



**DENTAL BOARD OF CALIFORNIA
NOTICE OF FULL BOARD AND COMMITTEE MEETING AND AGENDAS**

May 15-16, 2019

Hilton Anaheim

777 W. Convention Way

Anaheim, California 92802

(714) 750-4321 (Hotel) or (916) 263-2300 (Board Office)

Members of the Board:

Fran Burton, MSW, Public Member, President

Steven Morrow, DDS, MS, Vice President

Steven Chan, DDS, Secretary

Yvette Chappell-Ingram, MPA, Public
Member

Ross Lai, DDS

Lilia Larin, DDS

Huong Le, DDS, MA

Meredith McKenzie, Public Member

Abigail Medina, Public Member

Rosalinda Olague, RDA, BA

Joanne Pacheco, RDH, MAOB

Thomas Stewart, DDS

Bruce Whitcher, DDS

James Yu, DDS, MS

During this two-day meeting, the Dental Board of California will consider and may take action on any of the agenda items, unless listed as informational only. Items may be taken out of order, tabled or held over to a subsequent meeting; items scheduled to be heard on Wednesday may be held over to Thursday, and items scheduled to be heard on Thursday may be moved up to Wednesday, for convenience, to accommodate speakers, or to maintain a quorum. Anyone wishing to be present when the Board takes action on any item on this agenda must be prepared to attend the two-day meeting in its entirety.

In the event a quorum of the Board is unable to attend the meeting, or the Board is unable to maintain a quorum once the meeting is called to order, the president may, at her discretion, continue to discuss items from the agenda and to vote to make recommendations to the full board at a future meeting [Government Code section 11125(c)].

Public comments will be taken on agenda items at the time the specific item is raised. All times are approximate and subject to change. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the President. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Board meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least

five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise. Adjournment, if it is the only item that occurs after a closed session, may not be webcast. A committee opening and roll call, if the only item preceding a closed session, may not be webcast. To view the Webcast, please visit <https://thedcapage.blog/webcasts/>.

WEDNESDAY, MAY 15, 2019

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

1. Call to Order/Roll Call/Establishment of a Quorum
2. Approval of February 7-8, 2019, Board Meeting Minutes
3. Board President Welcome and Report
4. Public Comment on Items Not on the Agenda
The Board may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
5. Report of the Department of Consumer Affairs (DCA) Staffing and Activities
6. Budget Report
 - a. State Dentistry Fund
 - b. State Dental Assisting Fund
7. Report on the April 10, 2019, Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee; Discussion and Possible Action to Accept Committee Recommendations for Issuance of Permits
8. Sunset Review
 - a. Update on March 5, 2019, Sunset Review Oversight Hearing
 - b. Update and Possible Action on Response to the *Legislative Oversight Committees' Background Paper and Current Sunset Review Issues for the Dental Board of California*, Submitted Electronically April 3, 2019
 - c. Discussion and Possible Action Regarding Senator Pan's Questions Relating to Continuing Education Providers and Conflicts of Interest
 - d. Discussion and Possible Action Regarding AB 1519 (Assembly Business and Professions Committee) Healing Arts: Dental Board of California

- e. Discussion and Possible Action Regarding Issue #12 Relating to the *Dynamex* case Identified in the *Legislative Oversight Committees' Background Paper and Current Sunset Review Issues for the Dental Board of California* and the Impact of the Following Proposed Legislation:
 - i. AB 5 (Gonzalez) Independent Contractors
 - ii. AB 71 (Melendez) Independent Contractors and Employees
- 9. Update and Discussion Regarding the Response Received from the State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova's Faculty (School) of Dentistry
- 10. Enforcement
 - a. Review of Enforcement Statistics and Trends
 - b. Update on Controlled Substance Utilization Review and Evaluation System (CURES) Report
 - c. Update on Implementation of Assembly Bill 149 (Cooper) Relating to Controlled Substance Security Prescription Forms
- 11. Discussion and Possible Action Regarding Meeting Dates for 2020

RECESS TO CLOSED SESSION

CLOSED SESSION – FULL BOARD

Deliberate and Take Action on Disciplinary Matters

The Board will meet in closed session as authorized by Government Code §11126(c)(3). If the Board is unable to deliberate and take action on all disciplinary matters due to time constraints, it will also meet in closed session on May 16, 2019.

RETURN TO FULL BOARD OPEN SESSION

Recess Until Thursday, May 16, 2019

LICENSING, CERTIFICATION, AND PERMITS COMMITTEE MEETING

OPEN SESSION

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

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

B. Issuance of New License(s) to Replace Cancelled License(s)

The Committee will meet in closed session as authorized by Government Code §11126(c)(2) to deliberate on applications for issuance of new license(s) to replace cancelled license(s).

C. Grant, Deny or Request Further Evaluation for General Anesthesia Permit Onsite Inspection and Evaluation Failure, pursuant to Title 16 CCR Section 1043.6
The Committee will meet in closed session as authorized by Government Code Section 11126(c)(2) to deliberate whether or not to grant, deny or request further evaluation for a General Anesthesia Permit as it Relates to an Onsite Inspection and Evaluation Failure.

D. Grant, Deny or Request Further Evaluation for Conscious Sedation Permit Onsite Inspection and Evaluation Failure, pursuant to Title 16 CCR Section 1043.6.
The Committee will meet in closed session as authorized by Government Code Section 11126(c)(2) to deliberate on whether or not to grant, deny or request further evaluation for a Conscious Sedation Permit as it Relates to an Onsite Inspection and Evaluation Failure.

RETURN TO COMMITTEE OPEN SESSION

Committee Adjournment

THURSDAY, MAY 16, 2019

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

12. Call to Order/Roll Call/Establishment of a Quorum
13. Executive Officer's Report
14. Report of the Dental Hygiene Board of California (DHBC) Activities
15. Discussion and Possible Action Regarding the DHBC's Proposed Draft Educational Regulatory Language for California Code of Regulations, Title 16, (new) Section 1109 Relating to Radiographic Decision Making and Interim Therapeutic Restoration Courses for the Registered Dental Hygienist (RDH), Registered Dental Hygienists in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF) – Approval; Curriculum Requirements; Issuance of Approval
16. Examinations
 - a. Update on the Portfolio Pathway to Licensure
 - b. Western Regional Examination Board (WREB) Report
 - c. Presentation by the American Board of Dental Examiners (ADEX)
17. Licensing, Certifications, and Permits

- a. Review of Dental Licensure and Permit Statistics
- b. General Anesthesia and Conscious Sedation Permit Evaluation Statistics

18. Substance Use Awareness

- a. Presentation on California Association of Oral and Maxillofacial Surgeons (CalAOMS) 2019 Opioid Education Project
- b. Diversion Program Report and Statistics
- c. Update Regarding the February 26, 2019, and April 23, 2019, Statewide Opioid Safety Workgroup Meeting

19. Legislation

- a. 2019 Tentative Legislative Calendar – Information Only
- b. Discussion and Possible Action Regarding the Following Legislation:
 - i. AB 193 (Jim Patterson) Professions and Vocations
 - ii. AB 316 (Ramos) MediCal: Benefits: Special Dental Care Needs
 - iii. AB 476 (Bianca Rubio) DCA: Foreign-Trained Professionals
 - iv. AB 544 (Brough) Professions and Vocations: Inactive License Fees
 - v. AB 613 (Low) Professions and Vocations: Regulatory Fees
 - vi. AB 768 (Brough) Professions and Vocations
 - vii. AB 954 (Wood) Dental Services: Third-Party Network Access
 - viii. AB 994 (Mathis) Business License Fees: Veterans
 - ix. AB 1622 (Carrillo) Family Physicians
 - x. SB 154 (Pan) Medi-Cal: Restorative Dental Services
 - xi. SB 653 (Chang) Registered Dental Hygienist in Alternative Practice
- c. Discussion of Prospective Legislative Proposals
Stakeholders are Encouraged to Submit Proposals In Writing to the Board Before or During the Meeting for Possible Consideration by the Board at a Future Meeting

20. Regulations

- a. Update on Pending Regulatory Packages
 - i. Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and (new) 1016.2)
 - ii. Citation and Fine (Cal. Code of Regs., Title 16, Sections 1023.2 and 1023.7)
 - iii. Continuing Education Requirements (Cal. Code of Regs., Title 16, Sections 1016 and 1017)
 - iv. Dental Assisting Comprehensive Rulemaking (Cal. Code of Regs., Title 16, Division 10, Chapter 3)

- v. Determination of Radiographs and Placement of Interim Therapeutic Restorations (Cal. Code of Regs., Title 16, Section 1071.1 (new))
- vi. Diversion Committee Membership (Cal. Code of Regs., Title 16, Section 1020.4)
- vii. Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal Requirements (Cal. Code of Regs., Title 16, (new) Sections 1044.6, 1044.7, and 1044.8)
- viii. Law and Ethics Exam Score (Cal. Code of Regs., Title 16, Section 1031)
- ix. Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049)
- x. Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005)
- xi. Substantial Relationship Criteria (Cal. Code of Regs., Title 16, Section 1019 and 1020)

21. Licensing, Certifications, and Permits Committee Report on Closed Session

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

22. Board Member Comments on Items Not on the Agenda

The Board may not discuss or take action on any matter raised during the Board Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).

23. Adjournment



**DENTAL BOARD OF CALIFORNIA
QUARTERLY BOARD MEETING MINUTES**

FEBRUARY 7-8, 2019

Embassy Suites by Hilton San Diego La Jolla
4550 La Jolla Village Drive
San Diego, California 92122

Members Present:

Fran Burton, MSW, Public Member, President
Steven Morrow, DDS, MS, Vice President
Steven Chan, DDS, Secretary
Yvette Chappell-Ingram, MPA, Public Member
Ross Lai, DDS
Lilia Larin, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member **(Absent February 8, 2019)**
Abigail Medina, Public Member **(Absent February 8, 2019)**
Rosalinda Olague, RDA, BA
Joanne Pacheco, RDH, MAOB
Thomas Stewart, DDS
Bruce Whitcher, DDS
James Yu, DDS, MS

Staff Present:

Karen M. Fischer, MPA, Executive Officer
Sarah Wallace, Assistant Executive Officer
Carlos Alvarez, Enforcement Chief
Tina Vallery, Dental Assisting Manager
Jocelyn Campos, Associate Governmental Program Analyst
Spencer Walker, Legal Counsel

THURSDAY, FEBRUARY 7, 2019

Agenda Item 1: Call to Order/Roll Call/Establishment of a Quorum

The meeting was called to order by President Fran Burton at 9:05 a.m. Dr. Steve Chan, Board Secretary, called the roll and a quorum was established.

Agenda Item 2: Approval of November 29-30, 2018 Board Meeting Minutes

M/S/C (Whitcher/Chappell-Ingram) to approve the minutes with the following changes: last paragraph on page 5, correct spelling of last name - Dr. Guy Acheson; page 7, "After much discussion, the Board identified twelve questions to forward to the Rector of the School for a response." There was no public comment.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed and the minutes are approved with changes.

Agenda Item 3: Board President Welcome and Report

President Burton welcomed attendees and mentioned that she was honored to serve as Board President this year. She mentioned that most board business this year will be centered around sunset review. She reminded members that the highest priority of the board is protection of the public. She asked that members continue to come prepared to every meeting to ensure a robust discussion prior to making decisions on agenda items. Ms. Burton reported on three meetings she had attended since the November meeting: Conference call with DCA Director Grafillo; Meeting with Agency to discuss preparation for sunset review and the regulatory process; and The Advisory Partnership for the Department of Public Health, Office of Oral Health met to review the two-year work plan and to make recommendations for the next two-year work plan.

Ms. Burton made a presentation on behalf of the Board to Dr. Tom Stewart, past president of the Dental Board for his service as President in 2018. Dr. Stewart was given a plaque of appreciation.

Agenda Item 4: Report of the Department of Consumer Affairs (DCA) Staffing and Activities

DCA Director Dean Grafillo reported on activities of 2018: convened nine enforcement and licensing work group sessions to share best practices; hosted three Substance Abuse Coordination Committee meetings; held four Director’s Quarterly meetings; and hosted two teleconferences with Board and Bureau leadership. Mr. Grafillo is looking for feedback on how to improve communication between Boards, Bureaus, and DCA. The DCA Annual Report is available now on line. He announced that the first Director’s Quarterly meeting of 2019 will take place on February 25. The agenda will include information on the Executive Officer Salary Study and the new regulations unit. He also mentioned that 2019 is a mandatory reporting year for Sexual Harassment Prevention training. The training is available on-line. He also mentioned that ten boards will

undergo sunset review this year; and that the Dental Board has the full support of the Department during this process.

Agenda Item 5: Budget Report

Ms. Sarah Wallace, Assistant Executive Officer, gave the report on the dental fund. The expenditures in this report are based upon the budget report released by the Department of Consumer Affairs (DCA) in January 2019. This report reflects actual expenditures from July 1, 2018 to October 31, 2018. The Board spent roughly \$4.2 million or 30% of its total Dentistry Fund appropriation for FY 2018-19. Of that amount, approximately \$2.3 million of the expenditures were for Personnel Services and \$1.9 million were for Operating Expense & Equipment (OE&E) for this time period.

For the state dental assisting fund, the report reflects actual expenditures from July 1, 2018 to October 31, 2018. The Board spent roughly \$763,000 or 30% of its total Dental Assisting Fund appropriation for this time period. Of that amount, approximately \$323,000 of the expenditures were for Personnel Services and \$440,000 were for OE&E for this time period.

Ms. Wallace reported that several budget change proposals were submitted in the Governor’s 2019-20 budget. There are approximately 8.7 positions allocated to the Board in fiscal year 2019-20. There was no public comment.

Agenda Item 6: Discussion and Possible Action Regarding Appointments to the Dental Assisting Council (DAC)

Sarah Wallace reported that in May 2018, the Board appointed Cindy Friel Ovard, RDA, to fill the vacancy of one member who is employed as a faculty member of a RDA educational program approved by the Board. The term for the position in which Ms. Ovard was appointed expires in March 2019. Therefore, Board staff recommends Ms. Ovard be reappointed to the same position for a term of four (4) years expiring in March 2023.

M/S/C (Whitcher/McKenzie) to re-appoint Ms. Ovard to the DAC for a term of four years expiring in March 2023. There was no public comment.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				

Whitcher	✓				
Yu	✓				

The motion passed.

RECESSED TO CONVENE THE DENTAL ASSISTING COUNCIL (DAC) MEETING – SEE DAC Meeting Minutes.

RETURNED TO FULL BOARD OPEN SESSION AT 10:30 a.m.; took a 15 minute break. Reconvened at 10:45 a.m.

Agenda Item 7: Dental Assisting Council Meeting Report

Dr. Whitcher was asked by DAC Chair Jennifer Rodriguez to give the Council report. The DAC was called to order and established a quorum. The meeting minutes of November 29, 2018 were approved. The election of chair and vice chair was conducted. Jennifer Rodriguez will serve as Chair of the DAC and Rosalinda Olague will serve as Vice Chair. The DAC heard updates on dental assisting program and course applications and RDA program re-evaluations; dental assisting examination statistics; dental assisting licensing statistics; and development of the dental assisting comprehensive rulemaking proposal. There was public comment for items not on the agenda. Stakeholders expressed concerns with the RDA program audits that are currently being conducted by Board staff; offered suggestions for streamlining the audit of the RDA program; and asked that this issue be considered for discussion at a future meeting.

Agenda Item 8: Discussion and Possible Action Regarding the Response Received from the State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s Faculty (School) of Dentistry Relating to its Relationship with the University of Moldova USA Inc.

President Burton asked if there were any representatives from the University of Moldova USA Inc. (UMUSA) present at the meeting today. There were none. Ms. Burton explained the process for proceeding with the discussion. Board members were encouraged to pose any additional questions relating to the information that was provided in the board meeting materials. These questions will be forwarded to the State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s Faculty (School) of Dentistry for a response that will be considered at the May, 2019 meeting. Ms. Burton asked the Executive Officer for her comments before the discussion began. Ms. Fischer reported that a letter (dated February 5, 2019) from the Rector was being distributed to members. Board members had received an electronic copy of this letter prior to the meeting. Ms. Fischer reported that after reviewing the responses received from the School since the November meeting, she suggested the Rector consider whether or not his representatives should attend the May 2019 meeting instead of the February meeting. He responded that he agreed with that suggestion. At the same time, Ms. Fischer reported that she sent an email to retired Senator Polanco asking whether or not he would be attending the February meeting. There was no response. Additionally, Ms. Fischer asked the Rector to ensure that the officers of UMUSA Inc attend the February meeting. He indicated that he would do what he could.

Ms. Fischer provided the Board with a summary of where the Board left off in the discussion of the relationship between State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s Faculty of Dentistry (School) and the University of Moldova USA Inc. (UMUSA). At the November 29-30, 2018 meeting, the Board reviewed and discussed the response to the Board’s October 15, 2018 letter regarding its relationship with the University of Moldova USA Inc (UMUSA).

Senator Richard Polanco (retired) represented the School during the discussion in November; and additional questions arose that the School’s representative could not answer. Therefore, the Board determined that a letter would be sent to the School, outlining twelve additional questions. The letter, dated December 12, 2018, is included in the meeting material.

The following documentation was received by the Board since the November 2018 meeting and in response to the December 12th request for additional information:

- Six page letter to Executive Officer Fischer dated 1-14-2019 from Rector Ion Ababii in response to the Board’s December 12, 2018 request for further clarification
- Statement of Information – University of Moldova USA Inc
- Disclosures of Enrolling in the School of Dentistry of Nicolae Testemitanu or USMF
- Collaboration Agreement between the School and UMUSA dated 12-15-2016

Ms. Fischer outlined some of the highlights of the Rector’s response.

Rector Ababii’s letter indicates that the Board’s request for additional information is linked to the School’s marketing practice in California and its collaboration with UMUSA. The letter specifies that the School has *“self-control over all aspects of its dental training program ... Specifically the School retains full control over considering, evaluating, and admitting all students, creating and implementing its curriculum, and designing appropriate mechanisms to ensure that its admitted students receive the proper professional training.”* The letter goes on to say that UMUSA is a separate entity that provides no training or education and certainly has no control over the setting of the School’s policies.

Most of the Board’s questions were addressed and documentation was provided as requested except the following:

- The Board requested the UMUSA tax identification number and a copy of the federal and state tax returns filed in 2017 by UMUSA. The School responded that it is not in possession of this information nor does the School have access to the information.
- The School does not know how the officers of UMUSA are compensated.

The Rector's response to why the terms of the relationship between the School and UMUSA were never divulged during the site visit conducted by the Board in October 2016 is, in short, "you never asked". The School indicates that at no point did it intentionally withhold information regarding its affiliation with UMUSA from the California Dental Board during the site evaluation or in the application process.

Ms. Fischer commented that Rector Ababii was responsive to Board questions; and emphasized that the Site Evaluation Team (and therefore the Board) believes that the School has demonstrated compliance with the Board's educational standards. However, the question currently under consideration is why the relationship between the School and UMUSA was not mentioned during the Board's site visit; and has there been a violation of CCR 1024.8 relating to control and influence by an outside source of the School's dentistry program.

Dr. Morrow commented that the institutional standards for the School located in Moldova have been met and therefore the Board approved the School. However, the Board should be concerned with the changes that occurred after the approval was granted; and whether the relationship between the School and UMUSA represents a relinquishment of control or influence over the educational program. The Collaborative Agreement represents changes that have been made subsequent to the Site Team evaluation and the Board's approval; and was signed after the School received Board approval of its educational program.

Many provisions within the Collaboration Agreement indicate that UMUSA has been tasked with much more than what the School's letter provides. Board members reviewed the collaboration agreement between the School and UMUSA and have additional questions.

Dr. Morrow asked Legal Counsel if there is evidence to support that the collaborative agreement indicates there has been a shift in control. Legal Counsel responded that he believes there are numerous points within the collaboration agreement that indicate there has been a shift in control. Dr. Morrow indicated that he believes there are a number of provisions within the collaborative agreement that support control of the educational program has been relinquished to and/or are unduly influenced by a third party.

Legal Counsel indicated that the School should be given an opportunity to respond to each provision of the Collaboration Agreement and explain how each provision is tied to a marketing plan.

Executive Officer Fischer directed members to the General Provisions Section of the Collaboration Agreement that referenced a:

"training program approved by the Dental Council of California for the students in the IV-Vth year of study of the Faculty of Dentistry of USMF conducting the studies in English and who agreed to pay an additional fee approved by USMF

for the accomplishment of a study program approved by the Dental Council of California, additionally to the integrated higher education studies in order to obtain a certificate confirming the additional studies conducted, which shall allow the graduates of this program to participate in the examinations necessary in the state of California United States of America for the practice of dentistry on its territory.”

At no time was the site team presented with any information regarding this program. Moreover, the Board’s approval does not include it. Since CCR section 1024.8(a)(2) requires a foreign dental school to notify the board in writing of, among other things, a change in the school’s mission, purposes or objectives, the School is required to notify the Board of the change. When was this program established?

Dr. Chan commented that sections 2.1.8, 2.1.9, and 2.1.11 mention UMUSA opening a satellite dental practice where it will provide practical training of students. He feels this goes beyond marketing. Is UMUSA acting as a third party in providing dental education at this satellite clinic? Does the authorization by Moldova to allow UMUSA to open a satellite clinic to train students in California qualify as an extramural facility under CCR Section 1025? Dr. Chan went on to comment that there appears to be a strong contradiction between marketing and allowing practical dental training.

Dr. Whitcher noted that there are references to a specific curriculum approved by the Dental Board. Dr. Whitcher didn’t recall approving a different curriculum. What did the site team look at? Dr. Morrow responded that the Site Team evaluated the curriculum and training facilities for the education in Chisinau. The entire educational program was provided within the University and the University’s clinic. There was no portion of the training, either didactic or clinical, that was outside the Schools umbrella. Dr. Morrow went on to say that sending students out to community clinics requires a change in curriculum and an extramural permit from the Board. Changing curriculum requires prior notification to the Board and getting approval to change the curriculum. The Board has received no notification of a change to the curriculum or a change in the program. The Collaboration Agreement goes beyond what the Rector’s letter indicates UMUSA should be doing. What effect does the Collaboration Agreement have on compliance with the institutional standards? This is not what the Board approved. Dr. Morrow stated that supervision of students must be done by the faculty of the School in the extramural facility.

Dr. Le believes that the application should be considered invalid because the School did not disclose its relationship with UMUSA at the time of application. Did the Collaboration Agreement exist at the time of the site visit? Dr Le believes that UMUSA is an additional campus and does not qualify as an extramural facility. UMUSA will build a satellite campus for training. California students of the School will spend the last two years at the satellite campus.

Dr. Stewart agreed with all the comments made thus far and feels the School should be more responsive in explaining its intent to have a satellite clinic in California.

Dr Yu asked about the ranking of Moldova school? Executive Officer Fischer responded that it is a government school.

Dr. Chan pointed out that the Collaboration Agreement is for three years, but the approval of the School is for seven years. If the third party goes away after three years, what happens?

Dr. Morrow would like the Rector to attend the May 2019 meeting himself and explain item by item how that specific provisions of the Collaboration Agreement relates to marketing?

Dr. Lai has questions about UMUSA and with its financial relationship with USMF. He has questions about the taxes, where the money collected by UMUSA is going, the disparity between the actual tuition and how much UMUSA charges, how much does UMUSA receive? How are the funds being appropriated? The Board is being used as an endorsement for a private company.

Dr. Larin questioned the intention of setting up a satellite clinic as mentioned in section 2.1.8 of the Collaboration Agreement?

Dr. Morrow requested clarification of how the document entitled *“Acknowledgements and Disclosure of Enrolling in the School of Dentistry of Nicolae Testemitanu or USMF”* is considered marketing?

Dr. Le voiced her concern that there was an intentional omission in the application process that represents an ethical issue.

Ms. Medina asked if the Board is fully equipped to thoroughly look into this issue? She went on to suggest that the Board incorporate language into the application process allows for the approval to be pulled if documentation was not disclosed or purposely omitted.

M/S/C (Burton/Yu) to direct staff to send a letter to the School requesting that it 1) clarify each of the aforementioned provisions; 2) reconcile the School’s response with the Collaboration Agreement; 3) explain why the purpose of the *“Acknowledgements and Disclosures of Enrolling in the School of Dentistry of Nicolae Testemitanu or USMF”* contains a signature line for a representative of UMUSA; and 4) any additional information that the Board desires.

Dr. Whitcher requested reconciliation between the Schools response (the Rector’s letter) with the Collaboration Agreement. There was no public comment.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				

Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed.
 Recessed for lunch. Resumed meeting at 2pm.

Agenda Item 9A: Enforcement Statistics and Trends

Carlos Alvarez, Enforcement Chief, provided this report which is available in the meeting material published on the Board’s website. There was no public comment.

Agenda Item 9B: Update on the Attorney General’s Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies in Compliance with Business and Professions Code Section 312.2 – January 1, 2019

Linda Schneider, Senior Assistant Attorney General, Licensing Section, Office of the Attorney General (AG) gave the update. Refer to the Board meeting material for the documentation discussed.

Agenda Item 10: Update on Pending Regulatory Packages:

Sarah Wallace, Assistant Executive Officer reported on the pending regulatory packages. Refer to the board meeting material for this information. No action taken. Dr. Stewart asked that there be a review of the regulatory process at a future meeting. Ms. Fischer acknowledged his request. Ms. Wallace commented that the next three agenda items are examples of initiating the regulatory (rulemaking) process. There was no public comment.

Agenda Item 10B: Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Sections 1019 and 1020 Relating to Substantial Relationship Criteria and Criteria for Evaluating Rehabilitation

Sarah Wallace, Assistant Executive Officer reported. This item is the result of legislation, AB 2138. Refer to the board meeting material for additional information and the specific language approved. There was no public comment.

M/S/C (Burton/Larin) to approve the proposed regulatory language relative to substantial relationship criteria and criteria for evaluating rehabilitation, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a

public hearing, and delegating authority to the Executive Officer to make any technical or non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, delegate authority to the Executive Officer to make any technical or non-substantive changes to the proposed regulations before completing the rulemaking process and adopt the proposed amendments to California Code of Regulations, Title 16, Section 1019 and 1020 as noticed in the proposed text.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed.

Agenda Item 10C: Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Section 1020.4 Relating to the Diversion Evaluation Committee Membership

Sarah Wallace, Assistant Executive Officer reported. This item is the result of a staff recommendation. Refer to the board meeting material for additional information and the specific language approved. Claudia Pohl, CDAA did not support the staff recommendation to remove the licensed dental auxiliary member and replace it with a public member.

M/S/C (Stewart/McKenzie) to approve the proposed regulatory language relative to the Diversion Evaluation Committee membership, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and delegating authority to the Executive Officer to make any technical or non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, delegate authority to the Executive Officer to make any technical or non-substantive changes to the proposed regulations before completing the rulemaking process and adopt the proposed amendments to California Code of Regulations, Title 16, Section 1020.4 as noticed in the proposed text.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed.

Agenda Item 10D: Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Sections 1031 Relating to the Passing Score for the Dentistry Law and Ethics Examination

Sarah Wallace, Assistant Executive Officer reported. This item is the result of a recommendation from the Office of Professional Examination Services (OPES). There was discussion and the Board changed the language to the following:

Section 1031. Supplemental Examinations in California Law and Ethics.

Prior to issuance of a license, an applicant shall ~~successfully complete~~ achieve a passing score on the supplemental written examinations in California law and ethics.

(a) The examination on California law shall test the applicant's knowledge of California law as it relates to the practice of dentistry.

(b) The examination on ethics shall test the applicant's ability to recognize and apply ethical principles as they relate to the practice of dentistry.

~~(c) A candidate shall be deemed to have passed the examinations if his/her score is at least 75% in each examination.~~

There was no public comment.

M/S/C (Burton/Chappell-Ingram) to approve the proposed regulatory language relative to the California Dentistry Law and Ethics Examination, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and delegating authority to the Executive Officer to make any technical or non-

substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, delegate authority to the Executive Officer to make any technical or non-substantive changes to the proposed regulations before completing the rulemaking process and adopt the proposed amendments to California Code of Regulations, Title 16, Section 1031 as noticed in the proposed text.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Lai		✓			
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed.

RECESS TO CLOSED SESSION (Full Board and LCP Committee) at 3:50 pm.

Recess Until Friday, February 8, 2019

FRIDAY, FEBRUARY 8, 2019

Agenda Item 11: Call to Order/Roll Call/Establishment of a Quorum

The meeting was called to order by President Fran Burton at 9:10 a.m. Dr. Steve Chan, Board Secretary, called the roll and a quorum was established.

Agenda Item 12: Executive Officer’s Report

Executive Officer Karen Fischer reported on the new Board Committee assignments, budget for fiscal year 2019-20, on-line voting on discipline, Diversion contract preparation, meet and greet with Deputy Attorney General Daniel McGee, meetings with legislative staff to discuss sunset review issues, various meetings with Agency and CDA Government Affairs Council, teleconference with Dr. Friedrichson and Dr. Morrow regarding ADEA licensure proposal, update on AB 173 requirement to use special printers when ordering scheduled drugs, Governor’s budget briefing with DCA Director’s Office, completed a survey on executive officer salaries, and a staffing report – which included vacancies and new hires.

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

Anthony Lum, Executive Officer of the DHBC, reported on their activities. The DHBC became a board on January 1, 2019 as a result of their Sunset Review legislation. In preparing for this change, the DHBC has been updating the BreZEze computer system, the Board's website, various documents, and correspondence documents. Additionally, the DHBC has been working on regulations. Mr. Lum provided an update regarding DHBC personnel and educational program evaluations. Ms. Fischer asked whether dental hygiene programs are accredited by the Commission on Dental Accreditation (CODA). Mr. Lum responded that they are all CODA approved and that the 27 schools are approved by the DHBC as well.

Dr. Witcher asked whether the DHBC had given any thought to adopting CODA approval in lieu of the DHBC's own approval. Mr. Lum responded all of the DHBC's schools are accredited by CODA. Mr. Witcher stated that CODA could potentially satisfy the standard and save the Board a substantial amount of work. Mr. Lum responded that they do and that their standards meet many of the requirements the DHBC requires; however, California law has more specific requirements that the schools need to comply with in addition to the CODA standards.

Agenda Item 14A: Update on the Portfolio Pathway to Licensure

Tina Vallery, Dental Assisting Licensing Manager, provided this report. Refer to the board meeting materials on the Board's website.

Agenda Item 14B: Western Regional Examination Board (WREB) Report

Huong Le, DDS, MA, provided a verbal report regarding the WREB examination. She attended the WREB Dental Examination Review Board (DERB) meeting on an annual basis. The last DERB meeting was in June 2018 and the next one will not take place until June 2019. There have been some minor changes in the WREB examination regarding the administration and scoring.

Dr. Norm Magnuson, immediate past president of WREB, provided a brief summary on what will be happening to the WREB Examination in 2019. Some of the few things that will change in 2019 include: provisional acceptance where students can send in their operative x-rays to WREB (the examiners can review them before the exam); a three-tenth penalty if a candidate had a patient approved from a floor examiner but did not use that patient for that procedure; and making the periodontics/prosthodontic sections optional for taking the WREB.

Dr. Chan asked what the process is to be able to apply to sit for the WREB given the unique position of California with the International schools. Dr. Magnuson replied that the general process is that a student must be in a dental school and if the Dean signs, the student can sit for the exam. A State Board can ask WREB to have a candidate sit for the exam. In this situation, the candidate will need to provide proof that they have gone through an educational program.

Dr. Morrow asked whether WREB has any data regarding the candidate pass rates of first, second, and third attempts, as well as data on candidates who have never passed

the WREB exam. Dr. Magnuson stated there are statistics available. As of now, the never pass rate is right at 2% to 2.5%. There are not many candidates that take it three times or more, but there are a few and they typically do not pass. The number has improved over the past 10 years (it was about 3% 10 years ago).

Dr. Larin asked whether candidates can retake the WREB exam an unlimited number of times. Dr. Magnuson stated that WREB has an automatic retake on certain sections. If a candidate continues to retake a certain section, they eventually might need to go through remediation. Remediation must be documented at the school with instructors and the student will need to complete the required hours and will have to do a specific number of procedures before they can retake the exam again with the Dean's and State's approval.

Agenda Item 14C: Discussion and Possible Action Regarding Requiring Successful Completion of Prosthodontics Section of WREB Examination to Qualify for Licensure in California

Karen Fischer, Executive Officer, provided this report which is available in the meeting materials published on the Board's web site. She reported that as of 2018 WREB students were allowed to opt in or out, depending on the licensure requirements of individual states, of taking the periodontics and prosthodontics sections of the WREB exam. The periodontics and prosthodontics sections were changed to become electives. Recently, the WREB score report now reflects the score for each individual section. Due to the fact that the WREB examination is not currently defined in our statute or regulations, staff will be using only the score for the 3 core sections of the exam as defined by WREB. If a student took prosthodontics and did not pass, they would not be considered as failing the WREB (since that section is optional). Ms. Fischer stated that California does not have specialty licensure. At some point, the Board will need to discuss whether it is important to define what competencies will need to be included for regional examinations.

Dr. Morrow asked whether the WREB exam is still considered approved if it has been changed. Ms. Fischer answered that the competencies have never been defined. Right now, statute authorizes the Board to accept WREB but the Board hasn't defined the competencies required. The exam is what WREB determines the exam to be and the Board has accepted that regardless of any changes that are made.

Dr. Morrow asked for clarification regarding the reason periodontics is made optional. Dr. Magnuson answered that the hard part with periodontics is that it is a high rate of passing; it does not have the psychometric review as operative or endodontics does. Periodontics does not have a high yield in terms of outcomes.

Gayle Mathe, CDA, asked for clarification regarding whether there is any part in Business and Professions Code Section 139 that assures or looks for equivalency between the examination licensure processes. Ms. Fischer stated that OPES will review WREB and complete a linkage study. OPES would review any regional exam that we

provide in California to determine whether that particular exam is psychometrically sound and legally defensible.

Lisa Okamoto, CDHA, asked whether the opt-in for the periodontics is not a requirement for California candidates and secondly if California candidates are required to opt in, what does this entail. Ms. Fischer answered that if candidates choose to take those sections, it would not be considered as failing WREB.

Agenda Item 15 A: Presentation Regarding Dental Licensure Examination Reform – Informational Only

David Lazarchik, DMD, Associate Dean at Western University, presented information regarding the American Dental Educators Association (ADEA) *Compendium of Clinical Competency Assessment* and the *Report of the Task Force on Assessment of Readiness for Practice*. The Board asked questions of Dr. Lazarchik. No action was taken.

Agenda Item 15B: Review of Dental Licensure and Permit Statistics

Tina Vallery, Dental Assisting Licensing Manager, provided this report which is available in the meeting materials published on the Board's web site. There was no public comment.

Agenda Item 15C: General Anesthesia and Conscious Sedation Permit Evaluation Statistics

Tina Vallery, Dental Assisting Licensing Manager, provided this report which is available in the meeting materials published on the Board's web site.

Dr. Lai asked how licensees find criteria on what they need to have before being evaluated. Dr. Whitcher stated that there is a standing posting on the Board's web site or they can contact the Board's evaluation coordinator, Jessica Olney.

Dr. Larin asked about the fees associated with obtaining a permit. Ms. Wallace stated that they range but that it is between \$500-\$600 and the re-evaluation fee is \$2,500.

Agenda Item 16 A: Diversion Program Report and Statistics

Carlos Alvarez, Enforcement Chief, provided this report which is available in the meeting materials published on the Board's web site.

Dr. Stewart asked if there is a standard length of participation in the program. Ms. Fischer stated that they shoot for five years, depending on how the participants are in the program. Oftentimes if it is a condition of probation; if there is an early termination of probation the participant oftentimes drop out of the program.

Agenda Item 16B: Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Sections 1016 and 1017 Relating to Continuing Education Requirements

Sarah Wallace, Assistant Executive Officer reported. This item is the result of legislation, SB 1109. Refer to the board meeting material for additional information and

the specific language approved. There was no public comment. There was discussion and the Board changed the language to Section 1017(a)(4) as follows:

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

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

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

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

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

(4) Only dentists shall be required to complete two units of continuing education on pain management, the identification of addiction, risks of addiction, or in the practices of prescribing or dispensing opioids.

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

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Lai	✓				
Larin	✓				
Le	✓				
McKenzie				✓	
Medina				✓	
Morrow	✓				
Olague	✓				

Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed.

Agenda Item 17A: 2019 Tentative Legislative Calendar – Information Only

President Burton reported on this item which is available in the meeting material published on the Board’s website. There was no public comment.

Agenda Item 17B: Discussion and Possible Action Regarding the Following Legislation:

Sarah Wallace, Assistant Executive Officer reported and provided a summary of legislation the Board is tracking. Refer to the Board meeting material for additional information and the specific bill language. The Board discussed the bills.

M/S/C (Burton/Morrow) to watch the following legislation:

- AB 149 (Cooper) Controlled Substances: Prescriptions
- AB 193 (Patterson) Professions and Vocations
- SB 53 (Wilk) Open Meetings
- SB 154 (Pan) Medi-Cal: Restorative Dental Services

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Lai	✓				
Larin	✓				
Le	✓				
McKenzie				✓	
Medina				✓	
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed.

The was no public comment.

Agenda Item 17C: Discussion of Prospective Legislative Proposals

Sarah Wallace, Assistant Executive Officer, led this discussion. Stakeholders were encouraged to submit proposals and writing to the Board before or during the meeting for possible consideration by the Board at a future meeting. No proposals were submitted. There was no public comment.

Agenda Item 18: Licensing, Certifications, and Permits Committee Report on Closed Session

Dr. Ross Lai, Chair, reported that the Committee met in closed session and considered one application for issuance of a new dental license to replace a cancelled license. Dr. SGJ is approved for a new license to replace a cancelled license but first must take and pass the Dentistry Law and Ethics examination.

The Committee considered ten applications for issuance of a new RDA license to replace a cancelled license.

Applicants JAC, EH, KLJ, KDM, FMM, TDER, EES, TDZ were approved but must take the Registered Dental Assistant Combined (RDAC) examination prior to issuance of a new license. Applicants MC and CZ were approved without conditions.

M/S/C (Stewart/Larin) to accept the Committee report.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Lai	✓				
Larin	✓				
Le	✓				
McKenzie				✓	
Medina				✓	
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed.

Agenda Item 19: Public Comment on Items Not on the Agenda

No public comment.

Agenda Item 20: Board Member Comments on Items Not on the Agenda

Dr. Stewart requested the Board include a future agenda item relative to an overview or review of the Dental Practice Act Course and ethics education.

Dr. Whitcher commented that SB 1109 not only required CE related to opioid prescribing but included a requirement for informed consent when prescribing to minors.

Dr. Lai requested further discussion on teaching permits.

Ms. Fischer noted Board members had earlier requested a review of regional examinations to determine if the members want to outline competencies.

The meeting adjourned at approximately 12:30 pm.

DRAFT



MEMORANDUM

DATE	April 29, 2019
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 3: Board President Welcome and Report

Background:

The President of the Dental Board of California will provide a verbal report.

Action Requested:

No action requested.



MEMORANDUM

DATE	April 29, 2019
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 5: Report of the Department of Consumer Affairs (DCA) Staffing and Activities

Background:

A representative from the Department of Consumer Affairs will provide a verbal report.

Action Requested:

No action requested.



MEMORANDUM

DATE	May 15, 2019
TO	Members of the Dental Board of California
FROM	Steve Long, Budget and Contract Analyst Dental Board of California
SUBJECT	Agenda Item 6: Budget Report

Background:

The Board manages two separate funds: 1) the State Dentistry Fund, and 2) the State Dental Assisting Fund. The funds are not comingled. The following is intended to provide a summary of expenses from July 1, 2018 to February 28, 2019 of Fiscal Year (FY) 2018-19 for both funds.

A. State Dentistry Fund

Summary of Expenditures from July 1, 2018 to February 28, 2019:

The Board's appropriation is consistent with the recently released 2019-20 Governor's Proposed Budget. The expenditures in this report are based upon the budget report released by the Department of Consumer Affairs (DCA) in January 2019. This report reflects actual expenditures from July 1, 2018 to February 28, 2019. The Board spent roughly \$7.6 million or 54% of its total Dentistry Fund appropriation for FY 2018-19. Of that amount, approximately \$4.7 million of the expenditures were for Personnel Services and \$2.9 million were for Operating Expense & Equipment (OE&E) for this time period.

Fund Title	Appropriation	Total Expenditures July 1, 2018-February 28, 2019
Dentistry Fund	\$14,142,000	\$7,610,524

Expenditure Projection:

Attachment 1 displays year-to-date expenditures for the State Dentistry Fund.

Analysis of Fund Condition:

Attachment 1A displays an analysis of the State Dentistry Fund's condition.

B. State Dental Assisting Fund

Summary of Expenditures from July 1, 2018 to February 28, 2019:

The Board's appropriation is consistent with the recently released 2019-20 Governor's Proposed Budget. The expenditures in this report are based upon the budget report released by the DCA in January 2019. This report reflects actual expenditures from July 1, 2018 to February 28, 2019. The Board spent roughly \$1.4 million or 54% of its total Dental Assisting Fund appropriation for this time period. Of that amount, approximately \$628,000 of the expenditures were for Personnel Services and \$748,000 were for OE&E for this time period.

Fund Title	Appropriation	Total Expenditures July 1, 2018-February 28, 2019
Dental Assisting Fund	\$2,557,000	\$1,376,294

Expenditure Projection:

Attachment 2 displays year-to-date expenditures for the State Dental Assisting Fund.

Analysis of Fund Condition:

Attachment 2A displays the State Dental Assisting Fund's condition.

Action Requested

None.

