency charged with interpreting that area of law and relied upon and conformed to that interpretation.
STATUS:	04/23/2012 - From Senate Committee On Judiciary with author's amendments. 04/23/2012 - In Senate. Read second time and amended. Re-referred to Committee on Judiciary.

SENATE BILL 1414

AUTHOR:	Dutton (R)
TITLE:	Community Redevelopment
INTRODUCED:	02/24/2012
LAST AMEND:	04/16/2012
DISPOSITION:	Pending
LOCATION:	Senate Governance and Finance Committee
SUMMARY:	This bill makes legislative findings and declarations as to the necessity of a special statute for the successor agency to the Rancho Cucamonga Redevelopment Agency regarding the Agency's 2004 Tax Allocation Bonds issued to implement and complete an infrastructure project.
STATUS:	04/19/2012 - Re-referred to Senate Committee On Governance And Finance.

SENATE BILL 1507

AUTHOR:	Fuller (R)
TITLE:	Global Warming Solutions Act: Tractor-trailers: Exempt
INTRODUCED:	02/24/2012
LAST AMEND:	04/25/2012
DISPOSITION:	Pending
COMMITTEE:	Senate Environmental Quality Committee
HEARING:	05/14/2012 1:30 pm, Room 112
SUMMARY:	This bill relates to the Global Warming Solutions Act of 2006 that designates the State Air Resources Board as the state agency charged with monitoring and regulating sources of emission of greenhouse gases. This bill requires that any rule or regulation that applies to owners and drivers of heavy-duty tractors that pull trailers of a certain length and trailers semitrailers of a certain length that are pulled by heavy-duty tractors adopted by the board pursuant to the act to include an exemption for local-haul tractors.
STATUS:	05/03/2012 - Re-referred to Senate Committees On Environmental Quality And Rules.

SENATE BILL 1520

AUTHOR:	Calderon R (D)
TITLE:	State Government: Administrative Efficiency
INTRODUCED:	02/24/2012
DISPOSITION:	Pending
COMMITTEE:	Senate Environmental Quality Committee
HEARING:	05/14/2012 1:30 pm, Room 112
SUMMARY:	This bill relates to the Administrative Procedure Act regarding an initial statement of reasons that include standardized economic impact analysis for each major regulation proposed. This bill requires that the statement of reasons include a standardized impact analysis for each major regulation proposed. This bill establishes the Streamlined Permit Review Team on state government and requires the team to convene permitting agencies.
STATUS:	04/24/2012 - From Senate Committee On Governmental Organization: Do Pass To Committee On Environmental Quality.

SENATE BILL 1575

AUTHOR:	Senate Business, Professions & Economic Development Committee
TITLE:	Professions and Vocations
INTRODUCED:	03/12/2012
LAST AMEND:	04/16/2012
DISPOSITION:	Pending
LOCATION:	Senate Second Reading File
SUMMARY:	This bill makes amendments to the Medical Practice Act, the Dental Practice Act, the Board of Podiatric Medicine, the Licensed Midwifery Practice Act, the Psychology Licensing Law, the Respiratory Care Practice Act, the Board of Behavioral Sciences, the Marriage and Family Therapist Act, and the Licensed professional Clinical Counselor Act, the Pharmacy Law, and the Massage Therapy Council.
STATUS:	05/08/2012 – In Senate. Read second time. To third reading.

SENATE BILL 1576

AUTHOR:	Senate Business, Professions & Economic Development Committee
TITLE:	Professions and Vocations
INTRODUCED:	03/12/2012
LAST AMEND:	04/12/2012
DISPOSITION:	Pending
LOCATION:	Senate Second Reading File
SUMMARY:	This bill relates to the Board of Accountancy and an applicant as to the rules of professional conduct. This bill relates to the permitting or certification of a public accountancy partnership partner. This bill deletes the Advisory Committee on Accounting Ethics Curriculum. This bill authorizes the conditional renewal or reinstatement of a permit or certificate, or retired license. This bill relates the issuance of professional misconduct citations by the Contractor's State License Board. This bill relates to engineers, land surveyors, and weights and measures.
STATUS:	05/08/2012 – In Senate. Read second time. To third reading.

DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS

Bill No.: Assembly Bill 1588 (Amended in Assembly March 5, 2012)
Topic: Professions and vocations: reservist licensees: fees and continuing education
Author: Assembly Member Atkins
Principal coauthors: Assembly Members Cook and Nielson
Coauthors: Assembly Members Block, Beth Gaines, Pan, V. Manuel Pérez, Williams, and Yamada
Status: 3/28/2012 – In Assembly Committee on Appropriations: To suspense file.
Location: Assembly Appropriations Committee

Summary:
This bill would require boards, bureaus, or commissions within the Department of Consumer Affairs to waive the renewal fees and continuing education requirements of any licensee or registrant who is a reservist called to active duty as a member of the United States Military Reserve or the California National Guard if the licensee if the following requirements are met:

- The licensee was in good standing with the licensing agency at the time the reservist was called to duty.
- The renewal fees or continuing education requirements are waived only for the period during which the reservist was called to active duty.
- The active duty reservist, or the active duty reservist's spouse or domestic partner, provides written notice to the licensing agency that substantiates the reservist's active duty service.

Analysis:
Existing law authorizes members of the California National Guard or United States Armed Forces to reinstate their professional license or registration without examination or penalty if their licensed expired while the licensee was on active duty. Currently, licensees who continue to practice must maintain an active license in good standing, even while serving in the military.

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This bill would allow members of the military reserve or National Guard to maintain professional licensure in the State of California should their license expire while the member had been on active duty. The fees and continuing education requirements necessary to maintain licensure would be waived during their time served during active duty.

According to the author's office, "AB 1588 would provide waivers from professional license renewal fees and CE requirements for active duty military members. This bill acknowledges that active duty military members who have professional licenses are unable to perform the duties for which they are licensed while on active duty. As such, these military professionals should not be expected to pay to annually renew or fulfill CE requirements for a professional license they cannot use during their service period. In

addition, they should not be penalized for their military service either by allowing their professional license to fall into delinquency during their service period."

Currently, the Dental Board of California does not maintain statistics on the number of licensees who serve as reservists for the U.S. Military or the California National Guard. Therefore, it is uncertain how many licensees this proposed legislation may impact. The workload associated with processing the waivers is anticipated to be minor and absorbable within existing resources.

Registered Support/Opposition

Support:

Veterans of Foreign Wars of the United States, Department of California
American Federation of State, County and Municipal Employees
American Nurses Association California
Hearing Heath Care Providers of California

Opposition:

None on file.

Board Position

The Board has not taken a position on this bill.

AMENDED IN ASSEMBLY MARCH 5, 2012

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL No. 1588

Introduced by Assembly Member Atkins
(Principal coauthors: Assembly Members Cook and Nielsen)
(Coauthors: Assembly Members Block, Beth Gaines, Pan, V. Manuel Pérez, Williams, and Yamada)

February 6, 2012

An act to add Section 114.3 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1588, as amended, Atkins. Professions and vocations: reservist licensees: fees and continuing education.

Existing law provides for the regulation of various professions and vocations by boards, *commissions, or bureaus* within the Department of Consumer Affairs and for the licensure *or registration* of individuals in that regard. Existing law authorizes any licensee whose license expired while he or she was on active duty as a member of the California National Guard or the United States Armed Forces to reinstate his or her license without examination or penalty if certain requirements are met.

This bill would require the boards, *commissions, or bureaus* described above to waive the renewal fees and continuing education requirements, if either is applicable, of any licensee *or registrant* who is a reservist called to active duty as a member of the United States Military Reserve or the California National Guard if certain requirements are met.

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 114.3 is added to the Business and Professions Code, to read:

114.3. Notwithstanding any other provision of law, every board, *commission, or bureau within the department* shall waive the renewal fees and continuing education requirements, if either is applicable, for any licensee *or registrant* who is a reservist called to active duty as a member of the United States Military Reserve or the California National Guard if all of the following requirements are met:

(a) The licensee *or registrant* was in good standing with the board, *commission, or bureau* at the time the reservist was called to active duty.

(b) The renewal fees or continuing education requirements are waived only for the period during which the reservist is on active duty service.

(c) The active duty reservist, or the active duty reservist's spouse or registered domestic partner, provides written notice satisfactory to the board, *commission, or bureau* that substantiates the reservist's active duty service.

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DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS

Bill No.: Assembly Bill 1932 (Amended in Assembly April 17, 2012)
Topic: Unites States armed services: healing arts boards
Author: Assembly Member Gorell
Coauthor: Assembly Member Cook
Status: 05/02/2012 – In Assembly Committee on Appropriations: To suspense file.
Location: Assembly Appropriations Committee

Summary:
This bill would require specified healing arts boards within the Department of Consumer Affairs to issue a written report to the Department of Veterans Affairs and to the Legislature that clearly details the methods of evaluating the education, training, and experience obtained in military service and whether education , training, and experience is applicable to the board's requirements for licensure. The written report would include quantitative information about the number of service members who have applied for and have used their military education, training, and experience to fulfill licensure requirements. This bill provides that the requirement to submit the specified report to the Legislature shall be inoperative on January 1, 2018.

Analysis:
Existing law, Business and Professions Code Section 710 provides that, "It is the policy of the State of California that, consistent with high quality health care services, persons with skills, knowledge and experience obtained in the armed services of the United States should be permitted to apply such learning and contribute to the health manpower needs of the state at the maximum level of responsibility and skill for which they are qualified. To this end, the rules and regulations of boards under this division shall provide for methods of evaluating education, training, and experience obtained in military service if such training is applicable to the requirements of that profession."

A person may join the U.S. Military as an enlisted soldier or as a commissioned officer. Health care occupations and professions are included as either enlisted or officer roles. Typically physicians, nurses, dentists, occupational therapists, physical therapists, dieticians, and physician assistants enter as Army officers, while most technical health fields are comprised of enlisted personnel. Officers in the healthcare field enter the army later in life than most other officers, because they have completed their educational training and experience prior to joining the service. Enlisted soldiers attend combat training and go on to receive advanced training to learn a specific skill.

The Board's existing licensure requirements would allow most, if not all, military officers who serve as Dentists to become licensed in the State of California. Enlisted soldiers trained as "Dental Specialists" would qualify for licensure as Registered Dental Assistants with the work experience gained during military service.

The workload associated with producing the report is anticipated to be minor and absorbable within existing resources.

Registered Support/Opposition

Support:

None on file.

Opposition:

None on file.

Board Position

The Board has not taken a position on this bill.

AMENDED IN ASSEMBLY APRIL 17, 2012

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL No. 1932

Introduced by Assembly Member ~~Cook~~ *Gorell*
(Coauthor: Assembly Member Cook)

February 22, 2012

An act to add Section 710.2 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1932, as amended, ~~Cook~~ *Gorell*. United States armed services: healing arts boards.

Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Existing law requires the rules and regulations of these healing arts boards to provide for methods of evaluating education, training, and experience obtained in military service if such training is applicable to the requirements of the particular profession or vocation regulated by the board. Under existing law, the Department of Veterans Affairs has specified powers and duties relating to various programs serving veterans.

This bill would require, by January 1, 2014, and annually thereafter, every healing arts board to issue a specified written report to the Department of Veterans Affairs *and the Legislature, as specified,* that clearly details the methods of evaluating the education, training, and experience obtained in military service and whether that education, training, and experience is applicable to the board's requirements for licensure. The bill would declare the intent of the Legislature in this regard.

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 710 of the Business and Professions Code was enacted in 1969 and because healing arts boards have not demonstrated significant compliance with that section, it is the intent of the Legislature to establish an annual reporting requirement to compel these boards to provide information about the methods of evaluating education, training, and experience obtained in military service in order to meet the needs of the upcoming wave of armed service members returning to civilian life.

SEC. 2. Section 710.2 is added to the Business and Professions Code, to read:

710.2. *(a)* By January 1, 2014, and annually thereafter, every healing arts board described in this division shall issue a written report to the Department of Veterans Affairs *and to the Legislature* that clearly details the methods of evaluating the education, training, and experience obtained in military service and whether that education, training, and experience is applicable to the board's requirements for licensure. This written report shall include, but not be limited to, quantitative information about the number of service members who have applied for and have used their military education, training, and experience to fulfill the board's requirements for licensure.

(b) (1) The requirement to submit a report to the Legislature under subdivision (a) shall be inoperative on January 1, 2018, pursuant to Section 10231.5 of the Government Code.

(2) A report to the Legislature shall be submitted in compliance with Section 9795 of the Government Code.

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DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS

Bill No.: Assembly Bill 1976 (Amended in Assembly April 11, 2012)
Topic: Professions and vocations: licensure and certification requirements: military experience
Author: Assembly Member Logue
Principal Coauthor: Assembly Member Pan
Coauthors: Assembly Members Bill Berryhill and Jeffries
Status: 04/25/2012 – From Assembly Committee on Veterans Affairs: Do pass to Committee on Appropriations.
Location: Assembly Appropriations Committee

Summary:
This bill would establish the Veterans Health Care Workforce Act of 2012 and imposes requirements on healing arts boards within the Department of Consumer Affairs and on the Department of Public Health to facilitate the licensing or certification of veterans with appropriate health-care related education, training, or experience. Specifically, this bill:

1. Requires healing arts boards within the Department of Consumer Affairs to accept the education, training, and practical experience completed by an applicant as a member of the United States (U.S.) Armed Forces or Military Reserves of the U.S., the national guard of any state, the military reserves of any state, or the naval militia of any state, toward the qualifications and requirements to receive a license issued by that board unless the board determines that the education, training, or practical experience is not substantially equivalent to the standards of the board.

2. Requires, by July 1, 2014, any healing arts boards within the Department of Consumer Affairs that accredits or otherwise approves schools offering educational course credit for meeting licensing qualifications and requirements to require those schools seeking accreditation or approval to have procedures in place to fully accept an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure.

3. Requires each healing arts boards within the Department of Consumer Affairs to determine whether it is necessary to adopt regulations to implement the above provisions. If a board determines it is necessary to adopt regulations, the board shall adopt those regulations not later than January 1, 2014.

4. If a board determines it is not necessary to adopt regulations, the board shall, not later than January 1, 2014, submit to the Governor and the Legislature a written report explaining why such regulations are not necessary. This provision becomes inoperative on January 1, 2017.

5. Requires the California Department of Veterans Affairs to provide technical assistance to healing arts boards within the Department of Consumer Affairs the Director with respect to complying with the above requirements, including the determination of substantial equivalency between the education, training, or practical experience of an applicant and the board's standards, and obtaining state, federal, or private funds to support compliance with this bill's requirements.

6. Requires the Director of the Department of Consumer Affairs to submit a written report to the Governor and the Legislature by January 1, 2016, on the progress of healing arts boards toward compliance with his bill's provisions, as specified. This provision becomes inoperative on January 1, 2017.

7. Establishes identical provisions as outlined above for the Department of Public Health, for applicants for licensure or certification in any of the following professions:
    a) Medical Laboratory Technician (MLT);
    b) Clinical Laboratory Scientist (CLS);
    c) Radiologic Technologist (RT);
    d) Nuclear Medicine Technologist (NMT);
    e) Certified Nurse Assistant (CNA);
    f) Certified Home Health Aide (HHA);
    g) Certified Hemodialysis Technician (CHT); and,
    h) Nursing Home Administrator (NHA).

Analysis:

Existing law, Business and Professions Code Section 710 provides that, "It is the policy of the State of California that, consistent with high quality health care services, persons with skills, knowledge and experience obtained in the armed services of the United States should be permitted to apply such learning and contribute to the health manpower needs of the state at the maximum level of responsibility and skill for which they are qualified. To this end, the rules and regulations of boards under this division shall provide for methods of evaluating education, training, and experience obtained in military service if such training is applicable to the requirements of that profession."

A person may join the U.S. Military as an enlisted soldier or as a commissioned officer. Health care occupations and professions are included as either enlisted or officer roles. Typically physicians, nurses, dentists, occupational therapists, physical therapists, dieticians, and physician assistants enter as Army officers, while most technical health fields are comprised of enlisted personnel. Officers in the healthcare field enter the army later in life than most other officers, because they have completed their educational training and experience prior to joining the service. Enlisted soldiers attend combat training and go on to receive advanced training to learn a specific skill.

The Board's existing licensure requirements would allow most, if not all, military officers who serve as Dentists to become licensed in the State of California. Enlisted soldiers

trained as “Dental Specialists” would qualify for licensure as Registered Dental Assistants with the work experience gained during military service.

At this time it is unknown if the Board would need to promulgate regulations to implement the provisions of this bill. The number of anticipated applicants affected by the provisions of this bill is unknown since the Board does not currently track applicant military education, training, or experience.

Registered Support/Opposition

Support:

California State Rural Health Association (Sponsor)
American Legion – Department of California
AMVETS – Department of California
California Association of County Veterans Service Officers
California State Commanders Veterans Council
Vietnam Veterans of America – California State Council

Opposition:

None on file.

Board Position

The Board has not taken a position on this bill.

AMENDED IN ASSEMBLY APRIL 11, 2012

AMENDED IN ASSEMBLY MARCH 29, 2012

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL No. 1976

Introduced by Assembly Member Logue
(Principal coauthor: Assembly Member Pan)
(Coauthors: Assembly Members Bill Berryhill and Jeffries)

February 23, 2012

An act to add Section 712 to the Business and Professions Code, and to add Section 131136 to the Health and Safety Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1976, as amended, Logue. Professions and vocations: licensure and certification requirements: military experience.

Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Existing law requires the rules and regulations of these healing arts boards to provide for methods of evaluating education, training, and experience obtained in military service if such training is applicable to the requirements of the particular profession or vocation regulated by the board. Under existing law, specified other healing arts professions are licensed or certified and regulated by the State Department of Public Health. In some instances, a board with the Department of Consumer Affairs or the State Department of Public Health approves schools offering educational course credit for meeting licensing or certification qualifications and requirements.

This bill would require a healing arts board within the Department of Consumer Affairs and the State Department of Public Health, upon the presentation of evidence by an applicant for licensure or certification, to, *except as specified,* accept education, training, and practical experience completed by an applicant in military service toward the qualifications and requirements to receive a license or certificate. If a board or the State Department of Public Health accredits or otherwise approves schools offering educational course credit for meeting licensing and certification qualifications and requirements, the bill would, not later than July 1, 2014, require ~~a board or the State Department of Public Health to accredit or otherwise approve only~~ those schools ~~that~~ *seeking accreditation or approval to* have procedures in place to accept an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure or certification. *The bill would require each board and the State Department of Public Health to determine whether it is necessary to adopt regulations to implement these provisions and if so, would require those regulations to be adopted not later than January 1, 2014. If a board or the State Department of Public Health determines that such regulations are not necessary, the bill would require a report with an explanation regarding that determination to be submitted to the Governor and the Legislature not later than January 1, 2014.* The bill would require the Director of Consumer Affairs and the State Department of Public Health, by January 1, 2016, to submit to the Governor and the Legislature a written report on the progress of the boards and the department in complying with these provisions.

~~Existing law, the Administrative Procedure Act, sets forth the requirements for the adoption, publication, review, and implementation of regulations by state agencies. The act may not be superseded or modified by any subsequent legislation except to the extent that the legislation does so expressly.~~

~~This bill would require each healing arts board within the Department of Consumer Affairs and the State Department of Public Health to adopt emergency regulations pursuant to specified procedures to carry out these provisions.~~

Under existing law, the Department of Veterans Affairs has specified powers and duties relating to various programs serving veterans.

With respect to complying with the bill's requirements *and obtaining specified funds to support compliance with these provisions,* this bill would require the Department of Veterans Affairs to provide technical

assistance to the healing arts boards within the Department of Consumer Affairs, the Director of Consumer Affairs, and the State Department of Public Health.

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. This act shall be known, and may be cited, as the Veterans Health Care Workforce Act of 2012.

SEC. 2. (a) The Legislature finds and declares all of the following:

(1) Lack of health care providers continues to be a significant barrier to access to health care services in medically underserved urban and rural areas of California.

(2) Veterans of the United States Armed Forces and the California National Guard gain invaluable education, training, and practical experience through their military service.

(3) According to the federal Department of Defense, as of June 2011, one million veterans were unemployed nationally and the jobless rate for post-9/11 veterans was 13.3 percent, with young male veterans 18 to 24 years of age experiencing an unemployment rate of 21.9 percent.

(4) According to the federal Department of Defense, during the 2011 federal fiscal year, 8,854 enlisted service members with medical classifications separated from active duty.

(5) According to the federal Department of Defense, during the 2011 federal fiscal year, 16,777 service members who separated from active duty listed California as their state of residence.

(6) It is critical, both to veterans seeking to transition to civilian health care professions and to patients living in underserved urban and rural areas of California, that the Legislature ensures that veteran applicants to boards within the Department of Consumer Affairs or the State Department of Public Health for licensure are expedited through the qualifications and requirements process.

(b) It is the intent of the Legislature to ensure that boards within the Department of Consumer Affairs ~~or~~ *and* the State Department of Public Health and schools offering educational course credit for meeting licensing qualifications and requirements fully and

expeditiously recognize and provide credit for an applicant's military education, training, and practical experience.

SEC. 3. Section 712 is added to the Business and Professions Code, to read:

712. (a) Notwithstanding any other provision of law, a board described in this division shall, upon the presentation of satisfactory evidence by an applicant for licensure, accept the education, training, and practical experience completed by an applicant as a member of the United States Armed Forces or Military Reserves of the United States, the national guard of any state, the military reserves of any state, or the naval militia of any state, toward the qualifications and requirements to receive a license issued by that board *unless the board determines that the education, training, or practical experience is not substantially equivalent to the standards of the board*.

(b) Not later than July 1, 2014, if a board described in this division accredits or otherwise approves schools offering educational course credit for meeting licensing qualifications and requirements, the board shall ~~only accredit or otherwise approve~~ *require* those schools ~~that~~ *seeking accreditation or approval to* have procedures in place to fully accept an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure.

(c) *(1)* Each board described in this division shall *determine whether it is necessary to* adopt regulations to implement this section. ~~The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to address an emergency, for purposes of Sections 11346.1 and 11349.6 of the Government Code, and each board is hereby exempted for this purpose from the requirements of subdivision (b) of Section 11346.1 of the Government Code.~~

(2) If a board determines it is necessary to adopt regulations, the board shall adopt those regulations not later than January 1, 2014.

(3) If a board determines it is not necessary to adopt regulations, the board shall, not later than January 1, 2014, submit to the Governor and the Legislature a written report explaining why such regulations are not necessary. This paragraph shall become inoperative on January 1, 2017.

(d) With respect to complying with the requirements of this section *including the determination of substantial equivalency between the education, training, or practical experience of an applicant and the board's standards, and obtaining state, federal, or private funds to support compliance with this section*, the Department of Veterans Affairs shall provide technical assistance to the boards described in this division and to the director.

(e) *(1)* On or before January 1, 2016, the director shall submit to the Governor and the Legislature a written report on the progress of the boards described in this division toward compliance with this section.

(2) This subdivision shall become inoperative on January 1, 2017.

(f) A report to the Legislature pursuant to this section shall be submitted in compliance with Section 9795 of the Government Code.

~~(g) This section shall become inoperative on January 1, 2017.~~

SEC. 4. Section 131136 is added to the Health and Safety Code, to read:

131136. (a) Notwithstanding any other provision of law, the department shall, upon the presentation of satisfactory evidence by an applicant for licensure or certification in one of the professions described in subdivision (b), accept the education, training, and practical experience completed by an applicant as a member of the United States Armed Forces or Military Reserves of the United States, the national guard of any state, the military reserves of any state, or the naval militia of any state, toward the qualifications and requirements to receive a license issued by the department *unless the department determines that the education, training, or practical experience is not substantially equivalent to the standards of the department*.

(b) The following professions are applicable to this section:

(1) Medical laboratory technician as described in Section 1260.3 of the Business and Professions Code.

(2) Clinical laboratory scientist as described in Section 1262 of the Business and Professions Code.

(3) Radiologic technologist as described in Chapter 6 (commencing with Section 114840) of Part 9 of Division 104.

(4) Nuclear medicine technologist as described in Chapter 4 (commencing with Section 107150) of Part 1 of Division 104.

(5) Certified nurse assistant as described in Article 9 (commencing with Section 1337) of Chapter 2 of Division 2.

(6) Certified home health aide as described in Section 1736.1.

(7) Certified hemodialysis technician as described in Article 3.5 (commencing with Section 1247) of Chapter 3 of Division 2 of the Business and Professions Code.

(8) Nursing home administrator as described in Chapter 2.35 (commencing with Section 1416) of Division 2.

(c) Not later than July 1, 2014, if the department accredits or otherwise approves schools offering educational course credit for meeting licensing and certification qualifications and requirements, the department shall ~~only accredit or otherwise approve~~ *require* those schools ~~that~~ *seeking accreditation or approval to* have procedures in place to fully accept an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure or certification.

(d) ~~With respect to complying with the requirements of this section, the~~ *(1) Not later than January 1, 2014, the* department shall *determine whether it is necessary to* adopt regulations to implement this section. ~~The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to address an emergency, for purposes of Sections 11346.1 and 11349.6 of the Government Code, and the department is hereby exempted for this purpose from the requirements of subdivision (b) of Section 11346.1 of the Government Code~~.

(2) If the department determines it is necessary to adopt regulations, the department shall adopt those regulations not later than January 1, 2014.

(3) If the department determines it is not necessary to adopt regulations, the department shall, not later than January 1, 2014, submit to the Governor and the Legislature a written report explaining why such regulations are not necessary. This paragraph shall become inoperative on January 1, 2017.

(e) With respect to complying with the requirements of this section *including the determination of substantial equivalency between the education, training, or practical experience of an applicant and the department's standards, and obtaining state, federal, or private funds to support compliance with this section,*

the Department of Veterans Affairs shall provide technical assistance to the department and to the State Public Health Officer.

(f) *(1)* On or before January 1, 2016, the department shall submit to the Governor and the Legislature a written report on the department's progress toward compliance with this section.

(2) This subdivision shall become inoperative on January 1, 2017.

(g) A report to the Legislature pursuant to this section shall be submitted in compliance with Section 9795 of the Government Code.

~~(h) This section shall become inoperative on January 1, 2017.~~

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DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS

Bill No.: Senate Bill 694 (As Amended January 25, 2012)
Topic: Dental care
Author: Padilla
Coauthors: Senators Emmerson and Price)
Status: 4/23/2012 – To Assembly Committee on Health
Location: Assembly Health Committee

Summary:
Existing law requires the Department of Public Health (DPH) to maintain a dental program that includes, but is not limited to, development of comprehensive dental health plans within the framework of a specified state plan. Existing law, establishes the Dental Board of California for the purpose of licensing and regulating the practice of Dentistry within the State.

This bill would create the Statewide Office of Oral Health (Office), and suspends existing law authorizing the current dental program within DPH, provided the Department of Finance (DOF) memorializes in writing, that sufficient funds have been deposited within the state to establish the Office. The provisions of existing law would become operative again on the date DOF memorializes in writing, that the Office has not secured sustainable funding sources to maintain the activities of the Office, or on January 1, 2016, whichever occurs first.

This bill creates the Office within DPH and specifies that a licensed dentist shall serve as the dental director, and that the dental director and staff shall have the responsibilities of:

- Advancing and protecting the oral health of Californians,
- Developing a comprehensive and sustainable state oral health action plan to address oral health needs,
- Encourage private and public collaboration to meet the oral health needs of Californians,
- Securing funds to support infrastructure and statewide and local programs,
- Promote evidence-based approaches to increase oral health literacy, and
- Establishing a system for surveillance and oral health reporting.

This bill specifies that no General Fund moneys shall be used for the purposes of implementing the Office, and would authorize the state to accept other public or private funds for the purpose of implementation of the proposed Office. This bill specifies that DOF shall make a determination regarding the funding status of the Office on January 1, 2014, and annually thereafter.

This bill specifies that the Office shall only be established after DOF determines that public or private funds, in an amount sufficient to fully support the activities of the Office,

have been deposited with the State. This bill provides that if DOF makes a determination that sufficient funding has been secured for the establishment of the Office, DOF shall file a written statement with the Secretary of the Senate, the Chief Clerk of the Assembly, and Legislative Counsel memorializing that this determination has been made.

If the Office becomes established, it will assume responsibility for identifying and securing funding to maintain its function. If DOF makes a determination that the Office has not secured sustainable funding sources to maintain the activities of the Office, DOF shall file a written statement with the Secretary of the Senate, the Chief Clerk of the Assembly, and Legislative Counsel memorializing that this determination has been made.

This bill specifies that the provision establishing the Office shall become inoperative on January 1, 2016.

This bill finds and declares that, as part of a comprehensive integrated system of dental care, with the dentist as the head of that system, additional dental providers who provide basic preventive and restorative oral health care to underserved children, located at or near where children live or go to school, may have the potential to reduce the oral health disease burden in the population most in need.

This bill authorizes the Office to design and implement a scientifically rigorous study to assess the safety, quality, cost-effectiveness, and patient satisfaction of expanded dental procedures for the purpose of informing future decisions about how to meet the state's unmet oral health need for the state's children. This bill requires the research parameters of the study to include public health settings, multiple models of dentist supervision, multiple pathways of education and training, and multiple dental providers. This bill requires procedures performed during the study be performed only by providers within the confines of a university based study.

This bill requires the Dental Director to convene an advisory group, as specified, on study design and implementation, provide input regarding study design and implementation, receive all study data and reports, and develop a report and recommendations to be submitted to the Legislature based on the study findings. This bill requires the Dental Director to consult with the Legislative Analyst's Office in designing the study and selecting contractors.

This bill provides that no General Fund money shall be used to implement the study, and that money to fund the study, including analysis and findings, shall be secured from other public or private sources. This bill provides that no one providers group or interest group may provide more than half the private funding for the study

This bill sunsets the study by January 1, 2014, if it is not sufficiently funded and commenced by that date.

This bill sunsets the Office and the study on January 1, 2016.

Analysis:

This bill is sponsored by The Children's Partnership and is intended to begin addressing the lack of dental health care access in California, especially its impact on children. According to the Author, oral health is often taken for granted, but is in fact a critical component of overall health.

According to the Senate Health Committee Analysis, nearly a quarter of California's children ages 0 to 11 have never been to the dentist despite the recommendation by the American Academy of Pediatric Dentistry that children visit the dentist at the time of first-tooth eruption and no later than one year of age and that they have a dental check-up every six months after that.

During the 2011 oversight hearing of the Dental Board of California, the Senate Committee on Business, Professions, and Economic Development raised concerns whether California will be able to meet the increased demand for dental services with the enactment of the Affordable Care Act.

According to information provided by DPH, loss of funding during the past 10 years has forced DPH to significantly cut back the functions of the Oral Health Unit (OHU, formerly the Office of Oral Health). Until 1995, there was a dentist leading the OHU. In 2000, OHU entered into a contract with the University of California, San Francisco to employ a dentist for the Community Water Fluoridation program to provide training and technical assistance to communities. The dentist provided content expertise on other areas of oral health as well. Due to funding reductions from the Preventive Health & Health Services Block Grant (PHHSBG), which funded the Community Water Fluoridation Program, the position for the dentist was terminated in September 2011. OHU has been researching possible funding opportunities to restore partially or fully the California Children's Dental Disease Prevention Program, which had been a cost-effective children's dental program prior to the loss of funding in 2009. OHU has maintained a Community Water Fluoridation Program which has been funded through the PHHSBG.

Currently, the Oral Health Unit within DPH (formerly the Office of Oral Health), currently has one staff and among other functions, is charged with maintaining a dental program that develops a comprehensive dental health plans, coordinates federal, state, county, and city agency programs related to dental health, and encourages, supports, and augments the efforts of city and county health departments in the implementation of a dental health component. This bill eliminates this unit and will replace it with the Statewide Office of Oral Health.

The sources of public funding, relating to this bill, have not been specified. At this time, staff is unable to determine if the State Dentistry Fund will be impacted as a result of this bill.

Support and Opposition:

Support : (Verified 1/23/12)

The Children's Partnership (source)
American Academy of Pediatrics
California Association of Rural Health Clinics
California Coverage and Health Initiatives
California Dental Association
California School Health Centers Association
California Society of Pediatric Dentistry
Children Now
Children's Defense Fund of California
Los Angeles Area Chamber of Commerce
Mendocino Community Health Clinic, Inc.
The 100% Campaign
Venice Family Clinic
Western Dental Services, Inc.
Worksite Wellness LA

Opposition: (Verified 1/23/12)

California Nurses Association
Machado Maxillofacial Surgery

Board Position:

The Board took a "watch" position at its February 2012 meeting.

AMENDED IN SENATE JANUARY 25, 2012

AMENDED IN SENATE JANUARY 12, 2012

AMENDED IN SENATE JANUARY 4, 2012

AMENDED IN SENATE MARCH 29, 2011

SENATE BILL No. 694

Introduced by Senator Padilla
(Coauthors: Senators Emmerson and Price)

February 18, 2011

An act to ~~repeal, add, and repeal Article 2 (commencing with Section 104750) of~~ *add Section 104766 to, to add Article 2.5 (commencing with Section 104767) to* Chapter 3 of Part 3 of Division 103 of*, and to repeal Section 104767.1 of,* the Health and Safety Code, relating to dental care.

LEGISLATIVE COUNSEL'S DIGEST

SB 694, as amended, Padilla. Dental care.

Existing law requires the State Department of Public Health to maintain a dental program that includes, but is not limited to, development of comprehensive dental health plans within the framework of a specified state plan.

This bill would ~~repeal~~ *make* these provisions ~~and would provide for~~ *inoperative for a specified period of time upon* the creation of a Statewide Office of Oral Health within the State Department of Public Health with a licensed dentist who serves as the dental director. This bill would provide that no General Fund moneys shall be used to implement ~~these~~ *the* provisions *creating the office*, but would authorize the state to accept other public and private funds for the purpose of implementing these provisions, and would provide that these provisions become inoperative, as specified, if ~~federal~~ *other public* or private funds

are not deposited with the state in an amount sufficient to fully support the activities of the office. *This bill would authorize the office to conduct a specified study under described circumstances.*

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) Nationally and statewide, tooth decay ranks as the most common chronic disease and unmet health care need of children.

(b) Poor dental health can disrupt normal childhood development, seriously damage overall health, and impair a child's ability to learn, concentrate, and perform well in school. In rare cases, untreated tooth decay can lead to death.

(c) Unmet dental needs have significant human and financial costs. In 2007, it was estimated that California schools lost nearly thirty million dollars ($30,000,000) in attendance-based school district funding due to 874,000 missed school days related to dental problems; and California's hospitals experienced over 83,000 emergency room visits for preventable dental problems at a cost of fifty-five million dollars ($55,000,000).

(d) With full implementation of the federal Patient Protection and Affordable Care Act (Public Law 111-148), approximately 1.2 million additional children in California are expected to gain dental coverage.

(e) The burden of oral disease can be markedly decreased through early intervention, including education, prevention, and treatment. Effective prevention reduces the need for costly treatment of advanced dental disease.

(f) To address this unmet need, a comprehensive coordinated strategy is necessary, at the foundation of which is a strong state oral health infrastructure to coordinate essential public dental health functions, including assessing need and capacity to address that need.

~~SEC. 2. Article 2 (commencing with Section 104750) of Chapter 3 of Part 3 of Division 103 of the Health and Safety Code is repealed.~~

SEC. 2. Section 104766 is added to the Health and Safety Code, to read:

104766. This article shall become inoperative on the date the Department of Finance memorializes in writing, pursuant to paragraph (2) of subdivision (e) of Section 104767, that sufficient funds have been deposited with the state to establish the Statewide Office of Oral Health, and shall become operative again on the date the Department of Finance memorializes in writing, pursuant to paragraph (2) of subdivision (f) of Section 104767, that the office has not secured sustainable funding sources to maintain the activities of the office, or on January 1, 2016, whichever occurs first.