ATTACHMENT 1

Extraction Report
3/22/2019

DENTAL BOARD - FUND 0741
BUDGET REPORT
FY 2018-19 EXPENDITURE PROJECTION

Preliminary FM 08

OBJECT DESCRIPTION	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19				
	ACTUAL EXPENDITURES (MONTH 12)	ACTUAL EXPENDITURES (MONTH 12)	ACTUAL EXPENDITURES (PRELIM 12)	BUDGET STONE 2018-19	CURRENT YEAR EXPENDITURES FM 08	PERCENT SPENT	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
PERSONNEL SERVICES								
Salary & Wages (Staff)	3,281,479	3,508,370	3,973,427	4,736,000	2,841,099	60%	4,193,221	542,779
Statutory Exempt (EO)	108,581	114,087	119,520	96,000	82,864	86%	124,296	(28,296)
Temp Help (Expert Examiners)	0	0	0	40,000	0	0%	0	40,000
Temp Help Reg (907)	142,959	40,395	67,074	199,000	78,941	40%	98,841	100,159
Temp Help (Exam Proctors)	0	0	0	45,000	0	0%	0	45,000
BL 12-03 Blanket	64,215	51,028	48,620	0	33,137	-	55,997	(55,997)
Board Member Per Diem (901, 920)	16,100	17,300	12,600	48,000	7,500	16%	11,600	34,400
Committee Members (911)	4,200	2,500	1,900	59,000	1,500	3%	1,900	57,100
Overtime	37,330	14,859	12,839	25,000	40,112	160%	41,000	(16,000)
Staff Benefits	1,804,708	1,992,049	2,343,757	2,775,000	1,641,444	59%	2,422,632	352,368
TOTALS, PERSONNEL SVC	5,459,572	5,740,586	6,579,737	8,021,000	4,726,597	59%	6,949,487	1,071,513
OPERATING EXPENSE AND EQUIPMENT								
General Expense	90,116	120,685	137,067	60,000	59,006	98%	150,000	(90,000)
Fingerprint Reports	15,894	16,899	11,581	26,000	8,491	33%	14,800	11,200
Minor Equipment	3,699	26,418	102,933	61,000	2,771	0%	54,500	6,500
Printing	80,185	84,508	112,439	43,000	40,618	94%	100,700	(57,700)
Communication	29,473	32,672	49,485	34,000	18,892	56%	37,000	(3,000)
Postage	62,527	39,697	92,580	60,000	81	0%	65,000	(5,000)
Insurance	8,056	11,115	37,334	2,000	9,849	492%	33,000	(31,000)
Travel In State	153,609	133,870	75,134	109,000	23,164	21%	120,000	(11,000)
Travel, Out-of-State	263	1,922	0	0	6,388	-	7,000	(7,000)
Training	6,594	4,216	5,825	8,000	1,966	25%	3,000	5,000
Facilities Operations	413,542	419,804	594,880	361,000	290,827	81%	459,000	(98,000)
C & P Services - Interdept.	7,886	12,835	25,896	77,000	1,541	2%	6,200	70,800
C & P Services - External	275,983	441,760	310,335	389,000	125,632	32%	343,000	46,000
DEPARTMENTAL SERVICES:								
Office of Information Services	1,081,773	1,161,403	1,082,900	1,082,000	721,333	67%	1,082,000	0
Administration Services	795,161	837,743	951,583	1,069,000	356,333	33%	1,069,000	0
Interagency Services	0	0	0	1,000	0	0%	0	1,000
Interagency Services w/ Office of Professional Examination Services	61,551	0	48,360	0	17,283	-	17,283	(17,283)
Division of Investigation - Internal	21,629	21,158	23,001	33,000	22,000	67%	33,000	0
Communications Division	51,000	142,533	60,390	73,000	48,667	67%	73,000	0
Program and Policy Review Division	0	4,577	66,330	73,000	48,667	67%	73,000	0
INTERAGENCY SERVICES:								
Consolidated Data Center	32,856	19,326	39,626	19,000	9,231	49%	31,000	(12,000)
DP Maintenance & Supply	21,802	12,211	14,355	11,000	3,709	34%	16,000	(5,000)
EXAMS EXPENSES:								
Exam Supplies	0	0	0	43,000	0	0%	0	43,000
Exam Site Rental	0	0	0	69,000	0	0%	0	69,000
C/P Svcs-External Expert Administration	77,774	1,000	0	7,000	0	0%	0	7,000
C/P Svcs-External Expert Examiners	0	0	125,003	238,000	0	0%	0	238,000
C/P Svcs-External Subject Matter	46,171	105,116	277,658	0	277,635	0%	288,000	(288,000)
Other Items of Expense	7,707	12,154	9,245	0	0	0%	10,000	(10,000)
Tort Pymts-Punitive	56,427	0	0	0	0	0%	0	0
ENFORCEMENT:								
Attorney General	1,056,537	1,090,876	846,620	1,778,000	596,169	34%	1,200,000	578,000
Office Admin. Hearings	227,114	284,403	202,528	407,000	143,500	35%	287,000	120,000
Court Reporters	11,215	14,968	12,072	0	11,551	0%	13,000	(13,000)
Evidence/Witness Fees	371,666	304,211	223,746	244,000	301	0%	337,900	(93,900)
DOI - Investigative	0	0	0	6,000	0	0%	0	6,000
Vehicle Operations	51,529	48,556	41,916	5,000	38,322	766%	47,000	(42,000)
Major Equipment	0	23,531	131,660	0	0	-	29,000	(29,000)
TOTALS, OE&E	5,726,933	5,430,157	5,712,481	6,388,000	2,883,927	45%	5,999,383	388,617
TOTAL EXPENSE	11,186,505	11,170,745	12,292,218	14,409,000	7,610,524	53%	12,948,870	1,460,130
Sched. Interdepartmental	0	0	0	0	0	-	0	0
Sched. Reimb. - Fingerprints	(15,365)	(16,366)	(16,660)	(53,000)	(6,762)	13%	(53,000)	0
Sched. Reimb. - Other	(8,000)	(7,756)	(6,875)	(214,000)	(4,935)	2%	(214,000)	0
Unsched. Reimb. - External/Private	(25,313)	0	0	0	0	-	0	0
Unsch Reimb - Finger Print Fees	0	0	0	0	0	-	0	0
Probation Monitoring Fee - Variable	(115,896)	(102,020)	(110,324)	0	(53,980)	-	0	0
Invest Cost Recover FTB Collection	0	0	(4,660)	0	0	-	0	0
Unsched. - DOI ICR Civil Case Only	0	(1,450)	0	0	0	-	0	0
Unsched. - Investigative Cost Recovery	(362,177)	(497,832)	(514,365)	0	(250,738)	-	0	0
NET APPROPRIATION	10,659,764	10,545,321	11,640,334	14,142,000	7,294,109	52%	12,681,870	1,460,130
SURPLUS/(DEFICIT):								10.3%

ATTACHMENT 1A

**0741 - State Dentistry Fund
Analysis of Fund Condition**

Prepared 1.10.2019

(Dollars in Thousands)

2019-20 Governor's Budget

	PY* 2017-18	CY 2018-19	BY 2019-20
BEGINNING BALANCE	\$ 6,389	\$ 5,106	\$ 5,683
Prior Year Adjustment	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 6,389	\$ 5,106	\$ 5,683
REVENUES AND TRANSFERS			
Revenues:			
4121200 Delinquent fees	\$ 124	\$ 167	\$ 170
4127400 Renewal fees	\$ 11,076	\$ 13,009	\$ 13,082
4129200 Other regulatory fees	\$ 64	\$ 113	\$ 117
4129400 Other regulatory licenses and permits	\$ 1,934	\$ 2,266	\$ 2,287
4143500 Miscellaneous services to the public	\$ -	\$ 47	\$ 47
4163000 Income from surplus money investments	\$ 17	\$ 84	\$ 83
4171400 Escheat of unclaimed checks and warrants	\$ 4	\$ 4	\$ 4
4172500 Miscellaneous revenues	\$ 5	\$ 5	\$ 5
Total Revenues	\$ 13,224	\$ 15,695	\$ 15,795
Total Revenues, Transfers, and Other Adjustments	\$ 13,224	\$ 15,695	\$ 15,795
Total Resources	\$ 19,613	\$ 20,801	\$ 21,478
EXPENDITURES			
Disbursements:			
1111 Department of Consumer Affairs Program Expenditures (State Operations)	\$ 13,703	\$ 14,142	\$ 14,785
8880 Financial Information System of California (State Operations)	\$ 17	\$ 1	\$ -4
9892 Supplemental Pension Payments (State Operations)	\$ -	\$ 161	\$ 318
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 787	\$ 814	\$ 842
Total Expenditures and Expenditure Adjustments	\$ 14,507	\$ 15,118	\$ 15,941
FUND BALANCE			
Reserve for economic uncertainties	\$ 5,106	\$ 5,683	\$ 5,537
Months in Reserve	4.1	4.3	4.1

NOTES:

* PY 2017-18 BASED ON BUDGET ACT

ATTACHMENT 2

Extraction Report
3/22/2019

DENTAL ASSISTING PROGRAM - FUND 3142
BUDGET REPORT
FY 2018-19 EXPENDITURE PROJECTION

FM 08

OBJECT DESCRIPTION	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19				
	ACTUAL EXPENDITURES (MONTH 12)	ACTUAL EXPENDITURES (MONTH 12)	ACTUAL EXPENDITURES (PRELIM 12)	BUDGET STONE 2018-19	CURRENT YEAR EXPENDITURES FM 08	PERCENT SPENT	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
PERSONNEL SERVICES								
Salary & Wages (Staff)	390,798	404,432	429,537	537,000	334,873	62%	480,177	56,823
Statutory Exempt (EO)	0	0	0	0	0	0%	0	0
Temp Help (Expert Examiners)	0	0	0	0	0	0%	0	0
Temp Help (Consultants)	0	0	0	0	0	0%	0	0
Temp Help Reg (907)	0	33,448	38,903	0	54,367	0%	80,613	(80,613)
Temp Help (Exam Proctors)	0	0	0	0	0	0%	0	0
Board Member Per Diem (901, 920)	4,200	2,600	600	0	900	-	2,500	(2,500)
Overtime	3,466	12,255	9,508	0	229	-	8,500	(8,500)
Staff Benefits	257,393	292,318	311,350	350,000	237,754	68%	340,917	9,083
TOTALS, PERSONNEL SVC	655,857	745,053	789,897	887,000	628,123	71%	912,707	(25,707)
OPERATING EXPENSE AND EQUIPMENT								
General Expense	8,400	8,988	9,122	36,000	2,248	6%	9,000	27,000
Fingerprint Reports	54	27	77	8,000	0	0%	100	7,900
Minor Equipment	6,369	0	0	0	2,732	-	6,000	(6,000)
Printing	5,573	3,893	60	20,000	0	0%	4,000	16,000
Communication	30	0	0	13,000	294	2%	500	12,500
Postage	14,689	0	1	37,000	0	0%	14,000	23,000
Insurance	0	11	3,274	0	0	-	3,600	(3,600)
Travel In State	43,566	36,037	14,975	49,000	11,248	23%	39,800	9,200
Travel, Out-of-State	0	0	0	0	0	-	0	0
Training	0	36	0	4,000	0	0%	500	3,500
Facilities Operations	82,391	45,737	72,335	64,000	39,986	62%	80,000	(16,000)
Utilities	0	0	0	1,000	0	0%	0	1,000
C & P Services - Interdept.	0	0	0	288,000	0	0%	0	288,000
C & P Services - External	0	25,000	46,601	32,000	16,257	51%	33,000	(1,000)
DEPARTMENTAL SERVICES:								
Office of Information Services	579,091	655,397	568,400	530,000	353,333	67%	530,000	0
Administration Services	134,858	137,466	157,348	175,000	116,667	67%	175,000	0
Interagency Services	0	0	0	73,000	1,954	3%	2,900	70,100
Interagency Services w/ Office of Professional Examination Services	0	39,728	64,415	0	24,020	-	38,552	(38,552)
Division of Investigation - Internal	3,933	3,680	3,286	5,000	3,333	67%	5,000	0
Communications Division	9,000	16,372	8,820	11,000	7,333	67%	11,000	0
Program and Policy Review Division	0	654	7,840	8,000	5,333	67%	8,000	0
INTERAGENCY SERVICES:								
Consolidated Data Center	0	0	0	3,000	0	0%	0	3,000
Information Technology	909	0	720	1,000	108	11%	2,000	(1,000)
Statewide ProRata	91,663	0	0	0	0	0%	0	0
EXAMS EXPENSES:								
Exam Supplies	15,232	13,832	0	4,000	0	0%	14,500	(10,500)
Exam Site Rental - State Owned	37,685	56,756	0	0	0	-	57,000	(57,000)
Exam Site Rental - Non State Owned	37,550	30,000	0	70,000	0	0%	34,000	36,000
C/P Svcs-External Expert Administration	2,983	200	0	31,000	0	0%	0	31,000
C/P Svcs-External Expert Examiners	0	0	0	47,000	0	0%	0	47,000
C/P Svcs-External Expert Examiners	0	0	0	0	0	-	0	0
C/P Svcs-External Subject Matter	209,934	136,891	96,975	0	80,066	-	179,000	(179,000)
Other Items of Expense	0	5,610	0	0	8,448	-	8,448	(8,448)
ENFORCEMENT:								
Attorney General	120,865	137,406	144,981	173,000	73,980	43%	148,500	24,500
Office Admin. Hearings	0	0	0	3,000	0	0%	0	3,000
Court Reporters	0	83	0	0	0	-	0	0
Evidence/Witness Fees	5,019	0	7,628	0	831	-	8,000	(8,000)
Vehicle Operations	0	0	20	0	0	-	0	0
Major Equipment	568	0	0	0	0	-	0	0
TOTALS, OE&E	1,410,382	1,353,804	1,206,876	1,686,000	748,171	44%	1,412,400	273,600
TOTAL EXPENSE	2,066,239	2,098,857	1,996,773	2,573,000	1,376,294	53%	2,325,107	247,893
Sched. Reimb. - Fingerprints	(948)	(1,323)	(622)	(13,000)	(83)	1%	(1,100)	(1,100)
Sched. Reimb. - Other	(795)	(705)	0	(3,000)	0	0%	(700)	(700)
NET APPROPRIATION	2,064,586	2,096,829	1,996,151	2,557,000	1,376,211	54%	2,323,307	246,093
SURPLUS/(DEFICIT):								9.6%

ATTACHMENT 2A

**3142 - State Dental Assistant Fund
Analysis of Fund Condition**

Prepared 1.10.2019

(Dollars in Thousands)

2019-20 Governor's Budget

	PY* 2017-18	CY 2018-19	BY 2019-20
BEGINNING BALANCE	\$ 2,120	\$ 1,413	\$ 1,110
Prior Year Adjustment	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 2,120	\$ 1,413	\$ 1,110
REVENUES AND TRANSFERS			
Revenues:			
4121200 Delinquent fees	\$ 79	\$ 90	\$ 88
4127400 Renewal fees	\$ 1,540	\$ 1,830	\$ 1,827
4129200 Other regulatory fees	\$ 27	\$ 28	\$ 26
4129400 Other regulatory licenses and permits	\$ 371	\$ 507	\$ 547
4143500 Miscellaneous services to the public	\$ 1	\$ 1	\$ 1
4163000 Income from surplus money investments	\$ 4	\$ 16	\$ 12
4172500 Miscellaneous revenues	\$ 1	\$ 1	\$ 1
Total Revenues	\$ 2,023	\$ 2,473	\$ 2,502
Total Revenues, Transfers, and Other Adjustments	\$ 2,023	\$ 2,473	\$ 2,502
Total Resources	\$ 4,143	\$ 3,886	\$ 3,612
EXPENDITURES			
Disbursements:			
1111 Department of Consumer Affairs Program Expenditures (State Operations)	\$ 2,542	\$ 2,557	\$ 2,486
8880 Financial Information System for California (State Operations)	\$ 4	\$ -	\$ -1
9892 Supplemental Pension Payments (State Operations)	\$ -	\$ 17	\$ 33
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 184	\$ 202	\$ 148
Total Expenditures and Expenditure Adjustments	\$ 2,730	\$ 2,776	\$ 2,666
FUND BALANCE			
Reserve for economic uncertainties	\$ 1,413	\$ 1,110	\$ 946
Months in Reserve	6.1	5.0	4.2

NOTES:

* PY 2017-18 BASED ON PRELIMINARY FM 12 REPORTS



MEMORANDUM

DATE	April 29, 2019
TO	Members of the Dental Board of California
FROM	Paige Ragali, Program Coordinator Elective Facial Cosmetic Surgery Permit Program
SUBJECT	Agenda Item 7: Report on the April 10, 2019 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee; Discussion and Possible Action to Accept Committee Recommendations for Issuance of Permit

Background:

The Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee (Committee) met on April 10, 2019 via video/teleconference.

In closed session, the Committee reviewed two (2) applications. According to statute, the Committee shall make a recommendation to the Dental Board on whether to issue or not issue a permit to the applicant. The permit may be unqualified, entitling the permit holder to perform any facial cosmetic surgical procedure authorized by the statute, or it may contain limitations if the Credentialing Committee is not satisfied that the applicant has the training or competence to perform certain classes of procedures, or if the applicant has not requested to be permitted for all procedures authorized in statute.

The Committee’s recommendation to the Board is as follows:

1. Applicant: Jeremy May, DDS, requested unlimited privileges for Category I (cosmetic contouring of the osteocartilaginous facial structure, which may include, but not limited to, rhinoplasty and otoplasty) and Category II (cosmetic soft tissue contouring or rejuvenation, which may include, but not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation).

The Committee recommends the Board issue a permit for unlimited Category I (cosmetic contouring of the osteocartilaginous facial structure, which may include, but not limited to, rhinoplasty and otoplasty) and Category II (cosmetic soft tissue contouring or rejuvenation, which may include, but not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation) privileges.

2. Applicant: Jay Fedorowicz, DDS, requested unlimited privileges for Category I (cosmetic contouring of the osteocartilaginous facial structure, which may include, but not limited to, rhinoplasty and otoplasty) and Category II (cosmetic soft tissue contouring or rejuvenation, which may include, but not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation).

The Committee recommends the Board issue a permit for unlimited Category I (cosmetic contouring of the osteocartilaginous facial structure, which may include, but not limited to, rhinoplasty and otoplasty) and Category II (cosmetic soft tissue contouring or rejuvenation) limited to blepharoplasty, facial skin resurfacing, or lip augmentation privileges.

Action Requested:

Staff requests a motion from the Board to:

1. Accept the EFCS Credentialing Committee Report.
2. Issue Jeremy May, DDS, an EFCS Permit for unlimited Category I and Category II privileges; and
3. Issue Jay Fedorowicz, DDS, an EFCS Permit for unlimited Category I and Category II cosmetic soft tissue contouring or rejuvenation, limited to blepharoplasty, facial skin resurfacing, or lip augmentation privileges.



MEMORANDUM

DATE	April 29, 2019
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer
SUBJECT	Agenda Item 8(a): Update on the March 5, 2019 Sunset Review Oversight Hearing

The Dental Board of California (Board) appeared before the Assembly Business and Professions Committee and Senate Business, Professions and Economic Development Committee (Committees) on March 5, 2019 for its Joint Sunset Review Oversight Hearing. Ms. Fran Burton, President and Dr. Steven Morrow, Vice President represented the Board. Also attending the hearing were Karen Fischer, Executive Officer, Sarah Wallace, Assistant Executive Officer and Carlos Alvarez, Enforcement Chief.

The Board’s testimony included a brief overview of the Board; and responses to following issues:

- Issue #5 – The Registered Dental Assistant Practical Examination
- Issue #6 - The Portfolio Pathway to Licensure
- Issue #7 – Foreign Dental Schools
- Issue #10 – Opioid Crisis

Following the Board’s testimony, members asked additional questions relating to whether or not the Board should pursue a statutory requirement for an oral and maxillofacial surgeon (OMS) to be one of the eight dentists on the board appointed by the Governor; Botox; timeframes for processing consumer complaints; and whether or not the Board should adopt a policy on conflict of interest for continuing education providers. Please refer to the webcast for the responses provided to the Committee members. The webcast of this hearing is archived on Cal Channel and can be found on the following link: <http://www.calchannel.com/video-on-demand/>

Representatives from the California Dental Association (CDA) and California Association of Oral and Maxillofacial Surgeons (CalAOMS) testified about their good working relationship with the Board and staff; and recommended the Dental Board of California continue to regulate dentistry in the State. The Committees received letters from CDA and the California Dental Assistants Association. Copies are included.

Agenda Item 8(a): Oversight Hearing Update
 Dental Board of California Meeting
 May 15-16, 2019



February 26, 2019

The Honorable Evan Low
Chair, Assembly Business & Professions Committee

The Honorable Steve Glazer
Chair, Senate Business, Professions and
Economic Development Committee

RE: Dental Board of California Sunset Review

Dear Assemblymember Low and Senator Glazer:

On behalf of our more than 27,000 member dentists across the state, the California Dental Association is pleased to weigh in on the Dental Board's (Board) Sunset Review. The California Dental Association (CDA) values the committees' attention to the issues raised in the Sunset Review report and appreciates the opportunity to contribute to the Sunset Review process. CDA works closely with our members and the Board to address the needs and concerns of patients and the profession in the provision of dental services to Californians.

During the last Sunset Review, CDA's primary area of concern was the Board's financial outlook and the substantial fee increases that had occurred in the years just prior to the review. We are pleased that after the Board's fee audit and deliberate attention on long-range planning, the Board is building its reserves and reports being on solid financial ground.

CDA is also pleased to see a continued focus on the implementation and improvement of the Portfolio dental licensure examination. California has led the way on building an alternative to the conventional examination, which relies on a single, separate test for clinical competency, that instead integrates competency assessments into existing dental education and ongoing patient care. We are glad to see the Board is continuing to take a leadership role on this issue and look forward to working with the Board, the dental schools and the committees to improve not only the test itself, but also its portability for licensure in other states.

Additionally, CDA appreciated the opportunity to have worked closely with the Board, stakeholders, your committees and Sen. Glazer to develop a framework to improve safety in the provision of pediatric dental anesthesia through last year's SB 501 (Glazer). We understand that there will be significant regulatory work ahead to create the new permitting structure and required education, as well as a change for all dentists who have an existing

sedation permit, but we strongly support the new permit structure and are committed to supporting the Board's work to ensure a timely and successful implementation.

CDA is also aware that the Board is working to move forward several regulatory proposals, many of which provide needed updates or technical clean up to existing regulations, such as proposals affecting dental-assisting education, continuing dental education, the provision of dental care by mobile dental providers, and others. CDA looks forward to working with the Board to see these much-needed changes come to fruition.

CDA appreciates the committees' attention to these and the other important matters in the Sunset Review to ensure the safe and effective provision of dental care to Californians; we look forward to continuing to work closely with the Board in the coming years.

Please do not hesitate to contact me at 916.554.7340 or brianna.pittman@cda.org if you have questions or need clarification on these or other issues raised in the Board's Sunset Review report.

Sincerely,



Brianna Pittman-Spencer
Legislative Director

c: Members, Assembly Business & Professions Committee
Members, Senate Business, Professions and Economic Development Committee



CALIFORNIA
DENTAL ASSISTANTS
ASSOCIATION

February 28, 2019

The Honorable Evan Low
Chair of the Committee on Business and Professions
California State Assembly
State Capitol, Room 4202
Sacramento, CA. 95814

RE: Oversight Hearing – Sunset Review Committee Dental Board of California

Dear Assembly Member Low:

The California Dental Assistants Association has several concerns regarding the Dental Board of California and the Dental Assisting Council. While there has been an improvement in communication and collaboration between stakeholders and the Dental Board, there are still areas of concern that we believe to be important.

Oversight of Programs:

During the last Sunset Review, it was noted by the Dental Assisting community that the Board had not begun its review of existing programs as dictated by the passage of AB2637 in 2009. It was also noted that the educational process of approval and re-approval would be better accomplished with an accrediting agency like the American Dental Association Commission on Dental Accreditation (CODA) which is used for all dental schools and hygiene schools across the country. Yet the Board continues to find reasons to disregard CODA for dental assisting programs. Instead, they utilize staff who have limited dental educational background. This is problematic. It is still our belief that the dental assisting educational programs in California would be better served by a body whose sole purpose is to accredit and re-evaluate educational programs.

This belief has been underscored with the re-approval process of existing RDA programs, which the Board began in 2018. Discussions have begun regarding our concerns of this process, which is seriously flawed.

Regulatory Language Delays:

There has been a persistent delay in revising the dental assisting educational regulations, an issue which was raised in the 2014 Sunset Review. The regulatory package for Radiation Safety was approved by the DAC in 2015 and submitted to the Board; it was then sent back to the Dental Assisting Council without written notice regarding the reason it was rejected.

The Board then began work on a comprehensive regulatory package for dental assisting educational programs, which included stakeholder workshops. These workshops were held beginning in 2016 with the last one held in June 2017. Though the Board continuously states they will have a draft to present 'at the next board meeting', none have been presented to date. The delay, as stated by the Board is due to the 'staff workload', 'lack of resources' and the continuous turnover in the Regulatory Analyst position.

California Dental Assistants Association • PO Box 9411, Alta Loma, CA 91711 • info@cdaaweb.org



CALIFORNIA
DENTAL ASSISTANTS
ASSOCIATION

Another example of this is the multiple times that Ms Greenfield was asked to bring her proposal regarding local anesthesia and nitrous oxide (for the RDAEF) to the DAC and Board only to have the items tabled, pushed back and deferred. Similar delays have not been experienced with legislation brought to the Board relating to dentists, but rather there have been many pieces of legislation moved forward.

Equity In Governance:

As a result of the 2010 Sunset Review process, the Board was to establish a Dental Assisting Council to provide a public forum to hear, discuss, and act on all matters pertaining to dental assisting and to bring recommendations to the Board for approval. If approval is not given, the Board is responsible to provide feedback regarding the denial in writing. During the development of the authorizing legislation, dental assisting stakeholders expressed concern over the manner in which the Council would be assembled if the Board appointed and controlled the makeup of the Council. It would potentially be a direct reflection of the Board itself (which is composed of 8 dentists and 1 assistant, an imbalance given the numbers in practice in the field). This we feared would prevent the necessary autonomy to openly and fairly address issues impacting the dental assisting community.

During the 2014 Sunset Review process, it was again noted by Dental Assisting stakeholders that the interests of the dental assisting community would be better served by transferring the authority for the appointment of the DAC members from the Board to the governor. This would ensure that the Council members would be properly vetted and would be consistent with the statute and that appointees would not be subjected to undue influence by the Board members who serve on the Council.

We appreciate your attention to these areas of concern as we move forward in attempting to continue to create an environment of transparency and clear communication throughout the dental community. It is imperative that we trust our leaders and have confidence that our voices and concerns are heard and addressed.

Respectfully submitted,

Shari Becker, CDA, RDA, FADAA
CDAA President



MEMORANDUM

DATE	April 29, 2019
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer
SUBJECT	Agenda Item 8(b): Update on Response to the <i>Legislative Oversight Committees' Background Paper and Current Sunset Review Issues for the Dental Board of California</i> , Submitted Electronically April 3, 2019

On February 28, 2019 I emailed Board and Council members the *Legislative Oversight Committees' Background Paper and Current Sunset Review Issues for the Dental Board of California*. This information was received prior to the Oversight Hearing on March 5th.

The Board was asked to provide testimony on four items at the hearing: Issue #5 (RDA Practical Examination), Issue #6 (Portfolio), Issue #7 (Foreign Dental Schools) and Issue #10 (Opioids). The remainder of the issues were to be addressed in writing thirty days after the hearing. The following document was submitted electronically on April 3, 2019.

Most of the issues that required a response had been discussed by the Board in open public meetings. Those issues that the Board had not discussed will either appear on the May meeting agenda or at a future board meeting.

I will be walking members through each issue and response. It will be helpful for members to review the document prior to the meeting and to flag those issues upon which you have questions and/or that require further discussion.

**RESPONSE TO THE LEGISLATIVE OVERSIGHT COMMITTEES’
BACKGROUND PAPER AND CURRENT SUNSET REVIEW ISSUES FOR
THE DENTAL BOARD OF CALIFORNIA
Submitted Electronically April 3, 2019**

The Dental Board of California (DBC) is submitting its response to issues identified in the Legislative Oversight Committees’ Background Paper; as well as issues that were identified during the oversight hearing that took place on March 5, 2019.

FISCAL ISSUES

ISSUE #1: *Merger of Special Funds. Should the State Dentistry Fund and the State Dental Assisting Fund be merged to simplify and streamline accounting and budgeting processes for the DBC?*

Background: Following discussions conducted during the DBC’s last sunset review, board staff researched the feasibility of merging the State Dentistry Fund and the State Dental Assisting Funds, in consultation with the Department of Consumer Affairs’ Budget Office. Staff determined that the merging of the two funds would streamline certain processes. Combining of the two separate funds and two separate appropriations into one would create efficiencies in budgeting and accounting processes in the long term and make budgeting issues simpler to understand.

It has been noted that there would be a significant amount of work involved in consolidating the two distinct funds, and statute would have to be amended to accommodate the transition. However, the Department of Consumer Affairs’ Budget Office has stated its belief that the long-term benefits of merging the two funds outweigh the short-term concerns and increased workload. At the May 2017 meeting, the DBC voted to support the merging of the State Dentistry Fund and the State Dental Assisting Fund and directed staff to continue to research and identify the process by which the two funds may be merged; and to include a request to merge the funds as part of the DBC’s Sunset Review Report.

Staff Recommendation: *In light of the extensive research that was conducted into the feasibility and benefits of merging the Dentistry and Dental Assisting Funds in the long-term, statute should be amended to facilitate the process of combining the funds.*

DBC Response: The DBC agrees with this recommendation and once given the statutory authority to proceed, will work with the Department of Consumer Affairs’ (DCA) Budget Office to merge the Dentistry and Dental Assisting Funds.

ADMINISTRATIVE ISSUES

ISSUE #2: *Dental Hygiene Board. What is the current state of the DBC’s relationship with the Dental Hygiene Board of California, which also regulates licensees involved in the dental profession?*

Background: The Dental Hygiene Committee of California was established nearly a decade ago as the only standalone regulatory entity for dental hygienists in the nation. The committee was formally renamed the Dental Hygiene Board (DHBC) following its sunset review in 2018 in recognition of its

functionality as an independent body with fully independent authority to regulate the practice of dental hygiene. The DHBC's sunset extension vehicle also struck language from statute misleadingly stating that the DHBC was an entity "within the jurisdiction of the Dental Board of California."

As the exclusive regulator of individuals licensed as registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions, the DHBC shares the responsibility for overseeing professionals working in dental offices along with the DBC. Therefore, any discussions regarding potential scope changes or other changes to practice within the range of dental professionals licensed by each entity respectively must therefore be done with open communication and collaboration between the boards. A strong relationship between board staff for the DBC and the DHBC is necessary to promote an ongoing balance of professional practice within the team environment of a dental office.

Staff Recommendation: *The DBC should provide the committees with an overview of how it operates collaboratively with the Dental Hygiene Board of California and describe whether any adjustments are being made in light of recent statutory changes made during the DHBC's latest sunset review.*

DBC Response: The executive officers of the DBC and the Dental Hygiene Board of California (DHBC) have enjoyed a collaborative relationship since the breakup of the Committee on Dental Auxiliaries (COMDA) and the formation of the Dental Hygiene Committee of California in 2009. The executive officers accompany their board presidents to each regular meeting to keep each board apprised of the issues of concern and activities of the other board. The lines of communication remain open. The DBC and DHBC work together on enforcement cases when appropriate. The Legislature created the Dental Hygiene Committee (now recognized as a Board) so that it could make independent decisions on issues related to the regulation of the hygienist profession. The DBC anticipates no adjustments are necessary in light of recent statutory changes made during the DHBC's last sunset review.

ISSUE #3: Board Attorney. Does the DBC have sufficient legal counsel?

Background: Business and Professions Code § 1616 expressly provides the DBC with "full power to ... appoint its own attorney, prescribe his duties and fix his compensation."¹ However, the DBC does not currently have its own dedicated attorney. Legal representation in disciplinary prosecution is provided by the Attorney General's Licensing Section, and the Department of Consumer Affairs offers counsel as part of the centralized services it provides to boards, as needed to assist with rulemaking, address legal issues that arise, and support compliance with open meeting laws. Dedicated board counsel is, however, considered to provide substantial value when questions of law occur regularly enough to warrant the presence of attorney who specializes in a board's Practice Act and areas of jurisdiction. It is under this line of thinking that the Legislature has authorized the DBC to appoint its own lawyer, and any reasons for that position remaining unfilled should be discussed before the committees.

Staff Recommendation: *The DBC should give an update on the current structure under which the board receives legal advice and representation; inform the committees of whether it believes the hiring of dedicated board counsel, as permitted in statute, would be of substantial benefit; and provide any background on why the board attorney position has not been filled.*

¹ Pronouns quoted as currently written in statute.

DBC Response: At present, the DCA has control over department legal counsel assignments to specific boards and bureaus. The DCA frequently shifts legal counsel assignments, which creates undue hardship on board and bureau operations. The DBC is currently assigned legal counsel representation from the DCA.

In an effort to promote continuity and stability on highly complex, sensitive, and political legal matters, the DBC believes it is critical to its mission and success that it permanently employs its own Attorney. The DBC submitted a package to establish an Attorney III blanket position at limited term for 24 months in order to address and record the workload that is required of an Attorney III allocation for a future Budget Change Proposal for a permanent position. The recruitment package was submitted to DCA Human Resources in July 2017.

Discussions between the DBC's Executive Officer and the DCA Deputy Director of Legal Affairs resulted in the recruitment package being suspended and new legal counsel was assigned to the DBC. As a result of the newly assigned legal counsel leaving DCA, the DBC reinitiated the recruitment package, which has been held in the DCA Executive Office since February 21, 2019. As of April 2, the DCA Chief Deputy Director indicated that "the recruitment package is being reviewed and he hopes to have more information to report soon."

ISSUE #4: *NC Dental. Are there any outstanding concerns that the Supreme Court's decision in North Carolina State Board of Dental Examiners v. FTC could have implications for the DBC?*

Background: In 2015, the United States Supreme Court ruled in *North Carolina State Board of Dental Examiners v. Federal Trade Commission* ("NC Dental") that when a state regulatory board features a majority share of active market participants, any allegedly anticompetitive decision-making may not be subject to Parker antitrust litigation immunity unless there is "active state supervision" to ensure that all delegated authority is being executed in the interest of the public and not the private commercial interests of the members.

This case has not yet resulted in any meaningful litigation against public bodies established under California law, and it remains to be seen whether any of the state's regulatory entities are vulnerable to antitrust claims. However, the *NC Dental* decision remains a persistent topic of discussion for each regulatory body that has since undergone review.

The DBC is a majority-professional member board overseeing the practice of dentistry. However, numerous distinctions between the DBC's regulatory activities and the facts of the *NC Dental* case make the likelihood of similarly successful antitrust litigation substantially improbable. For example, while the North Carolina State Board of Dental Examiners is considered an "agency of the State," its eight-member board featured six practicing dentists and one practicing dental hygienist, all of whom were elected by practicing licensees within the profession. A single public member was appointed by the Governor to the board. By contrast, the DBC has eight practicing dentists, one registered dental hygienist, one registered dental assistant, and five public members, all of whom are appointed by either the Governor or legislative leadership.

Further, the oversight provided by the Department of Consumer Affairs uniquely confirms the presence of "active state supervision" for purposes of *NC Dental*. The DBC is considered only semi-autonomous, with much of its rulemaking and disciplinary activity subject to involvement by multiple other

governmental entities. The Department of Consumer Affairs has also worked to ensure that members are adequately trained in certain procedures to ensure an adequate record of deliberation for purposes of defense against any potential allegations of antitrust.

Staff Recommendation: *The DBC should describe what efforts it has taken to ensure its decision-making is subject to sufficient state supervision so as to provide board members with confidence that their actions are covered by Parker immunity from antitrust allegations.*

DBC Response: As part of the DCA's Board Member Orientation, it provides members with information and guidance regarding the NC Dental case. The guidance includes the following: Always remember the board's mission is consumer protection; be cognizant of how a board decision could impact a particular marketplace as compared to the public policy benefits; recognize that individual disciplinary decisions are not likely to trigger antitrust liability; make regulatory and policy decisions after robust discussions that focus on consumer protection, and prepare and retain records and minutes that capture those discussions; and consult with DCA legal counsel as necessary. Additionally, when the DBC promulgates regulations there are 13 levels of review in the initial phase of the regulatory process and 13 levels of review in the final phase of the regulatory process. The process is transparent and allows for public comment and oversight by other state agencies. The DBC has monitored previous legislative attempts in California to provide clarification that the DBC's actions are covered by Parker immunity from antitrust allegations; appreciates this effort and would continue to support it.

EDUCATION AND EXAMINATION ISSUES

ISSUE #5: *RDA Practical Examination. Should the practical examination requirement for registered dental assistants be permanently eliminated?*

Background: On April 6, 2017, the DBC voted to suspend the RDA practical examination as a result of the findings of a review conducted by the Office of Professional Examination Services (OPES) within the Department of Consumer Affairs. (As discussed under "Prior Sunset Issues.") This review was prompted by issues highlighted during the DBC's last sunset review in 2015, when it was revealed that the average passage rate for the RDA practical examination had dropped from roughly 83% in 2014 to between 19% and 38%. AB 179 (Bonilla) subsequently authorized the DBC to suspend the examination pending the results of the study. This suspension was then extended until January 1, 2020 by AB 1707 (Low).

The OPES report determined that the practical examination did not accurately measure the competency of RDAs and recommended that the DBC immediately suspended the administration of the examination. OPES opined that correcting compliancy with technical and professional standards will require a great deal of time and resources from the DBC and industry and recommended that the DBC initiate a process to evaluate options other than the examination to ensure the competency of a RDA. OPES evaluated the practical examination with regard to reliability of measurement, examiner training and scoring, test administration, test security, and fairness. Specifically, OPES identified that the inconsistencies in different test site conditions, deficiencies in scoring criteria, poor calibration of examiners, and the lack of a clear definition of minimum acceptable competence indicated that the practical examination does not meet critical psychometric standards.

At its August 2017 meeting, the DBC took action to appoint a subcommittee of the DBC to develop alternatives to RDA licensure, other than a practical exam, to bring back for consideration at a future meeting. This subcommittee integrated stakeholder feedback in a workshop. At its November 2017 meeting, the DBC voted to adopt the alternative which requires that eligibility for RDA licensure be based on completion of the current licensure requirements and passage of the RDA written examination and the RDA Law & Ethics written examination, without the practical examination. The DBC has stated its belief that this option was the most reasonable and optimal and will not introduce additional barriers to RDA licensure. The decision is supported by the fact that OPES indicated that the RDA written examinations, along with the fact that RDA duties are supervised by the dentist, places the public at little risk of harm. A practical examination, the DBC believes, would not provide additional public protection beyond that conferred by successful completion of an educational program or a written examination.

Staff Recommendation: *The DBC should speak to whether it has received any complaints relating to RDAs that have not passed the suspended practical examination; whether it believes a practical examination is essential to measuring competency of RDAs; and whether it believes this examination should be revived effective January 1, 2020 or if its current suspension should be made permanent.*

DBC Response: During the DBC's last sunset review in 2015, concerns were raised relating to the passing rate of its Registered Dental Assistant (RDA) practical examination. Discussions surrounding these concerns resulted in the passage of AB 179, authored by Assembly Member Bonilla, that authorized the DBC to suspend the practical examination if a review of the DCA Office of Professional Examination Services (OPES) concluded the practical examination was unnecessary or did not accurately measure the competency of RDAs in California.

The DBC along with the Dental Assisting Council (DAC) determined that an occupational analysis of the RDA profession must be conducted to develop a description of current practice in terms of the actual job tasks that entry-level licensees must be able to perform safely and competently.

The OPES conducted the occupational analysis as requested and the results of the project were also used to ensure the content of written, practical, and law and ethics licensing examinations reflected the knowledge and skills that are critical for public protection.

In addition to the occupational analysis, the OPES conducted a review of the RDA practical examination and recommended the DBC immediately suspend its administration. Further, the OPES concluded there was a relatively low risk of harm to the public from the suspension of the examination because of the other measures in place, such as the requirement for applicants to pass a written examination and RDAs are required to be under general or direct supervision of a licensed dentist. On April 6, 2017, the DBC voted to suspend the administration of the practical examination.

At its August 2017 meeting, the DBC and the DAC considered alternatives, presented by the OPES, relating to assessing the competency of RDA candidates to perform the clinical procedures necessary for licensure. The DBC appointed a subcommittee of its members to evaluate alternatives, other than a practical examination, to bring back to the DBC and DAC for consideration at a future meeting.

After considering feedback received during a stakeholder workshop, the subcommittee recommended alternatives at the November 2017 DBC meeting. Consideration was given not only to public protection, but also whether the new eligibility requirements would eliminate overly restrictive eligibility standards, or standards of practice that unduly limit competition between professionals or place undue burdens on those who want to enter the profession.

Ultimately, the DBC and DAC voted to adopt an alternative to a practical exam which requires eligibility for RDA licensure be based on completion of the current application requirements as established by current law and regulation and successful completion and passing of the RDA written examination and the RDA law & ethics written examination.

The DBC and DAC believe that this option was the most reasonable and optimal and will not introduce additional barriers to RDA licensure. The decision is supported by requiring candidates to take and pass a written examination and once licensed, the duties are supervised by the dentist therefore the public is at little risk of harm. A practical examination would not provide additional public protection beyond that conferred by successful completion of an educational program or a written examination.

Since the suspension of the practical examination in April 2017, the DBC has issued approximately 4,500 RDA licenses. It is important to note, the DBC has not received complaints relating to RDAs licensed without having taken a practical examination.

The DBC does not believe an RDA practical examination is essential to measuring competency to become initially licensed in California because proficiency in performing the RDA abilities occurs after licensure and is related to the RDA gaining further practice and experience in dental offices under the supervision of their employer dentists. Additionally, the supervising dentist is the ultimate judge and arbiter of the extent to which the RDA demonstrates sufficient proficiency to perform duties in the dentist's office.

Currently, the suspension of the practical examination is only authorized in statute until January 1, 2020. The DBC recommends the current suspension of the RDA practical examination be made permanent and eligibility for RDA licensure be based on completion of the current application requirements as established by current law and regulation and successful completion and passing of the RDA written examination and the RDA law & ethics written examination.

ISSUE #6: Portfolio Examinations. Is the DBC's portfolio examination process adequately providing pathways to licensure for dental students as an effective alternative to conventional examinations?

Background: Licensure by portfolio is a recently enacted alternative pathway to licensure as a dentist in California, available to applicants since November 2014. Under portfolio licensure requirements, instead of taking a single examination, students build a portfolio of completed clinical experiences and clinical competency examinations in six subject areas over the normal course of their clinical training during dental school. The portfolio option gives students in California an alternative to being tested on a live patient over the course of one weekend. The applicant's portfolio is assessed for demonstration of experiences and competencies, following a letter of good standing signed by the dean of the applicant's dental school. The applicant must also pass Parts I and II of the National Board Written Examinations.

The portfolio option gives students an alternative to being tested on a live patient over the course of one weekend, which is the method of assessing competency used in the Western Regional Examination Board (WREB) exam process, as well as other examinations throughout the country. The portfolio process offers multiple benefits to students and patients, including letting students extend treatment over multiple patient visits, which reduces the stress of a one-time testing event and more closely simulates real-world care. The pathway provides an opportunity for patients to receive follow-up treatment as needed; and provides a method by which students are ready for licensure upon graduation.

Concerns have been raised that because California has the distinction of being one of the first states to pursue this method of qualifying for licensure, dentists who have obtained their license through the portfolio pathway may face difficulties when seeking reciprocal acknowledgment of qualification by other states. The DBC's successful implementation of licensure by portfolio continues to be an important demonstration of the effectiveness of what could be considered regulatory innovation. However, if applicants are denied license portability as a result of the novel nature of this examination alternative, the DBC should consider whether additional steps should be taken to safeguard licensee mobility.

Staff Recommendation: *The DBC should characterize the success of licensure by portfolio examination and inform the committees of any issues relating to how this pathway to the dental profession impacts students seeking to practice dentistry within and outside California.*

DBC Response: The portfolio examination pathway to licensure in California is an example of the effectiveness of innovative methods of dental licensure. The concept of the DBC's portfolio curriculum integrated clinical examination was born from the idea that no more human subjects would be used for post-graduation clinical licensure examinations. Upon this premise, the DBC moved forward with the development and implementation of a curriculum integrated clinical licensure examination for students graduating from dental schools in California.

The portfolio pathway to licensure allows students to build a portfolio of completed clinical experiences and clinical competency examinations in six subject areas over the course of their clinical training in dental school, instead of taking a single examination on a live patient over the course of a weekend. The portfolio process offers multiple benefits to students and patients, including letting students extend treatment over multiple patient visits, which reduces the stress of a one-time testing event and more closely simulates real-world patient care. The pathway provides an opportunity for patients to receive follow-up treatment as needed; and provides a method by which students are ready for licensure upon graduation.

This pathway to licensure has the full support of the six dental schools in California. However, student participation has dropped. Some have speculated that students are concerned with portability between states, for example, if the student is licensed by the portfolio pathway in California would this license be accepted in another state.

The DBC continues to work with schools and students to respond to challenges presented by this pathway to licensure in California.

During the past four years the DBC has responded to inquiries from other states expressing an interest in the California portfolio model. The DBC has made all material developed from inception to implementation of the portfolio pathway to licensure available on the DBC's website, including but not limited to the legislation, the consultant psychometric examination reports, and the regulations as well as the candidate and examiner handbooks developed for implementation. Other states now have the road map on how to develop and implement California's curriculum integrated clinical examination should they choose to do so.

A national movement has begun to consider using California's hybrid portfolio examination as the clinical examination throughout the country. Efforts are being made by the American Dental Association, the American Dental Educators Association, and the American Student Dental Association to promote a compendium of clinical competencies based on California's program. The

DBC will support this effort and will be working with other state regulatory agencies to promote this pathway to licensure.