SEC. 3. Article ~~2~~*2.5* (commencing with Section ~~104750)~~*104767)* is added to Chapter 3 of Part 3 of Division 103 of the Health and Safety Code, to read:

Article ~~2.~~*2.5.* Statewide Office of Oral Health

~~104750.~~

104767. (a) There shall be a Statewide Office of Oral Health within the State Department of Public Health.

(b) Within the office there shall be a licensed dentist who serves as the dental director.

(c) The dental director and his or her staff shall have all of, but not be limited to, the following responsibilities:

(1) Advancing and protecting the oral health of all Californians.

(2) Developing a comprehensive and sustainable state oral health action plan to address the state's unmet oral health needs.

(3) Encouraging private and public collaboration to meet the oral health needs of Californians.

(4) Securing funds to support infrastructure and statewide and local programs.

(5) Promoting evidence-based approaches to increase oral health literacy.

(6) Establishing a system for surveillance and oral health reporting.

(d) The state may accept public funds and private funds for the purpose of implementing this article.

(e) (1) No General Fund moneys shall be used for purposes of this section. Moneys to fund the office shall be secured from other

public or private sources. The Department of Finance shall, on January 1, 2014, and annually thereafter, make a determination regarding the funding status of the office. Moneys needed to sufficiently fund and commence the study pursuant to Section 104767.1 shall not be considered for purposes of determining the funding status of the office pursuant to this paragraph.

~~(e) (1)~~

(2) The office shall be established pursuant to this section only after a determination has been made by the Department of Finance that ~~federal~~ *public* or private funds in an amount sufficient to fully support the activities of the office, including staffing the office, have been deposited with the state. *If the Department of Finance makes a determination that sufficient funding has been secured to establish the office, the Department of Finance shall file a written statement with the Secretary of the Senate, the Chief Clerk of the Assembly, and the Legislative Counsel memorializing that this determination has been made.*

~~(2) No General Fund moneys shall be used to fund this section. Moneys to fund the office shall be secured from other public or private sources. If the Department of Finance makes a determination that the amount of federal or private funds deposited with the state is not sufficient to support the activities of the office, it is the intent of the Legislature that this section become inoperative.~~

(f) (1) If the office is established pursuant to this section, the office shall assume responsibility for identifying and securing funding sources in order to maintain the functions of the office.

(2) If *the Department of Finance makes a determination that* the office ~~does not secure~~ *has not secured* sustainable funding sources to maintain the activities of the office pursuant to paragraph (1), ~~this section shall become inoperative on January 1, 2016~~ *the Department of Finance shall file a written statement with the Secretary of the Senate, the Chief Clerk of the Assembly, and the Legislative Counsel memorializing that this determination has been made*.

(g) This section shall become inoperative on January 1, 2016.

~~104751.~~

104767.1. (a) The Legislature finds and declares that, as part of a comprehensive integrated system of dental care, with the dentist as the head of that system, additional dental providers who

provide basic preventive and restorative oral health care to underserved children, located at or near where children live or go to school, may have the potential to reduce the oral health disease burden in the population most in need.

(b) The office may design and implement a scientifically rigorous study to assess the safety, quality, cost-effectiveness, and patient satisfaction of ~~irreversible~~ *expanded* dental procedures ~~performed by traditional and nontraditional providers~~ for the purpose of informing future decisions about ~~scope of practice changes in the dental workforce that include irreversible or surgical procedures~~ *how to meet the state's unmet oral health need for the state's children*. The research parameters of the study shall include public health settings, multiple models of dentist supervision, multiple pathways of education and training, and multiple dental providers~~, including dentists and nondentists~~. *Procedures performed during the study shall be performed only by providers within the confines of a university-based study*.

(c) The dental director shall convene an advisory group on study design and implementation. *The advisory group shall be comprised of representatives of all dental practices, including traditional and nontraditional, as well as nondentists.*

(d) The dental director shall provide input regarding study design and implementation, receive all study data and reports, and develop a report and recommendations to be submitted to the Legislature based on the study findings. *The dental director shall also consult with the Legislative Analyst's Office in designing the study and selecting any contractors.*

(e) ~~(1)~~ There shall be no General Fund moneys used to implement this section. Moneys to fund the study, including analysis and findings, *and all procedures administered by providers during the study,* shall be secured from other public or private sources. *No one provider group or interest group may provide more than half the private funding for the study.*

~~(2) All procedures administered by providers during the study shall be paid for by private or federal funds. No General Fund moneys shall be used to fund procedures performed as part of the study.~~

(f) ~~In the event that~~ *Notwithstanding subdivision (g), if* the study described in this section is not sufficiently funded and commenced

DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS

Bill No.: Senate Bill 1202 (As Amended May 8, 2012)
Topic: Dental hygienists
Coauthors: Senators Leno and Wyland
Status: 4/12/2012 – In Senate. Read second time and amended. Re-referred to Committee on Appropriations
Location: Senate Appropriations Committee
Hearing: 5/14/2012 – 11:00 a.m., Burton Hearing Room (4203)

Summary:
This bill makes a number of changes to the provisions of the Dental Practice Act governing the licensure and regulation of dental hygienists by the Dental Hygiene Committee of California (DHCC). Specifically, this bill does the following:

1. This bill authorizes the DHCC to issue a special permit to a registered dental hygienist (RDH), licensed in another state, to teach in a dental hygiene program in California without holding a California license upon meeting certain requirements, including the educational and examination requirements and the payment of an application fee for the special permit.

2. This bill recasts the provisions requiring the DHCC to approve an educational program accredited by the Commission on Dental Accreditation to instead make it permissive, that the DHCC may approve such an educational program.

3. This bill authorizes the DHCC to additionally employ consultants and authorizes the DHCC to establish an advisory committee to provide information about the state clinical examination.

4. This bill requires an applicant for a RDH license to complete a Committee-approved instruction in gingival soft tissue curettage, nitrous oxide-oxygen analgesia, and local anesthesia.

5. This bill revises the requirements for issuing a California license to a RDH licensed in another state to require:
    a. The out-of-state experience to have been obtained in the 5 years immediately preceding the application date.
    b. Expands the information relating to disciplinary action to include any other state where the applicant was previously issued any professional or vocational license.
    c. Proof that the applicant has not, more than one time in the prior 5 years, failed the DHCC's clinical examination, the examination given by

the Western Regional Examining Board, or any other clinical dental hygiene examination approved by the DHCC.

6. This bill prohibits an applicant for a RDH license who has failed the state clinical examination three times, or who has failed the examination because he or she has imposed gross trauma on a patient from being eligible to take the examination again until the applicant completes remedial education approved by the DHCC.

7. This bill authorizes a registered dental hygienist in advanced practice (RDHAP) to operate a mobile dental hygiene clinic, as specified, and establishes a fee not to exceed $250.

8. This bill requires a RDHAP to register his or her place or places of practice, within 30 days with the DHCC.

9. This bill authorizes a RDHAP to apply for approval of the DHCC to have an additional place of practice, and establishes a biennial renewal fee.

10. Authorizes the DHCC to seek an injunction against a violation by a RDHAP of the requirement to obtain a prescription prior to rendering services.

11. This bill specifies that providing services without a written prescription on the part of a RDHAP shall constitute unprofessional practice and a cause revocation of suspension of the license.

12. This bill Increases the mandatory continuing education course requirement to not exceed 10 hours per renewal period, and specifies that providers approved by the Dental Board of California may be deemed approved by the DHCC.

13. This bill authorizes the DHCC to adopt by regulation a measure of continued competency as a condition of license renewal.

14. This bill defines "extramural dental facility" to mean any clinical facility employed by an approved dental hygiene educational program for instruction in dental hygiene which exists outside or beyond the walls, boundaries, or precincts of the primary campus of the approved program and in which dental hygiene services are rendered. This bill requires a dental hygiene educational program shall register an extramural dental facility with the DHCC as specified.

15. This bill increases the maximum fee amounts for various fees as follows.
    a. Application for an original license from $50 to $250.
    b. Biennial license renewal fee from $80 to $250.

c. Curriculum review and site evaluation for dental hygiene educational programs fee from $1,400 to $2,100.

16. Establishes new maximum fees as follows:
    a. The fee for registration of an extramural dental facility shall not exceed $250.
    b. The fee for a mobile dental hygiene unit shall not exceed $150.
    c. The biennial renewal fee for a mobile dental hygiene unit shall not exceed $250.
    d. The fee for an additional office permit shall not exceed $250.
    e. The biennial renewal fee for an additional office shall not exceed $250.
    f. The special permit fee is equal to the biennial license renewal fee.

17. This bill makes technical, non-substantive and conforming changes.

Analysis:

The DHCC was created in 2008 to oversee and regulate the dental hygiene profession. According to the bill's sponsor, the California Dental Hygienists Association, there are several legislative changes that could be made to improve the DHCC's oversight and authority. This bill seeks to enact those changes. Many of the provisions of this bill emulate current provisions related to the licensure and regulation of dentists as governed by the Dental Board of California.

Support and Opposition:

Support :

California Dental Hygienists Association (Sponsor)
Dental Hygiene Committee of California

Opposition:

Non on file.

Board Position:

The Board has not taken a position on this bill.

AMENDED IN SENATE APRIL 12, 2012

AMENDED IN SENATE MARCH 29, 2012

SENATE BILL No. 1202

Introduced by Senators Leno and Wyland

February 22, 2012

An act to amend Sections 1905, 1917, 1917.1, 1931, 1936.1, and 1944 of, and to add Sections 1902.3, 1917.3, 1926.1, 1926.2, 1926.3, 1926.4, and 1942 to, the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

SB 1202, as amended, Leno. Dental hygienists.

Existing law, the Dental Practice Act, provides for the licensure and regulation of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions by the Dental Hygiene Committee of California (committee) within the Dental Board of California. Existing law authorizes the committee to appoint an executive officer to perform duties delegated by the committee.

(1) The committee performs various functions, including, but not limited to, the evaluation of all registered dental hygienist, registered dental hygienist in alternative practice, and registered dental hygienist in extended functions educational programs that apply for approval. Under existing law, any dental hygiene program accredited by and in good standing with the Commission on Dental Accreditation is required to be approved by the committee. Existing law also authorizes the committee to employ employees and examiners.

This bill would instead authorize any such dental hygiene program to be approved by the committee. The bill would additionally authorize

the committee to employ consultants and would authorize the committee to establish an advisory committee to provide the committee with information about the state clinical examination.

(2) Under existing law, the committee is required to grant a registered dental hygienist license to any person meeting certain requirements, including the completion of a specified educational program, satisfactory performance on various related examinations, and the submission of a completed application and the payment of a fee.

This bill would additionally require an applicant for licensure as a registered dental hygienist to satisfactorily complete committee-approved instruction in gingival soft tissue curettage, nitrous oxide-oxygen analgesia, and local anesthesia. The bill would authorize the committee to issue a special permit to a registered dental hygienist licensed in another state authorizing him or her to teach in a dental hygiene program without being licensed by this state if certain requirements are met, including the completion of educational requirements and the payment of an application fee, *subject to a biennial renewal fee*.

(3) Existing law authorizes the committee to grant a license as a registered dental hygienist to an applicant who has not taken the specified clinical examination, if the applicant submits certain information to the committee, including, but not limited to, proof that the applicant has been in clinical practice as a registered dental hygienist or has been a full-time faculty member in a specified program for at least 5 years preceding the date of the application and proof that the applicant has not been subject to disciplinary action by another state where he or she was previously licensed as a registered dental hygienist or dental hygienist.

This bill would require that proof of prior experience to have been obtained at least 5 years immediately preceding the applicant's date of application and would expand that proof relating to disciplinary action to include any other state where the applicant was previously issued any professional or vocational license.

(4) Except as specified, existing law prohibits an agency in the department, including the committee, on the basis of an applicant's failure to successfully complete prior examinations, from imposing any additional limitations or requirements on any applicant who wishes to participate in subsequent examinations.

This bill would prohibit an examinee for a registered dental hygiene license who either fails to pass the state clinical examination after 3

attempts or fails to pass the examination because he or she imposed gross trauma on a patient from being eligible for further reexamination until the examinee completes specified remedial education.

(5) The committee is required to grant a registered dental hygienist in alternative practice license to any person meeting certain requirements, including satisfactory performance on a specified examination, the submission of an application, and the payment of application fees. Under existing law, a registered dental hygienist in alternative practice may perform specified functions and procedures in residences of the homebound, schools, residential facilities, and dental health professional shortage areas.

This bill would require a registered dental hygienist in alternative practice to register his or her place or places of practice, within a specified timeframe, with the executive officer. The bill would require a registered dental hygienist in alternative practice to receive permission from the committee, subject to a biennial renewal fee, to have an additional place of practice. The bill would authorize a registered dental hygienist in alternative practice to operate a mobile dental hygiene clinic under certain circumstances if various requirements are met, including the payment of a fee not to exceed $250, pursuant to regulations adopted by the committee.

(6) Under existing law, if a registered dental hygienist in alternative practice provides dental hygiene services to a patient 18 months after the first date that her or she provided services to the patient, he or she is required to obtain written verification, including a written prescription for dental hygiene services, issued by a dentist or physician and surgeon licensed to practice in this state. Existing law provides that a registered dental hygienist in alternative practice who provides those services in violation of these provisions has engaged in unprofessional conduct and that the committee shall seek an injunction against him or her. Existing law provides circumstances under which the committee may revoke or suspend a license to practice dental hygiene.

This bill would instead authorize the committee to seek an injunction under those circumstances and specify that a violation by a registered dental hygienist in alternative practice of the requirement to obtain a prescription, as specified above, before providing those services is reason for the committee to revoke or suspend his or her license.

(7) Under existing law, the committee may also, as a condition of license renewal, require licensees to complete a portion of the required continuing education hours in specific areas, and the committee may

prescribe this mandatory coursework within the general areas of patient care, health and safety, and law and ethics. Existing law provides that this mandatory coursework shall not exceed 7.5 hours per renewal period. Existing law requires course providers to be approved by the committee and specifies that providers approved by the Dental Board of California shall be deemed approved by the committee.

This bill would provide that the mandatory coursework shall not exceed 10 hours per renewal period and also would specify instead that providers approved by the Dental Board of California may be deemed approved by the committee. The bill would authorize the committee to adopt by regulation a measure of continued competency as a condition of license renewal.

(8) Under existing law, the committee is required to establish by resolution the amount of the fees, subject to respective maximum fee amounts established by existing law, that relate to the licensing of a registered dental hygienist, a registered dental hygienist in alternative practice, and a registered dental hygienist in extended functions subject to certain limitations.

This bill would increase the respective maximum fee amounts within which the committee shall establish fee amounts for an original license and the biennial renewal fee for such a license, and would also increase the maximum fee amount for curriculum review and site evaluation for specified educational programs, as specified. The bill would define the term "extramural dental facility" and also establish a fee for certification of licensure and registration of an extramural dental facility.

(9) This bill would make various technical, nonsubstantive, and conforming 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. Section 1902.3 is added to the Business and Professions Code, to read:

1902.3. A registered dental hygienist licensed in another state may teach in a dental hygiene college without being licensed in this state if he or she has a special permit. The committee may issue a special permit to practice dental hygiene in a discipline at a dental hygiene college in this state to any person who submits

an application and satisfies all of the following eligibility requirements:

(a) Furnishing satisfactory evidence of having a pending contract with a California dental hygiene college approved by the committee as a full-time professor, an associate professor, or an assistant professor.

(b) Furnishing satisfactory evidence of having graduated from a dental hygiene college approved by the committee.

(c) Furnishing satisfactory evidence of having been certified as a diplomate of a specialty committee or, in lieu thereof, establishing his or her qualifications to take a specialty committee examination or furnishing satisfactory evidence of having completed an advanced educational program in a discipline from a dental hygiene college approved by the committee.

(d) Furnishing satisfactory evidence of having successfully completed an examination in California law and ethics developed and administered by the committee.

(e) Paying an application fee, *subject to a biennial renewal fee,* as provided by Section 1944.

SEC. 2. Section 1905 of the Business and Professions Code is amended to read:

1905. (a) The committee shall perform the following functions:

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

(2) Withdraw or revoke its prior approval of a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions educational program in accordance with regulations adopted by the committee. The committee may withdraw or revoke a dental hygiene program approval if the program has been placed on probationary status by the Commission on Dental Accreditation.

(3) Review and evaluate all registered dental hygienist, registered dental hygienist in alternative practice, and registered

dental hygienist in extended functions applications for licensure to ascertain whether the applicant meets the appropriate licensing requirements specified by statute and regulations, maintain application records, cashier application fees, issue and renew licenses, and perform any other tasks that are incidental to the application and licensure processes.

(4) Determine the appropriate type of license examination consistent with the provisions of this article, and develop or cause to be developed and administer examinations in accordance with regulations adopted by the committee.

(5) Determine the amount of fees assessed under this article, not to exceed the actual cost.

(6) Determine and enforce the continuing education requirements specified in Section 1936.1.

(7) Deny, suspend, or revoke a license under this article, or otherwise enforce the provisions of this article. Any such proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the committee shall have all of the powers granted therein.

(8) Make recommendations to the dental board regarding dental hygiene scope of practice issues.

(9) Adopt, amend, and revoke rules and regulations to implement the provisions of this article, including the amount of required supervision by a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions of a registered dental assistant.

(b) The committee may employ employees, examiners, and consultants that it deems necessary to carry out its functions and responsibilities under this article.

(c) The committee may establish an advisory committee to provide information about the state clinical examination to the committee as requested by the committee.