ISSUE #7: *Foreign Dental Schools. Should the current process by which the DBC approves foreign dental schools continue?*

Background: Statute enacted in 1998 granted the DBC responsibility for approving foreign dental schools, recognizing that “graduates of foreign dental schools who have received an education that is equivalent to that of accredited institutions in the United States and that adequately prepares their students for the practice of dentistry shall be subject to the same licensure requirements as graduates of approved dental schools or colleges.” Schools outside the United States and Canada seeking approval to graduate students eligible for licensure as dentists in California must apply to the DBC and undergo an evaluation process, with renewal applications required every seven years.

The DBC’s investigative process for reviewing applications from foreign dental schools is outlined in regulations. Schools are required to meet basic curriculum requirements as well as administrative and programmatic standards to ensure a certain degree of equivalency with schools operating within the United States. An “onsite inspection and evaluation team” appointed by the board is then responsible for making “a comprehensive, qualitative onsite review of each institution that applies for approval.” This review includes examining documents, inspecting facilities, auditing classes, and interviewing administrators, faculty, and students. Reviewed schools are required to reimburse the DBC for all reasonable costs incurred by staff and the site team relating to the inspection. The DBC must notify the school of whether it has been approved within 225 days of a completed application.

Two foreign dental schools are currently approved by the DBC: The University De La Salle School of Dentistry, located in Leon, Guanajuato, Mexico, and the State of Medicine and Pharmacy “Nicolae Testemintanu” of the Republic of Moldova. The Moldova dental school Moldova received a two-year provisional approval in December 2016 and full approval in May 2018. Subsequently, members of the DBC grew concerned that additional details of the Moldova school’s recruitment program and admission standards were not disclosed in the application or to the DBC site evaluation team during the review.

In the DBC’s November 2018 meeting, the board discussed a recently uncovered flyer advertising the Moldova school titled “Become a dentist... while living in Europe!” The flyer was widely distributed in California through “the University of Moldova USA Inc.”—a separate entity operating an admissions office for the Moldova dental school based in Encino, CA. According to the DBC, the relationship between the dental school and the entity in Encino “was never divulged during the site evaluation conducted in October 2016.” It is apparent that the Moldova dental school has actively recruited students in California, promising DBC-approved dental school education (taught entirely in English) without the need for a four-year college degree. Further, the tuition charged to students recruited in the United States appears to be four times that of Moldovan students.

To date, representatives of the Moldova school have not thoroughly responded to the DBC’s questions and concerns. However, representatives of the school will attend the May 2019 meeting to address the DBC’s concerns. As the DBC continues to debate what appropriate action should be taken concerning

the Moldova school's approval status, the DBC has concluded that it does not have the resources or expertise to sufficiently evaluate foreign dental schools.

During the DBC's last sunset review, an issue was raised regarding whether the DBC should "consider heavier reliance on accrediting organizations for foreign school approvals if those options become available." Currently, dental schools established within the United States but outside California are approved by the Commission on Dental Accreditation (CODA), which further recognizes Canadian dental schools approved by the Commission on Dental Accreditation of Canada. CODA has established an International Accreditation process designed to assess and approve foreign dental schools through robust investigation and evaluation. To date, CODA has yet to approve any foreign dental schools through this lengthy process. However, CODA has begun to evaluate applications for approval, including one submitted by a school in Leon, Guanajuato, Mexico. If it is determined that the role of the DBC in approving foreign dental schools should be reduced, the CODA process may be a desirable alternative.

Staff Recommendation: *The DBC should provide background on how foreign dental schools are currently approved and whether accrediting organizations such as CODA should play a larger role in the approval process.*

DBC Response: During the prior sunset review, the oversight committee discussed foreign dental school approvals and whether the current process for approving foreign dental schools is sufficient; or whether the DBC should consider heavier reliance on accrediting organizations such as the Commission on Dental Accreditation (CODA) for foreign school approvals.

The legislature recognized the need to ensure that graduates of foreign dental schools who have received an education that is equivalent to that of accredited institutions in the United States and that adequately prepares their students for the practice of dentistry shall be subject to the same licensure requirements in California as graduates of approved dental schools or colleges. The institutional standards upon which the board evaluates foreign dental schools were initially established based upon the CODA standards used for dental schools located within the United States. At the time that this statute went into effect, CODA did not have a program to evaluate international dental schools. While throughout the years CODA has continued to review and revise its standards, the DBC has not kept pace with these changes by updating its regulations.

The DBC acknowledges that the California standards should be updated to reflect the CODA standards, however, completing this update through the regulatory process has proven very arduous. The process by which regulations are updated takes anywhere from 9 to 18 months to become effective. CODA implements revisions of its accreditation standards regularly. Between January 1, 2017 and January 1, 2018, CODA implemented revisions to three (3) of its accreditation standards for dental education programs. If the DBC began the process of bringing its educational standards in line with CODA at this time, it is likely that by the time the process is finished, those standards again will have been revised by CODA. This makes it virtually impossible for the DBC to keep current with CODA's accreditation standards.

It is important to point out that over the last twenty years, since this statute was created, there have been only three foreign dental schools that have applied for board approval; two have been successful and one did not complete the process.

In addition, statute states, in pertinent part, the following: "the legislature hereby urges all dental schools in this state to provide in their curriculum a two-year course of study that may be utilized by

graduates of foreign dental schools to attain the prerequisites for licensure in California. Since the inception of this statute, five of the six the dental schools in California have established two-year international dentist programs.

Advancements have been made at CODA with regard to international dental school accreditation. In November 2015, the American Dental Association (ADA) House of Delegates supported the establishment of the CODA Standing Committee on International Accreditation (SCIA). CODA now has a rigorous and comprehensive international accreditation program for predoctoral dental education.

Currently there are a number of international dental schools utilizing the CODA consultative services and are in various phases of the accreditation process.

The DBC believes that the best way to meet the legislature's need to ensure that graduates of foreign dental schools have received an education that is equivalent to that of accredited institutions in the United States is to require foreign dental schools to successfully complete the CODA international consultation and accreditation process that is currently available to all foreign dental schools.

ENFORCEMENT ISSUES

ISSUE #8: *Consumer Products. Does the DBC have sufficient oversight over consumer products advertising self-applied corrective treatments for structural or aesthetic oral health conditions?*

Background: Within the many professions and occupations regulated in California, the advent of new technologies has enhanced access and ease for service to consumers. Dentistry and oral health is no exception, and individuals seeking a “better smile” are able to participate in a growing marketplace for products enabling consumers to improve their oral health and appearance from the comfort of their homes. Like with all services contained within the scope of a profession licensed by the state, however, there is benefit to analyzing the balance of convenience and any potential risk of consumer harm.

One example of a self-applied dental treatment is teeth whitening, which is estimated to be a \$15 billion industry. Numerous methods for whitening teeth are available, from pastes to strips to trays molded to fit a consumer's teeth. Whitening services are available through licensed dental professionals; however, many products can be ordered online or purchased off the shelf. Based on the method of the whitening product, it is likely that the majority of related consumer products pose little risk of patient harm, so while dentist consultation is valuable and recommended for more intensive treatment, the absence of a licensed professional's involvement in many teeth whitening products is unlikely to be problematic.

Another growing market for self-applied dental treatments is in the field of orthodontia. Several companies offer aligners that can be customized for the consumer at either a boutique storefront or through an at-home kit mailed to the customer. Through these products, an individual is able to realign the positioning of their teeth into what they believe will be a straighter smile. While companies offering such products describe the mailed aligners as being “reviewed” by a dental professional through the use of remote tele-dentistry, it is possible for a consumer to go through the realignment process without ever actually consulting with a licensed dentist. This may be cause for some concern in light of reported incidents where teeth have been misaligned when using at-home aligners. Dental boards in other states have begun to take action against the marketers of such products, and ongoing litigation has resulted.

Veneers are another product that can be purchased outside of a dental office. Companies offering clip-on veneers allow consumers to improve their oral aesthetics by masking their real teeth with a more attractive surface. These products can also be ordered online and created through at-home impression kits. While companies offering these kinds of veneers will not sell to consumers who self-report the presence of health issues affecting their teeth, there may still be questions of whether any potential harm could result for consumers who do not speak to a licensed dentist before applying such products.

The DBC has stated that it will be “looking closely at tele-dentistry statutes to determine if corporations are interpreting the law too broadly, or whether the DBC should seek statutory language to narrow the application of tele-dentistry in order to ensure public protection.” The DBC has also stated that it will be “gathering background information on the newly recognized specialty of dental radiology to determine whether utilizing dental radiologists, outside the state, would be considered unlicensed activity.” These inquiries by the DBC may ultimately resolve questions about self-applied treatments.

Staff Recommendation: *The DBC should speak generally to its authority to oversee consumer products aimed at promoting oral health through self-applied corrective treatments and communicate any recommendations for statutory enhancements to the committees.*

DBC Response: Self-applied dental products are regulated by the U.S. Food and Drug Administration and therefore the DBC does not have authority to oversee consumer products aimed at promoting oral health through self-applied corrective treatments. The DBC receives complaints regarding self-applied corrective treatments and investigates for violations of the Dental Practice Act. At a future meeting, the DBC will discuss current statutes and whether or not changes should be made to protect the California consumer.

ISSUE #9: *Enforcement Targets. Does available data relating to enforcement timelines suggest any inefficiencies in discipline cases brought by the DBC in collaboration with the Attorney General?*

Background: Enforcement timelines and the DBC’s expediency in resolving complaints against licensees have long been traditional topics in the oversight of the DBC, as it is with other regulatory entities in California. Under the Consumer Protection Enforcement Initiative (CPEI), a series of policies and regulations resulting from a 2010 report, various timeframe targets have been identified for the DBC to complete segments of the enforcement process for the approximately 3,750 complaints received each year. These targets are important for measuring performance, and resolving complaints quickly works to both protect consumers and release good actors from the cloud of an allegation.

Currently, the DBC is meeting many, but not all, of its goals. The target for intake of a complaint is mandated at ten days; the DBC is currently averaging seven days. The target for both intake and investigation of a complaint is 270 days; the DBC is currently averaging 265 days. The 65% of complaints that are ultimately closed without being referred to an investigator are closed within an average of 150 days. For the remaining 35% that are referred to an investigator, the average time to closure is 347 days for non-sworn staff and 449 days for sworn staff. These statistics indicate that delays persist in the investigative phase, which could potentially be due to factors such as vacancy rates within the DBC’s Enforcement Division or the relative challenges of investigating more complex cases.

For complaints that are investigated and then taken through the entire enforcement process in cases seeking formal discipline, the target is 540 days. The current average for this complete process is currently 886 days—arguably a significant gap. It should be noted that for cases that go to hearing, the DBC is not entirely responsible for the timeline. The Attorney General’s office is responsible for handling legal representation for each case, and the Office of Administrative Hearings is typically limited as to the availability of hearing dates and Administrative Law Judges. Factors such as continuances, witness scheduling, criminal trial conflicts, and others may also lead to delays during the enforcement process.

Beginning in 2017, the Attorney General’s office is now annually reporting statistics relating to its role in the discipline process for the client boards and bureaus it represents in hearings. The Attorney General has reiterated the necessary context that not all complaints are equal, and a variety of factors may make the administrative adjudication process take much longer for one case than another. In Fiscal Year 2017-18, a total of 110 accusation matters were referred by the DBC to the Attorney General, with 76 matters ultimately adjudicated.

Reported timelines for the Attorney General’s involvement in cases may be useful to identify where delays are occurring in the DBC’s targets. In Fiscal Year 2017-18, the average number of dates for an accusation to be filed by the Attorney General following referral of a complaint was 131 days. This means that for complex cases investigated by sworn staff, the 540-day target for the DBC’s enforcement process has already been exceeded by the time an accusation is actually filed. The average time from the filing of an accusation to a stipulated settlement is 300 days; the average time to a default decision is 149 days. Complaints that go through the entire hearing process average 148 days from filing to the Attorney General requesting a hearing date, and from that point until the commencement of a hearing there is an average span of 134 days.

The above statistics from the DBC and the Attorney General supply a useful context to the 886-day average currently applicable to the DBC’s enforcement process. However, it is unlikely that the overall failure to meet the 540-day target is attributable to any one deficiency in any one component of the current system, and it is likely that examination of averages, to some degree, obfuscates the nuances that arise from the unique nature of each individual case. As the Legislature continues its ongoing oversight efforts to improve case timelines for the DBC and other regulatory entities, it should continue to seek a deeper understanding of how case timelines develop and how statute can be improved to better support the board’s enforcement efforts.

Staff Recommendation: *The DBC should identify what it believes to be any deficiencies in the enforcement process, describe efforts to improve overall enforcement timelines, and offer any available suggestions to improve the current framework for discipline cases brought by the board.*

DBC Response: The DBC has identified its difficulty to complete the entire enforcement process for cases resulting in formal discipline within the target of 540 days. For the previous four fiscal years, the DBC’s average to complete formal discipline is 886 days. While the DBC is not meeting the expectation of 540 days, the average has improved slightly since the last sunset review period where the average days to complete formal discipline was 998 days. This represents a reduction of 11% of the formal discipline cycle time from the previous sunset review period.

The DBC regularly reviews its enforcement statistics and continues to look for ways to efficiently and effectively improve overall enforcement timelines. In December 2018, the DBC implemented several internal processes which it hopes will improve the formal discipline target days.

- New management processes have been developed as tools for first level managers to measure and monitor staff workload, performance, and expectations.
- Clear workload expectations have been shared with employees; and one-on-one check-ins have been scheduled between the managers and staff to document deficiencies.
- The Department of Consumer Affairs has implemented an Enforcement Work Group where managers from various Boards/Bureaus meet every quarter to work together to help improve timelines, resolve enforcement processes, and to establish best practices.
- Management is conducting (at minimum) quarterly desk audits and/or case reviews with staff in the Complaint and Compliance Unit, Non-sworn personnel in the Investigative Analysis Unit and with sworn personnel (Peace Officers). The case reviews ensure investigative time lines are on track and if cases need to be reprioritized.

The DBC has increased its issuance of citations to address a wider range of violations that can be more efficiently and effectively addressed through the cite and fine process with abatement and/or remedial education, thus filing the more serious allegations with the Attorney General’s Office.

PRACTICE ISSUES

ISSUE #10: Opioid Crisis. What role do dentists play in the ongoing epidemic of opioid abuse and addiction, and how can the DBC support efforts to curb overprescribing within the dental profession?

Background: In October 2017, the White House declared the opioid crisis a public health emergency, formally recognizing what had long been understood to be a growing epidemic responsible for devastation in communities across the country. According to the Centers for Disease Control and Prevention, as many as 50,000 Americans died of an opioid overdose in 2016, representing a 28 percent increase over the previous year. Additionally, the number of Americans who died of an overdose of fentanyl and other opioids more than doubled during that time with nearly 20,000 deaths. These death rates compare to, and potentially exceed, those at the height of the AIDS epidemic.

In September 2018, the California Dental Association (CDA) published a special edition of its *Update* newsletter entitled “The Opioid Issue.” In it, CDA members contributed numerous entries discussing the status of the fight against the opioid crisis and the dental profession’s involvement, including a piece entitled *Dentists play crucial role in fighting opioid epidemic*.

According to the article, a 2009 nationwide study “found that dentists were responsible for 8 percent of all opioid prescriptions in the U.S.” and that dentists “were the major prescribers of opioids among the 10- to 19-year-old age group and frequent prescribers of immediate-release opioids, which tend to be more frequently abused than extended-release opioids.” While dentists are less likely to be approached by opioid addicted patients who seek out multiple prescribers, they may be placed at the inception of addiction for many patients who receive their first prescription for legitimate pain management—a concept referred to as “first exposure.” The role of dentists in preventing addiction and abuse of opioids has therefore risen to the heights of the dental profession’s national dialogue.

As prescribers of controlled substances, dentists are required to register with the Department of Justice’s Prescription Drug Monitoring Program, CURES, and as of October 2018 they are required to consult a patient’s prescription history in CURES prior to writing a Schedule II-IV drug for the first time.

According to data provided by the Attorney General, between October 2014 and October 2018, dentists prescribed an average of 700,000 controlled substances per month out of the approximate four million prescriptions that traditionally get entered into CURES each month. Meanwhile, dentists requested a total of 33,597 activity reports from CURES during that four-year time frame. This suggests that dentists were not regular users of CURES prior to the October 2018 mandate despite being significant prescribers of controlled substances.

Legislation chaptered last year authorized the DBC to include “the risks of addiction associated with the use of Schedule II drugs” as a continuing education course required for license renewal. This bill was supported by both the DBC and the CDA. Since its enactment, the DBC has discussed the possibility of promulgating regulations to achieve that purpose. DBC staff recently reported to the board that it had developed proposed language, and the DBC voted to move forward with the regulations at its February 2019 board meeting.

Staff Recommendation: *The DBC should describe the efforts it has taken to participate in the state’s fight against the opioid crisis, the status of its proposed continuing education mandate regarding Schedule II drugs, and whether the new requirement that dental professionals consult the CURES database prior to prescribing controlled substances has been successful.*

DBC Response: The DBC recognizes that dentists play a crucial role in fighting the widespread use and abuse of opioids in the country; and it makes every effort not only to keep informed about strategies to combat the epidemic but also participates in the development of these strategies.

In 2013, the DBC participated in the Medical Board of California’s Prescribing Task Force, which was intended to identify ways to proactively approach and find solutions to the epidemic of prescription drug overdoses and prescribing for pain through education, prevention, best practices, communication and outreach by engaging stakeholders with a vision to significantly reduce prescription drug overdoses. The Medical Board adopted its prescribing guidelines from this discussion.

In the spring of 2014 the Director of the California Department of Health convened an Opioid Misuse and Overdose Prevention Workgroup and invited the DBC to be one of its initial members. The workgroup has changed its name to the Statewide Opioid Safety Workgroup (SOS) and continues to explore opportunities to improve collaboration among state departments working to address this epidemic.

In 2015, the DBC established its own Substance Use Awareness Committee which developed the DBC’s mission statement regarding prescription drug abuse and authorized the creation of a page on the DBC’s website which lists links to educational resources to assist both consumers and licensees. The DBC believes that educating both licensees and consumers on this important issue coincides with our mission of public protection; and therefore, encourages its licensees to learn more about this epidemic and its tragic effects on individuals and their families; and to understand best prescribing practices and patient education methods that can be used when prescribing opioids including prescribing less and alternative pain relievers.

To this end and in support of its commitment to finding a solution to prescription drug abuse, during the 2018 legislative session, the DBC supported the passage of Senate Bill 1109, authored by Senator Bates, which adds “risks of addiction associated with the use of schedule II drugs” to the DBC’s area of continuing education. At its February 2019, meeting the DBC approved regulatory language that would require dentists to take 2 units of mandatory continuing education every two years upon license

renewal. The continuing education will cover pain management, the identification of addiction, and the practices by which opioids are prescribed or dispensed.

Regarding the use of the Controlled Substance Utilization Review and Evaluation System, otherwise known as “CURES”, and whether it has been successful – it is a work in progress.

The DBC recognizes that dentists play a pivotal role in providing quality care, ensuring patient safety, and supporting the improvement of public health. As prescribers of opioids for dental pain management, dentists have a professional responsibility to reduce the misuse and abuse of opioids. The DBC is hopeful that CURES provides a valuable tool to assist in that effort.

ISSUE #11: *Probation Disclosure. Should dental professionals placed on probation by the DBC be required to disclose their probation status to patients in a manner similar to other healing arts licensees?*

Background: Last year, Senate Bill 1448 (Hill, Chapter 570, Statutes of 2018) enacted the Patient’s Right to Know Act of 2018, requiring various healing arts licensees on probation for certain offenses to provide their patients with information about their probation status prior to the patient’s first visit following the probationary order beginning July 1, 2019. Licensees covered by the bill include physicians and surgeons, podiatrists, chiropractors, acupuncturists, and naturopathic doctors. The bill did not, however, include dentists. If the ultimate objective of probation disclosure is protecting patients from being unknowingly placed in vulnerable contexts with licensees placed on probation for serious offenses, there is no clear reason as to why dentists should be treated differently and excluded from the patient notification requirement.

Staff Recommendation: *The DBC should opine on whether probation status disclosure would be a valuable way to protect the public and provide transparency into discipline imposed by the board.*

DBC Response: The DBC continues to look for ways to ensure public protection when exercising its licensing, regulatory, and disciplinary functions. Regulations were promulgated that require licensed dentists engaged in the practice of dentistry to provide notice to each patient of the fact that the dentist is licensed and regulated by the Dental Board of California; and that complaints against a dentist should be forwarded to the DBC for review and possible disciplinary action. In addition, the notice is required to include the DBC’s telephone number and internet address. This notice is required to be posted prominently in a conspicuous location accessible to public view on the premises where the dentist provides the licensed services. The DBC also posts all disciplinary actions taken against licensees, including but not limited to Accusations, Stipulated Settlements, Decisions, Suspensions, and Revocations on its website for the consumer to review. The DBC actively pursues revocation of a license for violations relating to sexual abuse or misconduct; drug or alcohol abuse; criminal convictions directly involving harm to patient health; and inappropriate prescribing. In these cases, there would likely be no probation and therefore the necessity for probation status disclosure would not be necessary.

ISSUE #12: *Dynamex.* Does the new test for determining employment status, as prescribed in the court decision *Dynamex Operations West Inc. v. Superior Court*, have any potential implications for licensees working in the dental profession as independent contractors?

Background: In the spring of 2018, the California Supreme Court issued a decision in *Dynamex Operations West, Inc. v. Superior Court* (4 Cal.5th 903) that significantly confounded prior assumptions about whether a worker is legally an employee or an independent contractor. In a case involving the classification of delivery drivers, the California Supreme Court adopted a new test for determining if a worker is an independent contractor, which is comprised of three necessary elements:

- A. That the worker is free from the control and direction of the hirer in connection with the performance of the work, both under the contract for the performance of such work and in fact;
- B. That the worker performs work that is outside the usual course of the hiring entity’s business; and
- C. That the worker is customarily engaged in an independently established trade, occupation, or business of the same nature as the work performed for the hiring entity.

Commonly referred to as the “ABC test,” the implications of the *Dynamex* decision are potentially wide-reaching into numerous fields and industries utilizing workers previously believed to be independent contractors. Occupations regulated by entities under the Department of Consumer Affairs are no exception to this unresolved question of which workers should now be afforded employee status under the law. In the wake of *Dynamex*, the new ABC test must be applied and interpreted for licensed professionals and those they work with to determine whether the rights and obligations of employees must now be incorporated.

In the case of the dental profession, there are some scenarios in which workers who were previously believed to be independent contractors may in fact be classified as employees. For example, Registered Dental Hygienists in Alternative Practice (RDHAPs) work in a variety of settings, often dividing their time between multiple offices that may not employ a full-time hygienist. RDHAPs are authorized in statute to work as either independent contractors, sole proprietors, or employees.² While these hygienists may have believed themselves to be independent contractors, under the ABC test, this status may be in question. Dentists would theoretically exercise *some* exercise and control over when these hygienists see their patients, and these hygienists would likely comply with the practices of the office they work in. It is also arguable that dental hygiene is not “outside the usual course” of a dental office’s business.

There is a strong potential that other examples of workers within the dental profession whose status may be impacted by the *Dynamex* decision. While the DBC’s role as a regulator may not have many direct responsibilities relating to the employment status of those working within the profession, these issues nevertheless implicate the rights and responsibilities of licensees and there is a great deal of uncertainty around what dental professionals should expect as dust surrounding the *Dynamex* decision begins to settle. Whether the DBC has considered the impact of the ruling and if it has any sense as to what impact there may be on the licensed profession is therefore a worthwhile topic of discussion.

Staff Recommendation: *The DBC should inform the committees of any discussions it has had about the Dynamex decision and whether the ruling has potential to impact the current landscape of the dental profession.*

² Bus. & Prof. Code, § 1925

DBC Response: The DBC has not received any complaints regarding licensees working in the dental profession as independent contractors. However, the DBC will place this issue on an agenda for discussion at a future meeting.

IMPLEMENTATION ISSUES

ISSUE #13: *Pediatric Anesthesia. Does the DBC anticipate a smooth implementation of Senate Bill 501 (Glazer), a recently enacted measure regarding pediatric dental anesthesia?*

Background: Senate Bill 501 (Glazer, Chapter 929, Statutes of 2018) was signed into law last year, serving as the culmination of years of policy discussion that followed the tragic death of young boy while undergoing dental work under anesthesia. In February 2016, the Senate Committee on Business, Professions and Economic Development sent a letter to the DBC requesting that a subcommittee be formed to investigate pediatric anesthesia in dentistry and requested that information from that investigation be reported back to the Legislature no later than January 1, 2017. The DBC concluded that existing California law was sufficient to provide protection of pediatric patients during dental sedation; however, it made several recommendations to enhance statute and regulations to provide a greater level of public protection.

SB 501 established a series of new requirements and minimal standards for the use of sedation and anesthesia in pediatric dental procedures. Specifically, the bill created a new process for the DBC to issue general anesthesia permit (that may include a pediatric endorsement) as well as moderate and pediatric minimal sedation permits to applicants based on their level of experience and training; and established new requirements for general anesthesia or sedation administered to patients under thirteen years of age. The bill also required the DBC to review data on adverse events related to general anesthesia and sedation and all relevant professional guidelines for purposes of reporting to the Legislature on any relevant findings.

The bill's provisions governing the use of general anesthesia, deep sedation, moderate sedation, or minimal sedation go into effect beginning January 1, 2022, as well as the new reporting requirement. With the delayed effective date and a substantial amount of regulatory framework likely needed, it is anticipated that the DBC is currently only in the beginning stages of implementing SB 501. However, given the important subject matter of the bill and the significant work needed to put it into effect, it is important that the DBC demonstrate its commitment to a successful implementation that will meet the timelines included in the bill.

Staff Recommendation: *The DBC should provide an overview of the actions it has taken to date to prepare for the effective date of SB 501 and discuss any potential obstacles to implementation that may be addressed administratively or by the Legislature.*

DBC Response: The DBC will need to promulgate new regulations to update current requirements to meet the updated legislation. Staff has begun to review the legislation to identify any areas which will need to be updated for requirements that may have been overlooked. At this time, no potential obstacles to implementation have been identified other than what was identified during the legislative process relating to the timeframe from the development of the regulatory language to the effective date.

- Current GA permit will become the Deep Sedation/General Anesthesia permit and changes include the following:
 - Initial application requirements
 - Renewal requirements
 - Develop training standards for equivalency in pediatric dental anesthesia related emergencies
 - Monitoring of patients under the age of seven
 - Updating application and renewal forms
 - Updating the wall and pocket license
 - Modify existing IT programs
 - Update website
 - Notify existing permit holders of changes, and provide continuous updates

- Current MGA permit will become the Deep Sedation/Medical General Anesthesia permit and changes include the following:
 - Initial application requirements
 - Renewal requirements
 - Develop training standards for equivalency in pediatric dental anesthesia related emergencies
 - Monitoring of patients under the age of seven
 - Updating application and renewal forms
 - Updating the wall and pocket license
 - Modify existing IT programs
 - Update website
 - Notify existing permit holders of changes, and continuous updates

- Current CS permit will become the Moderate Sedation permit and changes include the following:
 - Initial application requirements
 - Renewal requirements
 - Develop training standards for equivalency in pediatric dental anesthesia related emergencies
 - Monitoring of patients under seven
 - Monitoring of patients age 7 to 13
 - Updating application and renewal forms
 - Updating the wall and pocket license
 - Modify existing IT programs
 - Update website
 - Notify existing permit holders of changes, and provide continuous updates

- Current OCS for Minors permit will no longer be issued. New PMS permit will be initiated, and will include the following:
 - Initial application requirements
 - Renewal requirements
 - Monitoring of patients under 13
 - Create application and renewal forms

- Create a wall and pocket license
 - Modify existing IT programs and create new transactions
 - Update website
 - Notify existing permit holders of changes, and continuous update
- Current OCS for Adult permit will remain with no changes.

Due to the modification of existing permits staff will begin to review the current IT system to identify areas that will need to be modified, as well as identify new requirements that must be created. The configuration, development and testing of the changes cannot be initiated until the regulations become effective. Staff will work closely with the Office of Information Services and the BreZE vendor to ensure a smooth transition.

The DBC submitted a legislative Budget Change Proposal (BCP) to request additional staff to implement SB 501. This BCP is included in the current Governor’s budget. Once the budget is signed, and after July 1, 2019, recruitment will begin to fill these additional staffing positions and work will begin on developing the regulations.

TECHNICAL CLEANUP

ISSUE #14: *Technical Cleanup. Is there a need for technical cleanup?*

Background: As the dental profession continues to evolve and new laws are enacted, many provisions of the Business and Professions Code relating to dentistry become outmoded or superfluous. The DBC should recommend cleanup amendments for statute.

Staff Recommendation: *The DBC should work with the committees to enact any technical changes to the Business and Professions Code needed to add clarity and remove unnecessary language.*

DBC Response: The DBC supports this recommendation and is happy to work with committee staff to enact any technical changes to the Business and Professions Code needed to add clarity and remove unnecessary language.

**CONTINUED REGULATION OF THE DENTAL PROFESSION
BY THE DENTAL BOARD OF CALIFORNIA**

ISSUE #15: *Continued Regulation. Should the licensing of dental professionals be continued and be regulated by the Dental Board of California?*

Background: The health, safety, and welfare of patients are protected by the presence of a strong licensing and regulatory board with oversight over dental professions. Dentists offer important healing art services requiring substantial training, and they along with allied dental professionals are trusted by millions of Californians to competently provide oral health care advice and perform complex dental procedures. The DBC should be continued with a four-year extension of its sunset date so that the

Legislature may once again review whether the issues and recommendations in this background paper have been sufficiently addressed.

Staff Recommendation: *DBC's current regulation of the dental profession should be continued, to be reviewed once again in four years.*

DBC Response: The DBC supports this recommendation.



MEMORANDUM

DATE	April 29, 2019
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer
SUBJECT	Agenda Item 8(c): Discussion and Possible Action Regarding Senator Pan’s Questions Relating to Continuing Education Providers and Conflict of Interest

At the March 5, 2019 Sunset Review Oversight Hearing, the Dental Board of California (Board) provided an overview of its functions and addressed specific issues identified by the Committees. Senator Pan had comments and questions regarding the Board’s continuing education program.

Specifically, the Board was asked if there is an entity responsible for reviewing continuing education providers for conflict of interest, if there is a conflict of interest policy in place to ensure approved providers are offering relevant continuing education courses and not marketing sessions, and what percentage of providers the Board audits for conflict of interest.

The response to Senator Pan has been provided in the meeting material and follows this memo. The board has not received any complaints regarding conflict of interest of continuing education providers. However, it is staff’s recommendation that the Board consider whether to established standards and criteria designed to ensure separation of promotional activities from continuing dental education activities in the following ways: 1) providers must demonstrate that all educational activities offered are independent of commercial influence, either direct or indirect, and 2) providers must ensure that all financial relationships between the provider and commercial entities, as well as all financial relationships between course planners and faculty and commercial entities are fully disclosed to participants. This could be accomplished through the regulatory process.

Action Requested:

1. The Board should consider whether further action is necessary.
2. If the Board considers further action is necessary, direct staff to develop regulatory language to bring back to the Board at a future meeting.



April 30, 2019

The Honorable Richard Pan, M.D.
California State Senate
State Capitol, Room 5114
Sacramento, California 95814

Subject: Dental Board of California Continuing Education Requirements

Dear Senator Pan:

At the March 5, 2019 Sunset Review Oversight Hearing, the Dental Board of California (Board) presented before the Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business and Professions. At the hearing the Board provided an overview of its functions and addressed specific issues identified by the Committees. You had comments and questions regarding the Board's continuing education program.

Specifically, the Board was asked if there is an entity responsible for reviewing continuing education providers for conflict of interest, if there is a conflict of interest policy in place to ensure approved providers are offering relevant continuing education courses and not marketing sessions, and what percentage of providers the Board audits for conflict of interest.

As part of its continuing education regulatory functions, the Board is responsible for approving continuing education providers. As part of the application, Board-approved providers are required to certify they will only offer courses and issue certificates that meet the requirements of the Board's regulations. Except for the mandatory courses, the Board does not approve individual courses offered by Board-approved continuing education providers.

To maintain Board-approval, continuing education providers are required to renew their registration biennially. At the time of renewal, the Board-approved provider is required to provide a biennial report listing each of the course titles offered, the 11-digit registration number issued to each course, the number of units issued for each course, the dates of all courses offered, the name and qualifications of each instructor, a summary of the content of each course of study, and a sample of the provider's written certification issued to participants during the last renewal period.

The Board retains the right and authority to audit or monitor courses given by any provider. The Board may randomly audit a provider for any course submitted for credit by a licensee in addition to any course for which a complaint is received. If an audit is

conducted, the provider is required to submit to the Board the following information and documentation:

- Speaker curriculum vitae;
- Course content outline;
- Educational objectives or outcomes;
- Teaching methods utilized;
- Evidence of registration numbers and units issued to each course; and
- Attendance records and rosters.

Board-approved continuing education providers are required to retain their records for a period of no less than three provider renewal periods. The Board may withdraw or place restrictions on a provider's registration if the provider has disseminated any false or misleading information in connection with the continuing education program, fails to comply with regulations, misrepresents the course offered, makes any false statement on its application or otherwise violates any provision of the Dental Practice Act or the regulations adopted thereunder.

Ultimately, the Board is responsible for reviewing continuing education providers accepted for the purpose of dental licensure in California. There is not another entity or organization available for reviewing continuing education providers for conflict of interest and the Board does not currently have a "conflict of interest" policy or requirement for Board-approved continuing education providers other than what is currently required in California Code of Regulations, Title 16, Sections 1016-1017. The Board does not currently conduct audits of providers for conflict of interest. However, providers approved by the American Dental Association (ADA) Continuing Education Recognition Program (CERP) or the Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE) are required to comply with standards or criteria specifically relating to commercial or promotional conflict of interest requirements.

In 1997 the U.S. Food and Drug Administration's (FDA) issued a policy statement that states activities designed to market or promote the products of a commercial company (staffed exhibits, live presentations, advertisements, sales activities) are subject to FDA regulation under the labeling and advertising provisions of the Federal Food, Drug and Cosmetic Act. Activities that are independent of commercial influence and non-promotional are not subject to FDA regulation. In this context, the ADA CERP has established standards and criteria designed to ensure separation of promotional activities from continuing dental education activities in the following ways: 1) providers must demonstrate that all educational activities offered are independent of commercial influence, either direct or indirect, and 2) providers must ensure that all financial relationships between the provider and commercial entities, as well as all financial relationships between course planners and faculty and commercial entities are fully disclosed to participants. Additionally, the AGD PACE-approved providers are required to document how they ensure that all educational activities offered are independent of commercial influence, either direct or indirect, and that all financial relationships between the provider and commercial entities, as well as all financial relationships between course planners and faculty and commercial entities, are fully disclosed to participants.

While the Board does not currently have standards or criteria specifically relating to commercial or promotional conflict of interest requirements for its approved providers, such providers are still subject to the requirements of the Federal Food, Drug and Cosmetic Act. As the Board moves through the proposed rulemaking process to amend its continuing education provider requirements in regulation, it will take into consideration the need to specify such requirements and the need to audit providers for conflict of interest.

The Board recognizes your concern and will be discussing the questions you raised at the May board meeting. The Board looks forward to working with you and other Committee members to address continuing education of dental professionals in California; and to ensure the Board's requirements provide public protection.

Sincerely,



Karen M. Fischer, MPA
Executive Officer



MEMORANDUM

DATE	April 29, 2019
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer
SUBJECT	Agenda Item 8(d): Discussion and Possible Action Regarding Assembly Bill 1519 (Assembly Business & Professions Committee) Healing Arts: Dental Board of California

As staff prepares for the May meeting, the amendments to the Board’s sunset review legislation (AB 1519) are not in print. Staff has been working closely with the Assembly Business & Professions Committee and has seen draft language of what will eventually appear in print. The Board’s issues that were identified in the Background Report submitted to the Legislature December 1, 2018 have been addressed:

- Combining the funds – dental assisting and dental
- Foreign dental school approval
- RDA practical examination
- Imposition of a two year deadline for using residency pathway to licensure
- Imposition of a five year deadline for using the results of WREB and ADEX
- New license to replace a cancelled license
- Inserting terminology to be able to accept the dean’s delegate signature in lieu of the deans signature on application material
- Language to allow the board to accept “CODA” approved schools
- Hiring of board attorney by July 1, 2020

As soon as the amended bill is in print, copies will be distributed to the Board. It may be necessary to call for a special teleconference meeting to discuss the legislation. You will receive updates as they become available.

ASSEMBLY BILL

No. 1519

Introduced by Committee on Business and Professions

February 22, 2019

An act to amend Sections 1601.1 and 1616.5 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1519, as introduced, Committee on Business and Professions. Healing arts: Dental Board of California.

Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental assistants by the Dental Board of California and authorizes the board to appoint an executive officer to exercise powers and perform duties delegated by the board to the executive officer. These provisions are in effect only until January 1, 2020, and, upon repeal of those provisions, the board will be subject to review by the appropriate policy committees of the Legislature.

This bill would extend the provisions relating to the Dental Board of California and the executive officer to January 1, 2024.

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

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

- 1 SECTION 1. Section 1601.1 of the Business and Professions
- 2 Code is amended to read:
- 3 1601.1. (a) There shall be in the Department of Consumer
- 4 Affairs the Dental Board of California in which the administration
- 5 of this chapter is vested. The board shall consist of eight practicing

1 dentists, one registered dental hygienist, one registered dental
 2 assistant, and five public members. Of the eight practicing dentists,
 3 one shall be a member of a faculty of any California dental college,
 4 and one shall be a dentist practicing in a nonprofit community
 5 clinic. The appointing powers, described in Section 1603, may
 6 appoint to the board a person who was a member of the prior board.
 7 The board shall be organized into standing committees dealing
 8 with examinations, enforcement, and other subjects as the board
 9 deems appropriate.

10 (b) For purposes of this chapter, any reference in this chapter
 11 to the Board of Dental Examiners shall be deemed to refer to the
 12 Dental Board of California.

13 (c) The board shall have all authority previously vested in the
 14 existing board under this chapter. The board may enforce all
 15 disciplinary actions undertaken by the previous board.

16 (d) This section shall remain in effect only until January 1, ~~2020,~~
 17 ~~2024,~~ and as of that date is ~~repealed, unless a later enacted statute,~~
 18 ~~that is enacted before January 1, 2020, deletes or extends that date.~~
 19 *repealed.* Notwithstanding any other law, the repeal of this section
 20 renders the board subject to review by the appropriate policy
 21 committees of the Legislature.

22 SEC. 2. Section 1616.5 of the Business and Professions Code
 23 is amended to read:

24 1616.5. (a) The board, by and with the approval of the director,
 25 may appoint a person exempt from civil service who shall be
 26 designated as an executive officer and who shall exercise the
 27 powers and perform the duties delegated by the board and vested
 28 ~~in him or her~~ *the executive officer* by this chapter.

29 (b) This section shall remain in effect only until January 1, ~~2020,~~
 30 ~~2024,~~ and as of that date is ~~repealed, unless a later enacted statute,~~
 31 ~~that is enacted before January 1, 2020, deletes or extends that date.~~
 32 *repealed.*

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MEMORANDUM

DATE	April 29, 2019
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer
SUBJECT	Agenda Item 8(e): Discussion and Possible Action Regarding Issue #12 Relating to Dynamex Identified in the <i>Legislative Oversight Committees' Background Paper and Current Sunset Review Issues for the Dental Board of California</i> and the Impact on AB 5 (Gonzalez) and AB 71 (Melendez)

This issue was identified by the Oversight Committees during the sunset review process as a recommendation that the Board inform the Committees of any discussions it has had about the Dynamex decision and whether the ruling has potential to impact the current landscape of the dental profession. To date, the Board has not received any complaints and/or questions regarding the Dynamex Case. Norine Marks, the Board's Legal Counsel, will provide information on this issue; and will outline the elements of AB 5 (Gonzalez) and AB 71 (Melendez) and the impact of this legislation on the dental profession.

ISSUE #12: *Dynamex. Does the new test for determining employment status, as prescribed in the court decision Dynamex Operations West Inc. v. Superior Court, have any potential implications for licensees working in the dental profession as independent contractors?*

Background: In the spring of 2018, the California Supreme Court issued a decision in *Dynamex Operations West, Inc. v. Superior Court* (4 Cal.5th 903) that significantly confounded prior assumptions about whether a worker is legally an employee or an independent contractor. In a case involving the classification of delivery drivers, the California Supreme Court adopted a new test for determining if a worker is an independent contractor, which is comprised of three necessary elements:

- A. That the worker is free from the control and direction of the hirer in connection with the performance of the work, both under the contract for the performance of such work and in fact;
- B. That the worker performs work that is outside the usual course of the hiring entity's business; and

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 Dental Board of California Meeting
 May 15-16, 2019

C. That the worker is customarily engaged in an independently established trade, occupation, or business of the same nature as the work performed for the hiring entity.

Commonly referred to as the “ABC test,” the implications of the *Dynamex* decision are potentially wide-reaching into numerous fields and industries utilizing workers previously believed to be independent contractors. Occupations regulated by entities under the Department of Consumer Affairs are no exception to this unresolved question of which workers should now be afforded employee status under the law. In the wake of *Dynamex*, the new ABC test must be applied and interpreted for licensed professionals and those they work with to determine whether the rights and obligations of employees must now be incorporated.

In the case of the dental profession, there are some scenarios in which workers who were previously believed to be independent contractors may in fact be classified as employees. For example, Registered Dental Hygienists in Alternative Practice (RDHAPs) work in a variety of settings, often dividing their time between multiple offices that may not employ a full-time hygienist. RDHAPs are authorized in statute to work as either independent contractors, sole proprietors, or employees.² While these hygienists may have believed themselves to be independent contractors, under the ABC test, this status may be in question. Dentists would theoretically exercise *some* exercise and control over when these hygienists see their patients, and these hygienists would likely comply with the practices of the office they work in. It is also arguable that dental hygiene is not “outside the usual course” of a dental office’s business.

² Bus. & Prof. Code, § 1925

There is a strong potential that other examples of workers within the dental profession whose status may be impacted by the *Dynamex* decision. While the DBC’s role as a regulator may not have many direct responsibilities relating to the employment status of those working within the profession, these issues nevertheless implicate the rights and responsibilities of licensees and there is a great deal of uncertainty around what dental professionals should expect as dust surrounding the *Dynamex* decision begins to settle. Whether the DBC has considered the impact of the ruling and if it has any sense as to what impact there may be on the licensed profession is therefore a worthwhile topic of discussion.

AMENDED IN ASSEMBLY MARCH 26, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 5

Introduced by Assembly Member Gonzalez

December 3, 2018

An act to add Section 2750.3 to the Labor Code, relating to employment.

LEGISLATIVE COUNSEL'S DIGEST

AB 5, as amended, Gonzalez. Worker status: independent contractors.

Existing law, as established in the case of *Dynamex Operations West, Inc. v. Superior Court of Los Angeles* (2018) 4 Cal.5th 903 (*Dynamex*), creates a presumption that a worker who performs services for a hirer is an ~~employee~~. *employee for purposes of claims for wages and benefits arising under wage orders issued by the Industrial Welfare Commission*. Existing law requires a 3-part test, commonly known as the “ABC” test, to establish that a worker is ~~independent contractor~~. *an independent contractor for those purposes*.

This bill would state the intent of the Legislature to ~~include provisions within this bill would~~ codify the decision in the *Dynamex* case and clarify its application. *The bill would provide that the factors of the “ABC” test be applied in order to determine the status of a worker as an employee or independent contractor for all provisions of the Labor Code, unless another definition or specification of “employee” is provided. The bill would codify existing exemptions for specified professions that are not subject to wage orders of the Industrial Welfare Commission or the ruling in the Dynamex case. The bill would state that its provisions do not constitute a change in, but are declaratory of, existing law.*

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The Labor Code makes it a crime for an employer to violate specified provisions of law with regard to an employee. By expanding the definition of an employee for purposes of these provisions, the bill would expand the definition of a crime.

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.

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

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

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

3 (a) On April 30, 2018, the California Supreme Court issued a
4 unanimous decision in *Dynamex Operations West, Inc. v. Superior*
5 *Court of Los Angeles*, (2018) 4 Cal.5th 903.

6 (b) In its decision, the Court cited the harm to misclassified
7 workers who lose significant workplace protections, the unfairness
8 to employers who must compete with companies that misclassify,
9 and the loss to the state of needed revenue from companies that
10 use misclassification to avoid obligations such as payment of
11 payroll taxes, payment of premiums for workers compensation,
12 Social Security, unemployment, and disability insurance.

13 (c) The misclassification of workers as independent contractors
14 has been a significant factor in the erosion of the middle class and
15 the rise in income inequality.

16 (d) *It is the intent of the Legislature in enacting this act to*
17 *include provisions that would codify the decision of the California*
18 *Supreme Court in *Dynamex Operations West, Inc. v. Superior**
19 *Court of Los Angeles (2018) 4 Cal.5th 903, and would clarify the*
20 *decision’s application in state law.*

21 SEC. 2. Section 2750.3 is added to the Labor Code, to read:

22 ~~2750.3.—(a) It is the intent of the Legislature in enacting this~~
23 ~~section to include provisions that would codify the decision of the~~
24 ~~California Supreme Court in *Dynamex Operations West, Inc. v.*~~

1 ~~Superior Court of Los Angeles (2018) 4 Cal.5th 903, and would~~
2 ~~clarify the decision’s application in state law.~~

3 2750.3. (a) *For purposes of the provisions of this code, where*
4 *another definition or specification for the term “employee” is not*
5 *otherwise provided, and for the wage orders of the Industrial*
6 *Welfare Commission, a person providing labor or services for*
7 *remuneration shall be considered an employee unless the hiring*
8 *entity demonstrates that all of the following conditions are*
9 *satisfied:*

10 (1) *The person is free from the control and direction of the*
11 *hiring entity in connection with the performance of the work, both*
12 *under the contract for the performance of the work and in fact.*

13 (2) *The person performs work that is outside the usual course*
14 *of the hiring entity’s business.*

15 (3) *The person is customarily engaged in an independently*
16 *established trade, occupation, or business of the same nature as*
17 *that involved in the work performed.*

18 (b) *This section and the holding in Dynamex Operations West,*
19 *Inc. v. Superior Court of Los Angeles (2018) 4 Cal.5th 903, do not*
20 *apply to the following occupations as defined below, and instead,*
21 *for these occupations only, the employment relationship shall be*
22 *governed by the test adopted by the California Supreme Court in*
23 *the case of S. G. Borello & Sons, Inc. v Department of Industrial*
24 *Relations (1989) 48 Cal.3d 341.:*

25 (1) *A person or organization who is licensed by the Department*
26 *of Insurance pursuant to Chapter 5 (commencing with Section*
27 *1621), Chapter 6 (commencing with Section 1760), and Chapter*
28 *8 (commencing with Section 1831) of Part 2 of Division 1 of the*
29 *Insurance Code.*

30 (2) *A physician and surgeon licensed by the State of California*
31 *pursuant to Division 2 (commencing with Section 500) of the*
32 *Business and Professions Code, performing professional or medical*
33 *services provided to or by a health care entity, including an entity*
34 *organized as a sole proprietorship, partnership, or professional*
35 *corporation as defined in Section 13401 of the Corporations Code.*

36 (3) *A securities broker-dealer or investment adviser or their*
37 *agents and representatives that are registered with the Securities*
38 *and Exchange Commission or the Financial Industry Regulatory*
39 *Authority or licensed by the State of California under Chapter 2*
40 *(commencing with Section 25210) or Chapter 3 (commencing with*

1 Section 25230) of Division 1 of Part 3 of Title 4 of the Corporations
2 Code.

3 (4) A direct sales salesperson as described in Section 650 of
4 the Unemployment Insurance Code, so long as the conditions for
5 exclusion from employment under that section are met.

6 (c) The addition of Section 2750.3 to the Labor Code made by
7 this act does not constitute a change in, but is declaratory of,
8 existing law.

9 SEC. 3. No reimbursement is required by this act pursuant to
10 Section 6 of Article XIII B of the California Constitution because
11 the only costs that may be incurred by a local agency or school
12 district will be incurred because this act creates a new crime or
13 infraction, eliminates a crime or infraction, or changes the penalty
14 for a crime or infraction, within the meaning of Section 17556 of
15 the Government Code, or changes the definition of a crime within
16 the meaning of Section 6 of Article XIII B of the California
17 Constitution.

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AMENDED IN ASSEMBLY FEBRUARY 25, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 71

Introduced by Assembly ~~Member~~ *Members Melendez and Kiley*

December 3, 2018

An act to amend Section 2750.5 of, and to add Section 2750.7 to, the Labor Code, relating to employment.

LEGISLATIVE COUNSEL'S DIGEST

AB 71, as amended, Melendez. Employment standards: independent contractors and employees.

Existing law prescribes comprehensive requirements relating to minimum wages, overtime compensation, and standards for working conditions for the protection of employees applicable to an employment relationship. Existing law makes it unlawful for a person or employer to avoid employee status for an individual by voluntarily and knowingly misclassifying that individual as an independent contractor. Existing law authorizes the Labor and Workforce Development Agency to take specified actions against violators of these provisions, authorizes civil penalties, and authorizes the Labor Commissioner to enforce those provisions pursuant to administrative authority or by civil suit.

Existing case law establishes a three-part test, known as the "ABC" test, for determining whether a worker is considered an independent contractor for purposes of specified wage orders. Under this test, a worker is properly considered an independent contractor only if the hiring entity establishes; 1) that the worker is free from the control and direction of the hirer in connection with the performance of the work, both under the contract for performance of the work and in fact; 2) that the worker performs work outside the usual course of the hiring entity's

business; and 3) that the worker is customarily engaged in an independently established trade, occupation, or business of the same nature as the work performed for the hiring entity.

This bill would, instead, require a determination of whether a person is an employee or an independent contractor to be based on a specific multifactor test, including whether the person to whom service is rendered has the right to control the manner and means of accomplishing the result desired, and other identified factors. The bill would make related, 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:

1 SECTION 1. Section 2750.5 of the Labor Code is amended to
2 read:

3 2750.5. There is a rebuttable presumption affecting the burden
4 of proof that a worker performing services for which a license is
5 required pursuant to Chapter 9 (commencing with Section 7000)
6 of Division 3 of the Business and Professions Code, or who is
7 performing ~~such~~ *those* services for a person who is required to
8 obtain such a license is an employee rather than an independent
9 contractor.

10 In addition to the factors contained in Section 2750.7, any person
11 performing any function or activity for which a license is required
12 pursuant to Chapter 9 (commencing with Section 7000) of Division
13 3 of the Business and Professions Code shall hold a valid
14 contractors' license as a condition of having independent contractor
15 status.

16 For purposes of workers' compensation law, this presumption
17 is a supplement to the existing statutory definitions of employee
18 and independent contractor, and is not intended to lessen the
19 coverage of employees under Division 4 and Division 5.

20 SEC. 2. Section 2750.7 is added to the Labor Code, to read:

21 2750.7. (a) Notwithstanding any other law, a determination
22 of whether a person is an employee or an independent contractor
23 for the purposes of this division shall be based on the multifactor
24 test set forth in *S.G. Borello & Sons, Inc. v. Department of*
25 *Industrial Relations*.

26 (b) These factors include, but are not limited to, the following:

- 1 (1) Whether the person to whom service is rendered has the
- 2 right to control the manner and means of accomplishing the result
- 3 desired, which is the principal factor.
- 4 (2) Whether the one performing services is engaged in a distinct
- 5 occupation or business.
- 6 (3) The kind of occupation, with reference to whether, in the
- 7 locality, the work is usually done under the direction of the
- 8 principal or by a specialist without supervision.
- 9 (4) The skill required in the particular occupation.
- 10 (5) Whether the principal or the worker supplies the
- 11 instrumentalities, tools, and the place of work for the person doing
- 12 the work.
- 13 (6) The length of time for which the services are to be
- 14 performed.
- 15 (7) The method of payment, whether by the time or by the job.
- 16 (8) The right to discharge at will, without cause.
- 17 (9) Whether or not the work is part of the regular business of
- 18 the principal.
- 19 (10) Whether or not the parties believe they are creating the
- 20 relationship of employer-employee.
- 21 (c) The individual factors set forth in subdivision (b) above shall
- 22 not be applied mechanically as separate tests, but shall be
- 23 intertwined.
- 24 (d) The test set forth in this section shall apply to any
- 25 determinations before an administrative agency or court.

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MEMORANDUM

DATE	April 29, 2019
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer
SUBJECT	Agenda Item 9: Update and Discussion Regarding the Response Received from the State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s Faculty (School) of Dentistry.

Following this cover memo is a copy of the February 22, 2019 letter from the Board’s Executive Officer to the Rector at State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s Faculty (School) of Dentistry; and the Rector’s response, dated March 29, 2019.

Two representatives from State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s Faculty (School) of Dentistry will be attending the May Board meeting and will be available to answer any additional questions.

The representatives are Vice-rector Mihail Gavriiliuc and Dean Sergiu Ciobanu.

Action Requested:
 None



February 22, 2019

Ion Ababii, MD, PhD, Professor – University Rector
State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of
Moldova – Faculty of Dentistry
MD 2004, blvd. Stefan cel Mare si Sfant, 165
Chisinau, Republic of Moldova

RE: Additional Information Requested – Response Requested by April 1, 2019

Dear Dr. Ababii:

Thank you for your continued response to Dental Board of California (Board) questions relating to the relationship between State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova – Faculty of Dentistry (USMF) and the University of Moldova, USA, Inc (UMUSA). You have strongly argued that UMUSA handles marketing practices in California and coordinates the process for students in California to apply to dental school at USMF. You have also mentioned in prior correspondence (January 14, 2019) that “USMF exercises sole control over all aspects of its dental training program, including all admissions decisions, the setting of the curriculum, all educational programming, grading and training.”

The Board met February 7, 2019 to review the documentation it received from you January 14, 2019:

- Six page letter to Executive Officer Fischer dated 1-14-2019 from Rector Ion Ababii in response to the Board’s December 12, 2018 request for further clarification
- Statement of Information – University of Moldova USA Inc
- Disclosures of Enrolling in the School of Dentistry of Nicolae Testemitanu or USMF
- Collaboration Agreement between the School and UMUSA dated 12-15-2016

The Collaboration Agreement represents changes that have been made to the dental program subsequent to the Site Team evaluation and the Board’s approval; and was signed after the USMF received Board approval of its educational program.

Based on a review of the above mention documents, the Board is requesting that you provide additional information. The Board believes that there is evidence to support that

there has been a "shift in control" of the dental education program of USMF as outlined in the provisions of the Collaboration Agreement between USMF and UMUSA. It is now up to you to explain why you disagree with the Board.

Specifically, the Board requests that you explain how the following provisions of the Collaboration Agreement support your belief that UMUSA is providing marketing services only.

2.1.1 UMUSA shall be the sole representative of USMF having exclusive authority to represent USMF on the USA territory and other countries for the organization and conduction of the admission of foreign citizens to the programs of studies approved by the Dental Council of California and performed in USMF.

2.1.2 The exclusive privilege of UMUSA to represent USMF on the USA territory and other countries shall last only for the validity period of this agreement.

2.1.5 The programs of studies approved by the Dental Council of California and performed in USMF shall be carried out in coordination with the requests of UMUSA and final approval of USMF.

2.1.6 Manuals, materials, instruments and equipment (hereinafter goods) used in order to accomplish the programs of studies approved by the Dental Council of California and performed in USMF, need to be equivalent or similar to those used by the dental schools in California. UMUSA undertakes to inform USMF and provide the necessary support, both financial and informational, in order to ensure USMF with the goods necessary to accomplish the programs of studies approved by the Dental Council of California and performed in USMF. Students admitted to the programs of studies approved by the Dental Council of California and performed in USMF shall be responsible for bearing and payment of all costs for their own manuals, teaching materials, technique, equipment and medical tools, material and consumables and other goods necessary for the studies.

2.1.8 USMF shall have no objection against UMUSA for opening a satellite dental practice in California, USA where it shall perform the practical training of students admitted to the programs of the Dental Council of California performed in USMF. The purpose of the dental practice shall be the accumulation of practical experience by the students enrolled in the programs of studies of the Dental Council of California and performed in USMF concerning the treatment of patients in California according to the study program approved by USMF. USMF shall have no financial or administrative authority over this dental practice.

2.1.9 UMUSA shall ensure and bear all expenses necessary for the of travel physician, specialists and experts from the USA to the headquarters of USMF in order to conduct the theoretical and practical training of the students following the programs of studies of the Dental Counsel of California and performed in USMF and who will practice dentistry in California. Optionally, the students admitted to the programs of study approved by

Dental Council of California and performed in USMF shall have the opportunity to carry out the practical training within the satellite dental practice founded by UMUSA in California, USA from their own financial resources or those of UMUSA.

2.1.10 The programs of studies approved by the Dental Council of California and performed in USMF shall be synchronized with the availability of the physicians and experts invited by UMUSA.

2.1.11 UMUSA shall ensure the necessary training of the teaching staff of USMF on the USA territory in order to prepare them to train the students admitted to the programs of studies approved by the Dental Council of California and performed in USMF who will practice dentistry in California, USA ensuring the payment of all necessary financial expenses from the account of UMUSA.

2.1.13 USMF (Deanship of Dentistry) together with UMUSA shall develop and approve the forms of the documents necessary for the application for studies of the candidates to one of the programs of the Dental Council of California performed in USMF.

2.1.15 UMUSA undertakes to mandatorily coordinate in advance all activities necessary for organizing and carrying out the admission examination of the candidates to one of the programs of the Dental Council of California performed in USMF on the USA territory.

2.1.16 USMF shall not be entitled to amend and/or make additions in the study program (academic curriculum) approved by the Dental Council of California for the accomplishment of the programs of studies approved by the Dental Council of California and performed in USMF. After the suggestions and recommendations made by UMUSA, both contractual parties shall negotiate the terms and the amount of time required for the implementation of such amendments and/or additions carried out by the USMF.

3.1 Each candidate applying for admission to one of the programs of studies approved by the Dental Council of California and performed in USMF shall pay the participation fee approved by USMF to it's the [sic] bank account and pass an admission examination approved by USMF and UMUSA and carry out an interview with the Dean of the Faculty of Dentistry of USMF or another person authorized by the USMF to assess the compliance with all admission criteria of USMF.

3.2 The admission examination for the candidates applying for admission to one of the programs of studies approved by the Dental Council of California and performed in USMF shall be organized and conducted by UMUSA on the USA territory in accordance with the materials and conditions set by USMF, and on the territory of the Republic of Moldova, the admission examination shall be organized and conducted by USMF.

3.3 UMUSA shall provide and carry out all necessary activities for USMF in order to extend the accreditation period of the Faculty of Dentistry of USMF by the Dental

Council of California and the Council on Dental Accreditation of the United States of America.

3.4 UMUSA shall assist and help USMF in completing and processing all documents necessary for the extension of the authorization and/or accreditation of the relevant institution from the United States of America, ensuring the payment of all the necessary financial expenses from the account of UMUSA.

3.5 UMUSA shall remunerate the employees of USMF who will carry out activities for the purpose of fulfilling the condition for the extension of the accreditation required by the Dental Council of California and/or the Council on Dental Accreditation of the United States of America.

3.6 UMUSA shall bear the financial costs related to the extension of the accreditation or other necessary authorizations required by any of the relevant institutions from the USA. These include the cost of the application examination, the cost of the round trip, other transport costs on the territory of California, USA, the cost of the daily allowances of the employees who will be acting as official representatives of USMF, who will have to visit UMUSA, California and/or the USA.

3.7 In order the [sic] foreign students are admitted through UMUSA to the programs of the Dental Council of California performed in USMF, UMUSA undertakes to conclude a collaboration agreement with USMF on medical training of foreign citizens for the purpose of enrollment of the students in USMF under the present agreement and a trilateral agreement and a trilateral agreement to be signed by UMUSA, USMF and the student.

3.8 UMUSA undertakes to place on its websites and/or social networks, information coordinated in advance with USMF with the content approved by the latter.

4.2 UMUSA will inform USMF about the possible need to amend the program of study to implement the programs of the Dental Council of California and performed in USMF.

For your clarification, the Board had no knowledge of the existence of UMUSA until after USMF received Board approval. Retired Senator Polanco represented himself as the USMF representative (lobbyist), but never indicated he was party to the establishment of a third party entity engaged in a collaboration agreement with USMF.

Also of concern to the Board is the establishment a training program for 4th and 5th year students provided in English for an additional fee as outlined in the Collaboration Agreement under general provisions which provides as follows:

“The training program approved by the Dental Council of California for the students in the IV-Vth year of study of the Faculty of Dentistry of USMF conducting the studies in English and who agreed to pay an additional fee approved by USMF for the accomplishment of a study program approved by

the Dental Council of California, additionally to the integrated higher education studies in order to obtain a certificate confirming the additional studies conducted, which shall allow the graduates of this program to participate in the examinations necessary in the state of California United States of America for the practice of dentistry on its territory. “

At no time was the Site Team presented with any information regarding this program. Moreover, the Board’s approval does not include it. Since CCR section 1024.8(a)(2) requires a foreign dental school to notify the board in writing of, among other things, a change in the school’s mission, purposes or objectives; the School was required to notify the Board of this change.

The Board is additionally concerned with the establishment of a satellite dental practice in California. Explain the intent of setting up a satellite dental practice as mentioned in provision 2.1.8 of the Collaboration Agreement.

Explain “Acknowledgements and Disclosures of Enrolling in the School of Dentistry of Nicolae Testemitanu or USMF”. Why does it include reference to UMUSA if UMUSA is utilized for marketing only?

The Board has expressed concern that USMF cannot explain any financial details relating to UMUSA involvement with the USMF dental program. Your comments on this issue are appreciated.

The Board seeks further clarification regarding the “Dental Council of California” referenced in the Collaboration Agreement. Is this the Dental Board of California or another entity?

The Board asks that you respond to these questions in writing by April 1, 2019. We look forward to meeting with your representatives in May in Anaheim, California.

Sincerely,



Karen M. Fischer, MPA
Executive Officer



MD-2004, Chișinău, bd. Ștefan cel Mare și Sfânt, 165, tel.: (+373) 22 205 701, fax: (+373) 22 242 344, contact@usmf.md, www.usmf.md

29.03.2019 nr. 03-843

la nr. _____ din _____

Ms. Karen Fischer, MPA
Executive Officer
Dental Board of California
2005 Evergreen Street, Suite 1440
Sacramento, CA 93815

Re: February 22, 2019 letter to State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova—Faculty of Dentistry (“USMF”)

Dear Ms. Fischer:

This letter responds to the California Dental Board’s February 22, 2019 letter stating that, based on the collaboration agreement with Moldova USA, it believes that there has been a “shift in control” of USMF’s dental program and requesting explanations of various provisions. As a preliminary matter, USMF is concerned that the Board appears to be acting prematurely about the collaboration agreement with Moldova USA, which in no way changed the “ownership and management” of our public university and cannot represent a “shift in control” of USMF.

As addressed in our prior letter of February 6, 2019, the collaboration agreement between USMF and Moldova USA did not cause a change in control, nor was it ever intended to do so. USMF remains the same institution that the Board approved, and there are no facts to show that a change of control has in fact occurred, let alone a “shift or change” that would threaten to bring USMF’s program out of compliance with the Institutional Standards required of foreign dental schools. Moreover, it is California’s laws and regulations, and not the collaboration agreement, that govern how USMF maintains its approved dental program. To that end, the agreement was meant to define the consulting relationship and set out parameters for different anticipated scenarios, but all laws and regulations would have to be followed and all necessary approvals would have to be obtained.

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To be clear, USMF is a public educational institution founded under the authority of Moldova's Ministry of Education and Moldova's Ministry of Health. USMF exercises sole control over all aspects of its dental training program, including full control over considering, evaluating, and admitting all students, creating and implementing its curriculum, and designing appropriate mechanisms to ensure that its admitted students receive the proper professional training. The school charter remains intact and ownership of USMF remains solely in the hands of the Republic of Moldova. No collaboration agreement can alter USMF's program or threaten its compliance with the Dental Board's Institutional Standards or any other standard set out in California Code of Regulations, Title 16, Chapter 2, Section 1024.1.

As you know, USMF submitted to this Board's rigorous and thorough application and site evaluation process, and after proving that its dental training program was equivalent to that of similar institutions in the United States, USMF was approved as one of two foreign dental schools. *See* Cal. Bus. & Prof Code § 1636.4(d) ("[T]he educational program of the foreign dental school is equivalent to that of similar [] institutions in the [U.S.] and adequately prepares its students for the practice of dentistry."). Through that process, USMF proved compliance with 12 Institutional Standards, including: (1) mission, purpose, and objectives; (2) admissions policies; (3) curriculum; (4) faculty and staff; and (5) ownership and management.¹ *See* 16 CCR § 1024.1.

USMF remains committed to fulfilling its role as an approved foreign dental school and hereby responds to the Board's questions into certain provisions of the collaboration agreement. As a preliminary note, USMF has been clear that Moldova USA handles not only marketing and branding, but also coordination and support services for USMF with respect to the students who come from California. USMF intends to work with Moldova USA to assist USMF graduates get the necessary support to obtain licensure in California. This arrangement does not undermine or affect USMF's compliance with the Institutional Standards. Indeed, the Dental Board's licensure of

¹ *See also*, Cal. Bus. & Prof. Code § 1636.4(d) ("Curriculum, faculty qualifications, student attendance, plant and facilities, and other relevant factors shall be reviewed and evaluated").

students is governed by a process wholly separate from the Institutional Standards.² Accordingly, USMF provides the following clarifying responses in hopes that the matter will be resolved. For convenience, the responses are grouped into related paragraphs when possible:

Paragraphs 2.1.1-2.1.2:

These paragraphs clearly show that the collaboration agreement created the opposite of a change in control. On the one hand, these paragraphs establish that USMF and Moldova USA have an exclusive relationship for marketing and coordination services related to the matriculation of foreign students into USMF's Board approved dental program. The agreement's exclusivity benefits USMF as it need only coordinate with one foreign entity as a liaison in California to assist with coordination of admission exams, the dissemination of informational materials, and admission interviews by USMF faculty. On the other hand, while USMF is a permanent partner of the Board, its relationship with Moldova USA is effective for a predetermined period, and USMF is free to terminate its relationship with or replace Moldova USA at any time.

Paragraph 2.1.5

Nothing in this paragraph evidence a change of control. In fact, under the paragraph, USMF retains control over its governance, academics, and other related matter. This paragraph is intended to ensure that USMF will receive assistance from Moldova USA regarding coordination of the non-academic aspects of its dental program. This includes the coordination of admissions exams, outreach, travel plans, and interviews by the dental program's Dean of Faculty. USMF relies on Moldova USA for these services to help USMF broaden its visibility with respect to prospective

² In addition to attending a Board approved school, a graduate who wishes to practice in the United States would still have to pass the National Board exams, the Western Regional Examination, and meet any other state requirements for licensure.

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applicants. However, as with any and all provisions in this agreement, and as stated in this provision, any and all requests and recommendations from Moldova USA are contingent on the final approval of USMF.

Paragraph 2.1.6

Also showing no change in control, this paragraph requires Moldova USA to keep USMF apprised of any and all possible developments that would impact its approval as a foreign dental school. As USMF values its partnership with the California Dental Board, this paragraph was designed to ensure that USMF receives the information it needs for continued compliance with California's Institutional Standards for dental schools. While USMF may obtain the information from the Board or other sources, it makes Moldova USA, a California based entity, responsible for following and reporting back on changes as well.

Paragraphs 2.1.8-2.1.9

As noted in our prior letter of February 6, 2019, a satellite dental practice to train USMF dental students has never been implemented. If USMF were ever to utilize a satellite dental office to support the dental school, it would file the necessary application and follow all regulations in 16 CCR section 1025 for "Extramural Dental Facilit[ies]," as well as any other applicable laws, regulations and Dental Board requirements. However, there has been no discussion of this happening, although partnerships such as these are not unique, and it is common practice for dental schools to partner with local California clinics. This type of arrangement does not implicate a shift or change in control of a dental school's program, and would be similar to the UCLA School of Dentistry's recent collaboration with Delta Dental to train students and provide healthcare.

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Paragraphs 2.1.10-2.1.11

These paragraphs ensure that USMF can obtain helpful recommendations from Moldova USA to meet the needs of its future California practitioners while reserving full control and authority over its teaching program. The USMF dental program is designed to ensure that its graduates are competent in all aspects of dental care, including ethics and professionalism, oral health care, practice management, and other relevant fields. However, there are certain aspects of dental care practice that are specific to California practitioners, such as understanding HIPAA and other laws, and preparing for the Western Regional Examining Board and the California Law and Ethics exam. The intent of these paragraphs is to allow USMF to connect with California dental professionals who can potentially provide certain expertise, similar to an adjunct professor teaching a particular course at a University or a prep course instructor for graduating students. Similarly, these professionals would allow USMF's representatives to become more familiar with California specific practices. Although nothing contemplated by these paragraphs has happened, the provisions ensure that Moldova USA agrees to serve as USMF's liaison to find potential candidates for USMF to choose from. As always, USMF retains ultimate and full authority of its teaching program and who it hires as dental faculty and staff.

Paragraphs 2.1.13; 2.1.15

In these paragraphs, Moldova USA agrees to help coordinate admissions exams, such as setting time and location, and to assist USMF with creating forms for capturing relevant biographical and background information from prospective students from California. These paragraphs do not alter USMF's admissions criteria, policies, or the administrative procedures that it uses to evaluate and/or admit applicants. Moldova's Ministry of Education creates the admissions exam to evaluate competency in certain subjects and ensure that all applicants are able to meet the rigors of USMF's programs. As always, USMF retains full control of its admissions policies and procedures.

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Paragraph 2.1.16

This paragraph was meant as an additional safeguard to USMF's standing as an approved dental school by ensuring that USMF would not make modifications that potentially affect its status as an approved dental school. There have been no such changes implemented, or even contemplated.

Paragraphs 3.1-3.2

These paragraphs expand on Moldova USA's responsibilities to assist with the coordination of the dental school's admissions processes, including setting the time and location of the admissions exam, processing payment, and coordinating the admissions interviews prospective applicants must have with USMF's Dean of the Faculty of Dentistry. There is no change of shift in control of the dental school's academic or admissions criteria, as the admissions exam shall be given "in accordance with the materials and conditions set by USMF." Any ambiguity in the paragraph and potential alternative interpretations of its purpose are likely due to errors in the translation from Romanian. Ultimately, any admissions decisions, and the scope of how students are evaluated, rests with USMF.

Paragraphs 3.3-3.4

These paragraphs ensure that Moldova USA will assist USMF in completing and processing any application for approval and/or renewal of its accreditation from the California Dental Board and the Council on Dental Accreditation of the United States ("CODA"). As you know, USMF is not currently approved by CODA, but if it chooses to seek CODA accreditation, Moldova USA agrees to serve as its liaison.

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Paragraphs 3.5-3.6

As a public institution, the USMF's resources are limited and must be protected so that it may best serve its students and the Republic of Moldova. These paragraphs protect these resources and ensure that USMF faculty and staff will be reimbursed for the expenses associated with the accreditation process and/or admissions process of foreign students.

Paragraph 3.7

This paragraph contemplates that Moldova USA may in the future provide assistance to USMF's medical school. To date, this has not happened. If this is undertaken, the paragraph requires that a separate collaboration agreement be executed.

Paragraph 3.8

As a foreign dental school, USMF needs local support in California to disseminate information and attract qualified candidates to its dental program. This paragraph obligates Moldova USA to assist with that marketing and branding by disseminating information through social media networks and websites to help expand USMF's footprint in the United States. As stated in the paragraph, the "information [must be] coordinated in advance with USMF" and all content must be approved by USMF.

Paragraph 4.2

This Paragraph, which falls under section IV., the "Rights of USMF," pertains to USMF's goal of maintaining its accreditation as a foreign dental school. As USMF values its partnership with the California Dental Board, this paragraph ensures it will be kept apprised of any and all possible developments that would impact its approval as a foreign dental school.

In response to the Board's more specific questions at the end of its letter, USMF provides the following:³

(1) Training Program for 4th and 5th Year Students:

The "4th and 5th year program" referenced in the collaboration agreement is the integrated 2-year program for foreign trained dentists, also known as the "International Dental Program" ("IDP"). The California Legislature has encouraged all dental schools in California to provide a "two-year course of study that may be utilized by graduates of foreign dental schools to attain the prerequisites for licensure in California." *See* Cal. Bus. & Prof. Code §1636.6. USMF notified the Board of its intent to start this program by letter on May 2, 2017. The May 2, 2017 letter is attached here as **Exhibit A**.

(2) Satellite Dental Program:

Please refer to the answer in response to Paragraphs 2.1.8 and 2.1.9 above.

(3) Acknowledgments and Disclosures Form

As you know, USMF's approval as a foreign dental school is specific to California, and all USMF graduates are limited to practicing in California. Although this information is disclosed to all USMF prospective applicants, including Moldova USA on the Acknowledgments and Disclosures Form serves as an additional safeguard to prevent meritless claims.

(4) "Dental Council of California"

³ USMF is surprised to learn that the Board was not aware of Moldova USA considering Moldova USA coordinated the site visit to USMF and reimbursed the Board members of all expenses with Moldova USA checks. In any case, it is clear that Moldova USA has no bearing on USMF's Board approved program, or its compliance with California's Institutional Standards.

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This is a translation from Romanian and all references in the collaboration agreement to the "Dental Council of California" are meant to refer to the California Dental Board.

(5) Financial Details re Moldova USA

Moldova USA is a third-party entity and a separate California corporation. As such, USMF is not privy to the details of its finances, including tax returns and compensation structure.

As demonstrated by the above responses, the collaboration agreement with Moldova USA has not and cannot result in any "change" or "shift" in control away from USMF. Similarly, no shift or change in control has taken place under section 1024.8, which is concerned with the influence or control private investors and/or other ownership stakeholders may have on an institution and requires a foreign school to notify the Board of any change in location, mission, name, or control. See 16 CCR § 1024.8(a)(4) ("A 'shift in control' or 'change in control' may but need not involve a transfer of any property interest. A 'shift in control' [] may include a shift in the voting control of corporate stock [], the acquisition of sufficient stock by a minority shareholder [], the transfer of voting rights to a voting trust, the transfer of any ownership interest to any trust in which the owner does not have the same degree of control as before the transfer, and the transfer of authority to manage the institution...").⁴ There is no dispute that this does not apply here.

Further, before the Board can decide whether an alleged change or shift in control resulted in USMF falling out of compliance with the Institutional Standards, USMF is entitled to due process. This means USMF must be allowed to hear the facts or arguments, challenge them, and present evidence in response.

⁴ The section on "Ownership and Management," of the Institutional Standards is likewise concerned with the influence or control private investors may have on an institution. See 16 CCR § 1024.1 ("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 [] in a diligent and prudent manner...").

Dental Board of California
Re: State University of Medicine and Pharmacy "Nicolae Testemitanu"
of the Republic of Moldova – Faculty of Dentistry
March 19, 2019
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Although the Board contends it is concerned about an alleged "change or shift" in control, the Board has not pointed to any aspect of USMF's dental program that it contends is out of compliance with the Institutional Standards for foreign dental schools, including the "ownership and management" standard discussed above. Instead, the Board has focused on subjects outside of its authority, including information that pertains exclusively to third parties and/or has no bearing on USMF (*i.e.* financial details of Moldova USA).

While the Board is free to request information and documents to determine whether a change or shift in control "will affect [an] institution's compliance," no part of the Board's inquiry appears to be tailored to meeting this goal. The Board cannot subject USMF to a prolonged inquiry without due process. Indeed, the Board approved USMF because it met the stringent Institutional Standards requirements. It would be unduly hasty to conclude an alleged shift in control has resulted in USMF's lack of compliance on account of just one document – the agreement – interpreted from Romanian and absent evidence that any of the "anticipated scenarios" described in its provisions have actually happened. Even so, the above responses demonstrate that USMF retains full control of all aspects of its dental program.

USMF is hopeful that the foregoing responses have addressed any and all concerns the Board may have regarding the dental program. As such, USMF does not anticipate it will need representatives to attend the May 2019 meeting. Should the Board have any additional questions or concerns, please do not hesitate to direct them to my attention so we can provide a prompt response. USMF remains committed to working with the Board on resolving this issue so that it may revert its attention to serving its students. We will look forward to hearing from the Board soon.

Sincerely yours,

Rector

 Ion Ababii



MEMORANDUM

DATE	April 25, 2019
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Enforcement Chief
SUBJECT	Agenda Item 10(a): Review of Enforcement Statistics and Trends

The following are the Enforcement Division statistics for the third quarter (January 1, 2019 to March 31, 2019) of Fiscal Year 2018-2019. Trends over the last three fiscal years and the last to current quarter are included, along with Charts 1-3 for reference.

Complaints & Compliance

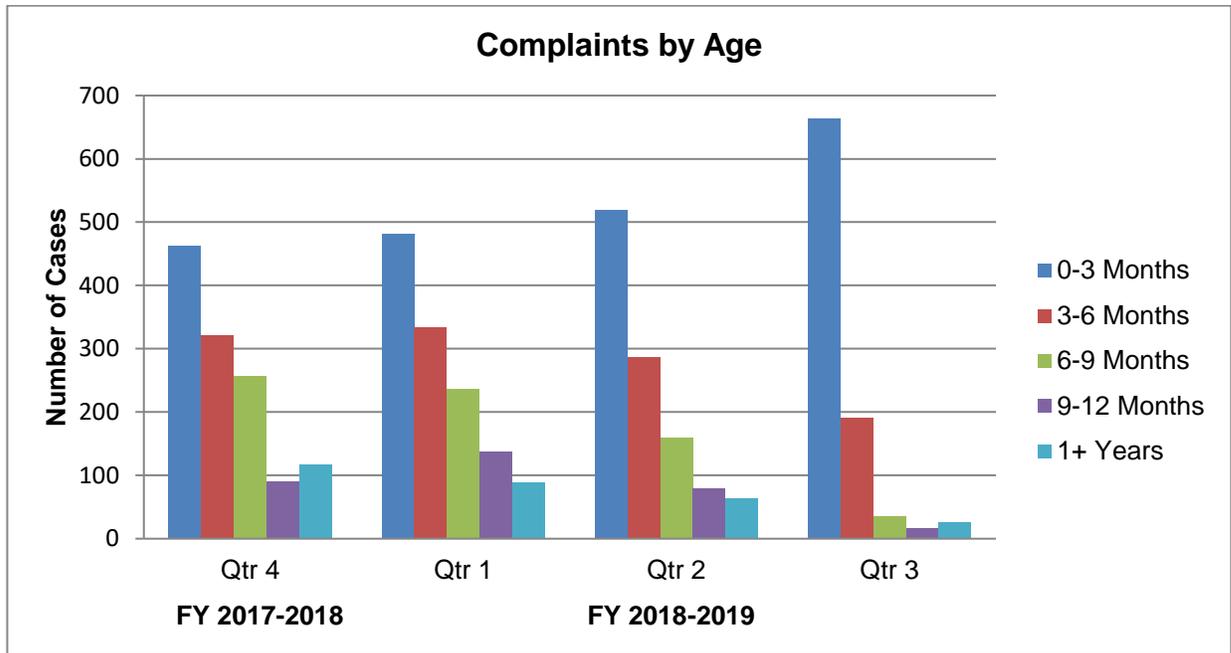
Complaints Received: 981

During quarter three, a total of 981 complaints were received. Complaints received have decreased by approximately **74** cases from the last quarter. The monthly average of complaints received for quarter two was **327**.

Complaint Cases Open: 932

A total of 932 complaint cases are pending. The Complaint cases open have decreased by **16%** from second quarter of FY 2018-2019 to third quarter of FY 2018-2019. The average caseload per Consumer Services Analyst (CSA) during the third quarter of FY 2018-2019 was **207**.

Complaint Age	FY 2017-2018	FY 2018-2019			Q3%
	Q4 Cases	Q1 Cases	Q2 Cases	Q3 Cases	
0 – 3 Months	463	482	520	664	71%
3 – 6 Months	321	334	286	190	20%
6 – 9 Months	257	236	159	36	4%
9 – 12 Months	90	138	79	16	2%
1+ Years	117	89	63	26	3%
Total	1248	1279	1107	932	100%



Complaint Cases Closed: 822

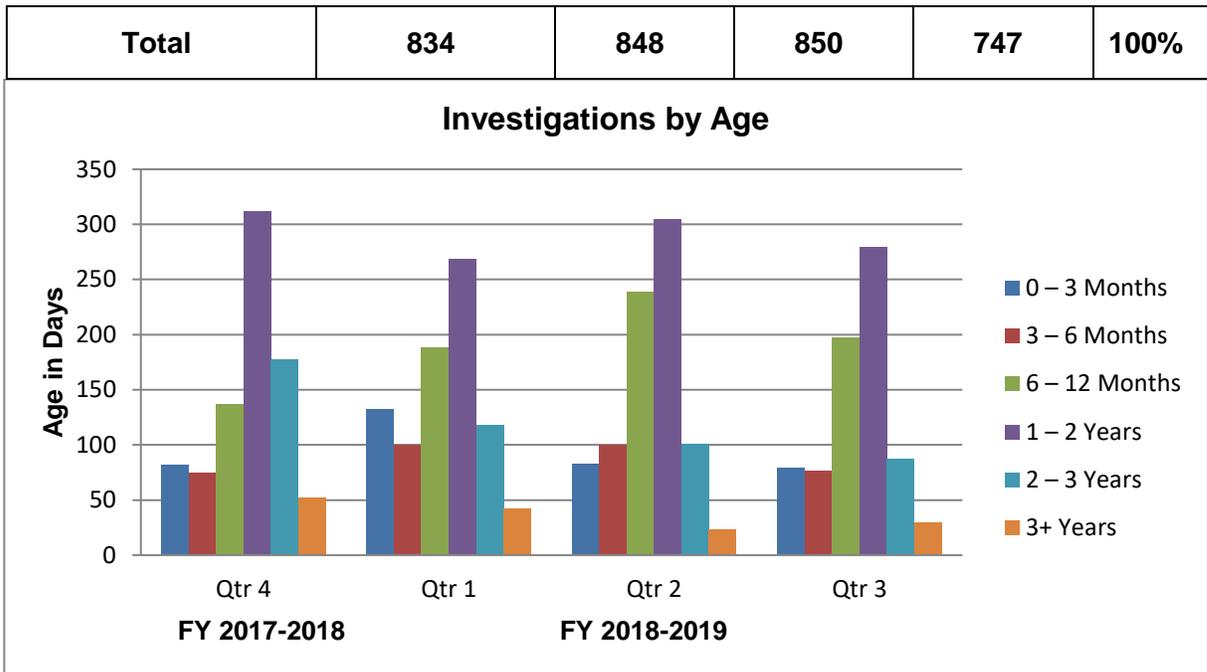
During quarter three, there were 822 total complaint cases closed. The average cases closed per month was **274**. A complaint took an average of **159** days to close which is approximately 87 days faster than during the previous quarter.

Investigations

Investigation Cases Open: 747

At the end of quarter three, there were approximately 747 open investigative cases and **38** open inspection cases.

Investigation Age	FY 2017-2018	FY 2018-2019			
	Q4 Cases	Q1 Cases	Q2 Cases	Q3 Cases	Q3 %
0 – 3 Months	82	132	83	79	11%
3 – 6 Months	74	100	100	76	10%
6 – 12 Months	137	188	239	197	26%
1 – 2 Years	312	268	304	279	37%
2 – 3 Years	177	118	101	87	12%
3+ Years	52	42	23	29	4%



Comparing this quarter to the last, there has been a significant decrease in the number of open investigation cases by **12%**.

Investigation Cases Closed: 377

During quarter three, there were 377 total investigation cases closed. The average cases closed per month was **126**. The total number of investigation cases closed, filed with the Office of the Attorney General (OAG), or filed with the District/City Attorney during the third quarter was **41** (an average of **14** per month).

The average number of days to complete an investigation during the third quarter was **430** days (see Chart 1). This is **143 days faster** or a **decrease of 25%** compared to the previous quarter.

Administrative and Disciplinary Action:

A total of **46 citations** were issued during the third quarter, an decrease from the total of 49 that were issued in the previous quarter.

A total of **34 accusations** were filed during the third quarter, an increase from the total of 21 that were filed during the previous quarter.

A total of **41 cases were referred to the OAG** with a total of **272** cases pending as of April 25, 2019.

There were approximately **185 open probation cases** at the end of the third quarter. The three-month average for a disciplinary case to be completed was **1331** days. This is 507 days slower than the previous quarter.

Total number of probationers (130) and probationers tolling (55) are as follows:

Sacramento Enforcement Office: 23 active probationers, 22 probationers tolling

Orange Enforcement Office: 84 active probationers, 19 probationers tolling

Investigative Analysis Unit: 23 active probationers, 14 probationers tolling

Chart 1 below displays the average closure age over the last three fiscal years through the first and second quarter for complaint, investigation, and disciplinary cases.

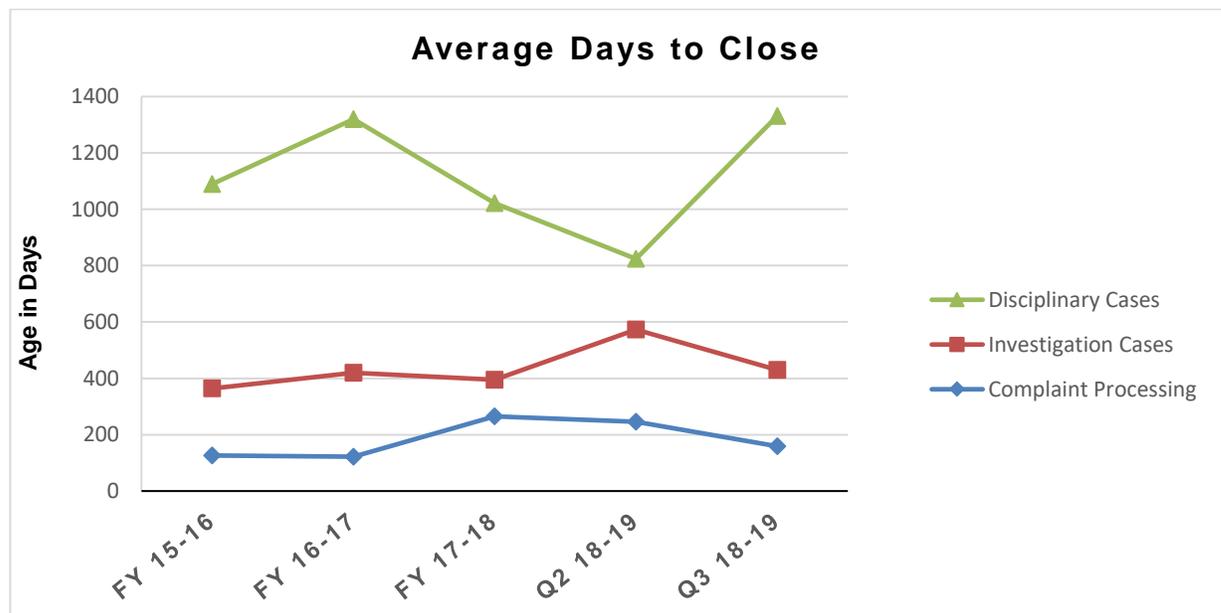


Chart 1:

Average Days to Close	FY 15-16	FY 16-17	FY 17-18	Q1 FY 18-19	Q2 FY 18-19
Complaint Processing	128	150	265	246	159
Investigation Cases	364	324	395	573	430
Disciplinary Cases	1089	1320	1022	824	1331

Chart 2:

ENFORCEMENT STATISTICS	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 18-19
				Q2	Q3
COMPLAINTS					
Total Intake Received	3562*	3591	3552	1055	981
<i>Complaints Received</i>	3103*	3283	3068	790	850
<i>Convictions/Arrests Received</i>	459*	308	484	265	131
Total Complaints Closed	2675*	2625	2642	885	822
Pending at end of period	804	1375	1248	1107	932
INVESTIGATIONS					
Cases Opened	908*	828	1006	267	283
Cases Closed	806*	830	932	333	377
Referred to AG	170*	173	197	33	41
Referred for Criminal	47*	20	14	2	26
Pending at end of period	855	985	834	850	747
Citations Issued	47*	56	64	49	46
Office of the Attorney General					
Cases Pending at AG	210	152	158	147	272
Administrative Actions:					
Accusation	76	94	75	21	34
Statement of Issues	10	7	12	0	1
Petition to Revoke Probation	1	4	5	1	2
Licensee Disciplinary Actions:					
Revocation	19	17	16	3	2
Probation	11	62	71	12	20
Suspension/Probation	2	2	3	0	0
License Surrendered	11	11	12	2	3
Public Reprimand	14	34	21	7	9
Other Action (e.g. exam required, education course, etc.)	1	28	2	0	0
Accusation Withdrawn	2	10	12	2	0
Accusation Declined	1	4	0	2	0
Accusation Dismissed	1	2	2	0	0
Total, Licensee Discipline	24	160	139	28	34
Other Legal Actions:					
Interim Suspension Order Issued	0	3	0	0	1
PC 23 Order Issued	0	3	0	0	3

*FY15-16 Numbers updated due to system transition to Breeze.