SEC. 3. Section 1917 of the Business and Professions Code is amended to read:

1917. The committee shall grant initial licensure as a registered dental hygienist to a person who satisfies all of the following requirements:

(a) Completion of an educational program for registered dental hygienists, approved by the committee, accredited by the

Commission on Dental Accreditation, and conducted by a degree-granting, postsecondary institution.

(b) Satisfactory performance on the state clinical examination, or satisfactory completion of the dental hygiene examination given by the Western Regional Examining Board or any other clinical dental hygiene examination approved by the committee.

(c) Satisfactory completion of the National ~~Board Dental Hygiene~~ *Dental Hygiene Board* Examination.

(d) Satisfactory completion of the examination in California law and ethics as prescribed by the committee.

(e) Submission of a completed application form and all fees required by the committee.

(f) Satisfactory completion of committee-approved instruction in gingival soft tissue curettage, nitrous oxide-oxygen analgesia, and local anesthesia.

SEC. 4. Section 1917.1 of the Business and Professions Code is amended to read:

1917.1. (a) The committee may grant a license as a registered dental hygienist to an applicant who has not taken a clinical examination before the committee, if the applicant submits all of the following to the committee:

(1) A completed application form and all fees required by the committee.

(2) Proof of a current license as a registered dental hygienist issued by another state that is not revoked, suspended, or otherwise restricted.

(3) Proof that the applicant has been in clinical practice as a registered dental hygienist or has been a full-time faculty member in an accredited dental hygiene education program for a minimum of 750 hours per year for at least five years immediately preceding the date of his or her application under this section. The clinical practice requirement shall be deemed met if the applicant provides proof of at least three years of clinical practice and commits to completing the remaining two years of clinical practice by filing with the committee a copy of a pending contract to practice dental hygiene in any of the following facilities:

(A) A primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code.

(B) A primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code.

(C) A clinic owned or operated by a public hospital or health system.

(D) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.

(4) Satisfactory performance on a California law and ethics examination and any examination that may be required by the committee.

(5) Proof that the applicant has not been subject to disciplinary action by any state in which he or she is or has been previously issued any professional or vocational license. If the applicant has been subject to disciplinary action, the committee shall review that action to determine if it warrants refusal to issue a license to the applicant.

(6) Proof of graduation from a school of dental hygiene accredited by the Commission on Dental Accreditation.

(7) Proof of satisfactory completion of the National ~~Board Dental Hygiene~~ *Dental Hygiene Board* Examination and of a state or regional clinical licensure examination.

(8) Proof that the applicant has not failed the state clinical examination, the examination given by the Western Regional Examining Board, or any other clinical dental hygiene examination approved by the committee for licensure to practice dental hygiene under this chapter more than once or once within five years prior to the date of his or her application for a license under this section.

(9) Documentation of completion of a minimum of 25 units of continuing education earned in the two years preceding application, including completion of any continuing education requirements imposed by the committee on registered dental hygienists licensed in this state at the time of application.

(10) Any other information as specified by the committee to the extent that it is required of applicants for licensure by examination under this article.

(b) The committee may periodically request verification of compliance with the requirements of paragraph (3) of subdivision (a), and may revoke the license upon a finding that the employment requirement or any other requirement of paragraph (3) of subdivision (a) has not been met.

(c) The committee shall provide in the application packet to each out-of-state dental hygienist pursuant to this section the following information:

(1) The location of dental manpower shortage areas in the state.

(2) Any not-for-profit clinics, public hospitals, and accredited dental hygiene education programs seeking to contract with licensees for dental hygiene service delivery or training purposes.

(d) The committee shall review the impact of this section on the availability of actively practicing registered dental hygienists in California and report to the appropriate policy and fiscal committees of the Legislature by January 1, 2012. The report shall include a separate section providing data specific to registered dental hygienists who intend to fulfill the alternative clinical practice requirements of subdivision (a). The report shall include, but shall not be limited to, the following:

(1) The number of applicants from other states who have sought licensure.

(2) The number of registered dental hygienists from other states licensed pursuant to this section, the number of licenses not granted, and the reason why the license was not granted.

(3) The practice location of registered dental hygienists licensed pursuant to this section. In identifying a registered dental hygienist's location of practice, the committee shall use medical service study areas or other appropriate geographic descriptions for regions of the state.

(4) The number of registered dental hygienists licensed pursuant to this section who establish a practice in a rural area or in an area designated as having a shortage of practicing registered dental hygienists or no registered dental hygienists or in a safety net facility identified in paragraph (3) of subdivision (a).

(5) The length of time registered dental hygienists licensed pursuant to this section practiced in the reported location.

SEC. 5. Section 1917.3 is added to the Business and Professions Code, to read:

1917.3. Notwithstanding Section 135, an examinee for a registered dental hygienist license who either fails to pass the state clinical examination required by Section 1917 after three attempts or fails to pass the state clinical examination as a result of a single incidence of imposing gross trauma on a patient shall not be eligible for further reexamination until the examinee has

successfully completed remedial education at an approved dental hygiene program or a comparable organization approved by the committee.

SEC. 6. Section 1926.1 is added to the Business and Professions Code, to read:

1926.1. Notwithstanding any other provision of law, a registered dental hygienist in alternative practice may operate a mobile dental hygiene clinic provided by his or her property and casualty insurer as a temporary substitute site for the practice registered by him or her pursuant to Section 1926.3, if both of the following requirements are met:

(a) The licensee's registered place of practice has been rendered and remains unusable due to loss or calamity.

(b) The licensee's insurer registers the mobile dental hygiene clinic with the committee in compliance with Section 1926.3.

SEC. 7. Section 1926.2 is added to the Business and Professions Code, to read:

1926.2. (a) Notwithstanding any other provision of law, a registered dental hygienist in alternative practice may operate one mobile dental hygiene clinic registered as a dental hygiene office or facility. The owner or operator of the mobile dental hygiene clinic or unit shall be registered and operated in accordance with regulations established by the committee, which regulations shall not be designed to prevent or lessen competition in service areas, and shall pay the fees described in Section 1944.

(b) A mobile service unit, as defined in subdivision (b) of Section 1765.105 of the Health and Safety Code, and a mobile unit operated by an entity that is exempt from licensure pursuant to subdivision (b), (c), or (h) of Section 1206 of the Health and Safety Code, are exempt from this article and Article 3.5 (commencing with Section 1658). Notwithstanding this exemption, the owner or operator of the mobile unit shall notify the committee within 60 days of the date on which dental hygiene services are first delivered in the mobile unit, or the date on which the mobile unit's application pursuant to Section 1765.130 of the Health and Safety Code is approved, whichever is earlier.

(c) A licensee practicing in a mobile unit described in subdivision (b) is not subject to subdivision (a) as to that mobile unit.

SEC. 8. Section 1926.3 is added to the Business and Professions Code, to read:

1926.3. Every person who is now or hereafter licensed as a registered dental hygienist in alternative practice in this state shall register with the executive officer, on forms prescribed by the committee, his or her place of practice, or, if he or she has more than one place of practice pursuant to Section 1926.4, all of the places of practice. If he or she has no place of practice, he or she shall so notify the executive officer. A person licensed by the committee shall register with the executive officer within 30 days after the date of the issuance of his or her license as a registered dental hygienist in alternative practice.

SEC. 9. Section 1926.4 is added to the Business and Professions Code, to read:

1926.4. When a registered dental hygienist in alternative practice ~~has a license and~~ desires to have more than one place of practice, he or she shall, prior to the opening of the additional office, apply to the committee, pay the fee required by Section 1944, and obtain permission in writing from the committee to have the additional place of practice, subject to a biennial renewal fee described in Section 1944.

SEC. 10. Section 1931 of the Business and Professions Code is amended to read:

1931. (a) (1) A dental hygienist in alternative practice may provide services to a patient without obtaining written verification that the patient has been examined by a dentist or physician and surgeon licensed to practice in this state.

(2) If the dental hygienist in alternative practice provides services to a patient 18 months or more after the first date that he or she provides services to a patient, he or she shall obtain written verification that the patient has been examined by a dentist or physician and surgeon licensed to practice in this state. The verification shall include a prescription for dental hygiene services as described in subdivision (b).

(b) A registered dental hygienist in alternative practice may provide dental hygiene services for a patient who presents to the registered dental hygienist in alternative practice a written prescription for dental hygiene services issued by a dentist or physician and surgeon licensed to practice in this state. The prescription shall be valid for a time period based on the dentist's

or physician and surgeon's professional judgment, but not to exceed two years from the date it was issued.

(c) (1) The committee may seek to obtain an injunction against any registered dental hygienist in alternative practice who provides services pursuant to this section, if the committee has reasonable cause to believe that the services are being provided to a patient who has not received a prescription for those services from a dentist or physician and surgeon licensed to practice in this state.

(2) Providing services pursuant to this section without obtaining a prescription in accordance with subdivision (b) shall constitute unprofessional conduct on the part of the registered dental hygienist in alternative practice, and reason for the committee to revoke or suspend the license of the registered dental hygienist in alternative practice pursuant to Section 1947.

SEC. 11. Section 1936.1 of the Business and Professions Code is amended to read:

1936.1. (a) If the committee determines that the public health and safety would be served by requiring all holders of licenses under this article to continue their education after receiving a license, the committee may require, as a condition of license renewal, that licensees submit assurances satisfactory to the committee that they will, during the succeeding two-year period, inform themselves of the developments in the practice of dental hygiene occurring since the original issuance of their licenses by pursuing one or more courses of study satisfactory to the committee, or by other means deemed equivalent by the committee. The committee shall adopt, amend, and revoke regulations providing for the suspension of the licenses at the end of the two-year period until compliance with the assurances provided for in this section is accomplished.

(b) The committee may also, as a condition of license renewal, require licensees to successfully complete a portion of the required continuing education hours in specific areas adopted in regulations by the committee. The committee may prescribe this mandatory coursework within the general areas of patient care, health and safety, and law and ethics. The mandatory coursework prescribed by the committee shall not exceed 10 hours per renewal period. Any mandatory coursework required by the committee shall be credited toward the continuing education requirements established by the committee pursuant to subdivision (a).

(c) The committee may also adopt by regulation a measure of continued competency as a condition of license renewal.

(d) The providers of courses referred to in this section shall be approved by the committee. Providers approved by the board may be deemed approved by the committee.

SEC. 12. Section 1942 is added to the Business and Professions Code, to read:

1942. (a) As used in this article "extramural dental facility" means any clinical facility employed by an approved dental hygiene educational program for instruction in dental hygiene which exists outside or beyond the walls, boundaries, or precincts of the primary campus of the approved program and in which dental hygiene services are rendered.

(b) An approved dental hygiene educational program shall register an extramural dental facility with the committee. That registration shall be accompanied by information supplied by the dental hygiene program pertaining to faculty supervision, scope of treatment to be rendered, name and location of the facility, date on which the operation will commence, discipline of which the instruction is a part, and a brief description of the equipment and facilities available. The foregoing information shall be supplemented by a copy of the agreement between the approved dental hygiene educational program or parent university, and the affiliated institution establishing the contractual relationship. Any change in the information initially provided to the committee shall be communicated to the committee.

SEC. 13. Section 1944 of the Business and Professions Code is amended to read:

1944. (a) The committee shall establish by resolution the amount of the fees that relate to the licensing of a registered dental hygienist, a registered dental hygienist in alternative practice, and a registered dental hygienist in extended functions. The fees established by board resolution in effect on June 30, 2009, as they relate to the licensure of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions, shall remain in effect until modified by the committee. The fees are subject to the following limitations:

(1) The application fee for an original license shall not exceed two hundred fifty dollars ($250).

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

(3) For third- and fourth-year dental students, the fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.

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

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

(6) The biennial renewal fee shall not exceed two hundred fifty dollars ($250).

(7) The delinquency fee shall not exceed one-half of the renewal fee. Any delinquent license may be restored only upon payment of all fees, including the delinquency fee, and compliance with all other applicable requirements of this article.

(8) The fee for issuance of a duplicate license to replace one that is lost or destroyed, or in the event of a name change, shall not exceed twenty-five dollars ($25) or one-half of the renewal fee, whichever is greater.

(9) The fee for certification of licensure shall not exceed the renewal fee.

(10) The fee for each curriculum review and site evaluation for educational programs for dental hygienists who are not accredited by a committee-approved agency shall not exceed two thousand one hundred dollars ($2,100).

(11) The fee for each review of courses required for licensure that are not accredited by a committee-approved agency, the Council for Private Postsecondary and Vocational Education, or the Chancellor's Office of the California Community Colleges shall not exceed three hundred dollars ($300).

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

(13) The amount of fees payable in connection with permits issued under Section 1962 is as follows:

(A) The initial permit fee is an amount equal to the renewal fee for the applicant's license to practice dental hygiene in effect on the last regular renewal date before the date on which the permit is issued.

(B) If the permit will expire less than one year after its issuance, then the initial permit fee is an amount equal to 50 percent of the renewal fee in effect on the last regular renewal date before the date on which the permit is issued.

(b) The renewal and delinquency fees shall be fixed by the committee by resolution at not more than the current amount of the renewal fee for a license to practice under this article nor less than five dollars ($5).

(c) Fees fixed by the committee by resolution pursuant to this section shall not be subject to the approval of the Office of Administrative Law.

(d) Fees collected pursuant to this section shall be collected by the committee and deposited into the State Dental Hygiene Fund, which is hereby created. All money in this fund shall, upon appropriation by the Legislature in the annual Budget Act, be used to implement the provisions of this article.

(e) No fees or charges other than those listed in this section shall be levied by the committee in connection with the licensure of registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions.

(f) The fee for registration of an extramural dental facility shall not exceed two hundred fifty dollars ($250).

(g) The fee for a mobile dental hygiene unit shall not exceed one hundred fifty dollars ($150).

(h) The biennial renewal fee for a mobile dental hygiene unit shall not exceed two hundred fifty dollars ($250).

(i) The fee for an additional office permit shall not exceed two hundred fifty dollars ($250).

(j) The biennial renewal fee for an additional office as described in Section 1926.4 shall not exceed two hundred fifty dollars ($250).

(k) The *initial application and biennial* special permit fee is an amount equal to the biennial renewal fee specified in paragraph (6) of subdivision (a).

(*l*) The fees in this section shall not exceed an amount sufficient to cover the reasonable regulatory cost of carrying out the provisions of this article.

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DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS

Bill No.: Senate Bill 1575 (As Amended April 16, 2012)
Topic: Professions and Vocations
Coauthors: Senate Committee on Business, Professions and Economic Development
Status: 5/8/2012 – In Senate. Read second time. To third reading.
Location: Senate Second Reading File

Summary:
This bill makes several non-controversial, minor, non-substantive, or technical changes to various provisions of the Business and Professions Code pertaining to healing arts boards within the Department of Consumer Affairs. Specifically, this bill makes changes to provisions within the Dental Practice Act as it relates to the licensure and regulation of dental hygienists by the Dental Hygiene Committee of California (DHCC).

Analysis:
This bill would add Business and Professions Code (Code) Section 1902.2 to specify requirements for the reporting of licensure data relative to dental hygienists. This proposed language emulates existing law in the Dental Practice Act, Code Section 1715.5 (AB 269, Chapter 262, Statutes of 2007). When enacted into law, Code Section 1715.5 applied to the Board and the Committee on Dental Auxiliaries (COMDA). Subdivision (f) specifies that if COMDA ceases to exist, the responsibility of collecting licensure data shall be transferred to the successor entity or entities responsible for licensing registered dental hygienists and registered dental assistants. Since the enactment of AB 269, COMDA has been abolished; the responsibility of regulating the practice of dental assisting has been placed on the Dental Board and the responsibility of regulating the practice of dental hygiene has been placed on the DHCC. This clarifies that the DHCC is the entity responsible for collecting licensure data for dental hygienists. If possible, the Board may wish to consider proposing technical clean-up language to Code Section 1715.5 to clarify that the Board is the entity responsible for collecting licensure data for dentists and dental assistants.

This bill would repeal Code Section 1909.5 and delete the requirement that courses for instruction for direct supervision duties added to the scope of practice of dental hygiene on or after July 1, 2009, shall be submitted by the DHCC for approval by the Dental Board. The proposed repeal of this section would remove the Board's discretion in the review of courses for instruction for direct supervision duties added to the scope of practice of dental hygiene.

This bill would make technical amendments to Code Section 1934 to specify that licensees are required to notify the DHCC within 30 days if a licensee changes their physical address of record of e-mail address.

This bill would add Code Section 1941 to define "extramural dental facility" and specify requirements for the registration of extramural dental facilities in relation to dental hygiene educational programs. This proposed language emulates the Board's regulatory language contained in Cal. Code of Regs., Title 16, Sections 1070.1(c) and 1025(d).

This bill would amend Code Section 1950.5 relating to unprofessional conduct. Specifically, this bill would add language to the provisions relating to unprofessional conduct to specify infection control guidelines requirements. The proposed language emulates the Board's statutory language contained in Section 1680(ad) of the Code, except all references to "board" have been replaced with "committee". The proposed language implies that the DHCC is the responsible agency for the review of the infection control guidelines and that the Board shall submit recommended changes to the DHCC, rather than vice versa as provided in Code Section 1680(ad). This proposed language is in conflict with existing law and will create ambiguity regarding the responsible agency for the promulgation of infection control guideline regulations. It is unclear as to the necessity of having two separate agency regulations governing the infection control guidelines for dental offices.

This bill would add Code Section 1958.1 to authorize the DHCC deny, revoke, or suspend a license of an individual who is required to register as a sex offender. This proposed language emulates the Board's statutory language contained in Section 1687 of the Code.

Support and Opposition:

Support :

Medical Board of California

Opposition:

None on file.

Board Position:

The Board has not taken a position on this bill.