Complaint Allegations

Charts 3a and 3b below list the types of allegations made for all complaints received for the current quarter, along with their corresponding percentages.

Chart 3a:

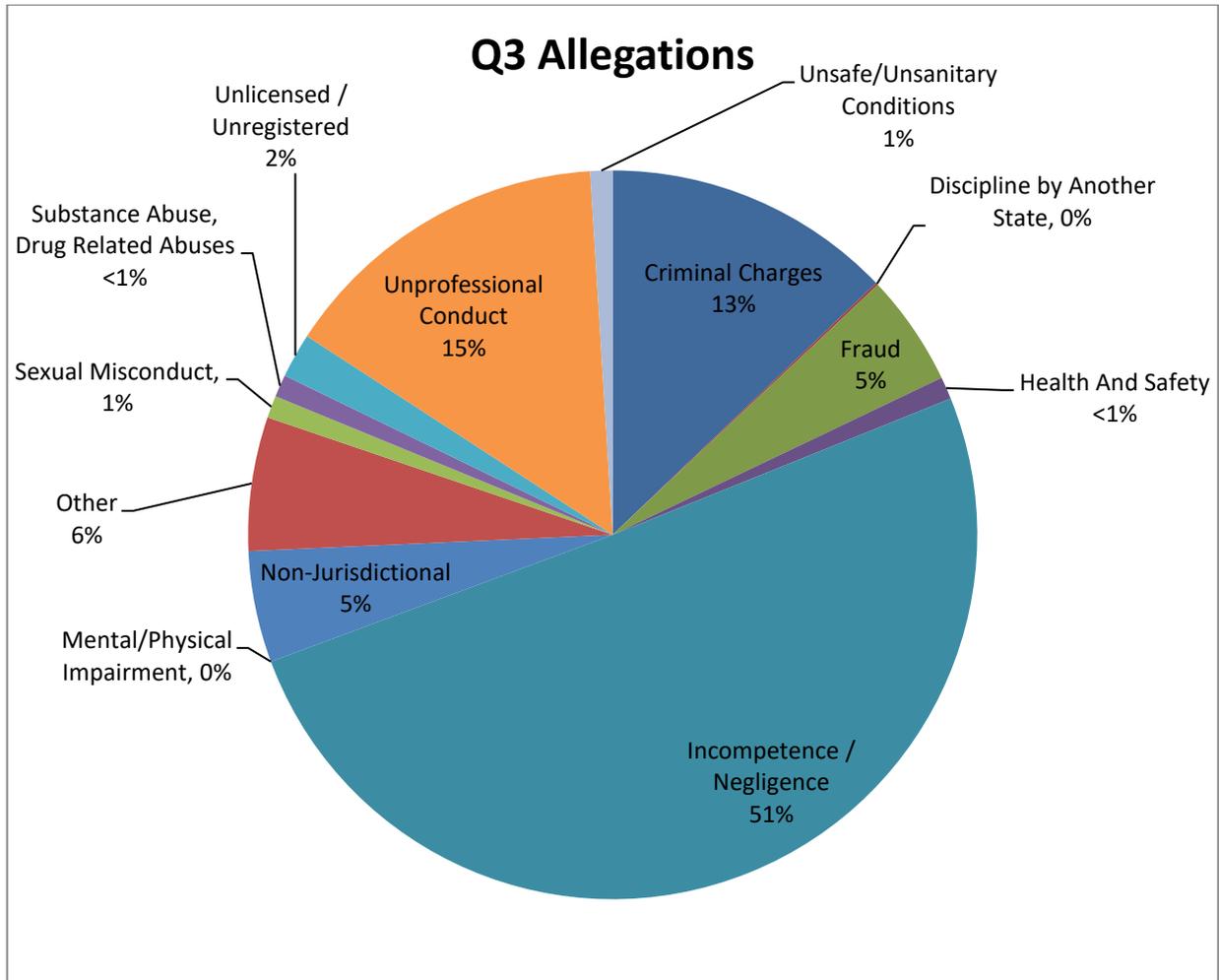


Chart 3b:

ALLEGATIONS	FISCAL YEAR COUNTS			2018-2019		
	2015-16*	2016-17	2017-18	Q2	Q3	Q3 %
Criminal Charges	459	293	484	265	131	13%
Discipline by Another State	15	3	5	0	0	0%
Fraud	261	149	144	34	47	5%
Health And Safety	4	9	1	1	2	<1%
Incompetence / Negligence	1961	2059	1839	504	496	51%
Mental/Physical Impairment	3	6	1	0	0	0%
Non-Jurisdictional	271	404	286	63	52	5%
Other	180	241	252	67	60	6%
Sexual Misconduct	9	11	5	1	10	1%
Substance Abuse, Drug Related Abuses	26	40	3	1	4	<1%
Unlicensed / Unregistered	148	157	88	13	19	2%
Unprofessional Conduct	187	181	398	91	149	15%
Unsafe/Unsanitary Conditions	38	38	46	15	11	1%
Total	3562	3591	3552	1055	981	100%



MEMORANDUM

DATE	April 17, 2019
TO	Members of the Dental Board of California
FROM	Ryan Blonien, Supervising Investigator
SUBJECT	Agenda Item 10(b): Update on Controlled Substance Utilization Review and Evaluation System (CURES) Report

Background:

The Controlled Substance Utilization Review and Evaluation System (CURES 2.0) is a database of Schedule II, III, and IV controlled substance and prescriptions dispensed in California. The goal of the CURES 2.0 system is the reduction of prescription drug abuse and diversion without affecting the legitimate medical practice or patient care.

Prescribers were required to submit an application before July 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later. Registration requirements are not based on dispensing, prescribing, or administering activities but, rather, on possession of a Drug Enforcement Administration Controlled Substance Registration Certificate and valid California licensure as a Dentist, or other prescribing medical provider. The Dental Board of California currently has 34,448 active licensed dentists. The Drug Enforcement Administration has 24,633 California dentists licensed to prescribe.

Current Status:

The CURES registration statistics for the Dental Board of California are:

July 2017:	7882 Registered DDS /DMD
October 2017:	8064 Registered DDS/DMD
January 2018:	8370 Registered DDS/DMD
April 2018:	9662 Registered DDS/DMD
November 2018:	14,229 Registered DDS/DMD
February 2019:	14,856 Registered DDS/DMD

CURES usage as of February 2019:

6,487 Dentists have created Patient Activity Reports in the time frame.
Patient Activity Report (PAR) Checked a patient's prescription history.

5,609 total times CURES was accessed by Dentist.

162 total times telephone calls made to the CURES help desk by Dentist.



February 2019 Statistics

Registered Users		FEBRUARY
Total Registered Users		212,973
Clinical Roles		
	Prescribers	159,939
	Dispensers	43,589
Sub-Total A		203,528
License Type		
	Doctor of Podiatric Medicine	1,391
	Registered Nurse Practitioner/Nurse Midwife	15,182
	Medical Doctor	107,377
	Naturopathic Doctor	325
	Osteopathic Doctor	6,879
	Physician Assistant	9,751
	Doctor of Optometry	669
	Pharmacist	43,147
	Doctor of Dental Surgery/Dental Medicine	14,856
	Doctor of Veterinary Medicine	2,969
	Other (Out of State)	982
Sub-Total B		203,528
Other Roles		
	LEAs	1,356
	Delegates	7,843
	DOJ Administrators	13
	DOJ Analysts	81
	Regulatory Board	152
Sub-Total C		9,445

NOTE:

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Registered Users
3. Stats are from the 1st of the month to the last day of the month

CURES 2.0

February 2019 Statistics

Number of PARs Ran		FEBRUARY
Total PARs Ran		1,909,090
Clinical Roles		
	Prescribers	1,147,970
	Dispensers	759,639
Sub-Total A		1,907,609
License Type		
	Doctor of Podiatric Medicine	2,513
	Registered Nurse Practitioner/Nurse Midwife	153,563
	Medical Doctor	769,140
	Naturopathic Doctor	1,072
	Osteopathic Doctor	87,441
	Physician Assistant	125,306
	Doctor of Optometry	3
	Pharmacist	757,112
	Doctor of Dental Surgery/Dental Medicine	6,487
	Doctor of Veterinary Medicine	170
	Other (Out of State)	4,802
Sub-Total B		1,907,609
Other Roles		
	LEAs	142
	DOJ Administrators	69
	DOJ Analysts	145
	Regulatory Board	1,125
Sub-Total C		1,481
Delegate Initiated Searches		
	Delegates	38,539

NOTE:

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total PARs Ran
3. Stats are from the 1st of the month to the last day of the month

CURES 2.0

February 2019 Statistics

Times System was Accessed		FEBRUARY
Total Times System was Accessed		987,148
Clinical Roles		
	Prescribers	610,767
	Dispensers	359,740
Sub-Total A		970,507
License Type		
	Doctor of Podiatric Medicine	1,791
	Registered Nurse Practitioner/Nurse Midwife	69,818
	Medical Doctor	424,761
	Naturopathic Doctor	437
	Osteopathic Doctor	47,905
	Physician Assistant	58,788
	Doctor of Optometry	71
	Pharmacist	358,277
	Doctor of Dental Surgery/Dental Medicine	5,609
	Doctor of Veterinary Medicine	323
	Other (Out of State)	2,727
Sub-Total B		970,507
Other Roles		
	LEAs	371
	Delegates	14,848
	DOJ Administrators	183
	DOJ Analysts	786
	Regulatory Board	453
Sub-Total C		16,641

NOTE:

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Times System was Accessed
3. Stats are from the 1st of the month to the last day of the month



February 2019 Statistics

Number of CURES Help Desk Requests		FEBRUARY
Emails [Note: Email requests are not included in the breakdown below]		1,724
Total Phone Calls		3,404
Clinical Roles		
	Prescribers	2,452
	Dispensers	663
Sub-Total A		3,115
License Type		
	Doctor of Podiatric Medicine	23
	Registered Nurse Practitioner/Nurse Midwife	345
	Medical Doctor	1,595
	Naturopathic Doctor	9
	Osteopathic Doctor	89
	Physician Assistant	159
	Doctor of Optometry	6
	Pharmacist	663
	Doctor of Dental Surgery/Dental Medicine	162
	Doctor of Veterinary Medicine	64
	Other (Out of State)	0
Sub-Total B		3,115
Other Roles		
	LEAs	201
	Delegates	61
	DOJ Administrators	0
	DOJ Analysts	0
	Regulatory Board	27
Sub-Total C		289
NOTE:		
1. Subtotal A = Subtotal B		
2. Subtotal A + Subtotal C = Total Help Desk Phone Calls		

CURES 2.0

February 2019 Statistics

	FEBRUARY
Number of Distinct Prescriptions	3,037,627
Number of Prescriptions Filled by Schedule	
Schedule II	1,344,108
Schedule III	255,881
Schedule IV	1,348,856
Schedule V	49,378
R	12,965
Over-the-counter product	27,836
TOTAL	3,039,024

NOTE:

- 1. Each component of a compound is submitted as a separate prescription record. The number of distinct prescriptions rolls compound prescriptions into a single count*
- 2. The number of distinct prescriptions and the number of prescriptions filled by schedule will not be equal because a compound can consist of multiple drugs with varying schedules*
- 2. R = Not classified under the Controlled Substances Act; includes all other prescription drugs*
- 3. Over-the-counter product*



MEMORANDUM

DATE	April 17, 2019
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Enforcement Chief Dental Board of California
SUBJECT	Agenda Item 10(c): Update on Implementation of AB 149 (Cooper) Relating to Controlled Substance Security Prescription Forms

Please refer to the attached Dental Board of California Memorandum regarding Assembly Bill 149, dated March 12, 2019.



MEMORANDUM

DATE	March 12, 2019
TO	Dentist Prescribers
FROM	Dental Board of California
SUBJECT	Assembly Bill 149 – Controlled Substance Security Prescription Forms

The Governor signed Assembly Bill (AB) 149 (Cooper) which provides a transition period for implementing a new law requiring new security prescription forms for prescriptions for controlled substances. The bill immediately went into effect March 11th, 2019.

AB 149 is intended to resolve problems unintentionally created by AB 1753 (Low, Chapter 794, Statutes of 2018), which reduced the number of authorized security printers approved by the Department of Justice (DOJ) and required security prescription forms to have unique serialized numbers. AB 1753 took effect January 1, 2019.

However, not all prescribers have been able to obtain the security prescription forms required by the law or have unknowingly continued using non-compliant prescription forms. As a result, some pharmacists were caught in a difficult position having to decide whether to provide needed medication for patients or comply with the new law.

AB 149 delays the requirement for prescription forms with uniquely serialized numbers until a date to be determined by DOJ but no later than January 1, 2020; and also declares that any prescription written on a form that was otherwise valid before January 1, 2019, or was written on a form approved by DOJ as of January 1, 2019, is valid and may be filled, compounded or dispensed until January 1, 2021.



MEMORANDUM

DATE	May 1, 2019
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 11: Discussion and Possible Action Regarding Meeting Dates for 2020

Background:

The Board will need to set the 2020 meeting schedule to provide adequate time to negotiate contracts for meeting space locations. A 2020 calendar is attached for your reference. The calendar includes dates for holidays and association meetings.

Pursuant to Business and Professions Code, Section 1607, the Board shall meet regularly once each year in San Francisco and once each year in Los Angeles and at such other times and places as the Board may designate, for the purpose of transacting its business. Historically, the Board meets quarterly.

As such, the following are dates for your consideration:

2020	
February 20-21, 2020 February 27-28, 2020	May 13-14, 2020 (Anaheim for CDA Presents)
August 13-14, 2020 August 20-21, 2020	December 3-4, 2020 December 10-11, 2020

Action Requested:

Select specific Board meeting dates for 2020.

January 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 New Year's Day	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18 CalAOMS 2020 Anesthesia Meeting San Francisco, CA
19 CalAOMS 2020 Anesthesia Meeting San Francisco, CA	20 M L King Day	21	22	23	24	25 Chinese New Year
26	27	28	29	30	31	

February 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14 Valentine's Day	15
16	17 President's Day	18	19	20	21	22
23	24	25	26	27	28	29

March 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14 ADEA Annual Mtg. Maryland
15 ADEA Annual Mtg. Maryland	16 ADEA Annual Mtg. Maryland	17 ADEA Annual Mtg. Maryland St. Patrick's Day	18	19 Spring Begins	20	21
22	23	24	25	26	27	28
29	30	31 Cesar Chavez Day				

April 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12 Easter Sunday	13	14	15	16	17 DHBC Board Mtg.	18 DHBC Board Mtg.
19	20	21	22	23	24	25
26	27	28	29	30		

May 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2 CalAOMS Annual Mtg. San Diego, CA
3 CalAOMS Annual Mtg. San Diego, CA	4 May Day	5	6	7	8	9
10 Mother's Day	11	12	13	14 CDA Presents Anaheim	15 CDA Presents Anaheim	16 CDA Presents Anaheim Armed Forces Day
17	18 Victoria Day	19	20	21	22	23
24	25	26	27	28	29	30
31	Memorial Day					

June 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18 Flag Day	19	20 Summer Begins
21 Father's Day	22	23	24	25	26	27
28	29	30				

July 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 Canada Day	2	3	4 Independence Day
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20 CSA Conference Ko'Olina, Oahu	21 CSA Conference Ko'Olina, Oahu	22 CSA Conference Ko'Olina, Oahu	23 CSA Conference Ko'Olina, Oahu	24 CSA Conference Ko'Olina, Oahu	25 CSA Conference Ko'Olina, Oahu
26 CSA Conference Ko'Olina, Oahu	27	28	29	30	31	

August 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7 Labor Day	8	9	10 CDA Presents San Francisco	11 CDA Presents San Francisco	12 CDA Presents San Francisco
13	14	15	16	17	18 Rosh Hashana	19
20	21	22 Fall Begins	23	24	25	26
27 Yom Kippur	28	29	30			

October 2020

				1	2	
	5	6	7	8	9	
	12	13	14	15	16	
	Columbus Day			ADA Annual Mtg. Orlando, FL	ADA Annual Mtg. Orlando, FL	
	19	20	21	22	23	
	26	27	28	29	30	
	CSA Anesthesia Mtg. Big Island, HI					

November 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
			Veteran's Day			
15	16	17	18	19	20	21
					DHBC Board Mtg.	DHBC Board Mtg.
22	23	24	25	26	27	28
				Thanksgiving Day	Day after Thanksgiving	
29	30					

December 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
				Hanukkah		
13	14	15	16	17	18	19
20	21	22	23	24	25	26
	Winter Begins				Christmas	
27	28	29	30	31		



MEMORANDUM

DATE	April 29, 2019
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 13: Executive Officer's Report

Background:

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

Action Requested:

No action requested.



MEMORANDUM

DATE	April 29, 2019
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 14: Report of the Dental Hygiene Board of California (DHBC) Activities

Background:

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

Action Requested:

No action requested.



MEMORANDUM

DATE	April 29, 2019
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 15: Discussion and Possible Action Regarding the DHBC's Proposed Draft Educational Regulatory Language for California Code of Regulations, Title 16, Section 1109 Relating to Radiographic Decision Making and Interim Therapeutic Restoration Courses for the Registered Dental Hygienist (RDH), Registered Dental Hygienist in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF) – Approval; Curriculum Requirements; Issuance of Approval

Background:

Enclosed is a memorandum from the Dental Hygiene Board of California (DHBC) relating to the promulgation of their regulation for radiographic decision making and interim therapeutic restorations. A representative from the DHBC will present this agenda item and be available to answer questions.



MEMORANDUM

DATE	May 15, 2019
TO	Dental Board of California
FROM	Anthony Lum Executive Officer Dental Hygiene Board of California
SUBJECT	Update on Proposed Regulatory Package 16 CCR §1109. Radiograph Decision Making and Interim Therapeutic Restorations.

Background:

Assembly Bill 1174 (Bocanegra, Chapter 662, Statutes of 2014) required the Dental Hygiene Board of California (DHBC), along with the Dental Board of California (DBC), to propose regulatory language in Additional Authorized Duties of Registered Dental Hygienists (RDH) and adopt regulations to establish requirements for courses of instruction in Radiographic Decision Making (RDM) and Interim Therapeutic Restoration (ITR) for RDHs, Registered Dental Hygienists in Alternative Practice (RDHAP), and Registered Dental Hygienists in Extended Functions (RDHEF), using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Statewide Health Planning and Development (OSHPD).

At the January 29, 2019 DHBC Teleconference meeting, the DHBC addressed and finalized our regulatory language and related forms for the proposed regulation 16 CCR §1109. The DBC has already initiated the rulemaking process and is a few steps ahead in the review for approval.

The DHBC would like to inform the DBC of the following changes to the proposed regulatory language that is different from the HWPP No. 172:

- Proposed regulatory language to include the utilization of the term “interim adhesive protective restorations” to make clear the intent that this procedure is an interim intervention.
- Separation of RDM and ITR course requirements within the proposed language to allow RDM and ITR courses to be taught separately.
- Protocols for follow-up assessment of interim adhesive protective restorations revised to at least two (2) follow-up examinations of the ITR within a twelve (12) month period. This is a change from the original protocol which was one (1) week, three (3) months, six (6) months, and one (1) year as detailed in the HWPP No. 172. The reason for the revision is that a majority of patients who receive this treatment are highly unlikely to pursue follow-up examinations at the frequency indicated in the original pilot project.

The following proposed regulatory language has been approved by the DHBC and requests the DBC’s agreement pursuant to Business and Professions Code section 1910.5(c) in order to move forward in the regulatory process. The DHBC changes are highlighted in **YELLOW** in the following regulatory language for easier review.

TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

PROPOSED LANGUAGE

Adopt Section 1109 of Title 16 of the California Code of Regulations (CCR) to read as follows:

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

- (a) The Dental Hygiene Board of California (Board) shall approve only those educational courses in Radiographic Decision-Making (RDM) and Interim Therapeutic Restorations (ITR) for the Registered Dental Hygienist (RDH), Registered Dental Hygienist in Alternative Practice (RDHAP), and Registered Dental Hygienist in Extended Functions (RDHEF) pursuant to sections 1910.5, 1921, and 1926.05 of the Business and Professions Code (B & PC) that continuously meet all course requirements. Continuation of approval will be contingent upon compliance with these requirements, in addition to the requirements set forth by sections 1104 through 1108 of Article 3 regarding Educational Programs. Each approved course shall be subject to Board review at any time for compliance with curriculum requirements. Course providers shall be responsible for notifying the Board of any changes to the course content, physical facilities, and faculty within ten (10) days of such changes.
- (b) Approval of RDM or ITR Educational Courses for the Student Enrolled in a Dental Hygiene Educational Program (DHEP). To be approved, an educational program shall comply with the following requirements:

(1) DHEP RDM Course Requirements.

- (A) A California DHEP shall submit to the Board an "Application for Approval of a Course for Radiographic Decision-Making in a Dental Hygiene Educational Program" DHBC RDM-01 (01/19), hereby incorporated by reference; and
- (B) Submit the required application fee to the Board pursuant to B&PC section 1944, subdivision (a)(10); and
- (C) The course shall be sufficient in length for the students to develop competency in making decisions regarding which radiographs to expose to facilitate diagnosis and treatment planning by a dentist but shall be, at a minimum, four (4) hours in length and include didactic, laboratory and simulated clinical experiences.
- (D) New or existing DHEPs seeking to incorporate or offer a stand-alone permit course in RDM shall submit to the Board an "Application for Approval of a Course for Radiographic Decision-Making in a Dental Hygiene Educational Program," DHBC RDM-01 (01/19) and the required application fee pursuant to B&PC section 1944, subdivision (a)(10) prior to instruction.

(2) DHEP ITR Course Requirements.

- (A) A California DHEP shall submit to the Board an "Application for Approval of a Course for Interim Therapeutic Restorations in a Dental Hygiene Educational Program" DHBC ITR-03 (01/19), hereby incorporated by reference; and
 - (B) Submit the required application fee to the Board pursuant to B&PC section 1944, subdivision (a)(10); and
 - (C) The course shall be sufficient in length for the students to develop competency in placement of protective restorations but shall be, at a minimum, sixteen (16) hours in length, including four (4) hours of didactic training, four (4) hours of laboratory training, and eight (8) hours of clinical training.
 - (D) New or existing DHEPs seeking to incorporate or offer a stand-alone permit course in ITR shall submit to the Board an "Application for Approval of a Course for Interim Therapeutic Restorations in a Dental Hygiene Educational Program," DHBC ITR-03 (01/19) and the required application fee pursuant to B&PC section 1944, subdivision (a)(10) prior to instruction.
- (3) In addition to the instructional components described in this subdivision, an RDM or ITR DHEP educational course shall be established at the postsecondary educational level.
- (c) Approval of RDM or ITR Continuing Educational (CE) Courses for the RDH, RDHAP, and RDHEF. To be approved, an educational program shall comply with the following requirements:

(1) RDM CE Course Requirements.

- (A) An applicant course provider shall submit to the Board an "Application for Approval of a Continuing Educational Course in Radiographic Decision-Making for the RDH, RDHAP, and RDHEF" DHBC RDM-02 (01/19), hereby incorporated by reference; and
- (B) Submit the required application fee to the Board pursuant to B&PC section 1944, subdivision (a)(11); and
- (C) The course shall be sufficient in length for the participants to develop competency in making decisions regarding which radiographs to expose to facilitate diagnosis and treatment planning by a dentist but shall be, at a minimum, four (4) hours in length and include didactic, laboratory and simulated clinical experiences.

(2) ITR CE Course Requirements.

- (A) An applicant course provider shall submit to the Board an "Application for Approval of a Continuing Educational Course in Placement of Interim Therapeutic Restorations for the RDH, RDHAP, and RDHEF" DHBC ITR-04 (01/19), hereby incorporated by reference; and

- (B) Submit the required application fee to the Board pursuant to B&PC section 1944, subdivision (a)(11); and
 - (C) The course shall be sufficient in length for the participants to develop competency in placement of protective restorations but shall be, at a minimum, sixteen (16) hours in length, including four (4) hours of didactic training, four (4) hours of laboratory training, and eight (8) hours of clinical training.
- (3) In addition to the instructional components described in this subdivision, a program or course shall be established at a post-graduate educational level.
- (d) Requirements for Approval of DHEP and CE RDM and ITR Courses.
- (1) Administration.

To be approved, each course shall provide the resources necessary to satisfy the educational requirements as specified in this section. Course providers shall be responsible for informing the Board of any changes to the course content, physical facilities, and faculty within ten (10) business days of such changes.
 - (2) Admission.
 - (A) To be eligible for admission to an RDM or ITR Course for the Student in a DHEP, students shall:
 - (i) Be a student in good standing in a DHEP, and
 - (ii) Possess current certification in Basic Life Support (BLS) and Cardiopulmonary Resuscitation (CPR) from the American Heart Association (AHA) or the American Red Cross (ARC).
 - (B) To be eligible for admission to a CE Course in RDM or ITR for the RDH, RDHAP, and RDHEF, participants shall:
 - (i) Possess a valid, active license as an RDH, RDHAP, or RDHEF issued by the Board, and
 - (ii) Possess current certification in BLS and CPR from the AHA or the ARC.
 - (3) Faculty.

Didactic, laboratory, preclinical, and clinical faculty, including the program or course director and supervising dentist(s) shall:

- (A) Possess a valid, active California RDH, RDHAP, RDHEF license, or Doctor of Dental Surgery (DDS) license, or Doctor of Dental Medicine (DMD) license with no disciplinary actions in any jurisdiction to practice dental hygiene or dentistry;
 - (B) Possess current certification in BLS and CPR from the AHA or ARC;
 - (C) RDH, RDHAP, and RDHEF faculty shall possess current licensure in RDM and ITR placement;
 - (D) Be calibrated in instruction and grading of RDM and ITR.
- (4) Facilities and Equipment.

(A) RDM and ITR Courses for the Student in a DHEP.

Didactic instruction may take place in an in-person or an online environment. Each course shall have access to adequate equipment and facilities for lectures and testing.

Laboratory and clinical instruction shall be held at a physical facility. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide students with a course designed to meet the educational objectives set forth in this section. A physical facility shall have all the following:

- (i) A patient clinic area, laboratory, and a radiology area;
- (ii) Access to equipment necessary to develop dental hygiene skills in RDM and ITR duties; and
- (iii) Infection control equipment shall be provided as described in 16 CCR section 1005.

(B) RDM CE Courses for the RDH RDHAP, and RDHEF.

Didactic instruction may take place in an in-person or an online environment. Each course shall have access to adequate equipment and facilities for lectures and testing and shall be maintained and replaced in a manner designed to provide participants with a course designed to meet the educational objectives set forth in this section.

(C) ITR CE Courses for the RDH, RDHAP, and RDHEF.

Didactic instruction may take place in an in-person or an online environment. Each course shall have access to adequate equipment and facilities for lectures and testing.

Laboratory and clinical instruction shall be held at a physical facility. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide participants with a course designed to meet the educational objectives set forth in this section. A physical facility shall have all the following:

- (i) A patient clinic area, laboratory, and a radiology area;

- (ii) Access to equipment necessary to develop dental hygiene skills in ITR duties; and
- (iii) Infection control equipment shall be provided as described in 16 CCR section 1005.

(5) Health and Safety.

DHEP and CE course providers shall comply with all local, state, and federal health and safety laws and regulations.

(A) All students or participants shall have access to the course's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.

(B) All students or participants shall have access to the course's clinic and radiation hazardous communication plan.

(C) All students or participants shall receive a copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.

(D) Faculty shall review with each student or participant all requirements pursuant to this section.

(6) Curriculum and Learning Resources.

(A) RDM didactic instruction shall include:

(i) Caries Management by Risk Assessment (CAMBRA) concept;

(ii) Guidelines for RDM to include, but not limited to, the following concepts of:

(a) The American Dental Association's *Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation* (revised 2012); and

(b) The American Academy of Pediatric Dentistry's *Guidelines on Prescribing Dental Radiographs*.

(iii) The guidelines developed by Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry (Pacific) for use in training for Health Workforce Pilot Project (HWPP) #172 including:

(a) Instruction on specific decision-making guidelines that incorporate information about the patient's health, radiographic history, time span since previous radiographs were taken, and availability of previous radiographs; and

(b) Instruction pertaining to the general condition of the mouth including extent of dental restorations present, visible signs of abnormalities, including broken teeth, dark stain within the tooth, and visible holes in teeth.

(B) RDM laboratory instruction shall include a review of clinical cases with instructor-led discussion about radiographic decision-making in clinical situations.

(C) RDM simulated-clinical instruction shall include case-based examination with various clinical situations where trainees make decisions about which radiographs to expose and demonstrate competency to faculty based on these case studies.

(D) ITR placement. Didactic, laboratory, and clinical instruction shall include:

(i) Review of pulpal anatomy.

(ii) Theory of adhesive restorative materials used in the placement of **interim adhesive protective restorations** including mechanisms of bonding to tooth structure, handling characteristics of the materials, preparation of the tooth prior to material placement, and placement techniques.

(iii) Criteria used in clinical dentistry pertaining to the use and placement of **interim adhesive protective restorations**; Criteria shall include, but not limited to:

(a) Patient factors:

(1) The patient's American Society of Anesthesiologists Physical Status Classification is Class III or less;

(2) The patient is cooperative enough to have the interim restoration placed without the need for special protocols, including sedation or physical support;

(3) The patient, or responsible party, has provided consent for the ITR procedure; and

(4) The patient reports that the tooth is asymptomatic, or if there is mild sensitivity which stops within a few seconds of the removal of the offending stimulus.

(b) Tooth Factors:

(1) The lesion is accessible without the need for creating access using a dental handpiece;

(2) The margins of the lesion are accessible so that clean, non-involved margins can be obtained around the entire periphery of the lesion with the use of hand instrumentation;

(3) The depth of the lesion is more than two millimeters from the pulp on radiographic examination or is judged by the DDS or DMD to be a shallow lesion such that the treatment does not endanger the pulp or require the use of local anesthetic; and

(4) The tooth is restorable and does not have other significant pathology.

(iv) Theory of protocols to deal with adverse outcomes used in the placement of interim adhesive protective restorations including mechanisms of bonding to tooth structure, handling characteristics of the materials, preparation of the tooth prior to material placement, and placement techniques;

(v) Criteria for evaluating successful completion of interim adhesive protective restorations including, but not limited to, restorative material not in hyper occlusion, no marginal voids, and minimal excess material;

(vi) Protocols for adverse outcomes after ITR placement including, but not limited to; exposed pulp, tooth fracture, gingival tissue injury, high occlusion, open margins, tooth sensitivity, rough surface, complications, or unsuccessful completion of interim adhesive protective restorations including situations requiring immediate referral to a dentist; and

(vii) Protocols for follow-up of interim adhesive protective restorations, including, but not limited to, at least two (2) follow-up examinations of the ITR within a twelve (12) month period.

(E) Minimum ITR Requirements.

(i) Laboratory instruction shall include placement of ten (10) interim adhesive protective restorations where students or participants demonstrate competency in this technique on typodont teeth.

(ii) Clinical instruction shall include experiences where students or participants demonstrate, at a minimum, the placement of five (5) interim adhesive therapeutic restorations that shall be evaluated by the program faculty to criteria-referenced standards.

(F) Curriculum shall require adherence to infection control standards as provided in 16 CCR section 1005.

(G) Curriculum shall prepare the student or participant to assess, plan, implement and evaluate procedures as provided in subdivision (c)(6) of this section to perform with competence and judgment.

(H) Students or participants shall be provided a course syllabus that contains:

(i) Course learning outcomes;

(ii) Titles of references used for course materials;

(iii) Content objectives; and

(iv) Grading criteria which includes competency evaluations and laboratory, preclinical, and clinical rubrics to include problem solving and critical thinking skills that reflect course learning outcomes.

(l) Successful completion shall require students or participants to achieve competency at a minimum of 75% in each of the competencies.

(7) Recordkeeping.

DHEP and CE course providers shall possess and maintain the following for a period of not less than five (5) years:

(A) Individual student or participant records, including those necessary to establish satisfactory completion of the course;

(B) Copies of lab and clinical competency documents;

(C) Copies of faculty calibration plans, faculty credentials, licenses, and certifications including documented background in educational methodology within previous two years;

(E) Copies of student or participant course evaluations and a summation thereof; and

(F) Copies of curriculum, including course syllabi, exams, sample test questions and clinic rubrics.

(e) Satisfactory completion of courses in RDM and ITR placement shall be determined using criteria-referenced completion standards, where the instructor determines when the student or participant has achieved RDM and ITR placement competency based on these standards, including the duration of time needed to achieve competency. Any student or participant who does not achieve competency in these duties in the specified period of instruction may receive additional education and evaluation, or, in the judgment of the faculty, may be discontinued from the RDM or ITR courses.

(f) Certificates of Completion.

(1) DHEPs shall issue and provide the student with an original "Certification of Completion of a Course in Radiographic Decision-Making and Interim Therapeutic Restorations for the RDH, RDHAP, and RDHEF" pursuant to the regulatory requirements set forth by 16 CCR section 1016, subdivision (h)(1), only after a student has successfully completed the requirements of his or her course in RDM and ITR.

(2) CE Courses for the RDH, RDHAP, and RDHEF.

(A) A course provider shall issue and provide the participant with an original "Certification of Completion of a Course in Radiographic Decision-Making for the RDH, RDHAP, and RDHEF" pursuant to the regulatory requirements set forth by 16 CCR section 1016, subdivision (h)(1), only after a participant has successfully completed the requirements of his or her course in RDM.

(B) A course provider shall issue and provide the participant with an original "Certification of Completion of a Course in Interim Therapeutic Restoration for the RDH, RDHAP, and RDHEF", pursuant to the regulatory requirements set forth by 16 CCR section 1016, subdivision (h)(1), only after a participant has successfully completed the requirements of his or her course in ITR.

(g) Appeals.

(1) The Board may deny or withdraw its approval of a course. If the Board denies or withdraws approval of a course, the reasons for withdrawal or denial will be provided in writing within ninety (90) business days.

(2) Any course provider or applicant whose approval is denied or withdrawn shall be granted an informal conference before the Executive Officer or his or her designee prior to the effective date of such action. The applicant or course provider shall be given at least ninety (90) business days' notice of the time and place of such informal conference and the specific grounds for the proposed action.

(3) The applicant or course provider may contest the denial or withdrawal of approval by either:

(A) Appearing at the informal conference. The Executive Officer shall notify the course provider of the final decision of the Executive Officer within thirty (30) business days of the informal conference. Based on the outcome of the informal conference, the course provider may then request a hearing to contest the Executive Officer's final decision. A course provider shall request a hearing by written notice to the Board within thirty (30) business days of the postmark date of the letter of the Executive Officer's final decision after informal conference. Hearings shall be held pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code; or

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

NOTE: Authority cited: Sections 1905, 1906, 1910.5, 1921, Business and Professions Code.

Reference: Sections 1905 and 1910.5, Business and Professions Code.



MEMORANDUM

DATE	April 22, 2019
TO	Members of the Dental Board of California
FROM	Daniel Yoon Licensing Analyst
SUBJECT	Agenda Item 16 (a): Update on the Portfolio Pathway to Licensure

At the February 2019 Board meeting, Dental Board of California (Board) staff gave an update on the short-term goals that were outlined at the November 2017 Board meeting. Board staff have completed all short-term goals.

Additionally, Board staff planned to offer informational workshops to meet with 1st- and 2nd-year dental students to become familiar with the Portfolio pathway to licensure. Board staff prepared a presentation and scheduled visits to Western University in Pomona, CA, and Loma Linda University, in Loma Linda, CA, in March 2019.

On March 21, 2019, Board staff traveled to Western University and met with students to present the Portfolio pathway to licensure. Fifty-one (51) students attended this event. During the presentation, Board staff asked the students if they intended to stay in California or if they would be leaving the State. Approximately half the students intend on staying in California. Portfolio staff from Western University informed the students that this pathway is open to all who are interested in Portfolio and have integrated Portfolio into their current reporting system to make tracking of their progress easier. Currently, there are no Western University students participating in the Portfolio.

On March 29, 2019, Board staff traveled to Loma Linda University and met with students to present the Portfolio pathway to licensure. Eighty-two (82) students attended this event. When asked how many students planned to stay in California, about twenty (20) students raised their hands. Portfolio Staff from Loma Linda University informed the students that there are some qualifications that must be met to qualify for the Portfolio program. The student must be in the top half of the class to be considered for Portfolio and will be selected by Loma Linda staff. Currently, only five students were selected for this school year. However, Loma Linda University will accept up to ten (10) students for the next Portfolio class.

Board staff is in the processing of scheduling visits to the other dental schools in 2019. In addition, Board staff is creating an informational Portfolio brochure to hand out to interested dental students for future visits.

Action Requested:

No action requested, informational only.



MEMORANDUM

DATE	April 29, 2019
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 16(b): Western Regional Examination Board (WREB) Report

Background:

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

Action Requested:

No action requested.



MEMORANDUM

DATE	April 29, 2019
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 16(c): Presentation by the American Board of Dental Examiners (ADEX)

Background:

Representatives from the American Board of Dental Examiners (ADEX) will provide a presentation.

Action Requested:

No action requested.



MEMORANDUM

DATE	April 24, 2019
TO	Members of the Dental Board of California
FROM	Mirela Tiran & Paige Ragali, Licensing Analysts Dental Board of California
SUBJECT	Agenda Item 17(a): Review of Dental Licensure and Permit Statistics

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

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

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

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

A. Following are statistics of current license/permits by type as of April 22, 2019

Dental License (DDS) Status	Licensee Population
Active	34,488
Inactive	1,870
Retired	1,691
Disabled	114
Renewal in Process	334
Delinquent	5,132
Total Cancelled Since Licensing was required	16,645

*Active: Current and can practice without restrictions (BPC §1625)

Inactive: Current but cannot practice, continuing education not required (CCR §1017.2)

Retired: Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions (BPC §1716.1a)

Disabled: Current with disability but cannot practice (BPC §1716.1b)

Renewal in Process: Renewal fee paid with deficiency (CCR §1017)

Delinquent: Renewal fee not paid within one month after expiration date (BPC §163.5)

Cancelled: Renewal fee not paid 5 years after its expiration and may not be renewed (BPC §1718.3a)

Dental Licenses Issued via Pathway	Total Issued in 2019	Total Issued in 2018	Total Issued in 2017	Total Issued to Date	Date Pathway Implemented
WREB Exam	92	877	758	9,317	January 1, 2006
Licensure by Residency	19	147	161	1,945	January 1, 2007
Licensure by Credential	46	177	181	3,439	July 1, 2002
(LBC Clinic Contract)	2	11	10	56	July 1, 2002
(LBC Faculty Contract)	2	7	4	27	July 1, 2002
Portfolio	0	8	20	76	November 5, 2014
Total	157	1,209	1,120		

License/Permit /Certification/Registration Type	Current Active Permits	Delinquent	Total Cancelled Since Permit was Required
Additional Office Permit	2,570	816	6,596
Conscious Sedation	534	38	510
Continuing Education Registered Provider Permit	970	772	2041
Elective Facial Cosmetic Surgery Permit	27	4	1
Extramural Facility Registration*	178	N/A	N/A
Fictitious Name Permit	6,903	1,561	6,243
General Anesthesia Permit	862	33	968
Mobile Dental Clinic Permit	42	44	41
Medical General Anesthesia	80	34	185
Oral Conscious Sedation Certification (Adult Only 1,183; Adult & Minors 1,259)	2,442	645	782
Oral & Maxillofacial Surgery Permit	89	5	21
Referral Service Registration*	156	N/A	N/A
Special Permits	39	10	175

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

Active Licensees by County as of April 22, 2019

County	DDS	Population	Population per DDS
Alameda	1,459	1,645,359	1,127
Alpine	1	1,151	1,151
Amador	22	38,382	1,744
Butte	142	226,404	1,594
Calaveras	16	45,168	2,823
Colusa	5	22,043	4,408
Contra Costa	1,101	1,139,513	1,034
Del Norte	13	27,124	2,086
El Dorado	156	185,062	1,186
Fresno	598	995,975	1,665
Glenn	10	28,731	2,873
Humboldt	72	136,953	1,902
Imperial	37	188,334	5,090
Inyo	12	18,619	1,551

County	DDS	Population	Population per DDS
Kern	338	895,112	2,648
Kings	67	149,537	2,231
Lake	42	64,945	1,546
Lassen	24	30,918	1,288
Los Angeles	8,366	10,241,278	1,224
Madera	52	156,492	3,009
Marin	313	263,604	842
Mariposa	7	18,148	2,592
Mendocino	55	89,134	1,620
Merced	90	274,665	3,051
Modoc	4	9,580	2,395
Mono	5	13,713	2,742
Monterey	266	442,365	1,663
Napa	112	142,408	1,271
Nevada	89	98,828	1,110
Orange	3,891	3,194,024	820
Placer	457	382,837	837
Plumas	15	19,819	1,321
Riverside	1,059	2,384,783	2,251
Sacramento	1,116	1,514,770	1,357
San Benito	22	56,854	2,584
San Bernardino	1,346	2,160,256	1,604
San Diego	2,750	3,316,192	1,205
San Francisco	1,247	874,228	701
San Joaquin	372	746,868	2,007
San Luis Obispo	232	280,101	1,207
San Mateo	875	770,203	880
Santa Barbara	321	450,663	1,403
Santa Clara	2,287	1,938,180	847
Santa Cruz	180	276,603	1,536
Shasta	115	178,605	1,553
Sierra	1	3,207	3,207
Siskiyou	22	44,688	2,031
Solano	279	436,023	1,562
Sonoma	400	505,120	1,262
Stanislaus	282	548,057	1,943
Sutter	51	96,956	1,901
Tehama	29	63,995	2,206
Trinity	4	13,628	3,407
Tulare	213	471,842	2,215
Tuolumne	49	54,707	1,116
Ventura	664	857,386	1,291
Yolo	114	218,896	1,920
Yuba	11	74,577	6,779
Out of State/Country	2,610		
TOTAL	34,488	39,523,613	

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

*The counties with the highest Population per DDS are:

1. Yuba County (1:6,779)
2. Imperial County (1:5,090)
3. Colusa County (1:4,408)
4. Trinity County (1:3,407)
5. Sierra County (1:3,207)

*The counties with the lowest Population per DDS are:

1. San Francisco County (1:701)
2. Orange County (1:820)
3. Placer County (1:837)
4. Marin County (1:842)
5. Santa Clara County (1:847)

*The counties with the biggest increase in active licensed dentists as of April 22, 2019 were Sacramento with 9 additional dentists, San Luis Obispo with 7 additional dentists, and Kern and Ventura with 6 additional dentists each. Los Angeles and San Francisco had a decrease of 16 dentists each and San Mateo had a decrease of 7 dentists.