AMENDED IN SENATE APRIL 16, 2012

SENATE BILL No. 1575

Introduced by Committee on Business, Professions and Economic Development (Senators Price (Chair), Corbett, Correa, Emmerson, Hernandez, Negrete McLeod, Strickland, Vargas, and Wyland)

March 12, 2012

An act to amend Sections *1934, 1950.5,* 2021, 2064, 2184, 2220, 2424, 2516, 2518, 2904.5, 3057.5, 3742, 3750, 3750.5, *4209, 4600, 4601, 4603.7, 4612,* 4980.04, 4980.34, 4980.398, 4980.399, *4980.43, 4980.44, 4980.48,* 4980.78, 4980.80, 4984.4, 4989.16, 4989.42, 4992.07, 4992.09, 4996.6, 4999.22, 4999.32, *4999.46,* 4999.57, 4999.58, 4999.59, *4999.62, 4999.76,* 4999.90, 4999.106, and 4999.120 of, to add ~~Section~~ *Sections* 144.5, *1902.2, 1942, 1958.1, and 4300.1* to *repeal Section 1909.5 of,* and to repeal and amend Section 4999.45 of, the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 1575, as amended, Committee on Business, Professions and Economic Development. Professions and vocations.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs.

(1) Under existing law, specified professions and vocations boards are required to require an applicant to furnish to the board a full set of fingerprints in order to conduct a criminal history record check.

This bill would authorize such a board to request, and would require a local or state agency to provide, certified records of, among other things, all arrests and convictions needed by a board to complete an

applicant or licensee investigation. *By imposing additional duties on local agencies, the bill would impose a state-mandated local program.*

(2) Existing law, the Dental Practice Act, provides for the licensure and regulation of the practice of dentistry by the Dental Board of California within the Department of Consumer Affairs. Existing law establishes the Dental Hygiene Committee of California under the jurisdiction of the board and provides for the licensure and regulation of the practice of dental hygienists by the committee.

This bill would require dental hygienists, upon initial licensure and renewal, to report their employment status to the committee and would require that information to be posted on the committee's Internet Web site. This bill would also require an approval dental hygiene education program to register extramural dental facilities, as defined, with the committee.

Existing law provides that a dental hygienist may have his or her license suspended or revoked by the board for committing acts of unprofessional conduct, as defined.

This bill would include within the definition of unprofessional conduct the aiding or abetting of the unlicensed or unlawful practice of dental hygiene and knowingly failing to follow infection control guidelines, as specified.

Existing law authorizes the committee to deny an application for licensure or to revoke or suspend a license for specified reasons.

This bill would require the committee to deny a license or renewal of a license to any person who is required by law to register as a sex offender.

~~(2)~~

(3) Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under existing law, the board issues a physician and surgeon's certificate to a licensed physician and surgeon. Existing law provides for the licensure and regulation of the practice of podiatric medicine by the California Board of Podiatric Medicine within the Medical Board of California.

Existing law requires the Medical Board of California and the California Board of Podiatric Medicine to provide written notification by certified mail to any physician and surgeon or podiatrist who does not renew his or her license within 60 days of expiration.

This bill would require the Medical Board of California and the California Board of Podiatric Medicine to provide that written

self-administration of any of specified substances, or any combination thereof.

This bill would delete the conviction of more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of specified substances, or any combination thereof, from the list of what constitutes professional conduct. The bill would make it unprofessional conduct to willfully violate specified provisions governing patient access to health care records.

~~The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.~~

~~This bill would provide that no reimbursement is required by this act for a specified reason.~~

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

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

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

SECTION 1. Section 144.5 is added to the Business and Professions Code, to read:

144.5. Notwithstanding any other provision of law, a board described in Section 144 may request a local or state agency to provide certified records of all arrests and convictions, certified records regarding probation, and any and all other related documentation needed to complete an applicant or licensee investigation. The local or state agency shall provide those records to the board upon receipt of such a request.

SEC. 2. Section 1902.2 is added to the Business and Professions Code, to read:

1902.2. (a) A licensee shall report, upon his or her initial licensure and any subsequent application for renewal or inactive license, the practice or employment status of the licensee, designated as one of the following:

(1) Full-time practice or employment in a dental or dental hygiene practice of 32 hours per week or more in California.

(2) Full-time practice or employment in a dental or dental hygiene practice of 32 hours or more outside of California.

(3) Part-time practice or employment in a dental or dental hygiene practice for less than 32 hours per week in California.

(4) Part-time practice or employment in a dental or dental hygiene practice for less than 32 hours per week outside of California.

(5) Dental hygiene administrative employment that does not include direct patient care, as may be further defined by the committee.

(6) Retired.

(7) Other practice or employment status, as may be further defined by the committee.

(b) Information collected pursuant to subdivision (a) shall be posted on the Internet Web site of the committee.

(c) (1) A licensee may report on his or her application for renewal, and the committee, as appropriate, shall collect, information regarding the licensee's cultural background and foreign language proficiency.

(2) Information collected pursuant to this subdivision shall be aggregated on an annual basis, based on categories utilized by the committee in the collection of the data, into both statewide totals and ZIP Code of primary practice or employment location totals.

(3) Aggregated information under this subdivision shall be compiled annually, and reported on the Internet Web site of the committee as appropriate, on or before July 1 of each year.

(d) It is the intent of the Legislature to utilize moneys in the State Dental Hygiene Fund to pay any cost incurred by the committee in implementing this section.

SEC. 3. Section 1909.5 of the Business and Professions Code is repealed.

~~1909.5. Courses of instruction for direct supervision duties added to the scope of practice of dental hygiene on or after July~~

~~1, 2009, shall be submitted by the committee for approval by the dental board.~~

SEC. 4. Section 1934 of the Business and Professions Code is amended to read:

1934. A licensee who changes his or her *physical* address of record *or e-mail address* shall notify the committee within 30 days of the change. A licensee who changes his or her legal name shall provide the committee with documentation of the change within 10 days.

SEC. 5. Section 1942 is added to the Business and Professions Code, to read:

1942. (a) As used in this section "extramural dental facility" means any clinical facility employed by an approved dental hygiene educational program for instruction in dental hygiene that exists outside or beyond the walls, boundaries, or precincts of the primary campus of the approved program and in which dental hygiene services are rendered.

(b) An approved dental hygiene educational program shall register extramural dental facilities with the committee. The registration shall be accompanied by information supplied by the dental hygiene program pertaining to faculty supervision, scope of treatment to be rendered, name and location of the facility, date operation will commence, discipline of which such instruction is a part, and a brief description of the equipment and facilities available. That information shall be supplemented by a copy of the agreement between the approved dental hygiene educational program or parent university and the affiliated institution establishing the contractual relationship. Any change in the information provided to the committee shall be communicated to the committee.

SEC. 6. Section 1950.5 of the Business and Professions Code is amended to read:

1950.5. Unprofessional conduct by a person licensed under this article is defined as, but is not limited to, any one of the following:

(a) The obtaining of any fee by fraud or misrepresentation.

(b) The aiding or abetting of any unlicensed person to practice dentistry *or dental hygiene*.

(c) The aiding or abetting of a licensed person to practice dentistry *or dental hygiene* unlawfully.

(d) The committing of any act or acts of sexual abuse, misconduct, or relations with a patient that are substantially related to the practice of dental hygiene.

(e) The use of any false, assumed, or fictitious name, either as an individual, firm, corporation, or otherwise, or any name other than the name under which he or she is licensed to practice, in advertising or in any other manner indicating that he or she is practicing or will practice dentistry, except that name as is specified in a valid permit issued pursuant to Section ~~1701.5~~ *1962*.

(f) The practice of accepting or receiving any commission or the rebating in any form or manner of fees for professional services, ~~radiograms~~ *radiographs*, prescriptions, or other services or articles supplied to patients.

(g) The making use by the licensee or any agent of the licensee of any advertising statements of a character tending to deceive or mislead the public.

(h) The advertising of either professional superiority or the advertising of performance of professional services in a superior manner. This subdivision shall not prohibit advertising permitted by subdivision (h) of Section 651.

(i) The employing or the making use of solicitors.

(j) Advertising in violation of Section 651.

(k) Advertising to guarantee any dental hygiene service, or to perform any dental hygiene procedure painlessly. This subdivision shall not prohibit advertising permitted by Section 651.

(*l*) The violation of any of the provisions of this division.

(m) The permitting of any person to operate dental radiographic equipment who has not met the requirements ~~of Section 1656~~ *to do so, as determined by the committee*.

(n) The clearly excessive administering of drugs or treatment, or the clearly excessive use of treatment procedures, or the clearly excessive use of treatment facilities, as determined by the customary practice and standards of the dental hygiene profession.

Any person who violates this subdivision is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) or more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days or more than 180 days, or by both a fine and imprisonment.

(o) The use of threats or harassment against any patient or licensee for providing evidence in any possible or actual

disciplinary action, or other legal action; or the discharge of an employee primarily based on the employee's attempt to comply with the provisions of this chapter or to aid in the compliance.

(p) Suspension or revocation of a license issued, or discipline imposed, by another state or territory on grounds that would be the basis of discipline in this state.

(q) The alteration of a patient's record with intent to deceive.

(r) Unsanitary or unsafe office conditions, as determined by the customary practice and standards of the dental hygiene profession.

(s) The abandonment of the patient by the licensee, without written notice to the patient that treatment is to be discontinued and before the patient has ample opportunity to secure the services of another registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions and provided the health of the patient is not jeopardized.

(t) The willful misrepresentation of facts relating to a disciplinary action to the patients of a disciplined licensee.

(u) Use of fraud in the procurement of any license issued pursuant to this article.

(v) Any action or conduct that would have warranted the denial of the license.

(w) The aiding or abetting of a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to practice dental hygiene in a negligent or incompetent manner.

(x) The failure to report to the committee in writing within seven days any of the following: (1) the death of his or her patient during the performance of any dental hygiene procedure; (2) the discovery of the death of a patient whose death is related to a dental hygiene procedure performed by him or her; or (3) except for a scheduled hospitalization, the removal to a hospital or emergency center for medical treatment for a period exceeding 24 hours of any patient as a result of dental or dental hygiene treatment. Upon receipt of a report pursuant to this subdivision, the committee may conduct an inspection of the dental hygiene practice office if the committee finds that it is necessary.

(y) A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions shall report to the committee all deaths occurring in his or her practice with a copy sent to the dental board if the death

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
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MEMORANDUM

DATE	May 3, 2012
TO	Legislative and Regulatory Committee, Dental Board of California
FROM	Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California
SUBJECT	**Agenda Item LEG 4:** Discussion and Possible Action Regarding the California Dental Association's Legislative Proposal to Amend Business and Professions Code Section 1640 Relative to Special Permits

Background:
The California Dental Association (CDA) has submitted a legislative proposal to the Senate Business, Professions, and Economic Development Committee (Committee) regarding proposed amendments to Business and Professions Code Section 1640.

The CDA has provided a copy of the legislative proposal worksheet submitted to the Committee for the Board's Legislative and Regulatory Committee review. Representatives from the CDA will be available to speak to this item at the meeting.

Action Requested:
The Legislative and Regulatory Committee may recommend the Board take one of the following actions regarding the CDA's legislative proposal regarding proposed amendments to Business and Professions Code Section 1640 relating to special permits:

- Support
- Oppose
- Neutral
- Support If Amended
- Oppose Unless Amended

Senate Business, Professions and Economic Development Committee
COMMITTEE BILL: PROPOSED LEGISLATION

Note: Submit the completed form to the Committee electronically by email **and** as a hardcopy by mail. Attach additional information or documentation as necessary.

REQUESTOR & CONTACT INFORMATION:

California Dental Association
Contacts: Bill Lewis [redacted]
Fred Noteware [redacted]

DATE SUBMITTED:

May 1, 2012

SUMMARY:

This proposal would clarify that a dentist who received his/her initial dental degree from a foreign dental school but who completed a Commission on Dental Accreditation (CODA) approved advanced residency program is eligible to obtain a special permit to practice as a California dental school faculty member in the permit category that is not numerically capped.

IDENTIFICATION OF PROBLEM:

Current law, beginning with Section 1640 of the Business and Professions Code, creates three categories of special permit holder: one for dentists who have completed advanced training programs in CODA accredited programs, one for foreign-trained specialists who did not complete a CODA accredited program, and one for general dentists whom the dental school can demonstrate would serve a unique academic need. The last two categories are each capped at five per California dental school; the first category is uncapped.

Section 1640(b) includes as one of the requirements for the first, uncapped category of special permits, "furnishing satisfactory evidence of having graduated from a dental college approved by the board." In recent years there has been occasional interpretive uncertainty about whether the word "graduated" in this context means only the receipt of an initial dental diploma, or whether it also encompasses the completion of a board (i.e. CODA) approved residency program. The difference in interpretation can be significant for dental school faculty recruiting, because if those individuals who completed a CODA accredited residency program are not included under Section 1640, they then become part of the special permit category that is capped at five per school.

PROPOSED SOLUTION:

This proposal would amend Business and Professions Code Section 1640(b) to include completion of an advanced training program accredited by the Commission on Dental

Accreditation of the American Dental Association or a board-approved national accrediting agency.

PROGRAM BACKGROUND & LEGISLATIVE HISTORY:

The special permit law was first enacted in 1970 (Chapter 928), and was intended to provide a means for California dental schools to recruit ADA recognized specialist faculty from other states by allowing them to practice part-time within the school's clinical facilities without having to pass the California licensure exam. The law was expanded in 1999 (SB 1308) to, among other things, to allow the permits to be granted to experts in non-specialty "disciplines". In 2005, AB 1143 further expanded the law to create the capped categories of foreign-trained dentists in ADA-recognized specialty categories, along with foreign-trained general dentists who the school indicates can benefit their program.

JUSTIFICATION:

The proposed modification to Section 1640(b) will clarify that no distinction need be made between a CODA accredited dental degree program and a CODA accredited advanced postgraduate residency program for purposes of eligibility for a special permit.

ARGUMENTS PRO & CON:

Pro: As dental schools in California find it increasingly difficult to recruit faculty from within the state, this proposal will clear up any confusion about whether they can recruit an unlimited number of foreign-trained dentists who have completed CODA accredited residencies, in addition to those who received their dental degrees from CODA accredited programs. This clarification should not in any way dilute the standards by which prospective special permits holders are evaluated; it would merely clarify which categories remain capped.

Con: None known at this time.

PROBABLE SUPPORT & OPPOSITION:

Support: California Dental Association
California dental school deans

Oppose: None known at this time.

FISCAL IMPACT:

No significant impact expected.

ECONOMIC IMPACT:

No significant impact expected.

FINDINGS FROM OTHER STATES:

N/A

PROPOSED TEXT (use underline & strikeout):

Amend Business and Professions Code Section 1640(b) as follows:

> 1640. (b) Furnishing satisfactory evidence of having graduated from a dental college approved by the board, or of having completed an advanced education program accredited by either the Commission on Dental Accreditation of the American Dental Association or a national accrediting body approved by the board.

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MEMORANDUM

DATE	April 24, 2012
TO	Dental Board of California
FROM	Linda Byers, Administrative Assistant Dental Board of California
SUBJECT	**LEG 5:** Discussion of 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 Board meeting.

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NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of the Enforcement Committee of the Dental Board of California will be held as follows:

NOTICE OF ENFORCEMENT COMMITTEE MEETING
Thursday, May 17, 2012
Upon Conclusion of Legislative and Regulatory Committee Meeting
Embassy Suites SFO Airport Waterfront
150 Anza Blvd., Burlingame, CA 94010
650-292-7376 or 916-263-2300

ENFORCEMENT COMMITTEE
Chair – Rebecca Downing, Public Member
Vice Chair – Huong Le, DDS
Steven Afriat, Public Member
John Bettinger, DDS
Suzanne McCormick, DDS
Bruce Whitcher, DDS

CALL TO ORDER

ROLL CALL AND ESTABLISHMENT OF QUORUM

ENF 1 – Approval of the February 23, 2012 Enforcement Committee Meeting Minutes

ENF 2 – Staff Update Regarding Enforcement Unit Projects and Improvements

ENF 3 – Enforcement Program – Statistics and Status

ENF 4 – Review of Third Quarter Performance Measures from the Department of Consumer Affairs

ENF 5 – Discussion and Possible Action Regarding Recommendations for the Appointment of a Southern California Diversion Evaluation Committee Member

PUBLIC COMMENT

ADJOURNMENT

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's web site at **www.dbc.ca.gov**. The meeting facilities are accessible to individuals with physical disabilities. Please make any request for accommodations to Richard DeCuir at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, no later than one week prior to the day of the meeting.

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Enforcement Committee
Meeting Minutes
Thursday, February 23, 2012

Holiday Inn on the Bay, 1355 North Harbor Drive
San Diego, CA 92101
DRAFT

Members Present
Chair – Rebecca Downing, Public Member
Vice Chair – Huong Le, DDS
Steven Afriat, Public Member
John Bettinger, DDS
Suzanne McCormick, DDS
Bruce Whitcher, DDS

Members Absent

Staff Present
Richard DeCuir, Executive Officer
Denise Johnson, Assistant Executive Officer
Kim Trefry, Enforcement Chief
Teri Lane, Supervising Investigator I
Sarah Wallace, Legislative and Regulatory Analyst
Karen Fischer, Associate Analyst
Linda Byers Executive Assistant
Kristy Shellans, DCA Senior Staff Counsel
Greg Salute, Deputy Attorney General

Roll Call and Establishment of Quorum
Rebecca Downing, Chair, called the committee meeting to order at 4:52 p.m. Roll was called and a quorum established.

ENF 1 – Approval of the November 7, 2011 Enforcement Committee Meeting Minutes
M/S/C (Whitcher/Bettinger) to accept the November 7, 2011 Enforcement Committee Meeting Minutes. The motion passed unanimously.

ENF 2 – Enforcement Program – Statistics and Status
Kim Trefry, Enforcement Chief, gave an overview of the Enforcement Program statistics. Highlights included intake of an average 234 complaints per month totaling 3,601 for the last 12 month period. The average caseload for each Consumer Analyst is 132. The Complaint Unit closed 2,601 complaints in the last 12 month period averaging 217 closures per month with the average closing time being 74 days.

The Investigations Unit has approximately 823 open cases averaging 43 per Investigator. Since the November 2011 report there has been a decrease in the percentage of cases over 1 year old from 45% to 41%.

There were a total of 1,245 investigation cases closed, filed with the Attorney General's Office or filed with the District/City Attorney during the last 12 months. This is an increase of 84% from the previous year due in large part to the efforts of our new CPEI staff. The average number of days to complete an investigation was 389, well below the goal of 18 months set by DCA.

Ms. Trefry reported that in late October, the Department finalized the procedures for Boards and Bureaus to follow when entering into a contract with a dental consultant or subject matter expert (SB 541). Since that time, Enforcement staff has been working diligently to prioritize the needs of the Complaint Intake unit and Investigations to place our expert consultants in consulting contracts before the deadline. This took a significant amount of time and effort.

SB 541 also requires the Board to "establish policies and procedures for the selection and use of expert consultants." The Enforcement program has revised and updated their existing policies to meet the intent of this regulation. These policies have been forwarded to legal counsel for review.

Ms. Trefry reported that the Enforcement Unit is trying to bring back a previously used procedure by which they can stipulate to a probationary license when an RDA license is denied due to non-violent criminal conviction. The applicant would then have the option to accept the standard terms and conditions for probation instead of going through a Statement of Issues hearing which averages about 600 days. The Board would then make the final decision by mail vote. Ms. Shellans and staff worked on the form that would go out to the RDA's for this option.

The Enforcement Unit plans to begin a 90 day trial of this process beginning in March. They believe that re-instituting this process allows the Board the discretion to license appropriate applicants, while utilizing its limited AG resources on cases that are more likely to result in meaningful discipline.

Dr. McCormick asked if there is a timeline for the calibration of the experts. Ms. Trefry stated that she met with her managers in January and all agreed that calibration of the Subject Matter Experts that work on their cases is a very high priority. The biggest hurdle to overcome at this time is the restriction to travel. Everything was set up a year ago for six different sites to be used for calibration when the travel restrictions were mandated and the plans had to be put on hold. Ms. Trefry stated that we will have to try to get DCA to give us an exemption to allow staff to travel to provide that training. Greg Salute, Deputy Attorney General, commented that we would want to do some recruitment at the CDA convention in May and include that group in the calibration.

M/S/C (Afriat/ McCormick) to propose that the Board adopt the following motion; The Board finds that recruitment, training and calibration of its subject matter experts is critical to its mission of protecting the public through the Board's Enforcement program, and therefore urges the Department of Consumer Affairs to facilitate the identification and training of subject matter experts by approving necessary travel for recruitment as well as for training and calibration. The motion passed unanimously.

ENF 3 – Diversion Statistics

Ms. Trefry reported on the diversion statistics for the quarter ending December 31, 2011. She stated that there were no intakes to the program in the month of October. There was one probation referral in November and one investigative and one probation referral in December for a total of 3 intakes for the quarter.

ENF 4 – Discussion Regarding Continued Need for Enforcement Tools to Improve Enforcement Program

Ms. Trefry reported that in March of 2011, the Board provided the Senate Business, Professions and Economic Development Committee staff with three proposed statutory amendments to enhance the Board's enforcement authority while maximizing consumer protection. These amendments included specific time limitations on public disclosure for citations issued for less egregious violations, Notice of Correction, and Letter of Admonishment. These tools, as proposed to the Senate Business and Professions Committee staff are as follows;

1) Administrative Citation Currently, a citation issued by the Board stays on the website indefinitely. Licensees routinely request an informal hearing to challenge the merits of the allegation as well as question the fairness of a permanent mark against their license for a lesser violation of the Dental Practice Act. The amount of time devoted to the informal hearing process limits the efficiency of the citation as an intermediate disciplinary tool. The Medical Board and Nursing Board are currently issuing administrative citations to address technical violations that do not warrant disciplinary action against the license. The Board is seeking a 3-5 year statute of limitations on the length of time a citation is posted for public disclosure, comparable to the Medical Board and Nursing Board.

2) Letter of Admonishment The intent of this tool is communication with the practitioner when the results of an investigation need to be brought to their attention so that they can take the necessary steps to address any deficiencies. The Board of Pharmacy and Chiropractors Board use a similar Letter of Admonishment when enforcement staff have already performed an investigation and have identified areas of concern that do **not** rise to the level of filing of a formal accusation. This method allows for an additional level of consumer protection without the lengthy administrative hearing process, and would be publically disclosed via the Internet.

3) Notice of Correction The final proposed method is the implementation of a Notice of Correction, as also currently used by the Board of Pharmacy and the Chiropractic Board. This tool would be used as an alternative to an administrative citation if during the inspection of a licensee's workplace, an incident does not warrant a citation and fine, but should be brought to the practitioner's attention. (e.g. name of licensed practitioners not posted in the office, failure to wear a name tag, failure to post auxiliary duties). The notice will serve as internal documentation for the Board in the event of a repeated violation, but is not publically disclosed.

Ms. Shellans stated that the Notice of Correction is exempt from public disclosure but if another violation occurs a citation is issued and the Notice of Correction becomes public information and can be used in future actions.

Ms. Trefry reviewed the analysis done by the managers of how these tools might have been used in the previous calendar year if they had been in place and the value they might have had.

Mr. DeCuir pointed out that the majority of the cases that would fall into these new categories are the quality of care cases that aren't egregious enough to warrant an investigation but would benefit from one of these other enforcement tools.

ENF 5 – Review of Second Quarter Performance Measures from the Department of Consumer Affairs

Ms. Trefry stated that they wanted to include these statistics that are compiled by the Department of Consumer Affairs (DCA) to show the Board that the Enforcement Unit is exceeding almost all of the goals set by the DCA.

There was no public comment.

The Enforcement Committee adjourned at 5:22 p.m.

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MEMORANDUM

DATE	April 30, 2012
TO	Enforcement Committee Dental Board of California
FROM	Kim A. Trefry, Enforcement Chief Dental Board of California
SUBJECT	**Agenda Item ENF 2:** Enforcement Program Projects and Improvements

Stipulation to Probationary License
This item was introduced during the last board report. At that time we reported we would begin a 90 day test period to determine whether issuance at the Board level (pursuant to Business and Professions Code section 1628.7) could result in cost and time savings.

[*Until recently, if a Registered Dental Assistant (RDA) application was denied due to the criminal conviction history of the applicant, a request for hearing could result in a lengthy and costly Statement of Issues hearing unless the Attorney General's office (AGO) offered to stipulate to a probationary license. In 2010, a Statement of Issues case averaged 606 days from denial to resolution. More recently, the average time has increased to over 700 days.*]

Beginning in March, the Board has stipulated to probationary licenses for 10 RDAs and 1 DDS applicant who, due to their previous criminal convictions, were not acceptable candidates for a full and unrestricted license. One additional applicant has declined the board's stipulated offer of probation and has requested a hearing.

To illustrate the benefit of using this tool where appropriate, the board conducted a random audit of 10 Statement of Issues cases at various stages at the Attorney General's office. The time spent on these cases thus far has averaged 22.75 hours, and cost the board $3863.25 each. Presently of the 76 cases involving RDAs at the Attorney General's Office; 32 or 42% are Statement of Issues cases.

Given the limited RDA budget for disciplinary matters, we believe this will be a beneficial alternative in certain circumstances.

Peace Officer Standards and Training (POST) Compliance
As of December 31, 2011, all peace officers were in compliance with the Racial Profiling and Tactical Communication training requirements. We are awaiting approval of our Tactical Weapons course curriculum (submitted to POST in 2011) before we can conduct this training requirement.

Sworn staff have partnered with Medical Board and are participating in quarterly arrest/control training to maintain their proficiency levels.

Information Databases
Investigative staff now have access to Lexis Nexis and CURES to assist in conducting their criminal and administrative investigations. Our application for access to CLETS (California Law Enforcement Telecommunications System) is still outstanding at the Department's Information Services section.

Staff Evaluations
Evaluations are in progress. Supervisors and managers are completing probation and annual evaluations on a regular basis and should complete this effort by the end of the calendar year.

Policy & Procedure Manuals
The enforcement program's policy and procedure manual has been returned from review by the Department's Labor Relation's section. We are making modifications to the format so that the final product is more closely modeled along a specific classification type (Investigator versus Analyst).

The Probation Manual draft has been completed and is undergoing some minor changes. New guidelines for probation assignments are already being used to distribute probation cases between the sworn and nonsworn staff. This manual will help to ensure consistent practices across the state as well as updated forms and tracking tools for monitors.

Both the Discipline Coordination unit and the Complaint and Compliance Unit have begun updating their desk manuals as we evaluate our internal processes. We expect these updates to be complete in the next few months.

Vehicles
In conjunction with the Governor's Executive order (B-2-11), the enforcement program has been providing travel data to the Department of General Services as they conduct utilization surveys regarding the Board's vehicle fleet. In response to the DGS analysis, the board has had to provide additional justification to avoid decreases to the existing fleet. Currently there are 15 vehicles shared between 14 sworn Investigators, 2 sworn Supervising Investigators, 2 Inspectors and 4 non-sworn Special Investigators to conduct their field work. Three vehicles have already been converted to pool cars to address this imbalance between supply and demand. [In 2010, staff drove in excess of 153,000 miles, an average of over 11,000 miles driven per employee per year.]

If the vehicle fleet is further reduced – we anticipate negative impacts to our ability to travel and work cases efficiently.

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MEMORANDUM

DATE	April 27, 2012
TO	Enforcement Committee Dental Board of California
FROM	Kim A. Trefry, Enforcement Chief Dental Board of California
SUBJECT	**Agenda Item ENF 3:** Enforcement Program Statistics and Status

Attached please find Complaint Intake and Investigation statistics for the previous 12 month period. Below is a summary of some of the program's trends:

Complaint & Compliance Unit

Complaints Received: The total number of complaint files received during the previous 12 months was **3515**, averaging 293 per month (a 25% increase from the last reporting period).

Pending Cases (as of 4/23/12): **738**
Average caseload per Consumer Services Analyst (CSA) = 164 cases
Cases pending assignment = 0

Chart 1 - Case Aging (as of 4/23/12)

0–3 Months	576	78%
4–6 Months	128	17%
7–9 Months	27	3%
10–12 Months	3	>1%
1-3 Years	2	>1%

Chart 2 - Cases Closed: The total number of complaint files closed during the same time period was **2635**, averaging **219.5** per month. The average number of days a complaint took to close within the last 12 months was **62** days (a decrease of 16%).

Charts 3 & 4 – Allegation Types These charts provide a breakdown of open and closed complaints by allegation type.

Investigations

Current Open Caseload (As of 4/1/12)
There are currently approximately **799** open investigative cases, **299** probation cases, and **91** open inspection cases.
Average caseload per full time Investigator = 43
Average caseload per Special Investigator/Analyst = 41
Average caseload per Inspector = 40

Chart 5 - Case Aging (As of 4/1/12)

0 – 3 Months	129	15%
3 – 6 Months	113	13%
6 – 12 Months	254	30%
1 – 2 Years	247	29%
2 – 3 Years	93	11%
3+ Years	16	2%

Since our last report (February 2012), the number of cases over 1 year old has remained steady at 41%. The number of cases in the oldest category (3 years and older) has risen slightly from 5 to 16.

Chart 6 - Case Closures The total number of investigation cases closed, filed with the Attorney General's Office or filed with the District/City Attorney during the last 12 months is **1244,** an average of **103** per month**.** This is a 53% increase from the previous year. Of the closures, approximately 15% are referred to the AGO for discipline.

The average number of days an investigation took to complete within the last 12 months was **428** days. The average number of days to close a case in 2011 was 410.

Charts 7 & 8 – Allegation Types These charts provide a breakdown of open and closed investigations by allegation type.

Chart 9 – Unassigned Caseload The enforcement program has continued to focus on reducing the number of unassigned investigations. From a high of 274 unassigned cases in January 2011, this number has been reduced to **19**. Some of the oldest unassigned cases can be attributed to unlicensed activity allegations. In many of these instances, the suspects are transient and have not been located.

Charts 10 & 11 – Cases Referred for Discipline The total number of cases referred to the Attorney General's Office during the past 12 months was **152** (approximately 12 referrals per month). The average number of days for a disciplinary case to be completed was **1056** days.

Investigative Activity Reporting (IAR) Update The IAR program records investigative time spent performing administrative and criminal casework and probation monitoring tasks, as well as the type of closure when the work is completed. Case hours are provided to the prosecution for cost recovery purposes and can be used as a budgetary tool.

The Case Closure attachment shows the percentage of cases closed in the designated closure categories. For the first time, the Enforcement Program is providing one calendar year worth of closure data (1/1/2011 – 12/31/2011). The majority (**55%**) of our cases are closed Insufficient Evidence. This is typically the result when a complaint alleging negligent or incompetent treatment is reviewed by a Subject Matter Expert, and is found to be a simple act of negligence or does not rise to the level warranting formal discipline. Of the cases closed during this time period, approximately **21%** were referred to the Attorney General's Office for administrative action. Another **3%** were referred for criminal prosecution.

The Case Category attachment displays the number of case hours dedicated to different allegations being investigated or licensees being monitored. This report shows the majority (**39%**) of our investigative effort is dedicated to Negligence/Incompetence cases. The next two highest categories of case time were spent working Criminal conviction cases (**14%**) and investigating Unlicensed Practice (**11%**).

Probation Monitoring Activity At the time of this report, staff were spending approximately **9%** of their investigative time performing probation monitoring tasks.

These percentages are consistent with data presented in the previous quarter. Attached are two pie charts to illustrate these percentages.

Staffing

The Orange Field Office is currently at full staff for the first time in many years. Supervising Investigator Teri Lane is coordinating field training and orientation to provide new staff with a thorough orientation to the Dental Practice Act and our enforcement role.

The Sacramento Field Office currently has two vacancies. One Investigator candidate has entered the last phase of background and could be cleared as early as June 2012. A second candidate will be entering the background process this month.

STATISTICAL SUMMARY OF ENFORCEMENT ACTIVITY - DENTAL BOARD OF CALIFORNIA
April 2011 - March 2012

COMPLAINT UNIT	Charts	Apr-11	May 2011	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Initial Pending	1, 3	681	757	609	511	541	553	518	530	554	596	664	688	
Total Received		377	309	302	218	335	207	256	264	261	304	269	413	3515
Closed in Complaint Unit	2,4	212	275	299	123	238	175	203	173	167	242	235	290	2632
With Merit		64	127	167	53	108	70	48	81	71	117	117	154	1177
w/o merit		148	148	132	70	130	105	155	92	96	125	118	136	1455
Referred for Investigation		66	181	114	89	86	78	85	71	55	59	75	107	1066
Pending at end of Period		757	609	511	541	553	518	530	554	596	664	688	738	
Unassigned at end of period		2	2	1	0	0	0	0	0	0	0	0	0	

INVESTIGATIONS	Charts	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Initial Pending	5,7	1069	990	970	963	974	913	872	867	852	851	848	844	
Assigned		820	747	737	897	906	879	856	842	823	817	812	835	
Unassigned		249	243	233	66	68	34	16	25	29	34	36	9	
Total Received from Complaint Unit		66	181	114	89	86	78	85	71	55	59	75	107	1066
Closed in Current Month	6,8	132	201	107	78	147	119	90	86	56	62	79	87	1244
With Merit		71	185	92	63	111	107	79	74	51	49	58	67	1007
w/o Merit		61	16	15	15	36	12	11	12	5	13	21	20	237
Referred to AG		15	20	11	10	28	13	21	17	13	9	16	19	192
Referred for Criminal		0	4	1	1	0	2	0	0	0	0	0	3	11
Pending at end of period		990	970	963	974	913	872	867	852	851	848	844	864	
Assigned		747	737	897	906	879	856	842	823	817	812	835	845	
Unassigned	9	243	233	66	68	34	16	25	29	34	36	9	19	

STATISTICAL SUMMARY OF ENFORCEMENT ACTIVITY - DENTAL BOARD OF CALIFORNIA
April 2011 - March 2012

ATTORNEY GENERAL	Charts	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	**YTD**
Initial Pending		193	192	198	192	193	201	198	202	211	213	216	224	
Referrals from Investigations		15	20	11	10	28	13	21	17	13	9	16	19	192
Referred to the AG	10	12	18	10	5	15	14	11	15	10	10	19	13	152
Accusations Filed		7	11	7	9	10	4	3	9	8	3	11	5	87
Statement of Issues Filed		0	2	0	4	1	1	3	5	1	2	1	13	33
Petition to Revoke		1	4	0	3	0	6	3	4	3	2	3	2	31
Surrender of License		0	0	2	1	0	2	2	1	4	0	0	0	12
Cases Closed	11	6	7	15	8	7	10	8	5	7	8	6	11	98
Pending at end of period		192	198	192	193	201	198	202	211	213	216	224	231	

Statistical Summary of Complaint Age
April 2011 - March 2012

Chart 1 - Open Complaints by Age

Breakdown by Age	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
0 - 3 Months	699	505	443	444	481	464	459	476	476	532	546	576
4-6 Months	61	109	65	71	56	45	39	54	97	101	113	128
7-9 Months	18	12	3	20	18	23	15	10	9	12	14	27
10-12 Months	0	5	0	3	2	3	8	7	6	7	7	3
1-2 Years	0	0	0	1	2	1	1	0	0	0	1	1
2-3 Years	0	0	0	0	0	0	0	0	0	1	1	1
3+ Years	0	0	0	0	0	0	0	0	0	0	0	0
Total*	**778**	**631**	**511**	**539**	**559**	**536**	**522**	**547**	**588**	**653**	**682**	**736**

*Totals will not match **Pending at end of Period** due to coding variations within Open Case Aging reports.