B. Following are monthly dental statistics by pathway as of April 22, 2019

Dental Applications Received by Month (2019)													Total Apps:	170
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals	
WREB	41	30	31										102	
Residency	4	3	7										14	
Credential	18	13	23										54	
Portfolio	0	0	0										0	
Total	63	46	61	0	170									
Dental Applications Approved by Month (2019)													% of All Apps: 79%	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals	
WREB	39	25	19										83	
Residency	5	4	5										14	
Credential	10	12	15										37	
Portfolio	0	0	0										0	
Total	54	41	39	0	134									
Dental Licenses Issued by Month (2019)													% of All Apps: 92%	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals	
WREB	40	33	19										92	
Residency	8	5	6										19	
Credential	18	13	15										46	
Portfolio	0	0	0										0	
Total	66	51	40	0	157									
Cancelled Dental Applications by Month (2019)													% of All Apps: 8%	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals	
WREB	3	2	6										11	
Residency	0	0	0										0	
Credential	0	2	0										2	
Portfolio	0	0	0										0	

Total	3	4	6	0	0	0	0	0	0	0	0	0	13
Withdrawn Dental Applications by Month (2019)													% of All Apps: 5%
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	2	1	3										6
Residency	0	0	1										1
Credential	1	0	0										1
Portfolio	0	0	0										0
Total	3	1	4	0	8								
Denied Dental Applications by Month (2019)													% of All Apps: <1%
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	0	0	1										1
Residency	0	0	0										0
Credential	0	0	0										0
Portfolio	0	0	0										0
Total	0	0	1	0	1								

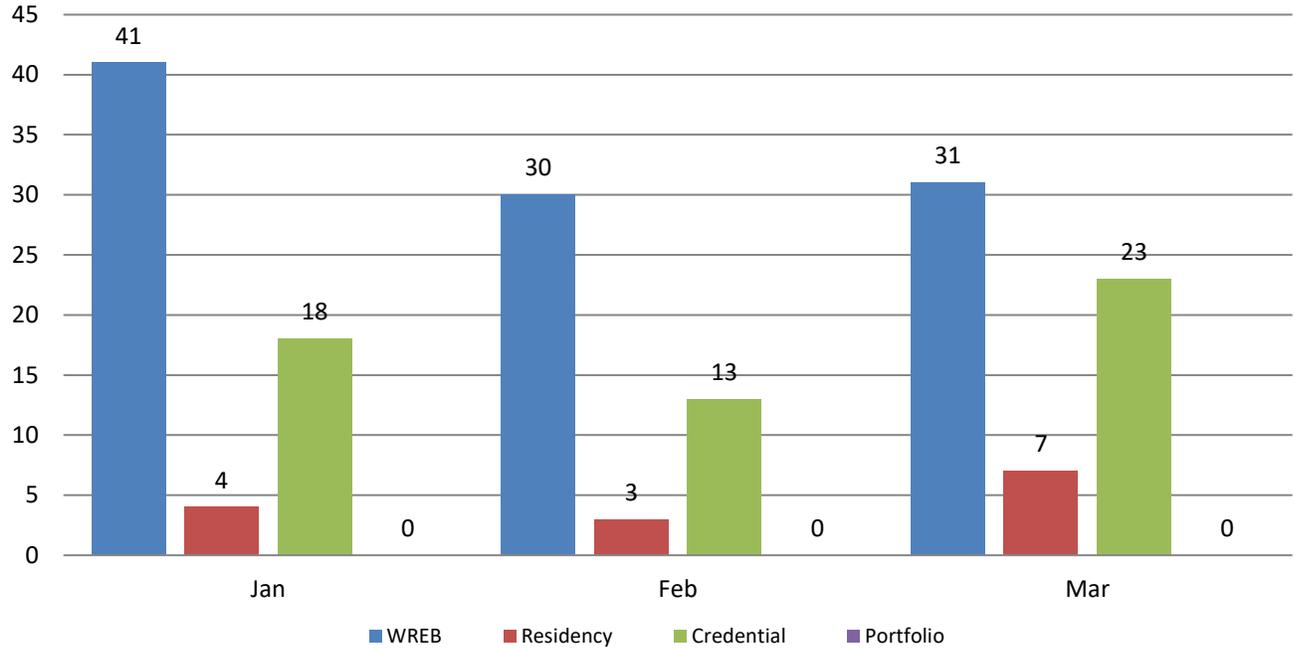
*Deficient Applications by pathway: WREB – 72, Residency – 15, Credential – 49, Portfolio – 0, **Total – 136**

Application Definitions

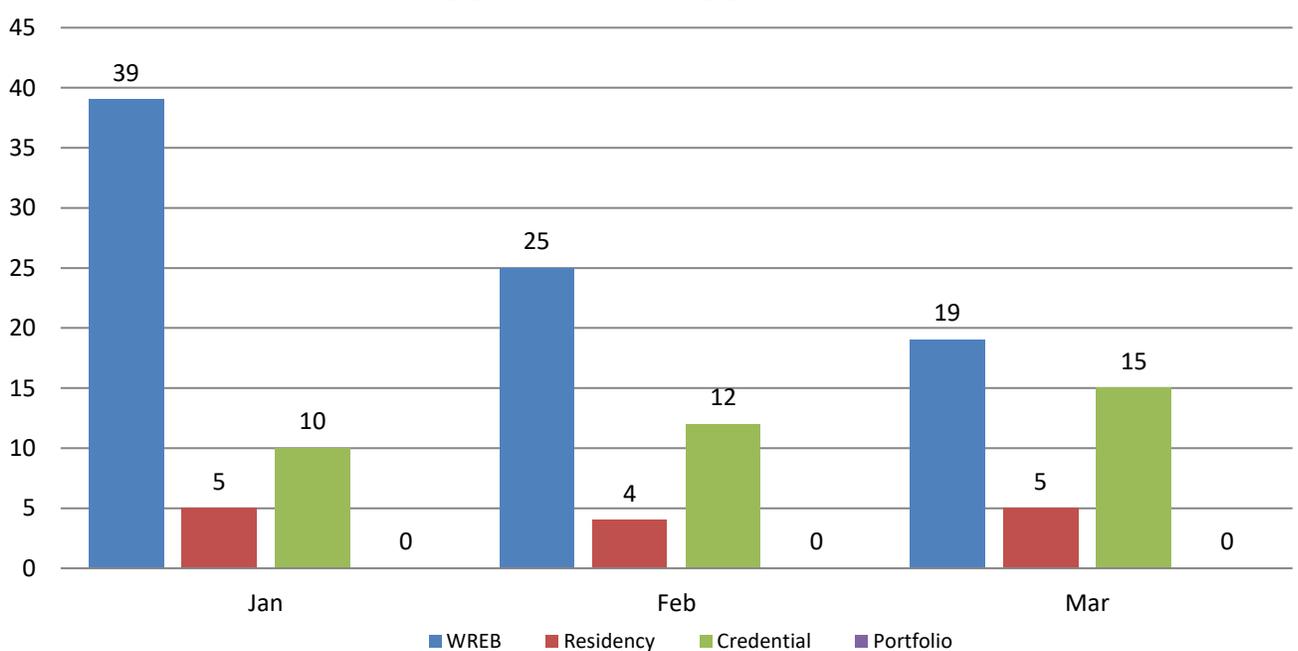
Received	Application submitted in physical form or digitally through Breeze system.
Approved	Application for eligibility of licensure processed with all required documentation.
License Issued	Application processed with required documentation and paid prorated fee for initial license.
Cancelled	Board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

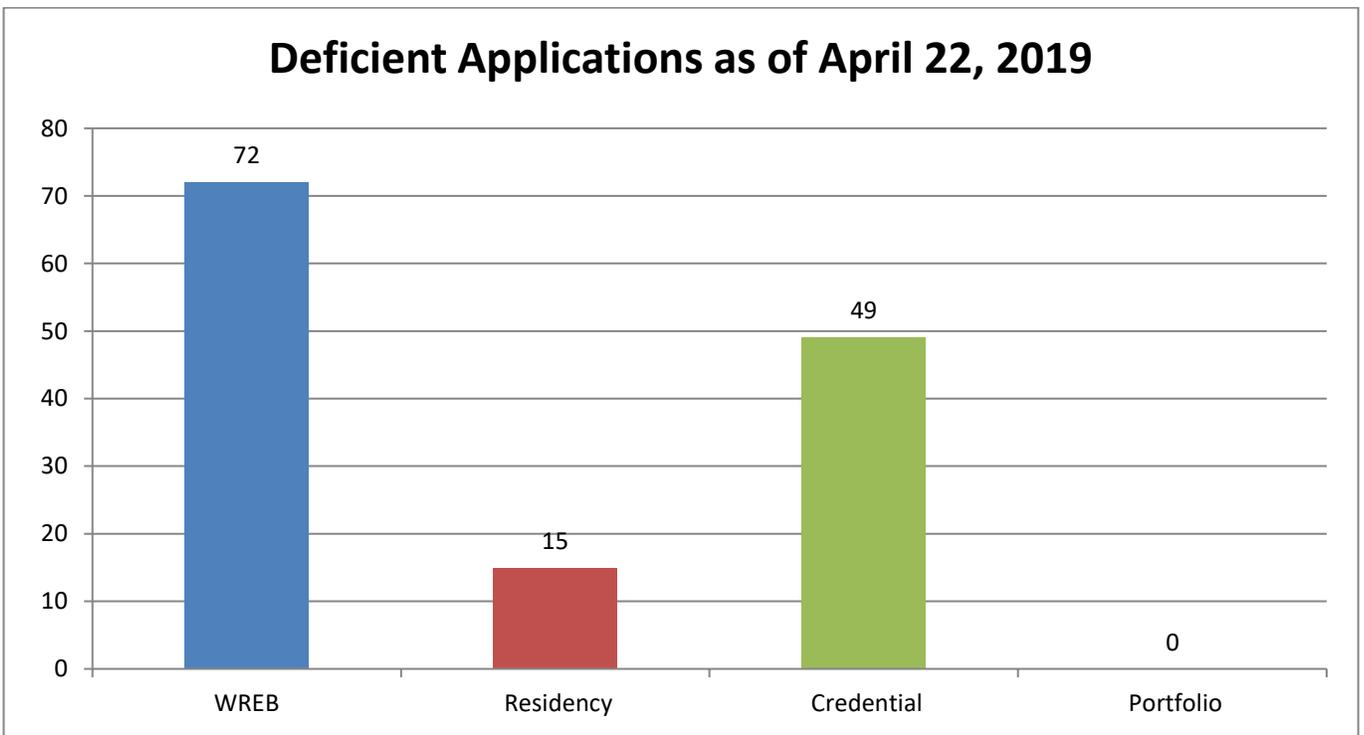
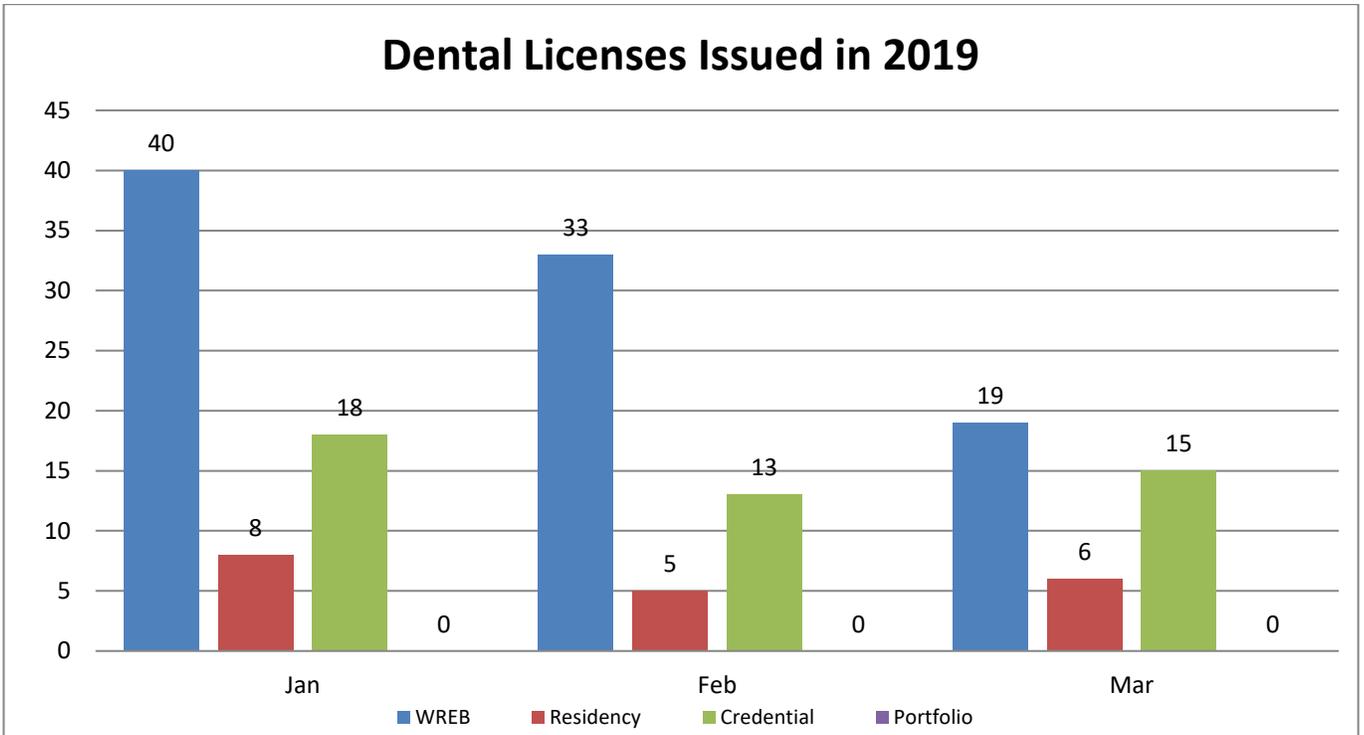
C. Following are graphs of monthly Dental statistics as of April 22, 2019

Dental Applications Received in 2019



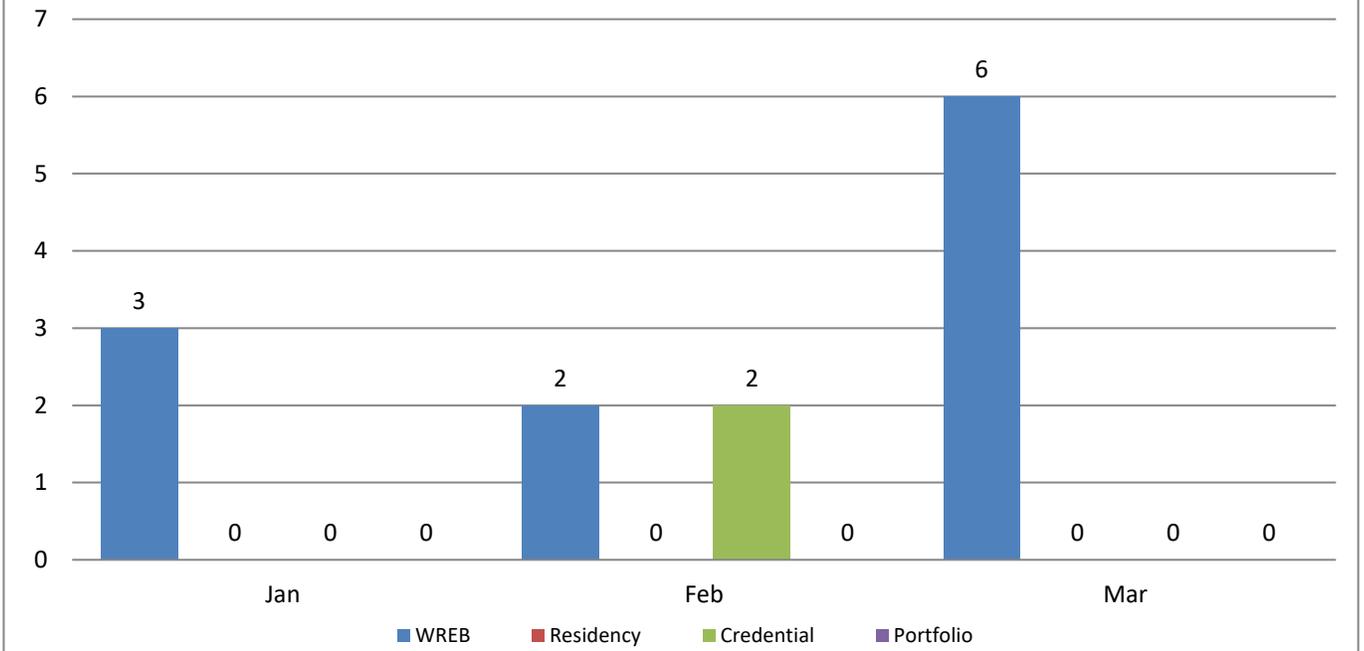
Dental Applications Approved in 2019



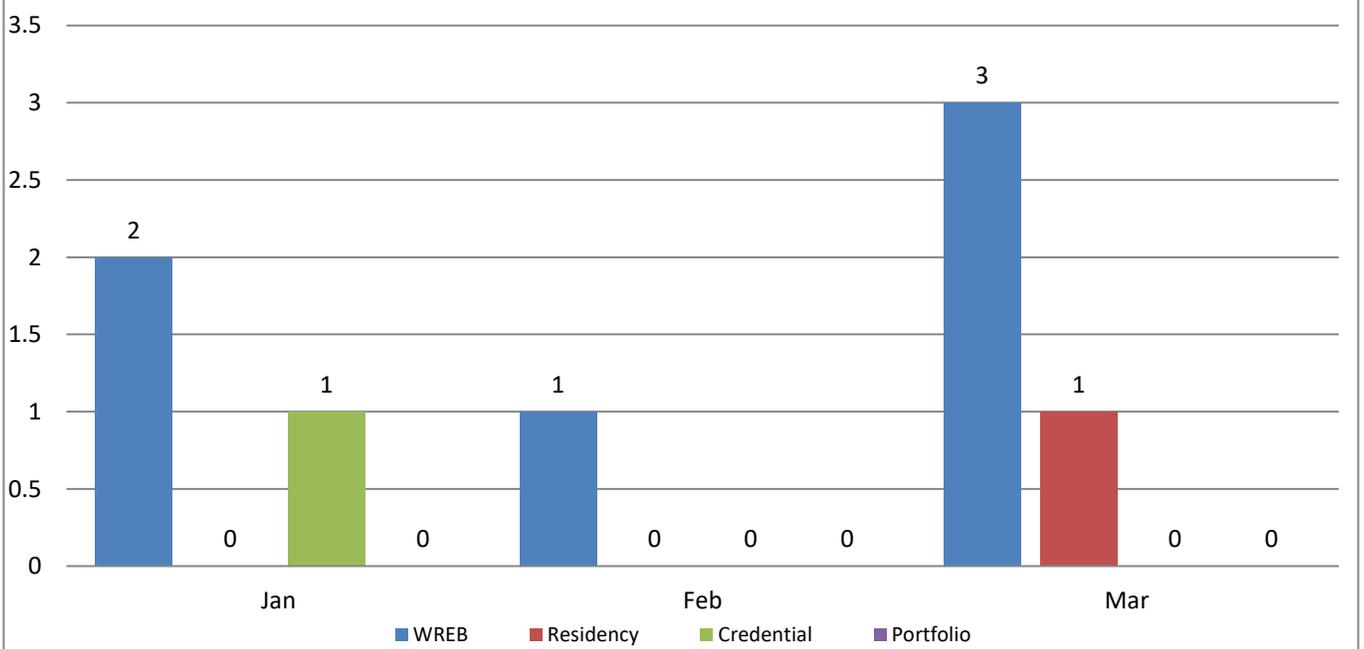


*Deficient: Pending with one or more requirements missing in application

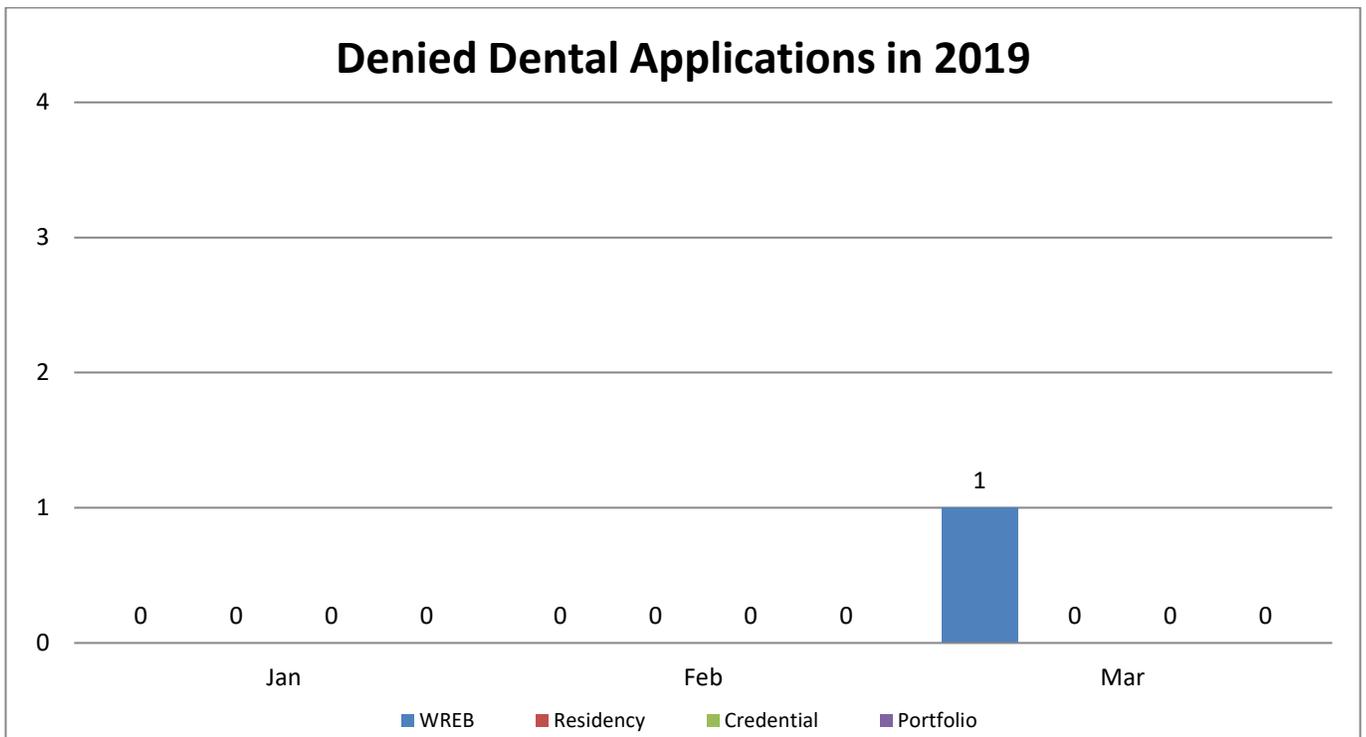
Cancelled Dental Applications in 2019



Withdrawn Dental Applications in 2019



Denied Dental Applications in 2019





MEMORANDUM

DATE	April 26, 2019
TO	Members of the Dental Board of California
FROM	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 17(b): General Anesthesia and Conscious Sedation Permit Evaluation Statistics

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

General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
April 2018	12	1	1	1	3	1
May 2018	18	0	0	0	1	6
June 2018	13	1	1	1	0	1
July 2018	13	0	0	0	3	0
Aug 2018	9	0	0	2	5	3
Sept 2018	13	0	1	1	3	3
Oct 2018	11	1	2	2	2	4
Nov 2018	12	0	0	0	2	3
Dec 2018	6	0	1	2	2	3
Jan 2019	16	0	1	1	3	1
Feb 2019	11	0	4	1	2	1
Mar 2019	14	0	1	1	2	3
April 2019*	20	0	0	0	4	0
May 2019*	22	0	0	0	1	0
Total	190	3	12	12	33	29

*Approximate schedule for April, and May 2019.

Conscious Sedation Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
April 2018	0	0	4	0	1	6
May 2018	7	1	0	0	2	3
June 2018	4	0	1	0	2	2
July 2018	5	2	0	1	0	2
Aug 2018	5	0	1	1	2	1
Sept 2018	5	0	2	1	0	2
Oct 2018	6	1	1	1	0	2
Nov 2018	10	1	1	2	1	0
Dec 2018	3	0	1	0	0	0
Jan 2019	5	0	3	0	2	0
Feb 2019	5	0	2	0	1	0
Mar 2019	5	0	2	1	1	1
April 2019*	8	1	0	0	0	1
May 2019*	14	0	0	0	0	2
Total	82	6	18	7	12	22

*Approximate schedule for April, and May 2019.

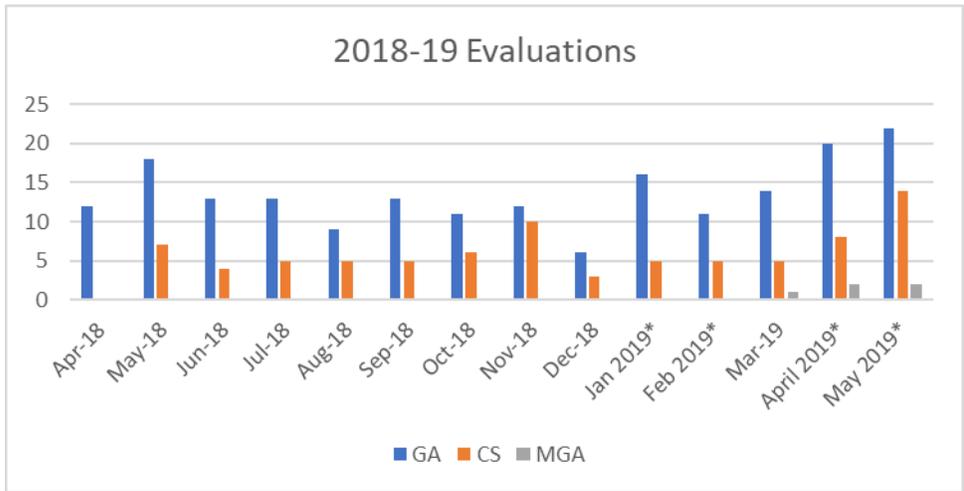
There is a great need for conscious sedation evaluators throughout California. Several evaluations have been postponed recently due to a lack of available evaluators. The Board is actively recruiting for the evaluation program.

Medical General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
April 2018	0	0	0	0	0	1
May 2018	0	0	0	0	1	1
June 2018	0	0	0	0	0	0
July 2018	0	0	0	0	0	0
Aug 2018	0	0	0	0	0	1
Sept 2018	0	0	0	0	0	1
Oct 2018	0	0	0	0	0	2
Nov 2018	0	0	2	0	0	2
Dec 2018	0	0	2	0	0	2
Jan 2019*	0	0	4	0	0	0
Feb 2019*	0	0	3	1	0	0
March 2019	1	0	0	1	0	0
April 2019*	2	0	0	0	0	0
May 2019*	2	0	0	0	0	0
Total	5	0	11	2	1	10

*Approximate schedule for April, and May 2019.

Completed evaluations per month



Current Evaluators per Region

Region	GA	CS	MGA
Northern California	122	59	7
Southern California	150	89	9

Action Requested:

No action requested, informational only.



MEMORANDUM

DATE	April 29, 2019
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 18(a): Presentation on California Association of Oral and Maxillofacial Surgeons (CALAOMS) 2019 Opioid Education Project

Background:

Representatives from the California Association of Oral and Maxillofacial Surgeons (CALAOMS) will provide a presentation on the 2019 Opioid Education Project.

Action Requested:

No action requested.



MEMORANDUM

DATE	April 25, 2019
TO	Dental Board Members
FROM	Chrystal Williams, Diversion Program Manager
SUBJECT	Agenda Item 18(b): Diversion Program Report and Statistics

The Diversion Evaluation Committee (DEC) program statistics for quarter ending March 31, 2019, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for information purposes only.

These statistics are derived from the MAXIMUS monthly reports.

Intake Referrals	January	February	March
Self-Referral	0	0	0
Enforcement Referral	0	0	0
Probation Referral	0	2	1
Closed Cases	0	1	0
Active Participants	14	16	16

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

The next DEC meeting is scheduled on May 15, 2019, in Northern California.

ACTION REQUESTED:

No action requested.



MEMORANDUM

DATE	April 17, 2019
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Enforcement Chief Dental Board of California
SUBJECT	Agenda Item 18(c): Update Regarding the February 26, 2019 and April 23, 2019 Statewide Opioid Safety Workgroup Meetings

Background:

I attended the Statewide Opioid Safety Workgroup Meeting on February 26, 2019.

The following nine SOS workgroup Opioid Strategies have been finalized and were discussed.

1. **Strengthen Statewide Collaboration**
Coordinating of diverse partnership to strengthen shared efforts to address the opioid epidemic in California.
2. **Promote safe Prescribing**
California is working to reduce unsafe, long-term, and high-dose prescribing practices.
3. **Building community Capacity**
Providing funding, technical assistance, and data to build and strengthen communities combating opioids in their unique populations.
4. **Expand Medication Assisted Treatment (MAT)**
Expanding access to effective and evidence-based MAT to treat and reduce addictions and save lives.
5. **Increase Access to Naloxone**
Distributing naloxone to counter opioid overdose.
6. **Reduce access to and negative consequences of illicit drugs**
Limiting the supply of illicit drugs and promoting harm reduction services, such as syringe exchange, reduces the negative consequences for those using these drugs.
7. **Address Priority Population in High Risk Settings**
Increase access to care and services for high risk populations (pregnant women, veterans, older adults, youths, and incarcerated individuals) in jails, prisons, hospitals, and tribal communities, etc.

8. Promote Public Education and Awareness

Educating Californians about the risks of using opioids and promoting safe and responsible use.

9. Translate data into actionable information

Enhancing data visualization and integrating multiple sources of data to inform policy and practice in California.

The Maternal Neonatal Task Force attended the meeting and presented their task force objectives and core principles. The Maternal Neonatal Force asked the SOS workgroup to adopt their Core Principles as an SOS Workgroup product and to promote these principles.

Objectives:

- Endorse core principles of evidence-based care of perinatal women with Substance Use Disorder and their infants.
- Advise and make recommendations for statewide efforts to improve Substance Use Disorder maternal, neonatal, and infant care.
- Explore policy and payment opportunities to support workforce development and improved care for perinatal women and their infants.

Core Principles:

Prevention:

- All prescribers caring for women of reproductive age practice opioid stewardship to prevent opioid dependence and addiction.

Treatment:

- All perinatal women have access to screening, treatment and recovery services without barriers, including medications for addiction treatment, aligned with the ACOG (The American College of Obstetricians and Gynecologists opioid bundle).
- All substance exposed newborns are treated with evidence-based care that prioritizes mother / baby bonding when considering medical interventions.

Support:

- All health, social services, county welfare, mental / behavioral health, and criminal justice interventions impacting women with substance use disorders and their infants to promote the mother-baby dyad and bonding, trauma informed approaches, family resilience, recovery, and evidence-based care.

The California Correctional Health Services, Department of Corrections and Rehabilitation attended the meeting and presented on the Opioid Stewardship Program in Prison.

Context for change:

From 2017 through October 2018 there was an increase of reported drug overdose cases at CDCR. In 2017 there were 588 Emergency Department Encounters, 155 hospitalizations and 37 deaths all in relation to drug overdose. In 2018 there were 730 Emergency Encounters, 155 hospitalizations and 42 deaths all in relation to overdose. Between 2013-2016 the overdose death rate within the initial 14 transitional days back into the community was 43.6%, and from 366-720 transition days, the overdose death rate was 8.2%.

Agenda Item 18(c): Statewide Opioid Safety Workgroup Meeting Update
Dental Board of California Meeting
May 15-16, 2019

Opioid Stewardship Program in CDCR:

Optimize Pain Management

- 3-part evidence-based guideline
- Assessment
- Non-Opioid Therapy
- Opioid Therapy
- Risk Assess
- Opioid Agreement
- Urine Toxicology monitoring
- CURES

Increase Access to Naloxone

- Emergency Medical Response Program Naloxone Initiative for 2018 prescriptions increased. In January of 2018 sixty-nine (69) prescriptions for Naloxone were prescribed. By the end of December of 2018 seven hundred forty-one (741) prescriptions were prescribed.

Increase Access to Medication Assisted Treatment (MAT)

- Screen and Assess; If moderate – high risk, assign to appropriate level of care using ASAM (American Society of Addiction Medicine) criteria. Determine need for Medication Assisted Treatment (MAT). Assign to appropriate Institution based on care needs.

Health Care transition teams partner with parole / probation, county Liaisons and others to successfully reintegrate individuals back to the community

- Enroll & Activate in Medi-Cal
- Secure housing
- Arrange transport
- Schedule Health Care Appointments
- Engage family and peer support
- Transitional Guidance on finances, employment and education.

On April 23, 2019, Investigative Analysis Unit Manager, Alexander Bourdaniotis attended the Statewide Opioid Safety Workgroup Meeting.

Drug Safety Communication: Risks with Sudden Discontinuation of Opioids

On April 9, 2019, the U.S. Food and Drug Administration (FDA) issued a warning that it has received reports of serious harm in patients who are physically dependent on opioid pain medicines when these medicines are suddenly discontinued, or the dose is rapidly decreased. Examples of serious harm include serious withdrawal symptoms, uncontrolled pain, psychological distress, and suicide. The FDA is requiring expanded guidance within the prescribing information of opioids that are intended for use in the outpatient setting on how to safely decrease the dose in patients who are physically dependent on opioids. While not every patient taking opioids requires tapering, health care professionals should not abruptly discontinue opioids in a patient who is physically dependent on opioids.

For more information about when and how to taper opioids for chronic pain, providers may refer to the [Pocket Guide: Tapering Opioids for Chronic Pain](#), which can be found on the Centers for Disease Control and Prevention (CDC) website.

Opioid Efforts with American Indian/Alaska Native Populations (AI/AN)

California's Tribal Medication Assisted Treatment (MAT) Expansion Project

In 2015, DHCS began conversations with tribal communities regarding the gaps in treatment availability for Substance Use Disorders (SUD) services. Tribal partners, Tribal health clinics and the state began designing a culturally responsive system dedicating \$11M of federal Opioid State Targeted Response (STR) and State Opioid Response (SOR) grant dollars specifically for the Tribal MAT Project.

Tele-MAT

- A contractor is providing MAT telehealth services to patients with Opioid Use Disorder (OUD) and co-occurring disorders in 12 Indian Health Programs statewide.
- Also provided are onsite scheduling of patient visits, Indian Health Provider needs assessment, technical assistance around naloxone and American Society of Addiction Medicine (ASAM) criteria, as well as several other efforts to enhance the MAT in the Indian Health Provider settings.
- On-site technical assistance and protocols for Tribal clinics adding MAT at their site.
- Referral service to contractor for MAT patients with more complex co-occurring disorders.
- The delivery of six educational Webinars to date for participating programs.
- TeleWell website @ <https://www.telewell.org/> that includes all webinar recordings, all intake materials available for download, coaching/TA materials (including Katie Bell's MAT Handbook).

Opioid Use Disorder (OUD) Suicide Prevention

- OUD prevention, suicide prevention, and intensive case management for Native youth ages 10-24.
- OUD prevention services to the parent(s) or guardian(s) of youths receiving care at the consortium.
- OUD prevention and intensive case management programs utilizing a family focused wraparound model and the Native American Mental Health Theory of Change framework for youth and their families.
- Community activity engagement for youth and their families.
- Developing a curriculum around suicide prevention and its relation to OUD.
- Services began November 2018.

Statistics (Average Estimate Per 100,000 2008-2018)

AI/AN Deaths from All Opioids in CA per

- AI/AN- 13
- Black- 5
- Latino- 3
- White- 8
- Asian- .5

AI/AN Deaths from Prescription Opioids in CA

- AI/AN- 8

Agenda Item 18(c): Statewide Opioid Safety Workgroup Meeting Update
Dental Board of California Meeting
May 15-16, 2019

Page 4 of 5

- Black- 3
- Latino- 1.5
- White- 6
- Asian- .5

The next SOS meeting is scheduled for June 25, 2019.



MEMORANDUM

DATE	April 29, 2019
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 19(a): 2019 Tentative Legislative Calendar – Information Only

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

Action Requested:

No action necessary.

2019 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE CHIEF CLERK
October 31, 2018 (revised)

DEADLINES

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

- [Jan. 1](#) Statutes take effect (Art. IV, Sec. 8(c)).
- [Jan. 7](#) Legislature **reconvenes** (J.R. 51(a)(1)).
- [Jan. 10](#) Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- [Jan. 21](#) Martin Luther King, Jr. Day.
- [Jan. 25](#) Last day to submit **bill requests** to the Office of Legislative Counsel

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

- [Feb. 18](#) Presidents' Day.
- [Feb. 22](#) Last day for **bills to be introduced** (J.R. 61(a)(1)), (J.R. 54(a)).

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

- [Mar. 29](#) Cesar Chavez Day observed.

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

- [Apr. 11](#) **Spring recess** begins upon adjournment of this day's session (J.R. 51(a)(2)).
- [Apr. 22](#) Legislature **reconvenes** from Spring recess (J.R. 51(a)(2)).
- [Apr. 26](#) Last day for **policy committees** to hear and report to **fiscal committees** **fiscal bills** introduced in their house (J.R. 61(a)(2)).

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

- [May 3](#) Last day for **policy committees** to hear and report to the Floor **nonfiscal bills** introduced in their house (J.R. 61(a)(3)).
- [May 10](#) Last day for **policy committees** to meet prior to June 3 (J.R. 61(a)(4)).
- [May 17](#) Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)). Last day for **fiscal committees** to meet prior to June 3 (J.R. 61(a)(6)).
- [May 27](#) Memorial Day.
- [May 28-31](#) **Floor Session Only.**
No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(a)(7)).

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

*Holiday schedule subject to Rules committee approval.

2019 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE CHIEF CLERK
October 31, 2018 (revised)

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

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

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

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

Jul. 4 Independence Day.

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

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

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

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

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

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

Sep. 2 Labor Day.

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

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

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

*Holiday schedule subject to Senate Rules committee approval.

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

2019

Oct. 13

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

2020

Jan. 1

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

Jan. 6

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

2019 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 10-31-18

DEADLINES

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

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

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

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

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

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 7** Legislature reconvenes (J.R. 51(a)(1)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 21** Martin Luther King, Jr. Day.
- Jan. 25** Last day to submit **bill requests** to the Office of Legislative Counsel.

- Feb. 18** Presidents' Day.
- Feb. 22** Last day for bills to be **introduced** (J.R. 61(a)(1), J.R. 54(a)).

Mar. 29 Cesar Chavez Day observed.

- Apr. 11** **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).
- Apr. 22** Legislature reconvenes from Spring Recess (J.R. 51(a)(2)).
- Apr. 26** Last day for **policy committees** to meet and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

- May 3** Last day for **policy committees** to meet and report to the floor **non-fiscal bills** introduced in their house (J.R. 61(a)(3)).
- May 10** Last day for **policy committees** to meet prior to June 3 (J.R. 61(a)(4)).
- May 17** Last day for **fiscal committees** to meet and report to the floor bills introduced in their house (J.R. 61(a)(5)). Last day for **fiscal committees** to meet prior to June 3 (J.R. 61(a)(6)).
- May 27** Memorial Day.
- May 28-31** **Floor session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to A.R. 77.2, and Conference Committees (J.R. 61(a)(7)).
- May 31** Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).

*Holiday schedule subject to final approval by Rules Committee.

2019 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 10-31-18

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

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

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

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

July 4 Independence Day.

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

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

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

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

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

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

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

Sept. 2 Labor Day.

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

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

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

IMPORTANT DATES OCCURRING DURING INTERIM RECESS

2019

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

2020

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

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

*Holiday schedule subject to final approval by Rules Committee.



MEMORANDUM

DATE	May 16, 2019
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 19(b): Discussion and Possible Action Regarding Legislation

Background:

The Dental Board of California (Board) has been tracking several bills relating to professions and vocations that impact the Department of Consumer Affairs, healing arts boards and their respective licensees, and licensing boards. In the interest of time, staff will be presenting the following six (6) bills that may have a direct impact on the Board for review and consideration at the May meeting:

- 1) AB 193 (Patterson) Professions and Vocations
- 2) AB 544 (Brough) Professions and Vocations: Inactive License Fees
- 3) AB 613 (Low) Professions and Vocations: Regulatory Fees
- 4) AB 768 (Brough) Professions and Vocations
- 5) AB 1622 (Carillo) Family Physicians
- 6) SB 653 (Chang) Registered Dental Hygienist in Alternative Practice

This memorandum includes information regarding each bill's status, location, date of introduction, date of last amendment, and a summary. Board staff will present the six (6) bills previously listed and provide information regarding the impact each one has on the Board.

The following five (5) bills have been identified by staff as being of potential interest to Board members but do not directly impact the Board. Information regarding each of these bill's status, location, date of introduction, date of last amendment, and a summary, as well as a copy of the bill has been included in the meeting materials. Please note staff will **not** be presenting the following bills to the Board and have not prepared information regarding the impact they would have on the Board; should a Board member desire to discuss one of these bills they may present the bill at the meeting and provide arguments for the Board to take a position:

Agenda Item 19(b): Legislation
 Dental Board of California Meeting
 May 15-16, 2019

- 1) AB 316 (Ramos) MediCal: Benefits: Special Dental Care Needs
- 2) AB 476 (Bianca Rubio) DCA: Foreign-Trained Professionals
- 3) AB 954 (Wood) Dental Services: Third-Party Network Access
- 4) AB 994 (Mathis) Business License Fees: Veterans
- 5) SB 154 (Pan) MediCal: Restorative Dental Services

If you would like additional information on any of these bills, the following web sites are excellent resources for viewing proposed legislation and finding additional information:

<https://leginfo.legislature.ca.gov/>

<https://www.senate.ca.gov/>

<https://www.assembly.ca.gov/>

Action Requested:

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

- Support
- Support if Amended
- Oppose
- Watch
- Neutral
- No Action

Staff will be presenting the following six (6) bills that may have a direct impact on the Board for review and consideration at the May meeting:

- AB 193 **AUTHOR:** Patterson [R]
COAUTHOR(S): Bates [R], Nielsen [R], Morrell [R], Melendez [R],
Gallagher [R], Lackey [R], Choi [R], Voepel [R]
TITLE: Professions and Vocations
INTRODUCED: 01/10/2019
LAST AMEND: 03/20/2019
DISPOSITION: Pending
LOCATION: Assembly Business and Professions Committee
SUMMARY:
Requires the Department of Consumer Affairs to conduct a comprehensive review of all licensing requirements for each profession regulated by a board within the Department and identify unnecessary licensing requirements. Requires each board within the department to submit to the department an assessment on the board's progress in implementing policies to facilitate licensure portability for active duty service members, veterans, and military spouses that includes specified information.
STATUS:
04/23/2019 In ASSEMBLY Committee on BUSINESS AND PROFESSIONS: Not heard.
IMPACT ON BOARD:
The fiscal impact to the Board would be minor and absorbable within the existing resources. The Board would have to prepare reports / extracts to provide data in support of the legislative reporting requirements. AB 193 would require a BreEZe modification to determine the number of active duty service members, veterans, and military spouses who applied for licensure and the number of applications for waived renewal fees submitted by active duty service members in each of the previous two calendar years.
BOARD POSITION:
- AB 544 **AUTHOR:** Brough [R]
TITLE: Professions and Vocations: Inactive License Fees
INTRODUCED: 02/13/2019
LAST AMEND: 03/21/2019
DISPOSITION: Pending
COMMITTEE: Assembly Appropriations Committee
HEARING: 05/01/2019 9:00 am
SUMMARY:
Limits the maximum fee for the renewal of a license in an inactive status to no more than half of the renewal fee for an active license. Prohibits a Board from requiring payment of accrued and unpaid renewal fees as a condition of reinstating an expired license or registration.

STATUS:

04/23/2019

From ASSEMBLY Committee on BUSINESS AND PROFESSIONS: Do pass to Committee on APPROPRIATIONS. (19-0)

IMPACT ON BOARD:

If AB 544 were approved, the Dental Board would lose approximately \$135,000 in license inactivation fees. The renewal of an inactive DDS license is \$650 and if the bill passes, it would go down to \$325.

The license types for the Dental Assisting Program can actually renew in an inactive status. It is a little harder to estimate as they do not have a separate fee code that differentiates current and inactive license renewals like the Dental Board does. The renewal of an inactive license is \$100 and if the bill passes, it could not be more than \$50. Of the total current and current/inactive RDA licenses, 12% have a license status of current/inactive. The RDA renewal fees for FY 19/20 are estimated to be \$1.783million. 12% of that is \$214K. If the fees were reduced by half, then that would turn into a loss of \$107K, which would be a rough estimate for the Dental Assisting Program.

BOARD POSITION:

AB 613

AUTHOR: Low [D]**TITLE:** Professions and Vocations: Regulatory Fees**INTRODUCED:** 02/14/2019**DISPOSITION:** Pending**LOCATION:** SENATE**SUMMARY:**

Authorizes each board within the Department of Consumer Affairs to increase every 4 years any fee authorized to be imposed by that board by an amount not to exceed the increase in the California Consumer Price Index for the preceding 4 years, subject to specified conditions. Requires the Director of Consumer Affairs to approve any fee increase proposed by a board except under specified circumstances.

STATUS:

04/25/2019

In ASSEMBLY. Read third time. Passed ASSEMBLY. *****To SENATE. (50-21)

IMPACT ON BOARD:

Given the current bill language, AB 613 would be an additional resource to increase fees in accordance with the Consumer Price Index (CPI), although the Board could still pursue fee increases through the regulatory process. The Board staff recommend a support position, if amended to clarify in language that AB 613 will allow Boards the flexibility to increase fees in regulation and, if necessary, through the percentage identified in the CPI.

BOARD POSITION:

AB 768

AUTHOR: Brough [R]
TITLE: Professions and Vocations
INTRODUCED: 02/19/2019
DISPOSITION: Pending
LOCATION: Assembly Business and Professions Committee
SUMMARY:

Authorizes the Department of Consumer Affairs and each board in the Department to charge a fee not to exceed a specified amount for the certification of a copy of any record, document or paper in its custody. Requires that the delinquency, penalty, or late fee for any licensee within the Department to be a specified percentage of the renewal fee for that license, but not to exceed a specified amount.

STATUS:
02/28/2019 To ASSEMBLY Committee on BUSINESS AND PROFESSIONS.

IMPACT ON BOARD:

In its current form, this bill would not affect the Dental Board and our fee schedules, since existing code stipulates "Except as otherwise provided by law", the amounts set by the DPA for these situations are in compliance.

BOARD POSITION:

AB 1622

AUTHOR: Carrillo [D]
TITLE: Family Physicians
INTRODUCED: 02/22/2019
LAST AMEND: 04/04/2019
DISPOSITION: Pending
FILE: 204
LOCATION: Assembly Consent Calendar - First Legislative Day
SUMMARY:

Requires the committee to include family physicians when appointing a committee of qualified physicians and nurses, including obstetricians and nurse-midwives, to develop the necessary standards relating to educational requirements, ratios of nurse-midwives to supervising physicians, and associated matters.

STATUS:
04/25/2019 In ASSEMBLY. Read second time. To Consent Calendar.

IMPACT ON BOARD:

Board permit holders would need to update their written informed consent information to include the new reference to a family physician. No fiscal impact to the Board as family physician would fall under a licensed health professional as described in Business and Professions Code 1682(a).

BOARD POSITION:

Agenda Item 19(b): Legislation
Dental Board of California Meeting
May 15-16, 2019

SB 653

AUTHOR: Chang [R]
TITLE: Registered Dental Hygienist in Alternative Practice
INTRODUCED: 02/22/2019
LAST AMEND: 04/25/2019
DISPOSITION: Pending
LOCATION: Senate Appropriations Committee

SUMMARY:

Authorizes a registered dental hygienist to provide, without supervision, fluoride varnish to a patient, and to provide services and oral screenings at specified sponsored events and nonprofit organizations. Authorizes a registered dental hygienist in alternative practice to practice in specified clinics or in a professional corporation without being an employee of that clinic or professional corporation.

STATUS:

04/25/2019 In SENATE. Read second time and amended.
Re-referred to Committee on APPROPRIATIONS.

**BOARD
POSITION:**

The following bills have been identified by staff as being of potential interest to Board members but do not directly impact the Board. Please note staff will **not** be presenting the following bills to the Board and have not prepared information regarding the impact they would have on the Board; should a Board member desire to discuss one of these bills they may present the bill at the meeting and provide arguments for the Board to take a position:

- AB 316 **AUTHOR:** Ramos [D]
COAUTHOR(S): Frazier [D], Rivas R [D]
TITLE: MediCal: Benefits: Special Dental Care Needs
INTRODUCED: 01/30/2019
LAST AMEND: 04/04/2019
DISPOSITION: Pending
COMMITTEE: Assembly Appropriations Committee
HEARING: 05/01/2019 9:00 am
SUMMARY:
Requires the department to implement a special needs treatment and management benefit that would be provided for 4 visits in a 12-month period for a Medi-Cal dental program beneficiary with special dental care needs. Requires a Medi-Cal dental program provider to document specified information, including the need for additional time to treat a Medi-Cal dental program beneficiary with special dental care needs, for purposes of reimbursement.
STATUS:
04/09/2019 From ASSEMBLY Committee on HEALTH: Do pass to Committee on APPROPRIATIONS. (15-0)
- AB 476 **AUTHOR:** Rubio [D]
TITLE: Dept. of Consumer Affairs: Foreign-Trained Professional
INTRODUCED: 02/12/2019
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY:
Requires the Department of Consumer Affairs to create a task force to study and write a report of its findings and recommendations regarding the licensing of foreign trained professionals with the goal of integrating foreign trained professionals into the state's workforce. Authorizes the task force to hold hearings and invite testimony from experts and the public to gather information.
STATUS:
04/03/2019 In ASSEMBLY Committee on APPROPRIATIONS: To Suspense File.
- AB 954 **AUTHOR:** Wood [D]
TITLE: Dental Services: Third-Party Network Access
INTRODUCED: 02/21/2019
LAST AMEND: 03/27/2019
DISPOSITION: Pending

LOCATION: Assembly Appropriations Committee

SUMMARY:

Authorizes a health care service plan or health insurer that issues, sells, renews, or offers a contract or policy covering dental services, including a specialized health care service plan contract or specialized policy of health insurance, or a contracting entity, to grant third party access to a provider network contract entered into, amended, or renewed on or after January 1, 2020.

STATUS:

04/24/2019 In ASSEMBLY Committee on APPROPRIATIONS: To Suspend File.

AB 994

AUTHOR: Mathis [R]

TITLE: Business License Fees: Veterans

INTRODUCED: 02/21/2019

LAST AMEND: 03/21/2019

DISPOSITION: Pending

LOCATION: Assembly Appropriations Committee

SUMMARY:

Exempts any veteran who has served in any branch of the United States Armed Forces, has been honorably discharged from active service, and who owns a business by a majority, from the payment of any license tax or fee imposed by any county or the state. Requires the County Board of Supervisors to issue a license to the veteran without cost.

STATUS:

04/24/2019 From ASSEMBLY Committee on LOCAL GOVERNMENT: Do pass to Committee on APPROPRIATIONS. (8-0)

SB 154

AUTHOR: Pan [D]

TITLE: Medi-Cal: Restorative Dental Services

INTRODUCED: 01/23/2019

DISPOSITION: Pending

LOCATION: Senate Appropriations Committee

SUMMARY:

Authorizes a provider of services for the treatment of dental caries to provide, and receive reimbursement for, the application of silver diamine fluoride when used as a caries arresting agent if the provider first consults with the beneficiary and obtains written informed consent, and if the treatment is included as part of a comprehensive treatment plan, to the extent that federal financial participation is available and any necessary federal approvals have been obtained.

STATUS:

04/08/2019 In SENATE Committee on APPROPRIATIONS: To Suspend File.

AMENDED IN ASSEMBLY MARCH 20, 2019

AMENDED IN ASSEMBLY MARCH 5, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 193

Introduced by Assembly Member Patterson
(Coauthors: Assembly Members Choi, Gallagher, Lackey, Melendez,
and Voepel)

(Coauthors: Senators Bates, Morrell, and Nielsen)

January 10, 2019

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

LEGISLATIVE COUNSEL'S DIGEST

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

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

This bill would require the department, beginning on January 1, 2021, to conduct a comprehensive review of all licensing requirements for each profession regulated by a board within the department and identify unnecessary licensing requirements, as defined by the bill. *The bill, beginning February 1, 2021, and every 2 years thereafter, would require each board within the department to submit to the department an*

assessment on the board's progress in implementing policies to facilitate licensure portability for active duty service members, veterans, and military spouses that includes specified information. The bill would require the department to report to the Legislature on ~~January~~ *March* 1, 2023, and every 2 years thereafter, on the department's ~~progress;~~ *progress in conducting its review,* and would require the department to issue a final report to the Legislature no later than ~~January~~ *March* 1, 2033. The bill would require the biennial reports *to the Legislature to include the assessment information submitted by each board to the department,* to identify the professions ~~reviewed;~~ *reviewed by the department,* each unnecessary licensing requirement, and the department's recommendations to the Legislature on whether to keep, modify, or eliminate the unnecessary licensing requirement. The bill would require the department to apply for federal funds that have been made available specifically for the purpose of reviewing, updating, and eliminating overly burdensome licensing requirements, as provided.

(2) Existing law, the Barbering and Cosmetology Act, provides for the licensure and regulation of the practice of cosmetology by the State Board of Barbering and Cosmetology in the department and defines the practice of both barbering and cosmetology to include shampooing the hair of any person. The act also specifies that, within the practice of cosmetology, there is the specialty branch of skin care, which includes applying makeup.

This bill would delete shampooing another person from the practice of barbering and cosmetology, and would delete the act of applying makeup on another person from the specialty practice of skin care. The bill would require a person who does not hold a barbering or cosmetology license to disclose that fact before the unlicensed person applies makeup to or shampoos the hair of another person.

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

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

~~(4) The bill would make conforming and other nonsubstantive changes.~~

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

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

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

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

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

10 (c) Researchers show that occupational licensing restrictions
11 can result in almost three million fewer jobs and a cost of over
12 \$200,000,000,000 to consumers.

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

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

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

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

23 101.5. (a) The department shall apply for federal funds that
24 have been made available specifically for the purposes of
25 reviewing, updating, and eliminating overly burdensome licensing
26 requirements.

27 (b) Beginning on January 1, 2021, the department shall conduct
28 a comprehensive review of all licensing requirements for each
29 profession and shall identify unnecessary licensing requirements.
30 The department shall conduct the review whether or not the state
31 receives federal funds pursuant to subdivision (a).

32 (c) (1) *Beginning on February 1, 2021, and every two years*
33 *thereafter, each board identified in Section 101 shall submit to the*
34 *department an assessment on the board’s progress in implementing*
35 *policies to facilitate licensure portability for active duty service*
36 *members, veterans, and military spouses. The assessment shall*
37 *include the following information:*

- 1 (A) *The number of active duty service members, veterans, and*
 2 *military spouses who applied for licensure for each of the previous*
 3 *two calendar years.*
- 4 (B) *The board's process for expediting applications for active*
 5 *duty service members, veterans, and military spouses, the average*
 6 *processing time for an expedited application, and the number of*
 7 *expedited application requests received in each of the previous*
 8 *two calendar years.*
- 9 (C) *The number of applications for waived renewal fees*
 10 *submitted by active duty service members in each of the previous*
 11 *two calendar years.*
- 12 (D) *If the board issues temporary licenses pursuant to Section*
 13 *115.6, the duration of, and requirements for obtaining, the*
 14 *temporary license.*
- 15 (E) *Whether an applicant may apply, and the requirements, for*
 16 *licensure by endorsement.*
- 17 (F) *A list of the states with which the board maintains*
 18 *reciprocity agreements, if any.*
- 19 (2) *The department shall submit the information received*
 20 *pursuant to paragraph (1) as part of the report required to be*
 21 *submitted to the Legislature pursuant to subdivision (d).*
- 22 (e)
- 23 (d) *The department shall report to the Legislature on ~~January~~*
 24 *March 1, 2023, and every two years thereafter until the department*
 25 *has completed its review, on the department's progress in*
 26 *conducting the review. The department shall issue a final report*
 27 *to the Legislature no later than ~~January~~ March 1, 2033. Each*
 28 *biennial report shall be organized by board and shall include all*
 29 *of the following:*
- 30 (1) *The professions reviewed by the department in the preceding*
 31 *two years.*
- 32 (2) *Unnecessary licensing requirements identified by the*
 33 *department for each profession reviewed.*
- 34 (3) *For each unnecessary licensing requirement, the department's*
 35 *recommendation to the Legislature to keep, modify, or eliminate*
 36 *the unnecessary licensing requirement.*
- 37 (4) *For each unnecessary licensing requirement that the*
 38 *department recommends to keep, facts supporting the department's*
 39 *recommendation.*

1 (5) *The information submitted to the department pursuant to*
2 *paragraph (2) of subdivision (c).*

3 ~~(d)~~

4 (e) The department may use national licensing standards, where
5 applicable, as a baseline for evaluating the necessity of licensing
6 requirements.

7 ~~(e)~~

8 (f) For purposes of this section, the following definitions apply:

9 (1) *“Military spouse” means a person who is married to, or in*
10 *a domestic partnership or other legal union with, an active duty*
11 *member of the Armed Forces of the United States who is assigned*
12 *to a duty station in this state under official active duty military*
13 *orders.*

14 ~~(1)~~

15 (2) *“Profession” means a profession or vocation regulated by a*
16 *board identified in Section 101.*

17 ~~(2)~~

18 (3) *“Unnecessary licensing requirement” means a licensing*
19 *requirement that does not satisfy either of the following criteria:*

20 (A) *Protects the health and safety of the public or a licensee.*

21 (B) *Satisfies a national licensing or certification requirement.*

22 ~~(f)~~

23 (g) A report to be submitted pursuant to subdivision ~~(e)~~ (d) shall
24 be submitted in compliance with Section 9795 of the Government
25 Code.

26 ~~(g)~~

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

29 SEC. 3. Section 7316 of the Business and Professions Code is
30 amended to read:

31 7316. (a) The practice of barbering is all or any combination
32 of the following practices:

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

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

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

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

- 1 (5) Hairstyling of all textures of hair by standard methods that
2 are current at the time of the hairstyling.
- 3 (b) The practice of cosmetology is all or any combination of
4 the following practices:
- 5 (1) Arranging, dressing, curling, waving, machineless permanent
6 waving, permanent waving, cleansing, cutting, relaxing, singeing,
7 bleaching, tinting, coloring, straightening, dyeing, applying hair
8 tonics to, beautifying, or otherwise treating by any means, the hair
9 of any person.
- 10 (2) Massaging, cleaning, or stimulating the scalp, face, neck,
11 arms, or upper part of the human body, by means of the hands,
12 devices, ~~apparatus~~ *apparatus*, or appliances, with or without the
13 use of cosmetic preparations, antiseptics, tonics, lotions, or creams.
- 14 (3) Beautifying the face, neck, arms, or upper part of the human
15 body, by use of cosmetic preparations, antiseptics, tonics, lotions,
16 or creams.
- 17 (4) Removing superfluous hair from the body of any person by
18 the use of depilatories or by the use of tweezers, chemicals, or
19 preparations or by the use of devices or appliances of any kind or
20 description, except by the use of light waves, commonly known
21 as rays.
- 22 (5) Cutting, trimming, polishing, tinting, coloring, cleansing,
23 or manicuring the nails of any person.
- 24 (6) Massaging, cleansing, treating, or beautifying the hands or
25 feet of any person.
- 26 (c) Within the practice of cosmetology there exist the specialty
27 branches of skin care and nail care.
- 28 (1) Skin care is any one or more of the following practices:
- 29 (A) Giving facials, giving skin care, removing superfluous hair
30 from the body of any person by the use of depilatories, ~~tweezers~~
31 *tweezers*, or waxing, or applying eyelashes to any person.
- 32 (B) Beautifying the face, neck, arms, or upper part of the human
33 body, by use of cosmetic preparations, antiseptics, tonics, lotions,
34 or creams.
- 35 (C) Massaging, cleaning, or stimulating the face, neck, arms,
36 or upper part of the human body, by means of the hands, devices,
37 apparatus, or appliances, with the use of cosmetic preparations,
38 antiseptics, tonics, lotions, or creams.
- 39 (2) Nail care is the practice of cutting, trimming, polishing,
40 coloring, tinting, cleansing, manicuring, or pedicuring the nails of

1 any person or massaging, cleansing, or beautifying from the elbow
2 to the fingertips or the knee to the toes of any person.

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

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

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

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

16 (4) Shampooing hair. However, before a person who does not
17 hold a barbering or cosmetology license shampoos the hair of
18 another person, the unlicensed person shall disclose verbally or in
19 writing to the other person that they do not hold a barbering or
20 cosmetology license.

21 (5) Applying makeup. However, before a person who does not
22 hold a barbering or cosmetology license applies makeup to another
23 person, the unlicensed person shall disclose verbally or in writing
24 to the other person that they do not hold a barbering or cosmetology
25 license.

26 (e) Notwithstanding paragraph (2) of subdivision (d), a person
27 who engages in natural hairstyling, which is defined as the
28 provision of natural hair braiding services together with any of the
29 services or procedures defined within the regulated practices of
30 barbering or cosmetology, is subject to regulation pursuant to this
31 chapter and shall obtain and maintain a barbering or cosmetology
32 license as applicable to the services respectively offered or
33 performed.

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

37 “Electrolysis” as used in this chapter includes electrolysis or
38 thermolysis.

39 SEC. 4. Section 19010.1 of the Business and Professions Code
40 is repealed.

1 SEC. 5. Section 19011 of the Business and Professions Code
2 is amended to read:

3 19011. “Manufacturer” means a person who, either by
4 themselves or through employees or agents, makes any article of
5 upholstered furniture or bedding in whole or in part, using either
6 new or secondhand material.

7 SEC. 6. Section 19017 of the Business and Professions Code
8 is amended to read:

9 19017. “Owner’s material” means any article or material
10 belonging to a person for their own, or their tenant’s use, that is
11 sent to any manufacturer or bedding renovator or used in repairing
12 or renovating.

13 SEC. 7. Section 19051 of the Business and Professions Code
14 is amended to read:

15 19051. Every upholstered-furniture retailer, unless the person
16 holds an importer’s license, a furniture and bedding manufacturer’s
17 license, a wholesale furniture and bedding dealer’s license, or a
18 retail furniture and bedding dealer’s license, shall hold a retail
19 furniture dealer’s license.

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

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

31 SEC. 8. Section 19052 of the Business and Professions Code
32 is repealed.

33 SEC. 9. Section 19059.5 of the Business and Professions Code
34 is amended to read:

35 19059.5. Every sanitizer shall hold a sanitizer’s license unless
36 the person is licensed as a home medical device retail facility by
37 the State Department of Health Services or as an upholstered
38 furniture and bedding manufacturer, retail furniture and bedding
39 dealer, or retail bedding dealer.

1 SEC. 10. Section 19060.6 of the Business and Professions
2 Code is amended to read:

3 19060.6. Every person who, on their own account, advertises,
4 solicits, or contracts to manufacture upholstered furniture or
5 bedding, and who either does the work themselves or has others
6 do it, shall obtain the particular license required by this chapter
7 for the particular type of work that the person solicits or advertises
8 that the person will do, regardless of whether the person has a shop
9 or factory.

10 SEC. 11. Section 19170 of the Business and Professions Code
11 is amended to read:

12 19170. (a) The fee imposed for the issuance and for the
13 biennial renewal of each license granted under this chapter shall
14 be set by the chief, with the approval of the director, at a sum not
15 more nor less than that shown in the following table:

	Maximum	Minimum
	fee	fee
17		
18		
19	\$940	\$120
20		
21	940	120
22		
23	675	120
24	675	120
25		
26	450	80
27	300	40
28	150	20
29	150	20
30		

31 (b) Individuals who, in their own homes and without the
32 employment of any other person, make, sell, advertise, or contract
33 to make pillows, quilts, quilted pads, or comforters are exempt
34 from the fee requirements imposed by subdivision (a). However,
35 these individuals shall comply with all other provisions of this
36 chapter.

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

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

6 (e) A person who has paid the required fee and who is licensed
7 as an upholstered furniture and bedding manufacturer under this
8 chapter shall not be required to additionally pay the fee for a
9 sanitizer’s license.

10 ~~SEC. 12. Section 110371 of the Health and Safety Code is~~
11 ~~amended to read:~~

12 ~~110371. (a) A professional cosmetic manufactured on or after~~
13 ~~July 1, 2020, for sale in this state shall have a label affixed on the~~
14 ~~container that satisfies all of the labeling requirements for any~~
15 ~~other cosmetic pursuant to the Federal Food, Drug, and Cosmetic~~
16 ~~Act (21 U.S.C. Sec. 301, et seq.), and the federal Fair Packaging~~
17 ~~and Labeling Act (15 U.S.C. Sec. 1451, et seq.):~~

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

19 ~~(1) “Ingredient” has the same meaning as in Section 111791.5.~~

20 ~~(2) “Professional” means a person that has been granted a license~~
21 ~~by the State Board of Barbering and Cosmetology to practice in~~
22 ~~the field of cosmetology, barbering, or esthetics.~~

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

O

ASSEMBLY BILL

No. 544

Introduced by Assembly Member Brough

February 13, 2019

~~An act to amend Section 4073 of the Business and Professions Code, relating to healing arts.~~ *An act to amend Sections 121.5, 462, 703, 1006.5, 1718, 1718.3, 1936, 2427, 2456.3, 2535.2, 2538.54, 2646, 2734, 2892.1, 2984, 3147, 3147.7, 3524, 3774, 3775.5, 4545, 4843.5, 4901, 4966, 4989.36, 4999.104, 5070.6, 5600.2, 5680.1, 6796, 6980.28, 7076.5, 7417, 7672.8, 7725.2, 7729.1, 7881, 7883, 8024.7, 8802, 9832, 9832.5, 9884.5, 19170.5, and 19290 of the Business and Professions Code, relating to professions and vocations.*

LEGISLATIVE COUNSEL'S DIGEST

AB 544, as amended, Brough. ~~Prescriptions.~~ *Professions and vocations: inactive license fees and accrued and unpaid renewal fees.*

Existing law provides for the licensure and regulation of professions and vocations by various boards within the Department of Consumer Affairs. Existing law provides for the payment of a fee for the renewal of certain licenses, certificates, or permits in an inactive status, and, for certain licenses, certificates, and permits that have expired, requires the payment of all accrued fees as a condition of reinstatement of the license, certificate, or permit.

This bill would limit the maximum fee for the renewal of a license in an inactive status to no more than 50% of the renewal fee for an active license. The bill would also prohibit a board from requiring payment of accrued and unpaid renewal fees as a condition of reinstating an expired license or registration.

~~The Pharmacy Law provides for the licensure and regulation of pharmacists and pharmacies by the California State Board of Pharmacy, which is within the Department of Consumer Affairs, and authorizes a pharmacist filling a prescription order for a drug product prescribed by its brand or trade name to select another drug product with the same active chemical ingredients of the same strength, quantity, and dosage form, and of the same generic drug name of those drug products having the same active chemical ingredients, as specified.~~

~~This bill would make a nonsubstantive change to that provision.~~

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

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

1 SECTION 1. Section 121.5 of the Business and Professions
2 Code is amended to read:

3 121.5. (a) Except as otherwise provided in this code, the
4 application of delinquency fees ~~or accrued and unpaid renewal~~
5 fees for the renewal of expired licenses or registrations shall not
6 apply to licenses or registrations that have lawfully been designated
7 as inactive or retired.

8 (b) *Notwithstanding any other law, a board shall not require a*
9 *person to pay accrued and unpaid renewal fees as a condition of*
10 *reinstating an expired license or registration.*

11 SEC. 2. Section 462 of the Business and Professions Code is
12 amended to read:

13 462. (a) Any of the boards, bureaus, commissions, or programs
14 within the department may establish, by regulation, a system for
15 an inactive category of licensure for persons who are not actively
16 engaged in the practice of their profession or vocation.

17 (b) The regulation shall contain the following provisions:

18 (1) The holder of an inactive license issued pursuant to this
19 section shall not engage in any activity for which a license is
20 required.

21 (2) An inactive license issued pursuant to this section shall be
22 renewed during the same time period in which an active license
23 is renewed. The holder of an inactive license need not comply with
24 any continuing education requirement for renewal of an active
25 license.

1 (3) The renewal fee for a license in ~~an active status shall apply~~
2 ~~also for a renewal of a license in an inactive status, unless a lesser~~
3 ~~renewal fee is specified by the board.~~ *status shall be no more than*
4 *50 percent of the renewal fee for a license in an active status.*

5 (4) In order for the holder of an inactive license issued pursuant
6 to this section to restore ~~his or her~~ *the* license to an active status,
7 the holder of an inactive license shall comply with all the
8 following:

9 (A) Pay the renewal fee.

10 (B) If the board requires completion of continuing education
11 for renewal of an active license, complete continuing education
12 equivalent to that required for renewal of an active license, unless
13 a different requirement is specified by the board.

14 (c) This section shall not apply to any healing arts board as
15 specified in Section 701.

16 *SEC. 3. Section 703 of the Business and Professions Code is*
17 *amended to read:*

18 703. (a) An inactive healing arts license or certificate issued
19 pursuant to this article shall be renewed during the same time
20 period at which an active license or certificate is renewed. In order
21 to renew a license or certificate issued pursuant to this article, the
22 holder thereof need not comply with any continuing education
23 requirement for renewal of an active license or certificate.

24 (b) ~~The~~ *Notwithstanding any other law, the* renewal fee for a
25 license or certificate in an ~~active~~ *inactive* status shall ~~apply also~~
26 ~~for renewal of a license or certificate in an inactive status, unless~~
27 ~~a lower fee has been established by the issuing board.~~ *be no more*
28 *than 50 percent of the renewal fee for a license in an active status.*

29 *SEC. 4. Section 1006.5 of the Business and Professions Code*
30 *is amended to read:*

31 1006.5. Notwithstanding any other law, the amount of
32 regulatory fees necessary to carry out the responsibilities required
33 by the Chiropractic Initiative Act and this chapter are fixed in the
34 following schedule:

35 (a) Fee to apply for a license to practice chiropractic: three
36 hundred seventy-one dollars (\$371).

37 (b) Fee for initial license to practice chiropractic: one hundred
38 eighty-six dollars (\$186).

39 (c) Fee to renew an ~~active or inactive~~ license to practice
40 chiropractic: three hundred thirteen dollars (\$313).

- 1 (d) Fee to renew an inactive license to practice chiropractic:
2 no more than 50 percent of the renewal fee for an active license.
3 ~~(d)~~
- 4 (e) Fee to apply for approval as a continuing education provider:
5 eighty-four dollars (\$84).
6 ~~(e)~~
- 7 (f) Biennial continuing education provider renewal fee: fifty-six
8 dollars (\$56).
9 ~~(f)~~
- 10 (g) Fee to apply for approval of a continuing education course:
11 fifty-six dollars (\$56) per course.
12 ~~(g)~~
- 13 (h) Fee to apply for a satellite office certificate: sixty-two dollars
14 (\$62).
15 ~~(h)~~
- 16 (i) Fee to renew a satellite office certificate: thirty-one dollars
17 (\$31).
18 ~~(i)~~
- 19 (j) Fee to apply for a license to practice chiropractic pursuant
20 to Section 9 of the Chiropractic Initiative Act: three hundred
21 seventy-one dollars (\$371).
22 ~~(j)~~
- 23 (k) Fee to apply for a certificate of registration of a chiropractic
24 corporation: one hundred eighty-six dollars (\$186).
25 ~~(k)~~
- 26 (l) Fee to renew a certificate of registration of a chiropractic
27 corporation: thirty-one dollars (\$31).
28 ~~(l)~~
- 29 (m) Fee to file a chiropractic corporation special report:
30 thirty-one dollars (\$31).
31 ~~(m)~~
- 32 (n) Fee to apply for approval as a referral service: five hundred
33 fifty-seven dollars (\$557).
34 ~~(n)~~
- 35 (o) Fee for an endorsed verification of licensure: one hundred
36 twenty-four dollars (\$124).
37 ~~(o)~~
- 38 (p) Fee for replacement of a lost or destroyed license: fifty
39 dollars (\$50).
40 ~~(p)~~

1 (q) Fee for replacement of a satellite office certificate: fifty
2 dollars (\$50).

3 ~~(q)~~

4 (r) Fee for replacement of a certificate of registration of a
5 chiropractic corporation: fifty dollars (\$50).

6 ~~(r)~~

7 (s) Fee to restore a forfeited or canceled license to practice
8 chiropractic: double the annual renewal fee specified in subdivision
9 (c).

10 ~~(s)~~

11 (t) Fee to apply for approval to serve as a preceptor: thirty-one
12 dollars (\$31).

13 ~~(t)~~

14 (u) Fee to petition for reinstatement of a revoked license: three
15 hundred seventy-one dollars (\$371).

16 ~~(u)~~

17 (v) Fee to petition for early termination of probation: three
18 hundred seventy-one dollars (\$371).

19 ~~(v)~~

20 (w) Fee to petition for reduction of penalty: three hundred
21 seventy-one dollars (\$371).

22 *SEC. 5. Section 1718 of the Business and Professions Code is*
23 *amended to read:*

24 1718. Except as otherwise provided in this chapter, an expired
25 license may be renewed at any time within five years after its
26 expiration on filing of application for renewal on a form prescribed
27 by the board, and payment of ~~all accrued~~ *the* renewal and
28 delinquency fees. If the license is renewed more than 30 days after
29 its expiration, the licensee, as a condition precedent to renewal,
30 shall also pay the delinquency fee prescribed by this chapter.
31 Renewal under this section shall be effective on the date on which
32 the application is filed, on the date on which the renewal fee is
33 paid, or on the date on which the delinquency fee, if any, is paid,
34 whichever last occurs. If so renewed, the license shall continue in
35 effect through the expiration date provided in Section 1715 which
36 next occurs after the effective date of the renewal, when it shall
37 expire if it is not again renewed.

38 *SEC. 6. Section 1718.3 of the Business and Professions Code*
39 *is amended to read:*

1 1718.3. (a) A license which is not renewed within five years
 2 after its expiration may not be renewed, restored, reinstated, or
 3 reissued thereafter, but the holder of the license may apply for and
 4 obtain a new license if the following requirements are satisfied:

5 (1) No fact, circumstance, or condition exists which would
 6 justify denial of licensure under Section 480.

7 (2) ~~He or she~~ *The person* pays all of the fees which would be
 8 required of him or her if he or she if *the person* were then applying
 9 for the license for the first time and ~~all the~~ renewal and delinquency
 10 fees which have accrued since the date on which he or she last
 11 renewed his or her license. *fees.*

12 (3) ~~He or she~~ *The person* takes and passes the examination, if
 13 any, which would be required of him or her if he or she if *the*
 14 *person* were then applying for the license for the first time, or
 15 otherwise establishes to the satisfaction of the board that with due
 16 regard for the public interest, ~~he or she~~ *the person* is qualified to
 17 practice the profession or activity in which ~~he or she~~ *again the*
 18 *person* seeks to be licensed.

19 (b) The board may impose conditions on any license issued
 20 pursuant to this section, as it deems necessary.

21 (c) The board may by regulation provide for the waiver or refund
 22 of all or any part of the examination fee in those cases in which a
 23 license is issued without an examination under this section.

24 *SEC. 7. Section 1936 of the Business and Professions Code is*
 25 *amended to read:*

26 1936. Except as otherwise provided in this article, an expired
 27 license may be renewed at any time within five years after its
 28 expiration by filing an application for renewal on a form prescribed
 29 by the hygiene board and payment of ~~all accrued~~ *the* renewal and
 30 delinquency fees. If the license is renewed after its expiration, the
 31 licensee, as a condition precedent of renewal, shall also pay the
 32 delinquency fee prescribed by this article. Renewal under this
 33 section shall be effective on the date on which the application is
 34 filed, on the date on which the renewal fee is paid, or on the date
 35 on which the delinquency fee, if any, is paid, whichever last occurs.
 36 If so renewed, the license shall continue in effect until the
 37 expiration date provided in Section 1935 that next occurs after the
 38 effective date of the renewal.

39 *SEC. 8. Section 2427 of the Business and Professions Code is*
 40 *amended to read:*

1 2427. (a) Except as provided in Section 2429, a license which
2 has expired may be renewed at any time within five years after its
3 expiration on filing an application for renewal on a form prescribed
4 by the licensing authority and payment of ~~all accrued~~ *the* renewal
5 ~~fees~~ *fee* and any other fees required by Section 2424. If the license
6 is not renewed within 30 days after its expiration, the licensee, as
7 a condition precedent to renewal, shall also pay the prescribed
8 delinquency fee, if any. Except as provided in Section 2424,
9 renewal under this section shall be effective on the date on which
10 the renewal application is filed, on the date on which the renewal
11 ~~fee or accrued renewal fees are~~ *is* paid, or on the date on which
12 the delinquency fee or the delinquency fee and penalty fee, if any,
13 are paid, whichever last occurs. If so renewed, the license shall
14 continue in effect through the expiration date set forth in Section
15 2422 or 2423 which next occurs after the effective date of the
16 renewal, when it shall expire and become invalid if it is not again
17 renewed.

18 (b) Notwithstanding subdivision (a), the license of a doctor of
19 podiatric medicine which has expired may be renewed at any time
20 within three years after its expiration on filing an application for
21 renewal on a form prescribed by the licensing authority and
22 payment of ~~all accrued~~ *the* renewal ~~fees~~ *fee* and any other fees
23 required by Section 2424. If the license is not renewed within 30
24 days after its expiration, the licensee, as a condition precedent to
25 renewal, shall also pay the prescribed delinquency fee, if any.
26 Except as provided in Section 2424, renewal under this section
27 shall be effective on the date on which the renewal application is
28 filed, on the date on which the renewal ~~fee or accrued renewal fees~~
29 ~~are~~ *is* paid, or on the date on which the delinquency fee or the
30 delinquency fee and penalty fee, if any, are paid, whichever last
31 occurs. If so renewed, the license shall continue in effect through
32 the expiration date set forth in Section 2422 or 2423 which next
33 occurs after the effective date of the renewal, when it shall expire
34 and become invalid if it is not again renewed.

35 *SEC. 9. Section 2456.3 of the Business and Professions Code*
36 *is amended to read:*

37 2456.3. Except as provided in Section 2429, a license which
38 has expired may be renewed at any time within five years after its
39 expiration by filing an application for renewal on a form prescribed
40 by the board and payment of ~~all accrued~~ *the* renewal ~~fees~~ *fee* and

1 any other fees required by Section 2455. Except as provided in
 2 Section 2456.2, renewal under this section shall be effective on
 3 the date on which the renewal application is filed, on the date on
 4 which the renewal fee ~~or accrued renewal fees are~~ *is* paid, or on
 5 the date on which the delinquency fee or the delinquency fee and
 6 penalty fee, if any, are paid, whichever last occurs. If so renewed,
 7 the license shall continue in effect through the expiration date set
 8 forth in Section 2456.1 which next occurs after the effective date
 9 of the renewal.

10 *SEC. 10. Section 2535.2 of the Business and Professions Code*
 11 *is amended to read:*

12 2535.2. Except as provided in Section 2535.3, a license that
 13 has expired may be renewed at any time within five years after its
 14 expiration upon filing of an application for renewal on a form
 15 prescribed by the board and payment of ~~all accrued and unpaid~~
 16 ~~renewal fees.~~ *the renewal fee.* If the license is not renewed on or
 17 before its expiration, the licensee, as a condition precedent to
 18 renewal, shall also pay the prescribed delinquency fee. Renewal
 19 under this section shall be effective on the date on which the
 20 application is filed, on the date on which ~~all the renewal fees are~~
 21 *fee is* paid, or on the date on which the delinquency fee is paid,
 22 whichever last occurs. If so renewed, the license shall continue in
 23 effect through the expiration date provided in Section 2535, after
 24 the effective date of the renewal, when it shall expire and become
 25 invalid if it is not again renewed.

26 *SEC. 11. Section 2538.54 of the Business and Professions Code*
 27 *is amended to read:*

28 2538.54. Except as otherwise provided in this article, an expired
 29 license may be renewed at any time within three years after its
 30 expiration on filing of an application for renewal on a form
 31 prescribed by the board, and payment of ~~all accrued and unpaid~~
 32 ~~renewal fees.~~ *the renewal fee.* If the license is renewed after its
 33 expiration the licensee, as a condition precedent to renewal, shall
 34 also pay the delinquency fee prescribed by this article. Renewal
 35 under this section shall be effective on the date on which the
 36 application is filed, on the date on which the renewal fee is paid,
 37 or on the date on which the delinquency fee, if any, is paid,
 38 whichever last occurs. If so renewed, the license shall continue in
 39 effect through the date provided in Section 2538.53 which next

1 occurs after the effective date of the renewal, when it shall expire
2 if it is not again renewed.

3 *SEC. 12. Section 2646 of the Business and Professions Code*
4 *is amended to read:*

5 2646. A license that has expired may be renewed at any time
6 within five years after its expiration by applying for renewal as
7 set forth in Section 2644. Renewal under this section shall be
8 effective on the date on which the renewal application is filed, on
9 the date on which the renewal fee ~~or accrued renewal fees are~~ *is*
10 paid, or on the date on which the delinquency fee and penalty fee,
11 if any, are paid, whichever last occurs. A renewed license shall
12 continue in effect through the expiration date set forth in Section
13 2644 that next occurs after the effective date of the renewal, at
14 which time it shall expire and become invalid if it is not so
15 renewed.

16 *SEC. 13. Section 2734 of the Business and Professions Code*
17 *is amended to read:*

18 2734. Upon application in writing to the board and payment
19 of ~~the a fee not to exceed 50 percent of the~~ biennial renewal fee,
20 a licensee may have ~~his~~ *their* license placed in an inactive status
21 for an indefinite period of time. A licensee whose license is in an
22 inactive status may not practice nursing. However, such a licensee
23 does not have to comply with the continuing education standards
24 of Section 2811.5.

25 *SEC. 14. Section 2892.1 of the Business and Professions Code*
26 *is amended to read:*

27 2892.1. Except as provided in Sections 2892.3 and 2892.5, an
28 expired license may be renewed at any time within four years after
29 its expiration upon filing of an application for renewal on a form
30 prescribed by the board, payment of ~~all accrued and unpaid renewal~~
31 ~~fees,~~ *the renewal fee,* and payment of any fees due pursuant to
32 Section 2895.1.

33 If the license is renewed more than 30 days after its expiration,
34 the licensee, as a condition precedent to renewal, shall also pay
35 the delinquency fee prescribed by this chapter. Renewal under this
36 section shall be effective on the date on which the application is
37 filed, on the date on which ~~all the renewal fees are~~ *fee is* paid, or
38 on the date on which the delinquency fee is paid, whichever last
39 occurs. If so renewed, the license shall continue in effect through
40 the date provided in Section 2892 which next occurs after the

1 effective date of the renewal, when it shall expire if it is not again
2 renewed.

3 *SEC. 15. Section 2984 of the Business and Professions Code*
4 *is amended to read:*

5 2984. Except as provided in Section 2985, a license that has
6 expired may be renewed at any time within three years after its
7 expiration on filing of an application for renewal on a form
8 prescribed by the board and payment of ~~all accrued and unpaid~~
9 ~~the renewal fees.~~ *fee*. If the license is renewed after its expiration,
10 the licensee, as a condition precedent to renewal, shall also pay
11 the prescribed delinquency fee, if any. Renewal under this section
12 shall be effective on the date on which the application is filed, on
13 the date on which ~~all the renewal fees are~~ *fee is* paid, or on the date
14 on which the delinquency fee, if any, is paid, whichever last occurs.
15 If so renewed, the license shall continue in effect through the
16 expiration date provided in Section 2982 which next occurs after
17 the effective date of the renewal, when it shall expire and become
18 invalid if it is not again renewed.

19 *SEC. 16. Section 3147 of the Business and Professions Code*
20 *is amended to read:*

21 3147. (a) Except as otherwise provided by Section 114, an
22 expired optometrist license may be renewed at any time within
23 three years after its expiration, and a retired license issued for less
24 than three years may be reactivated to active status, by filing an
25 application for renewal or reactivation on a form prescribed by the
26 board, paying ~~all accrued and unpaid the renewal fees~~ *fee* or
27 ~~reactivation fees~~ *fee* determined by the board, paying any
28 delinquency fees prescribed by the board, and submitting proof of
29 completion of the required number of hours of continuing education
30 for the last two years, as prescribed by the board pursuant to
31 Section 3059. Renewal or reactivation to active status under this
32 section shall be effective on the date on which all of those
33 requirements are satisfied. If so renewed or reactivated to active
34 status, the license shall continue as provided in Sections 3146 and
35 3147.5.

36 (b) Expired statements of licensure, branch office licenses, and
37 fictitious name permits issued pursuant to Sections 3070, 3077,
38 and 3078, respectively, may be renewed at any time by filing an
39 application for renewal, paying ~~all accrued and unpaid renewal~~

1 ~~fees, the renewal fee~~, and paying any delinquency fees prescribed
2 by the board.

3 *SEC. 17. Section 3147.7 of the Business and Professions Code*
4 *is amended to read:*

5 3147.7. The provisions of Section 3147.6 shall not apply to a
6 person holding a license that has not been renewed within three
7 years of expiration, if the person provides satisfactory proof that
8 ~~he or she~~ *the person* holds an active license from another state and
9 meets all of the following conditions:

10 (a) Is not subject to denial of a license under Section 480.

11 (b) Applies in writing for restoration of the license on a form
12 prescribed by the board.

13 (c) Pays ~~all accrued and unpaid~~ *the renewal fees fee* and any
14 delinquency fees prescribed by the board.

15 (d) Submits proof of completion of the required number of hours
16 of continuing education for the last two years.

17 (e) Takes and satisfactorily passes the board's jurisprudence
18 examination.

19 *SEC. 18. Section 3524 of the Business and Professions Code*
20 *is amended to read:*

21 3524. A license or approval that has expired may be renewed
22 at any time within five years after its expiration by filing an
23 application for renewal on a form prescribed by the board or
24 Medical Board of California, as the case may be, and payment of
25 ~~all accrued and unpaid renewal fees.~~ *the renewal fee*. If the license
26 or approval is not renewed within 30 days after its expiration, the
27 licensed physician assistant and approved supervising physician,
28 as a condition precedent to renewal, shall also pay the prescribed
29 delinquency fee, if any. Renewal under this section shall be
30 effective on the date on which the application is filed, on the date
31 on which ~~all the renewal fees are~~ *fee is* paid, or on the date on
32 which the delinquency fee, if any, is paid, whichever occurs last.
33 If so renewed, the license shall continue in effect through the
34 expiration date provided in Section 3522 or 3523 which next occurs
35 after the effective date of the renewal, when it shall expire, if it is
36 not again renewed.