Chart 2 - Closed Complaints by Age

Breakdown by Age	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
0 - 3 Months	138	220	191	93	179	124	123	119	111	174	161	223	1856
3-6 Months	57	53	107	29	52	42	66	44	51	62	62	52	677
6-12 Months	15	2	1	3	9	8	14	10	5	6	11	14	98
1-2 Years	2	0	0	0	0	1	0	0	0	0	0	1	4
2-3 Years	0	0	0	0	0	0	0	0	0	0	0	0	0
3+ Years	0	0	0	0	0	0	0	0	0	0	0	0	0
Total*	**212**	**275**	**299**	**125**	**240**	**175**	**203**	**173**	**167**	**242**	**234**	**290**	**2635**

Shouldn't the old closure show up in the closed complaint stats the next month?

Statistical Summary of Complaint Categories
April 2011 - March 2012

Chart 3 - Open Complaints by Allegation Type

Allegation	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD Totals
Fraud (F)	149	107	30	7	15	5	23	17	16	18	22	29	438
Non-Jurisdictional (J)	16	12	9	13	26	20	20	16	17	23	27	27	226
Incompetence/Negligence (N)	392	372	360	94	158	124	378	406	422	456	463	475	4100
Other (O)	21	21	31	27	32	18	38	44	49	51	44	40	416
Unprofessional Conduct (R)	29	29	22	12	36	22	26	32	25	24	33	35	325
Sexual Misconduct (S)	0	0	0	3	0	1	2	1	0	1	0	0	8
Unlicensed/Unregistered (U)	5	5	6	6	15	15	5	4	5	9	18	4	97
Drug Related Offenses (D)	1	0	1	2	4	1	2	1	0	2	1	3	18
Criminal Charges (V)	147	68	55	46	42	18	34	32	59	74	72	115	762
Unsafe/Unsanitary Conditions (E)	3	2	3	7	5	4	2	1	3	5	5	8	48
Discipline by Another State (T)	0	0	0	1	1	0	0	0	0	0	2	2	6
Substance Abuse, Mental/Physical Impairment (A)	0	0	0	0	1	0	0	0	0	1	1	0	3
Total*	**763**	**616**	**517**	**218**	**335**	**228**	**530**	**554**	**596**	**664**	**688**	**738**	

*Totals will not match **Pending at end of Period** due to coding variations within Open Case Allegation reports.

Statistical Summary of Complaint Categories
April 2011 - March 2012

Chart 4 - Closed Complaints by Allegation Type

Allegation	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD Totals
Fraud (F)	10	53	84	4	9	5	13	9	2	7	2	10	208
Non-Jurisdictional (J)	27	42	24	6	28	21	19	21	12	22	19	39	280
Incompetence/Negligence (N)	133	140	121	87	114	84	119	82	105	111	100	108	1304
Other (O)	10	11	21	8	27	27	22	26	10	16	22	14	214
Unprofessional Conduct (R)	18	9	9	5	10	8	18	8	6	8	8	8	115
Sexual Misconduct (S)	0	0	0	1	0	0	0	0	0	0	0	0	1
Unlicensed/Unregistered (U)	1	3	3	1	0	1	0	0	0	1	2	5	17
Drug Related Offenses (D)	0	1	0	0	0	1	0	0	0	0	0	0	2
Criminal Charges (V)	2	11	33	7	45	23	9	23	27	74	78	93	425
Unsafe/Unsanitary Conditions (E)	11	5	4	6	8	5	3	4	5	3	6	12	72
Discipline by Another State (T)	0	0	0	0	0	0	0	0	0	0	0	1	1
Sub. Abuse, Mental/Physical Impairment (A)	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**212**	**275**	**299**	**125**	**241**	**175**	**203**	**173**	**167**	**242**	**237**	**290**	**2639**

Statistical Summary of Investigation Age
April 2011 - March 2012

Chart 5 - Open Investigations by Age

Breakdown by Age	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
0 - 3 Months	141	152	202	149	133	101	117	113	102	87	68	129
3 - 6 Months	193	187	182	194	170	165	146	155	131	135	129	113
6 - 12 Months	266	252	205	249	242	246	236	242	274	258	253	254
1 - 2 Years	268	265	271	290	296	288	290	279	266	272	272	247
2 - 3 Years	131	124	123	111	92	91	89	79	93	92	86	93
3+ Years	13	14	9	13	11	7	7	4	5	7	10	16
Total	**1012**	**994**	**992**	**1006**	**944**	**898**	**885**	**872**	**871**	**851**	**818**	**852**

Chart 6 - Closed Investigations by Age

Breakdown by Age	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
0 - 3 Months	67	65	27	8	25	12	10	12	9	4	13	16	**268**
3 - 6 Months	14	56	22	14	39	31	15	9	8	7	13	7	**235**
6 - 12 Months	13	24	20	23	33	24	20	21	15	17	16	19	**245**
1 - 2 Years	12	14	21	15	17	37	31	25	16	24	26	23	**261**
2 - 3 Years	21	37	12	16	20	12	11	16	7	10	11	22	**195**
3+ Years	0	4	5	2	8	3	3	3	1	0	0	0	**29**
Total	**127**	**200**	**107**	**78**	**142**	**119**	**90**	**86**	**56**	**62**	**79**	**87**	**1233**

*Numbers in Chart 5 & 6 may not match the main statistical summary.
Aging reports are captured at the end of each month.
Summary reports are captured at the end of each quarter and may reflect changes to the data.

Statistical Summary of Investigation Categories
April 2011 - March 2012

Chart 7 - Open Investigations by Allegation Type

Allegation	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Substance Abuse, Mental/Physical Impairment (A)	8	7	5	6	6	6	6	8	8	7	6	7
Drug Related Offenses (D)	28	25	28	25	31	24	25	31	32	32	30	32
Unsafe/Unsanitary Conditions (E)	4	4	4	4	6	4	3	3	4	4	5	5
Fraud (F)	64	63	62	63	66	60	55	57	58	58	53	50
Non-Jurisdictional (J)	1	1	1	1	1	1	1	1	1	2	2	2
Incompetence/Negligence (N)	397	385	372	355	372	347	356	335	323	307	299	290
Other (O)	45	41	38	39	35	39	38	35	37	42	42	82
Unprofessional Conduct (R)	86	87	89	87	84	88	95	98	104	103	101	103
Sexual Misconduct (S)	13	13	10	11	12	10	9	9	10	10	11	11
Discipline by Another State (T)	31	31	31	33	32	29	31	30	30	30	29	29
Unlicensed/Unregistered (U)	98	103	100	112	106	109	124	125	128	131	131	140
Criminal Charges (V)	236	235	248	214	259	182	149	141	134	125	112	99
Total	**1011**	**995**	**988**	**950**	**1010**	**899**	**892**	**873**	**869**	**851**	**821**	**850**

Statistical Summary of Investigation Categories
April 2011 - March 2012

Chart 8 - Closed Investigations by Allegation Type

Allegation	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Substance Abuse, Mental/Physical Impairment (A)	1	1	2	1	0	0	0	0	1	1	1	0
Drug Related Offenses (D)	2	3	1	9	2	1	2	1	4	2	4	1
Unsafe/Unsanitary Conditions (E)	2	1	0	3	1	1	1	0	0	0	0	1
Fraud (F)	1	5	5	7	3	4	8	1	2	1	6	7
Non-Jurisdictional (J)	0	0	0	0	0	0	0	0	0	0	0	0
Incompetence/Negligence (N)	27	47	33	37	24	35	27	36	22	32	25	32
Other (O)	1	5	6	11	6	5	4	6	1	1	5	6
Unprofessional Conduct (R)	7	7	4	8	8	16	7	8	5	7	6	8
Sexual Misconduct (S)	4	0	3	1	0	2	1	2	0	0	0	1
Discipline by Another State (T)	0	0	0	0	0	5	0	1	0	0	1	0
Unlicensed/Unregistered (U)	7	10	10	8	8	9	3	11	4	3	11	12
Criminal Charges (V)	75	119	43	57	26	41	37	20	17	15	18	19
Total	**127**	**198**	**107**	**142**	**78**	**119**	**90**	**86**	**56**	**62**	**77**	**87**

Unassigned Investigations by Case Age
April 2011 - March 2012

Chart 9

Breakdown by Age	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
0 - 3 Months	23	24	5	14	2	2	9	10	12	9	3	11
3 - 6 Months	24	20	10	10	3	1	3	5	8	9	0	2
6 - 12 Months	62	62	9	6	1	0	0	1	1	4	3	3
1 - 2 Years	103	102	34	33	26	12	12	12	12	12	3	2
2 - 3 Years	29	22	4	2	1	1	1	1	1	2	0	1
3 + Years	2	3	3	3	1	0	0	0	0	0	0	0
Total	**243**	**233**	**65**	**68**	**34**	**16**	**25**	**29**	**34**	**36**	**9**	**19**

Disciplinary Referrals by Category
April 2011 - March 2012

Chart 10 - Disciplinary Referrals by Category

Allegation	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Cases referred to the Attorney Generals Office	7	18	10	5	15	14	11	16	11	10	19	13	149
Accusations Filed	7	11	7	8	10	4	3	9	8	3	11	5	86
Statement of Issues Filed	0	2	0	4	1	1	3	5	1	2	1	13	33
Petition for Reinstatement	0	2	0	0	0	1	0	0	0	0	0	0	3
Petition to Revoke Probation	1	4	0	3	0	6	3	4	3	2	3	2	31
Petition for Early Termination of Probation	0	0	0	1	0	0	1	0	0	0	0	0	2
Petition to Modify Probation	0	0	0	0	0	0	0	0	0	0	0	0	0
Request for Interim Susp Order / PC23 / TRO	1	0	1	0	0	1	0	1	0	0	1	0	5

Disciplinary Actions Taken
April 2011 - March 2012

Chart 11 - Disciplinary Actions

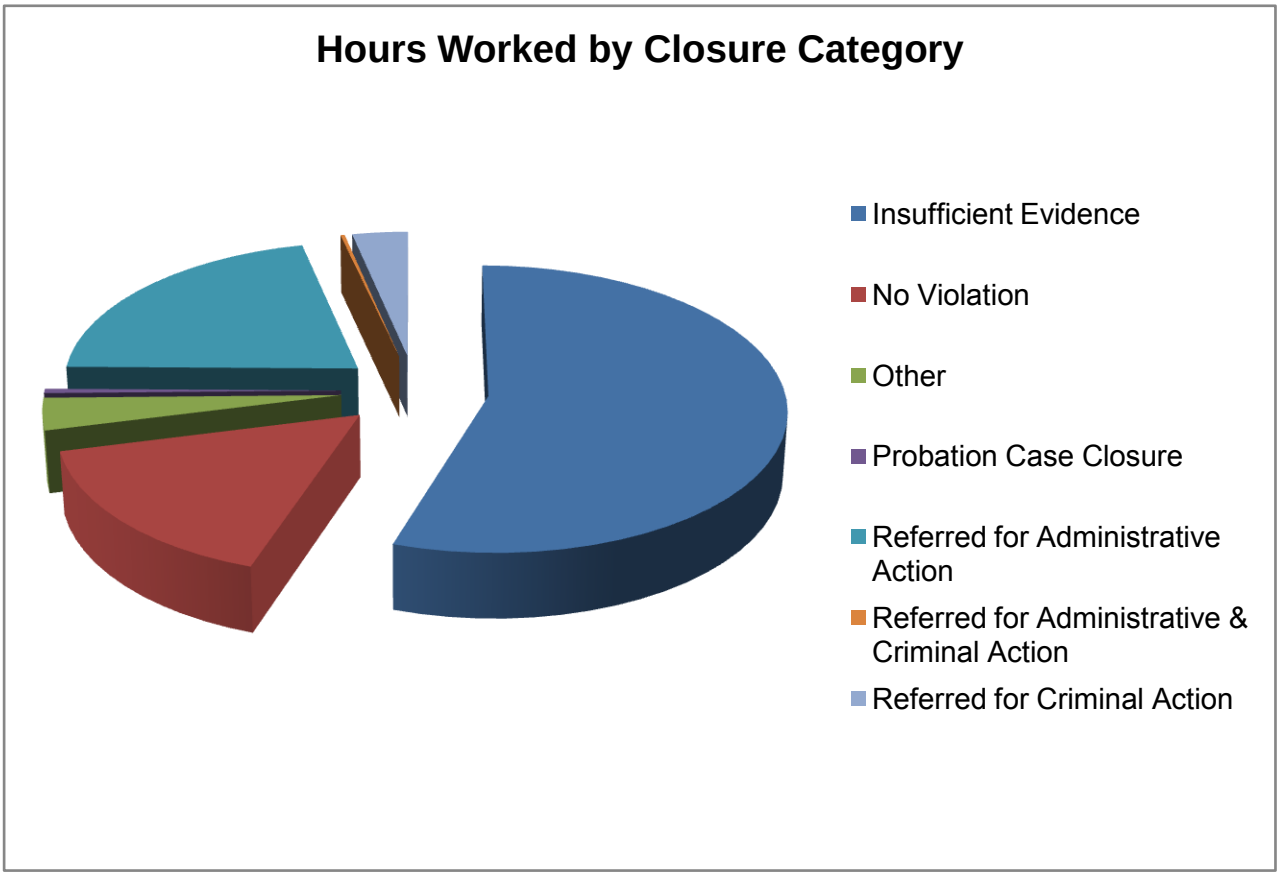
Allegation	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Probation	5	6	6	5	2	2	3	4	5	5	3	6	52
Suspension	0	0	0	0	1	1	0	0	0	0	0	1	3
Revocation	4	5	6	2	1	1	2	2	4	3	4	4	38
Public Reprimand	0	0	1	0	3	2	0	0	0	1	1	2	10
License Denial	0	0	0	0	0	2	2	0	0	0	0	1	5
License Surrender	0	0	2	1	0	2	0	0	0	0	0	0	5
Interim Suspension Order/PC23	0	0	0	0	0	0	0	1	0	0	1	1	3
Other*	3	2	3	3	1	5	3	0	0	0	0	0	20
No Discipline	2	5	3	1	1	2	2	0	1	1	1	1	20
Accusation Withdrawn	0	1	0	0	0	2	2	1	0	0	1	0	7
Accusation Dismissed	0	0	0	0	0	0	0	0	0	0	0	0	0
Accusation Declined	0	2	0	0	0	0	1	0	0	0	0	0	3

* Represents cases *Opened in Error* & cases rejected for filing by the Executive Officer

Investigator Activity Report
Hours Worked by Closure Category

Case Closure Categories	Case Hours	# of Cases	% of Total
Insufficient Evidence	3446	565	55.1%
No Violation	999	124	16.0%
Other	227	1	3.6%
Probation Case Closure	31	6	0.5%
Referred for Administrative Action	1325	152	21.2%
Referred for Administrative & Criminal Action	16	1	0.3%
Referred for Criminal Action	210	11	3.4%
Total	6254	860	100%

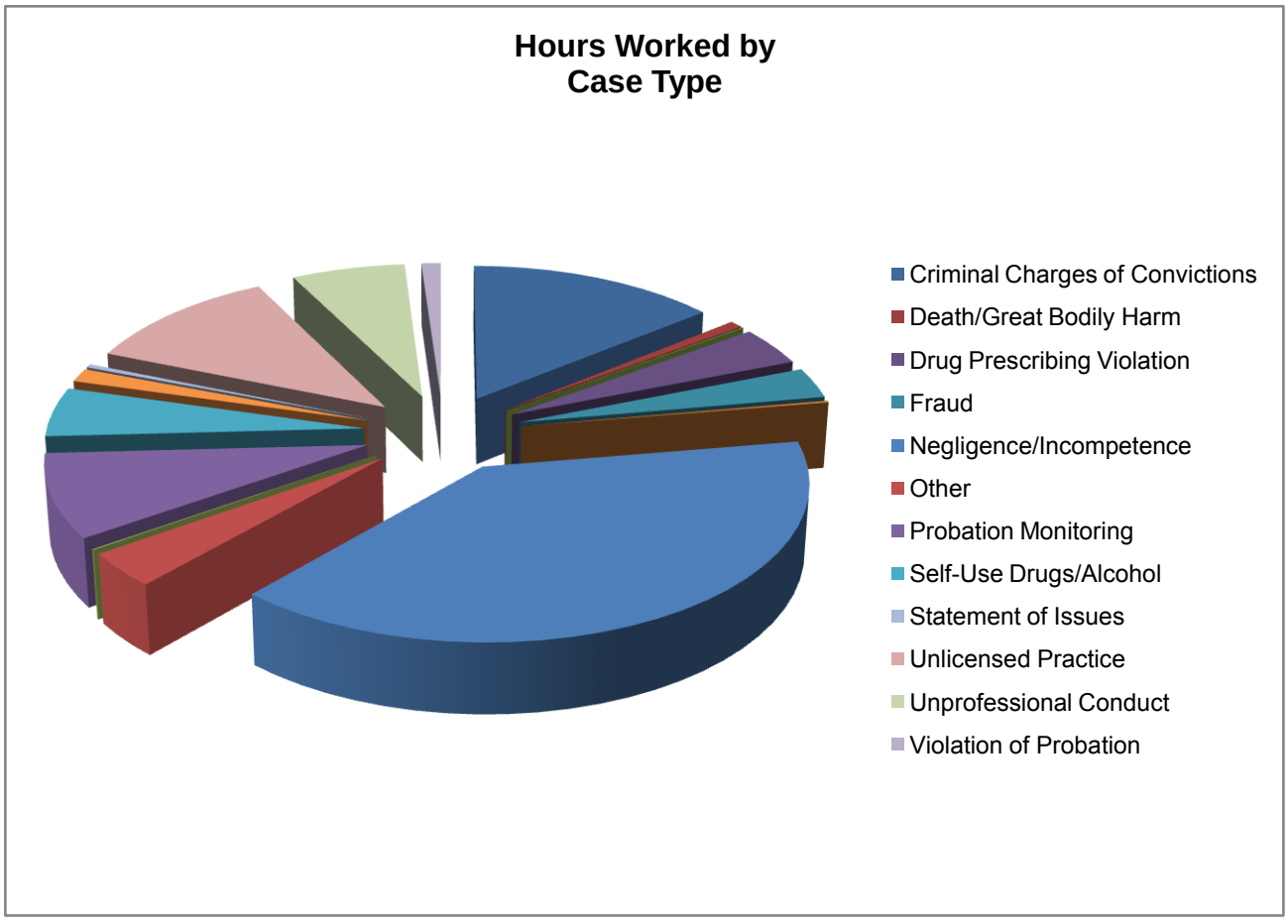
01/01/2011-12/31/2011



Investigator Activity Reporting System (IAR)
Hours Worked by Case Type

Case Categories	Case Hours	# of Cases	% of Total
Aid/Abet Unlicensed Activity	45	8	0%
Criminal Charges of Convictions	2261	480	14%
Death/Great Bodily Harm	119	10	1%
Discipline by Another State	12	3	0%
Drug Prescribing Violation	649	25	4%
Fraud	514	80	3%
Mental/Physical Illness	31	4	0%
Negligence/Incompetence	6261	643	39%
Other	583	72	4%
Patient Abandonment	13	5	0%
Probation Monitoring	1414	173	9%
Self-Use Drugs/Alcohol	832	51	5%
Sexual Misconduct	226	21	1%
Statement of Issues	61	4	0%
Unlicensed Practice	1808	170	11%
Unprofessional Conduct	1028	125	6%
Violation of Probation	175	11	1%
Totals	**16,030**	**1885**	**100%**

12/02/2010 - 1/26/2012



STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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DENTAL BOARD OF CALIFORNIA
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MEMORANDUM

DATE	April 30, 2012
TO	Enforcement Committee Dental Board of California
FROM	Kimberly Trefry, Enforcement Chief Lori Reis, Manager, Complaint & Compliance Unit Dental Board of California
SUBJECT	**Agenda Item ENF 4:** Review of Q3 Performance Measures from DCA

Performance measures are linked directly to an agency's mission, vision and strategic objectives/initiatives. In some cases, each Board, Bureau, and program was allowed to set their individual performance targets, or specific levels of performance against which actual achievement would be compared. In other cases, some standards were established by DCA. As an example, a target of an average of 540 days for the cycle time of formal discipline cases was set by the previous Director.

Data is collected quarterly and reported on the Department's website at: http://www.dca.ca.gov/about_dca/cpei/index.shtml This report covers third quarter performance (January – March 2012).

Volume:

- Number of complaints and convictions received per quarter.

Cycle Time:

- **Intake –** Average cycle time from complaint receipt, to the date the complaint was acknowledged and assigned to an analyst in the Complaint Unit for processing (This time frame is mandated by Business and Professions Code section 129 (b)) ;
- **Intake & Investigation –** Average time from complaint receipt to closure of the investigation process (does not include cases sent to the Attorney General (AG) or other forms of formal discipline);
- **Formal Discipline –** Average number of days to complete the entire enforcement process for cases resulting in formal discipline (Includes intake and investigation by the Board, and prosecution by the AG);
- **Probation Intake –** Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer; and
- **Probation Violation Response –** Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Formal Discipline: A number of factors (both internally and externally) can contribute to case aging at the Attorney General's office. Board actions which may extend case aging include when additional investigations are combined with a pending accusation and can set back the overall time to resolve. Amending an accusation or requesting additional expert opinions can also cause delays in case adjudication. Other matters are outside the control of the Board and include: availability of hearing dates, continuance of hearing dates, changes to opposing party counsel, and requests for a change of venue.

Probation Intake: Probation Intake measures the time between when the probation monitor is assigned the case file and the date they meet with their assigned probationer to review monitoring terms and conditions. The Board's probation monitors are assigned a case file within a few days of the probationary order being signed. Monitors attempt to schedule their initial meeting on or soon after the effective date of the decision; thereby resulting in a 20 – 30 day intake average. We believe this Q2 average of 21 days is reasonable. It should also be noted that in some cases, probation monitoring may not take place until an applicant has completed all their licensing requirements, or returned to California (if the applicant is out-of-state). These exceptions may skew this average.

Violation Response: In general, once a violation is discovered, the decision to take action is made immediately. However, the monitor must collect any supporting evidence (arrest/conviction records, positive drug test results) and write a report documenting the event. Once the report is referred for discipline, "appropriate action" has been initiated and the clock stops. Factors which may affect the turnaround time on this measure include how the violation is reported; (incoming complaints or arrest/conviction reports from the Department of Justice may take several days to be processed) and how quickly the monitor can write up and file the violation.

Consumer Satisfaction Survey: The Department provided the Board with survey results for the third quarter performance measure (January - March). With 995 case closures during this three month period, only six survey responses were received, which continues to be too low for analysis.

Investigator Vicki Williams received written praise in the consumer comments; describing her as, "Highly professional, excellent with communication, compassionate and excellent with explaining the process."

The Department's charts are attached for your review.

Department of Consumer Affairs

Dental Board of California

Performance Measures

Q3 Report *(January - March 2012)*

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

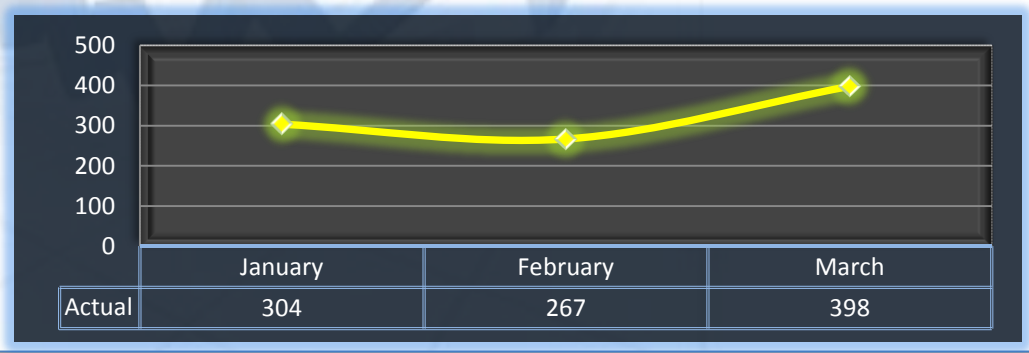
Volume

Number of complaints and convictions received.

Q3 Total: 969

Complaints: 791 Convictions: 168

Q3 Monthly Average: 323



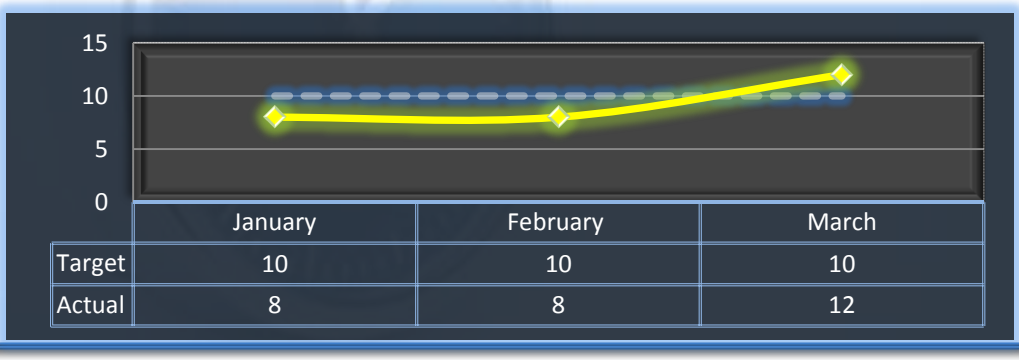
	January	February	March
Actual	304	267	398

Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q3 Average: 10 Days



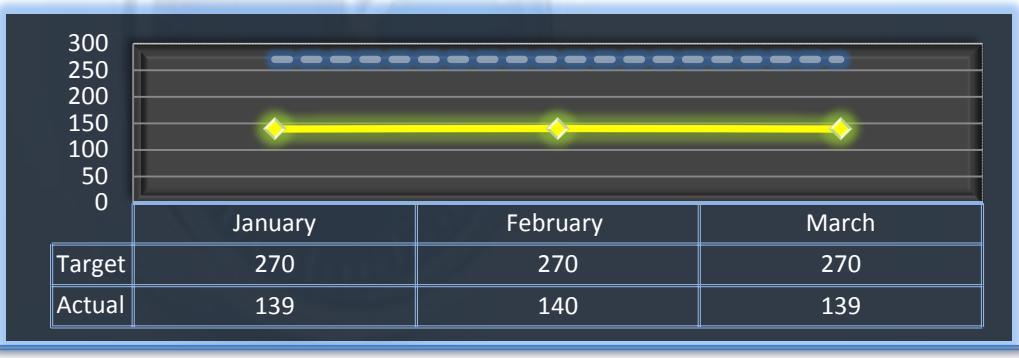
	January	February	March
Target	10	10	10
Actual	8	8	12

Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does <u>not</u> include cases sent to the Attorney General or other forms of formal discipline.

Target: 270 Days

Q3 Average: 139 Days



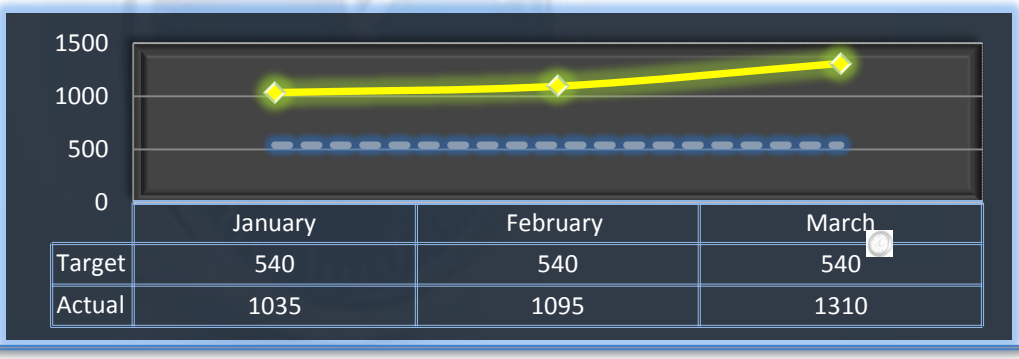
	January	February	March
Target	270	270	270
Actual	139	140	139

Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q3 Average: 1,165 Days



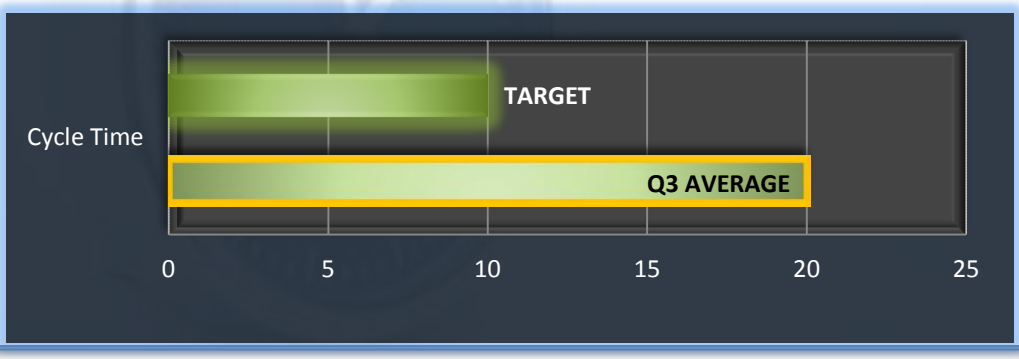
	January	February	March
Target	540	540	540
Actual	1035	1095	1310

Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q3 Average: 20 Days

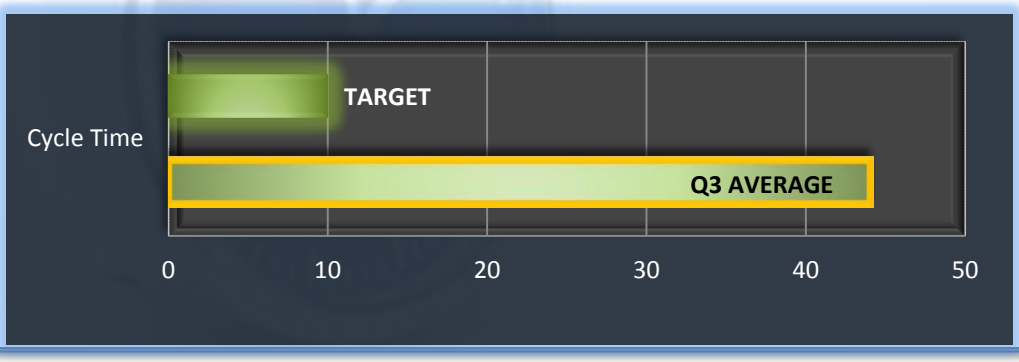


Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q3 Average: 44 Days



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MEMORANDUM

DATE	May 3, 2012
TO	Enforcement Committee Dental Board of California
FROM	Richard DeCuir, Executive Officer Dental Board of California
SUBJECT	**Agenda Item ENF 5:** Discussion and Possible Action Regarding Recommendations for the Appointment of a Southern California Diversion Evaluation Committee Member

The Dental Board of California Diversion Program utilizes two Diversion Evaluation Committees (DECs), one North and one South, consisting of six members each: three licensed dentists, one licensed dental auxiliary, one public member, and one licensed physician or psychologist. The Southern California DEC has one dental auxiliary and one public member vacancy.

In accordance with California Code of Regulations (CCR), Title 16, Section 1020.4,

"(b) Each committee member shall have experience or knowledge in the evaluation or management of persons who are impaired due to alcohol or drug abuse.
(c) Each member of the committee shall be appointed by the board and shall serve at the board's pleasure. Members of a committee shall be appointed for a term of four years, and each member shall hold office until the appointment and qualification of his or her successor or until one year shall have elapsed since the expiration of the term for which he or she was appointed, whichever first occurs. No person shall serve as a member of the committee for more than two terms. "

Three candidates were interviewed by a DEC Panel. The Panel is recommending appointment of Janis Thibault, MFT to fill the public member vacancy on the Southern California Diversion Evaluation Committee. Ms. Thibault has established that she has the experience and knowledge in the evaluation or management of persons who are impaired due to alcohol or drug abuse. A copy of her resume is attached.

Action Requested:
The Committee may take action to accept or reject the Interview Panel's recommendation to appoint Ms. Janis Thibault, MFT to fill the public member vacancy on the Southern California Diversion Evaluation Committee.

Upon acceptance of the recommendation, the Committee will recommend that the full Board appoint Ms. Janis Thibault, MFT to fill the public member vacancy on the Southern California Diversion Evaluation Committee on May 18, 2012.

JANIS R. THIBAULT, MFT

Professional Summary

Effective Government Leader with successful history of implementing and managing statewide programs. Demonstrated initiative in program development, operations and cross-agency collaboration. Exceptional ability to facilitate consensus-building and create successful stakeholder relations. Known for problem-solving, leadership and interpersonal skills.

Expertise includes:

- Program and Policy Development
- Fiscal Accountability
- Problem-Solving
- Stakeholder Relations

Professional Experience

JANIS R. THIBAULT, MFT – PROGRAM CONSULTING, Fair Oaks, CA
Self-Employed – Private Practice 2011-Present
Professional consultation regarding program design, development and implementation. Focus on programs providing mental health services for professionals.

STATE BAR OF CALIFORNIA, San Francisco, CA
Director - Lawyer Assistance Program 2002 - 2011
Designed and implemented statewide program providing mental health services. Collaborated with internal and external stakeholders. Created program policies and regulations. Managed multi-million dollar budget. Managed union employees and contractors located throughout the state.

- Developed nationally recognized program from the ground up.
- Operated under budget for 10 consecutive years.
- Reduced budget 25% over two year period.
- Accomplished cooperation between stakeholders with conflicting priorities.
- Participated in intra-agency workgroup designing innovative alternative discipline program.
- Represented agency at national level; received appointment to national commission.

MEDICAL BOARD OF CALIFORNIA, Sacramento, CA
Program Administrator - Physician Diversion Program 1999 - 2002
Administered statewide program providing mental health and monitoring services. Managed multi-million dollar budget. Served as liaison at local, agency and national levels. Supervised personnel and contractors located throughout the state.

- Increased program credibility through enhanced information flow within the agency and active networking efforts outside the agency.
- Initiated comprehensive reports to the Medical Board resulting in increased Board confidence.

- Recognized by the Medical Board for improvements to operations and ability to provide complex, detailed reports.
- Commended by external stakeholders for collaboration resulting in reduced criticism of the Medical Board.

MEDICAL BOARD OF CALIFORNIA, Sacramento, CA 1994 - 1999
Case Manager – Physician Diversion Program
Monitored and assisted physicians with mental health or substance use disorders. Coordinated rehabilitation efforts and made recommendations via written and oral reports. Liaison with hospital executive staff and treatment providers.

- Recognized for enhanced relationships with hospitals and program referral sources.
- Selected to represent the program in Medical Board licensing reviews.
- Promoted to Program Administrator.

PRIVATE THERAPY PRACTICE, Fair Oaks, CA
Marriage and Family Therapist 1987 - 1994
Specialized in substance use disorders. Provided EAP services to PG&E and Sacramento Regional Transit.

SIERRA VISTA PSYCHIATRIC HOSPITAL AND
STARTING POINT CHEMICAL DEPENDENCY
HOSPITAL, Sacramento, CA
Counselor 1985 - 1989
Dual Diagnosis Counselor in psychiatric facility. Counselor and Family Therapist in chemical dependency treatment facility.

Education

M.A. Counseling 1979
University of San Francisco

B.S. Child Development 1974
University of California, Davis

Professional Development

Marriage & Family Therapist - #MFT14349, California

Certified Addiction Specialist - #C-2999, American Academy of Healthcare Providers

Certified Alcohol & Drug Counselor - #C8536904, California

Affiliations / Associations / Memberships

Member - California Association of Marriage & Family Therapists

Member - California Association of Alcohol & Drug Abuse Counselors

Non-Attorney Member - American Bar Association - appointed to the ABA Commission on Lawyer Assistance Programs Advisory Commission 2009-10