37 *SEC. 19. Section 3774 of the Business and Professions Code*
38 *is amended to read:*

39 3774. On or before the birthday of a licensed practitioner in
40 every other year, following the initial licensure, the board shall

1 mail to each practitioner licensed under this chapter, at the latest
2 address furnished by the licensed practitioner to the executive
3 officer of the board, a notice stating the amount of the renewal fee
4 and the date on which it is due. The notice shall state that failure
5 to pay the renewal fee on or before the due date and submit
6 evidence of compliance with Sections 3719 and 3773 shall result
7 in expiration of the license.

8 Each license not renewed in accordance with this section shall
9 expire but may within a period of three years thereafter be
10 reinstated upon payment of ~~all accrued and unpaid~~ the renewal
11 fees and penalty fees required by this chapter. The board may also
12 require submission of proof of the applicant's qualifications, except
13 that during the three-year period no examination shall be required
14 as a condition for the reinstatement of any expired license that has
15 lapsed solely by reason of nonpayment of the renewal fee.

16 *SEC. 20. Section 3775.5 of the Business and Professions Code*
17 *is amended to read:*

18 3775.5. The fee for an inactive license shall be ~~the same as~~ no
19 more than 50 percent of the renewal fee for an active license for
20 the practice of respiratory care as specified in Section 3775.

21 *SEC. 21. Section 4545 of the Business and Professions Code*
22 *is amended to read:*

23 4545. Except as provided in Section 4545.2, a license that has
24 expired may be renewed at any time within four years after its
25 expiration on filing an application for renewal on a form prescribed
26 by the board, payment of ~~all accrued and unpaid renewal fees,~~ the
27 renewal fee, and payment of all fees required by this chapter. If
28 the license is renewed more than 30 days after its expiration, the
29 holder, as a condition precedent to renewal, shall also pay the
30 delinquency fee prescribed by this chapter. Renewal under this
31 section shall be effective on the date on which the application is
32 filed, on the date on which the renewal fee is paid, or on the date
33 on which the delinquency fee, if any, is paid, whichever last occurs.
34 If so renewed, the license shall continue in effect through the date
35 provided in Section 4544 which next occurs after the effective date
36 of the renewal, when it shall expire if it is not again renewed.

37 A certificate which was forfeited for failure to renew under the
38 law in effect before October 1, 1961, shall, for the purposes of this
39 article, be considered to have expired on the date that it became
40 forfeited.

1 *SEC. 22. Section 4843.5 of the Business and Professions Code*
2 *is amended to read:*

3 4843.5. Except as otherwise provided in this article, an expired
4 certificate of registration may be renewed at any time within five
5 years after its expiration on filing of an application for renewal on
6 a form prescribed by the board, and payment of ~~all accrued and~~
7 ~~unpaid renewal fees.~~ *the renewal fee.* If the certificate of
8 registration is renewed more than 30 days after its expiration, the
9 registrant, as a condition precedent to renewal, shall also pay the
10 delinquency fee prescribed by this article. Renewal under this
11 section shall be effective on the date on which the application is
12 filed, on the date ~~all the renewal fees are~~ *fee is* paid, or on the date
13 on which the delinquency fee, if any, is paid, whichever occurs
14 last.

15 *SEC. 23. Section 4901 of the Business and Professions Code*
16 *is amended to read:*

17 4901. Except as otherwise provided in this chapter, an expired
18 license or registration may be renewed at any time within five
19 years after its expiration on filing of an application for renewal on
20 a form prescribed by the board, and payment of ~~all accrued and~~
21 ~~unpaid renewal fees.~~ *the renewal fee.* If the license or registration
22 is renewed more than 30 days after its expiration, the licensee or
23 registrant, as a condition precedent to renewal, shall also pay the
24 delinquency fee prescribed by this chapter. Renewal under this
25 section shall be effective on the date on which the application is
26 filed, on the date on which ~~all renewal fees are~~ *the renewal fee is*
27 paid, or on the date on which the delinquency fee, if any, is paid,
28 whichever last occurs. If so renewed, the license or registration
29 shall continue in effect through the expiration date provided in
30 Section 4900 that next occurs after the effective date of the renewal,
31 when it shall expire if it is not again renewed.

32 *SEC. 24. Section 4966 of the Business and Professions Code*
33 *is amended to read:*

34 4966. Except as provided in Section 4969, a license that has
35 expired may be renewed at any time within three years after its
36 expiration by filing of an application for renewal on a form
37 provided by the board, paying ~~all accrued and unpaid renewal fees,~~
38 *the renewal fee,* and providing proof of completing continuing
39 education requirements. If the license is not renewed prior to its
40 expiration, the acupuncturist, as a condition precedent to renewal,

1 shall also pay the prescribed delinquency fee. Renewal under this
 2 section shall be effective on the date on which the application is
 3 filed, on the date on which the renewal fee is paid, or on the date
 4 the delinquency fee is paid, whichever occurs last. If so renewed,
 5 the license shall continue in effect through the expiration date
 6 provided in Section 4965, after the effective date of the renewal,
 7 when it shall expire and become invalid if it is not again renewed.

8 *SEC. 25. Section 4989.36 of the Business and Professions Code*
 9 *is amended to read:*

10 4989.36. A licensee may renew a license that has expired at
 11 any time within three years after its expiration date by taking all
 12 of the actions described in Section 4989.32 and by paying ~~all~~
 13 ~~unpaid prior renewal fees and delinquency fees.~~ *the delinquency*
 14 *fee.*

15 *SEC. 26. Section 4999.104 of the Business and Professions*
 16 *Code is amended to read:*

17 4999.104. Licenses issued under this chapter that have expired
 18 may be renewed at any time within three years of expiration. To
 19 renew an expired license described in this section, the licensee
 20 shall do all of the following:

21 (a) File an application for renewal on a form prescribed by the
 22 board.

23 ~~(b) Pay all fees that would have been paid if the license had not~~
 24 ~~become delinquent.~~

25 ~~(c)~~

26 (b) Pay ~~all~~ *the delinquency fees.* *fee.*

27 ~~(d)~~

28 (c) Certify compliance with the continuing education
 29 requirements set forth in Section 4999.76.

30 ~~(e)~~

31 (d) Notify the board whether ~~he or she~~ *the licensee* has been
 32 convicted, as defined in Section 490, of a misdemeanor or felony,
 33 or whether any disciplinary action has been taken by any regulatory
 34 or licensing board in this or any other state, subsequent to the
 35 licensee's last renewal.

36 *SEC. 27. Section 5070.6 of the Business and Professions Code*
 37 *is amended to read:*

38 5070.6. Except as otherwise provided in this chapter, an expired
 39 permit may be renewed at any time within five years after its
 40 expiration upon the filing of an application for renewal on a form

1 prescribed by the board, payment of ~~all accrued and unpaid renewal~~
2 ~~fees~~ *the renewal fee*, and providing evidence satisfactory to the
3 board of compliance as required by Section 5070.5. If the permit
4 is renewed after its expiration, its holder, as a condition precedent
5 to renewal, shall also pay the delinquency fee prescribed by this
6 chapter. Renewal under this section shall be effective on the date
7 on which the application is filed, on the date on which the ~~accrued~~
8 ~~renewal fees~~ *are fee is paid*, or on the date on which the
9 delinquency fee, if any, is paid, whichever last occurs. If so
10 renewed, the permit shall continue in effect through the date
11 provided in Section 5070.5 that next occurs after the effective date
12 of the renewal, when it shall expire if it is not again renewed.

13 *SEC. 28. Section 5600.2 of the Business and Professions Code*
14 *is amended to read:*

15 5600.2. Except as otherwise provided in this chapter, a license
16 which has expired may be renewed at any time within five years
17 after its expiration on filing of application for renewal on a form
18 prescribed by the board, and payment of ~~all accrued and unpaid~~
19 ~~renewal fees~~ *the renewal fee*. If a license is renewed more than
20 30 days after its expiration, the licenseholder, as a condition
21 precedent to renewal, shall also pay the delinquency fee prescribed
22 by this chapter. Renewal under this section shall be effective on
23 the date on which the application is filed, on the date on which the
24 renewal fee is paid, or on the date on which the delinquency fee,
25 if any, is paid, whichever last occurs. If so renewed, the license
26 shall continue in effect through the expiration date provided in this
27 chapter which next occurs after the effective date of the renewal,
28 when it shall expire if it is not again renewed.

29 *SEC. 29. Section 5680.1 of the Business and Professions Code*
30 *is amended to read:*

31 5680.1. Except as otherwise provided in this chapter, a license
32 that has expired may be renewed at any time within five years after
33 its expiration on filing of an application for renewal on a form
34 prescribed by the board, and payment of ~~all accrued and unpaid~~
35 ~~renewal fees~~ *the renewal fee*. If the license is renewed more than
36 30 days after its expiration, the licenseholder, as a condition
37 precedent to renewal, shall also pay the delinquency fee prescribed
38 by this chapter. Renewal under this section shall be effective on
39 the date on which the application is filed, on the date on which ~~all~~
40 ~~the renewal fees~~ *are fee is paid*, or on the date on which the

1 delinquency fee, if any, is paid, whichever last occurs. If so
 2 renewed, the license shall continue in effect through the date
 3 provided in Section 5680 that next occurs after the effective date
 4 of the renewal, when it shall expire if it is not again renewed.

5 *SEC. 30. Section 6796 of the Business and Professions Code*
 6 *is amended to read:*

7 6796. Except as otherwise provided in this article, certificates
 8 of registration as a professional engineer and certificates of
 9 authority may be renewed at any time within five years after
 10 expiration on filing of application for renewal on a form prescribed
 11 by the board and payment of ~~all accrued and unpaid renewal fees.~~
 12 *the renewal fee.* If the certificate is renewed more than 60 days
 13 after its expiration, the certificate holder, as a condition precedent
 14 to renewal, shall also pay the delinquency fee prescribed by this
 15 chapter. Renewal under this section shall be effective on the date
 16 on which the application is filed, on the date on which the renewal
 17 fee is paid, or on the date on which the delinquency fee, if any, is
 18 paid, whichever last occurs.

19 The expiration date of a certificate renewed pursuant to this
 20 section shall be determined pursuant to Section 6795.

21 *SEC. 31. Section 6980.28 of the Business and Professions Code*
 22 *is amended to read:*

23 6980.28. A locksmith license not renewed within three years
 24 following its expiration may not be renewed thereafter. Renewal
 25 of the license within three years, or issuance of an original license
 26 thereafter, shall be subject to payment of any ~~and all fines~~ *fine*
 27 assessed by the chief or the director ~~which are~~ *that is* not pending
 28 appeal and all other applicable fees.

29 *SEC. 32. Section 7076.5 of the Business and Professions Code*
 30 *is amended to read:*

31 7076.5. (a) A contractor may inactivate ~~his or her~~ *their* license
 32 by submitting a form prescribed by the registrar accompanied by
 33 the current active license certificate. When the current license
 34 certificate has been lost, the licensee shall pay the fee prescribed
 35 by law to replace the license certificate. Upon receipt of an
 36 acceptable application to inactivate, the registrar shall issue an
 37 inactive license certificate to the contractor. The holder of an
 38 inactive license shall not be entitled to practice as a contractor until
 39 ~~his or her~~ *their* license is reactivated.

1 (b) Any licensed contractor who is not engaged in work or
2 activities which require a contractor's license may apply for an
3 inactive license.

4 (c) Inactive licenses shall be valid for a period of four years
5 from their due date.

6 (d) During the period that an existing license is inactive, no
7 bonding requirement pursuant to Section 7071.6, 7071.8 or 7071.9
8 or qualifier requirement pursuant to Section 7068 shall apply. An
9 applicant for license having met the qualifications for issuance
10 may request that the license be issued inactive unless the applicant
11 is subject to the provisions of Section 7071.8.

12 (e) The board shall not refund any of the renewal fee which a
13 licensee may have paid prior to the inactivation of ~~his or her~~ *the*
14 license.

15 (f) An inactive license shall be renewed on each established
16 renewal date by submitting the renewal application and paying the
17 inactive renewal fee.

18 (g) An inactive license may be reactivated by submitting an
19 application acceptable to the registrar, by paying ~~the full~~ *a fee no*
20 *more than 50 percent of the* renewal fee for an active ~~license~~
21 *license*, and by fulfilling all other requirements of this chapter. No
22 examination shall be required to reactivate an inactive license.

23 (h) The inactive status of a license shall not bar any disciplinary
24 action by the board against a licensee for any of the causes stated
25 in this chapter.

26 *SEC. 33. Section 7417 of the Business and Professions Code*
27 *is amended to read:*

28 7417. Except as otherwise provided in this article, a license
29 that has expired for failure of the licensee to renew within the time
30 fixed by this article may be renewed at any time within five years
31 following its expiration upon application and payment of ~~all~~
32 ~~accrued and unpaid~~ *the* renewal ~~fees~~ and delinquency fees. If the
33 license is renewed after its expiration, the licensee, as a condition
34 precedent to renewal, shall also pay the delinquency fee and meet
35 current continuing education requirements, if applicable, prescribed
36 by this chapter. Renewal under this section shall be effective on
37 the date on which the application is filed, or on the date on which
38 ~~the accrued renewal fees are~~ *fee is* paid, or on the date on which
39 the delinquency fee, if any, is paid, whichever occurs last. If so
40 renewed, the license shall continue in effect through the expiration

1 date provided in this article which next occurs following the
2 effective date of the renewal, when it shall expire if it is not again
3 renewed.

4 *SEC. 34. Section 7672.8 of the Business and Professions Code*
5 *is amended to read:*

6 7672.8. All cremated remains disposer registrations shall expire
7 at midnight on September 30 of each year. A person desiring to
8 renew ~~his or her~~ *their* registration shall file an application for
9 renewal on a form prescribed by the bureau accompanied by the
10 required fee. A registration that has expired may be renewed within
11 five years of its expiration upon payment of ~~all accrued and unpaid~~
12 ~~renewal fees.~~ *the renewal fee.* The bureau shall not renew the
13 registration of any person who has not filed the required annual
14 report until ~~he or she~~ *the person* has filed a complete annual report
15 with the department.

16 *SEC. 35. Section 7725.2 of the Business and Professions Code*
17 *is amended to read:*

18 7725.2. Except as otherwise provided in this chapter, a license
19 that has expired may be renewed at any time within five years after
20 its expiration on filing of an application for renewal on a form
21 prescribed by the bureau and payment of ~~all accrued and unpaid~~
22 ~~renewal fees.~~ *the renewal fee.* If the license is not renewed within
23 30 days after its expiration the licensee, as a condition precedent
24 to renewal, shall also pay the delinquency fee prescribed by this
25 chapter. Renewal under this section shall be effective on the date
26 on which the application is filed, on the date on which ~~all the~~
27 ~~renewal fees are~~ *fee is* paid, or on the date on which the
28 delinquency fee, if any, is paid, whichever last occurs. If so
29 renewed, the license shall continue in effect through the date
30 provided in Section 7725 that next occurs after the effective date
31 of the renewal, when it shall expire if it is not again renewed.

32 If a license is not renewed within one year following its
33 expiration, the bureau may require as a condition of renewal that
34 the holder of the license pass an examination on the appropriate
35 subjects provided by this chapter.

36 *SEC. 36. Section 7729.1 of the Business and Professions Code*
37 *is amended to read:*

38 7729.1. The amount of fees prescribed for a license or
39 certificate of authority under this act is that fixed by the following
40 provisions of this article. Any license or certificate of authority

1 provided under this act that has expired may be renewed within
2 five years of its expiration upon payment of ~~all accrued and unpaid~~
3 ~~renewal and regulatory fees.~~ *the renewal fee.*

4 *SEC. 37. Section 7881 of the Business and Professions Code*
5 *is amended to read:*

6 7881. Except as otherwise provided in this article, certificates
7 of registration as a geologist or as a geophysicist, or certified
8 specialty certificates, may be renewed at any time within five years
9 after expiration on filing an application for renewal on a form
10 prescribed by the board and payment of ~~all accrued and unpaid~~
11 ~~renewal fees.~~ *the renewal fee.* If the certificate is renewed more
12 than 30 days after its expiration, the certificate holder, as a
13 condition precedent to renewal, shall also pay the delinquency fee
14 prescribed by this chapter. Renewal under this section shall be
15 effective on the date on which the application is filed, on the date
16 on which ~~all the renewal fees are~~ *fee is* paid, or on the date on
17 which the delinquency fee, if any, is paid, whichever last occurs.
18 If so renewed, the certificate shall continue in effect through the
19 date provided in Section 7880 that next occurs after the effective
20 date of the renewal, when it shall expire if it is not again renewed.

21 *SEC. 38. Section 7883 of the Business and Professions Code*
22 *is amended to read:*

23 7883. A revoked certificate is subject to expiration as provided
24 in this article, but it may not be renewed. If it is reinstated after its
25 expiration, the holder of the certificate, as a condition precedent
26 to its reinstatement, shall pay a reinstatement fee in an amount
27 equal to the renewal fee in effect on the last regular date before
28 the date on which it is ~~reinstated, plus all accrued and unpaid~~
29 ~~renewal fees~~ *reinstated* and the delinquency fee, if any, accrued
30 at the time of its revocation.

31 *SEC. 39. Section 8024.7 of the Business and Professions Code*
32 *is amended to read:*

33 8024.7. The board shall establish an inactive category of
34 licensure for persons who are not actively engaged in the practice
35 of shorthand reporting.

36 (a) The holder of an inactive license issued pursuant to this
37 section shall not engage in any activity for which a license is
38 required.

39 (b) An inactive license issued pursuant to this section shall be
40 renewed during the same time period in which an active license

1 is renewed. The holder of an inactive license is exempt from any
2 continuing education requirement for renewal of an active license.

3 (c) The renewal fee for a license in an active status shall ~~apply~~
4 ~~also for a renewal of a license in an inactive status, unless a lesser~~
5 ~~renewal fee is specified by the board.~~ *be no more than 50 percent*
6 *of the renewal fee for a license in an active status.*

7 (d) In order for the holder of an inactive license issued pursuant
8 to this section to restore ~~his or her~~ *their* license to an active status,
9 the holder of an inactive license shall comply with both of the
10 following:

11 (1) Pay the renewal fee.

12 (2) If the board requires completion of continuing education for
13 renewal of an active license, complete continuing education
14 equivalent to that required for renewal of an active license, unless
15 a different requirement is specified by the board.

16 *SEC. 40. Section 8802 of the Business and Professions Code*
17 *is amended to read:*

18 8802. Except as otherwise provided in this article, licenses
19 issued under this chapter may be renewed at any time within five
20 years after expiration on filing of application for renewal on a form
21 prescribed by the board and payment of ~~all accrued and unpaid~~
22 ~~renewal fees.~~ *the renewal fee.* If the license is renewed more than
23 30 days after its expiration, the licensee, as a condition precedent
24 to renewal, shall also pay the delinquency fee prescribed by this
25 chapter. Renewal under this section shall be effective on the date
26 on which the application is filed, on the date on which the renewal
27 fee is paid, or on the date on which the delinquency fee, if any, is
28 paid, whichever last occurs. If so renewed, the license shall
29 continue in effect through the date provided in Section 8801 which
30 next occurs after the effective date of the renewal, when it shall
31 expire if it is not again renewed.

32 *SEC. 41. Section 9832 of the Business and Professions Code*
33 *is amended to read:*

34 9832. (a) Registrations issued under this chapter shall expire
35 no more than 12 months after the issue date. The expiration date
36 of registrations shall be set by the director in a manner to best
37 distribute renewal procedures throughout the year.

38 (b) To renew an unexpired registration, the service dealer shall,
39 on or before the expiration date of the registration, apply for

1 renewal on a form prescribed by the director, and pay the renewal
2 fee prescribed by this chapter.

3 (c) To renew an expired registration, the service dealer shall
4 apply for renewal on a form prescribed by the director, pay the
5 renewal fee in effect on the last regular renewal date, and pay ~~all~~
6 ~~accrued and unpaid the delinquency and renewal fees.~~ *fee.*

7 (d) Renewal is effective on the date that the application is ~~filed,~~
8 ~~filed and the renewal fee is paid,~~ and all delinquency fees are paid.

9 (e) For purposes of implementing the distribution of the renewal
10 of registrations throughout the year, the director may extend by
11 not more than six months, the date fixed by law for renewal of a
12 registration, except that in that event any renewal fee that may be
13 involved shall be prorated in a manner that no person shall be
14 required to pay a greater or lesser fee than would have been
15 required had the change in renewal dates not occurred.

16 *SEC. 42. Section 9832.5 of the Business and Professions Code*
17 *is amended to read:*

18 9832.5. (a) Registrations issued under this chapter shall expire
19 no more than 12 months after the issue date. The expiration date
20 of registrations shall be set by the director in a manner to best
21 distribute renewal procedures throughout the year.

22 (b) To renew an unexpired registration, the service contractor
23 shall, on or before the expiration date of the registration, apply for
24 renewal on a form prescribed by the director, and pay the renewal
25 fee prescribed by this chapter.

26 (c) To renew an expired registration, the service contractor shall
27 apply for renewal on a form prescribed by the director, pay the
28 renewal fee in effect on the last regular renewal date, and pay ~~all~~
29 ~~accrued and unpaid the delinquency and renewal fees.~~

30 (d) Renewal is effective on the date that the application is ~~filed,~~
31 ~~filed and the renewal fee is paid,~~ and all delinquency fees are paid.

32 (e) For purposes of implementing the distribution of the renewal
33 of registrations throughout the year, the director may extend, by
34 not more than six months, the date fixed by law for renewal of a
35 registration, except that, in that event, any renewal fee that may
36 be involved shall be prorated in such a manner that no person shall
37 be required to pay a greater or lesser fee than would have been
38 required had the change in renewal dates not occurred.

39 (f) This section shall remain in effect only until January 1, 2023,
40 and as of that date is repealed.

1 *SEC. 43. Section 9884.5 of the Business and Professions Code*
2 *is amended to read:*

3 9884.5. A registration that is not renewed within three years
4 following its expiration shall not be renewed, restored, or reinstated
5 thereafter, and the delinquent registration shall be canceled
6 immediately upon expiration of the three-year period.

7 An automotive repair dealer whose registration has been canceled
8 by operation of this section shall obtain a new registration only if
9 ~~he or she~~ *the automotive repair dealer* again meets the requirements
10 set forth in this chapter relating to registration, is not subject to
11 denial under Section 480, and pays the applicable fees.

12 An expired registration may be renewed at any time within three
13 years after its expiration upon the filing of an application for
14 renewal on a form prescribed by the bureau and the payment of
15 ~~all accrued~~ *the* renewal and delinquency fees. Renewal under this
16 section shall be effective on the date on which the application is
17 filed and ~~all~~ *the* renewal and delinquency fees are paid. If so
18 renewed, the registration shall continue in effect through the
19 expiration date of the current registration year as provided in
20 Section 9884.3, at which time the registration shall be subject to
21 renewal.

22 *SEC. 44. Section 19170.5 of the Business and Professions Code*
23 *is amended to read:*

24 19170.5. (a) Except as provided in Section 19170.3, licenses
25 issued under this chapter expire two years from the date of
26 issuance. To renew ~~his or her~~ *a* license, a licensee shall, on or
27 before the date on which it would otherwise expire, apply for
28 renewal on a form prescribed by the chief, and pay the fees
29 prescribed by Sections 19170 and 19213.1. If a licensee fails to
30 renew ~~his or her~~ *their* license before its expiration, a delinquency
31 fee of 20 percent, but not more than one hundred dollars (\$100),
32 notwithstanding the provisions of Section 163.5, shall be added
33 to the renewal fee. If the renewal fee and delinquency fee are not
34 paid within 90 days after expiration of a license, the licensee shall
35 be assessed an additional penalty fee of 30 percent of the renewal
36 fee.

37 (b) Except as otherwise provided in this chapter, a licensee may
38 renew an expired license within six years after expiration of the
39 license by filing an application for renewal on a form prescribed

1 by the bureau, and paying ~~all accrued renewal, delinquent, the~~
2 ~~renewal, delinquency,~~ and penalty fees.

3 (c) A license that is not renewed within six years of its expiration
4 shall not be renewed, restored, reinstated, or reissued, but the holder
5 of the license may apply for and obtain a new license if both of
6 the following requirements are satisfied:

7 (1) No fact, circumstance, or condition exists which would
8 justify denial of licensure under Section 480.

9 (2) The licensee pays ~~all the~~ renewal, delinquency, and penalty
10 ~~fees that have accrued since the date on which the license was last~~
11 ~~renewed.~~ fees.

12 (d) The bureau may impose conditions on any license issued
13 pursuant to subdivision (c).

14 *SEC. 45. Section 19290 of the Business and Professions Code*
15 *is amended to read:*

16 19290. (a) Permits issued under this chapter expire two years
17 from the date of issuance. To renew a permit, a permittee shall,
18 on or before the date on which it would otherwise expire, apply
19 for renewal on a form prescribed by the chief, and continue to pay
20 the fees prescribed in Sections 19288 and 19288.1. Notwithstanding
21 Section 163.5, if a permittee fails to renew the permit before its
22 expiration, a delinquency fee of 20 percent of the most recent fee
23 paid to the bureau pursuant to Sections 19288 and 19288.1 shall
24 be added to the amount due to the bureau at the next fee interval.
25 If the renewal fee and delinquency fee are not paid within 90 days
26 after expiration of a permit, the permittee shall be assessed an
27 additional fee of 30 percent of the most recent fee paid to the
28 bureau pursuant to Sections 19288 and 19288.1.

29 (b) Except as otherwise provided in this chapter, a permittee
30 may renew an expired permit within two years after expiration of
31 the permit by filing an application for renewal on a form prescribed
32 by the bureau, and paying all ~~accrued~~ fees.

33 (c) A permit that is not renewed within two years of its
34 expiration shall not be renewed, restored, reinstated, or reissued,
35 but the holder of the expired permit may apply for and obtain a
36 new permit as provided in this chapter, upon payment of all fees
37 that accrued since the date the permit was last renewed.

38 (d) The bureau may impose conditions on any permit issued
39 pursuant to subdivision (c).

1 SECTION 1. ~~Section 4073 of the Business and Professions~~
2 ~~Code is amended to read:~~

3 4073. (a) ~~A pharmacist filling a prescription order for a drug~~
4 ~~product prescribed by its trade or brand name may select another~~
5 ~~drug product with the same active chemical ingredients of the same~~
6 ~~strength, quantity, and dosage form, and of the same generic drug~~
7 ~~name as determined by the United States Adopted Names (USAN)~~
8 ~~and accepted by the federal Food and Drug Administration (FDA),~~
9 ~~of those drug products having the same active chemical ingredients.~~

10 (b) ~~In no case shall a selection be made pursuant to this section~~
11 ~~if the prescriber personally indicates, either orally or in the~~
12 ~~prescriber's own handwriting, "Do not substitute," or words of~~
13 ~~similar meaning. Nothing in this subdivision shall prohibit a~~
14 ~~prescriber from checking a box on a prescription marked "Do not~~
15 ~~substitute"; provided that the prescriber personally initials the box~~
16 ~~or checkmark. To indicate that a selection shall not be made~~
17 ~~pursuant to this section for an electronic data transmission~~
18 ~~prescription as defined in subdivision (c) of Section 4040, a~~
19 ~~prescriber may indicate "Do not substitute," or words of similar~~
20 ~~meaning, in the prescription as transmitted by electronic data, or~~
21 ~~may check a box marked on the prescription "Do not substitute."~~
22 ~~In either instance, it shall not be required that the prohibition on~~
23 ~~substitution be manually initialed by the prescriber.~~

24 (c) ~~Selection pursuant to this section is within the discretion of~~
25 ~~the pharmacist, except as provided in subdivision (b). The person~~
26 ~~who selects the drug product to be dispensed pursuant to this~~
27 ~~section shall assume the same responsibility for selecting the~~
28 ~~dispensed drug product as would be incurred in filling a~~
29 ~~prescription for a drug product prescribed by generic name. There~~
30 ~~shall be no liability on the prescriber for an act or omission by a~~
31 ~~pharmacist in selecting, preparing, or dispensing a drug product~~
32 ~~pursuant to this section. In no case shall the pharmacist select a~~
33 ~~drug product pursuant to this section unless the drug product~~
34 ~~selected costs the patient less than the prescribed drug product.~~
35 ~~Cost, as used in this subdivision, is defined to include any~~
36 ~~professional fee that may be charged by the pharmacist.~~

37 (d) ~~This section shall apply to all prescriptions, including those~~
38 ~~presented by or on behalf of persons receiving assistance from the~~
39 ~~federal government or pursuant to the California Medical~~
40 ~~Assistance Program set forth in Chapter 7 (commencing with~~

1 ~~Section 14000) of Part 3 of Division 9 of the Welfare and~~
2 ~~Institutions Code.~~
3 ~~(e) When a substitution is made pursuant to this section, the use~~
4 ~~of the cost-saving drug product dispensed shall be communicated~~
5 ~~to the patient and the name of the dispensed drug product shall be~~
6 ~~indicated on the prescription label, except where the prescriber~~
7 ~~orders otherwise.~~

O

ASSEMBLY BILL

No. 613

Introduced by Assembly Member Low

February 14, 2019

An act to add Section 101.1 to the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 613, as introduced, Low. Professions and vocations: regulatory fees.

Existing law establishes the Department of Consumer Affairs, which is comprised of boards that are established for the purpose of regulating various professions and vocations, and generally authorizes a board to charge fees for the reasonable regulatory cost of administering the regulatory program for the profession or vocation. Existing law establishes the Professions and Vocations Fund in the State Treasury, which consists of specified special funds and accounts, some of which are continuously appropriated.

This bill would authorize each board within the department to increase every 4 years any fee authorized to be imposed by that board by an amount not to exceed the increase in the California Consumer Price Index for the preceding 4 years, subject to specified conditions. The bill would require the Director of Consumer Affairs to approve any fee increase proposed by a board except under specified circumstances. By authorizing an increase in the amount of fees deposited into a continuously appropriated fund, this bill would make an appropriation.

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

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

1 SECTION 1. Section 101.1 is added to the Business and
2 Professions Code, to read:

3 101.1. (a) Notwithstanding any other law, no more than once
4 every four years, any board listed in Section 101 may increase any
5 fee authorized to be imposed by that board by an amount not to
6 exceed the increase in the California Consumer Price Index, as
7 determined pursuant to Section 2212 of the Revenue and Taxation
8 Code, for the preceding four years in accordance with the
9 following:

10 (1) The board shall provide its calculations and proposed fee,
11 rounded to the nearest whole dollar, to the director and the director
12 shall approve the fee increase unless any of the following apply:

13 (A) The board has unencumbered funds in an amount that is
14 equal to more than the board’s operating budget for the next two
15 fiscal years.

16 (B) The fee would exceed the reasonable regulatory costs to the
17 board in administering the provisions for which the fee is
18 authorized.

19 (C) The director determines that the fee increase would be
20 injurious to the public health, safety, or welfare.

21 (2) The adjustment of fees and publication of the adjusted fee
22 list is not subject to the Administrative Procedure Act (Chapter
23 3.5 (commencing with Section 11340) of Part 1 of Division 3 of
24 Title 2) of the Government Code.

25 (b) For purposes of this section, “fee” includes any fees
26 authorized to be imposed by a board for regulatory costs. “Fee”
27 does not include administrative fines, civil penalties, or criminal
28 penalties.

O

ASSEMBLY BILL

No. 768

Introduced by Assembly Member Brough

February 19, 2019

An act to amend Sections 163 and 163.5 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 768, as introduced, Brough. Professions and vocations.

Existing law provides for the licensure and regulation of various professions and vocations by boards, as defined, within the Department of Consumer Affairs. Existing law generally requires the department and each board in the department to charge a fee of \$2 for the certification of a copy of any record, document, or paper in its custody. Existing law generally requires that the delinquency, penalty, or late fee for any licensee within the department to be 50% of the renewal fee for that license, but not less than \$25 nor more than \$150.

This bill would instead authorize the department and each board in the department to charge a fee not to exceed \$2 for the certification of a copy of any record, document, or paper in its custody. The bill would also require that the delinquency, penalty, or late fee for any licensee within the department to be 50% of the renewal fee for that license, but not to exceed \$150.

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

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

1 SECTION 1. Section 163 of the Business and Professions Code
2 is amended to read:

3 163. Except as otherwise expressly provided by law, the
4 department and each board in the department ~~shall~~ *may* charge a
5 fee ~~of not to exceed~~ two dollars (\$2) for the certification of a copy
6 of any record, document, or paper in its custody or for the
7 certification of any document evidencing the content of any such
8 record, ~~document~~ *document*, or paper.

9 SEC. 2. Section 163.5 of the Business and Professions Code
10 is amended to read:

11 163.5. Except as otherwise provided by law, the delinquency,
12 penalty, or late fee for any licensee within the Department of
13 Consumer Affairs shall be 50 percent of the renewal fee for ~~such~~
14 *that* license in effect on the date of the renewal of the license, ~~but~~
15 ~~not less than twenty-five dollars (\$25) nor more than~~ *but shall not*
16 *exceed* one hundred fifty dollars (\$150).

17 A delinquency, penalty, or late fee shall not be assessed until 30
18 days have elapsed from the date that the licensing agency mailed
19 a notice of renewal to the licensee at the licensee's last known
20 address of record. The notice shall specify the date for timely
21 renewal, and that failure to renew in a timely fashion shall result
22 in the assessment of a delinquency, penalty, or late fee.

23 In the event a reinstatement or like fee is charged for the
24 reinstatement of a license, the reinstatement fee shall be 150 percent
25 of the renewal fee for such license in effect on the date of the
26 reinstatement of the license, but not more than twenty-five dollars
27 (\$25) in excess of the renewal fee, except that in the event that
28 such a fee is fixed by statute at less than 150 percent of the renewal
29 fee and less than the renewal fee plus twenty-five dollars (\$25),
30 the fee so fixed shall be charged.

O

AMENDED IN ASSEMBLY APRIL 4, 2019
AMENDED IN ASSEMBLY MARCH 27, 2019
CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 1622

Introduced by Assembly Member Carrillo

February 22, 2019

An act to amend Sections 1682 and 2746.2 of the Business and Professions Code, to amend Section 151001 ~~of, and to add Section 123885.1 to,~~ of the Health and Safety Code, to amend Section 1308.8 of the Labor Code, and to amend Section 13776 of the Penal Code, relating to family physicians.

LEGISLATIVE COUNSEL'S DIGEST

AB 1622, as amended, Carrillo. Family physicians.

(1) Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists by the Dental Board of California. Existing law makes it unprofessional conduct for a dentist to fail to obtain the written informed consent of a patient before administering general anesthesia and, until January 1, 2022, conscious sedation, and, for a minor, requires the written informed consent to include a statement that encourages the patient to explore all options available for the child's anesthesia for their dental treatment and consult with the child's dentist or pediatrician as needed.

This bill would revise the content of the statement to specify that the patient is encouraged to consult with the child's dentist, pediatrician, or family physician as needed.

(2) Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered

Nursing and authorizes the board to issue a certificate to practice nurse-midwifery to a person who meets educational standards established by the board or the equivalent of those educational standards. Existing law authorizes the board to appoint a committee of qualified physicians and nurses, including obstetricians and nurse-midwives, to develop the necessary standards relating to educational requirements, ratios of nurse-midwives to supervising physicians, and associated matters.

This bill would additionally require the committee to include family physicians.

~~(3) Existing law, the Robert W. Crown California Children's Services Act, establishes the California Children's Services (CCS) Program, administered by the State Department of Health Care Services and a designated agency of each county, to provide medically necessary services for persons under 21 years of age who have certain medical conditions. Existing law requires physicians who provide services under the CCS Program to be licensed and board certified, as specified, and also requires family physicians to meet additional criteria, including that the family physician has at least 5 years of experience treating children with CCS-eligible medical conditions or meets other requirements.~~

~~This bill would instead allow a family physician to participate in the CCS Program if the family physician meets the requirements that apply to any other physician, and would require the department, by July 1, 2020, to revise its regulations and internet website accordingly.~~

~~(4)~~

~~(3) Existing law, the Sexual Health Education Accountability Act, requires a sexual health education program to meet specified requirements, including that information be medically accurate, current, and objective. For purposes of this act, "medically accurate" means, in part, verified or supported by research conducted in compliance with scientific methods and published in peer review journals, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, including the federal Centers for Disease Control and Prevention.~~

~~This bill would modify the term "medically accurate" to additionally reference the American Academy of Family Physicians as a professional organization with the requisite experience.~~

~~(5)~~

(4) Existing law precludes an infant under one month of age to be employed on a motion picture set or location unless a physician and surgeon who is board certified in pediatrics provides written certification concerning the infant, including that the infant was carried to full term.

This bill would additionally authorize the prescribed certification to be made by a physician and surgeon who is board certified in family medicine.

(6)

(5) Existing law, the Reproductive Rights Law Enforcement Act, requires the Attorney General to carry out certain functions relating to anti-reproductive-rights crimes in consultation with, among others, subject matter experts, and to convene an advisory committee that consists of members of the organizations identified as subject matter experts.

This bill would include the American Academy of Family Physicians as subject matter experts for purposes of the act.

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

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

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

3 (a) Family physicians are primary care specialists, and they
4 receive specialized training and education in primary care,
5 including extensive training in pediatrics, obstetrics, adult
6 medicine, and behavioral health.

7 (b) Family medicine is the only physician specialty that
8 addresses the entire spectrum of patient needs, providing clinical
9 and supportive services that include acute, chronic and preventive
10 care, behavioral and mental health, oral health, health promotion,
11 and other services for all ages and genders regardless of disease
12 or organ system.

13 (c) Family physicians throughout the state are finding their
14 hospital privileges constrained, particularly as they relate to
15 prenatal, delivery-related, and postpartum health care.

16 (d) Some health systems and payers have restricted the full
17 spectrum practice of family medicine, thereby reducing access to
18 care, increasing health system costs, and restricting patient choice.

1 (e) Family medicine is a broad spectrum primary care specialty,
2 and family physicians uniquely serve patients from birth to death.

3 SEC. 2. Section 1682 of the Business and Professions Code,
4 as amended by Section 10 of Chapter 929 of the Statutes of 2018,
5 is amended to read:

6 1682. In addition to other acts constituting unprofessional
7 conduct under this chapter, it is unprofessional conduct for:

8 (a) Any dentist performing dental procedures to have more than
9 one patient undergoing conscious sedation or general anesthesia
10 on an outpatient basis at any given time unless each patient is being
11 continuously monitored on a one-to-one ratio while sedated by
12 either the dentist or another licensed health professional authorized
13 by law to administer conscious sedation or general anesthesia.

14 (b) Any dentist with patients recovering from conscious sedation
15 or general anesthesia to fail to have the patients closely monitored
16 by licensed health professionals experienced in the care and
17 resuscitation of patients recovering from conscious sedation or
18 general anesthesia. If one licensed professional is responsible for
19 the recovery care of more than one patient at a time, all of the
20 patients shall be physically in the same room to allow continuous
21 visual contact with all patients and the patient to recovery staff
22 ratio should not exceed three to one.

23 (c) Any dentist with patients who are undergoing conscious
24 sedation to fail to have these patients continuously monitored
25 during the dental procedure with a pulse oximeter or similar or
26 superior monitoring equipment required by the board.

27 (d) Any dentist with patients who are undergoing conscious
28 sedation to have dental office personnel directly involved with the
29 care of those patients who are not certified in basic cardiac life
30 support (CPR) and recertified biennially.

31 (e) (1) Any dentist to fail to obtain the written informed consent
32 of a patient prior to administering general anesthesia or conscious
33 sedation. In the case of a minor, the consent shall be obtained from
34 the child’s parent or guardian.

35 (2) The written informed consent, in the case of a minor, shall
36 include, but not be limited to, the following information:

37 “The administration and monitoring of general anesthesia may
38 vary depending on the type of procedure, the type of practitioner,
39 the age and health of the patient, and the setting in which anesthesia
40 is provided. Risks may vary with each specific situation. You are

1 encouraged to explore all the options available for your child’s
2 anesthesia for their dental treatment, and consult with your dentist,
3 family physician, or pediatrician as needed.”

4 (3) Nothing in this subdivision shall be construed to establish
5 the reasonable standard of care for administering or monitoring
6 oral conscious sedation, conscious sedation, or general anesthesia.

7 (f) This section shall remain in effect only until January 1, 2022,
8 and as of that date is repealed.

9 SEC. 3. Section 1682 of the Business and Professions Code,
10 as added by Section 11 of Chapter 929 of the Statutes of 2018, is
11 amended to read:

12 1682. In addition to other acts constituting unprofessional
13 conduct under this chapter, it is unprofessional conduct for:

14 (a) Any dentist performing dental procedures to have more than
15 one patient undergoing moderate sedation, deep sedation, or general
16 anesthesia on an outpatient basis at any given time unless each
17 patient is being continuously monitored on a one-to-one ratio while
18 sedated by either the dentist or another licensed health professional
19 authorized by law to administer moderate sedation, deep sedation,
20 or general anesthesia.

21 (b) Any dentist with patients recovering from moderate sedation,
22 deep sedation, or general anesthesia to fail to have the patients
23 closely monitored by licensed health professionals experienced in
24 the care and resuscitation of patients recovering from moderate
25 sedation, deep sedation, or general anesthesia. If one licensed
26 professional is responsible for the recovery care of more than one
27 patient at a time, all of the patients shall be physically in the same
28 room to allow continuous visual contact with all patients and the
29 patient to recovery staff ratio should not exceed three to one.

30 (c) Any dentist with patients who are undergoing deep sedation,
31 general anesthesia, or moderate sedation to fail to have these
32 patients continuously monitored during the dental procedure with
33 a pulse oximeter or similar or superior monitoring equipment and
34 ventilation continuously monitored using at least two of the three
35 following methods:

36 (1) Auscultation of breath sounds using a precordial stethoscope.

37 (2) Monitoring for the presence of exhaled carbon dioxide with
38 capnography.

1 (3) Verbal communication with a patient under moderate
2 sedation. This method shall not be used for a patient under deep
3 sedation or general anesthesia.

4 (d) Any dentist with patients who are undergoing moderate
5 sedation to have dental office personnel directly involved with the
6 care of those patients who are not certified in basic cardiac life
7 support (CPR) and recertified biennially.

8 (e) (1) Any dentist to fail to obtain the written informed consent
9 of a patient prior to administering moderate sedation, deep sedation,
10 or general anesthesia. In the case of a minor, the consent shall be
11 obtained from the child’s parent or guardian.

12 (2) The written informed consent for general anesthesia, in the
13 case of a minor, shall include, but not be limited to, the following
14 information:

15 “The administration and monitoring of deep sedation or general
16 anesthesia may vary depending on the type of procedure, the type
17 of practitioner, the age and health of the patient, and the setting in
18 which anesthesia is provided. Risks may vary with each specific
19 situation. You are encouraged to explore all the options available
20 for your child’s anesthesia for their dental treatment, and consult
21 with your dentist, family physician, or pediatrician as needed.”

22 (3) Nothing in this subdivision shall be construed to establish
23 the reasonable standard of care for administering or monitoring
24 oral moderate sedation, moderate sedation, deep sedation, or
25 general anesthesia.

26 (f) This section shall become operative on January 1, 2022.

27 SEC. 4. Section 2746.2 of the Business and Professions Code
28 is amended to read:

29 2746.2. Each applicant shall show by evidence satisfactory to
30 the board that they have met the educational standards established
31 by the board or have at least the equivalent thereof. The board is
32 authorized to appoint a committee of qualified physicians and
33 nurses, including, but not limited to, obstetricians, family
34 physicians, and nurse-midwives, to develop the necessary standards
35 relating to educational requirements, ratios of nurse-midwives to
36 supervising physicians, and associated matters.

37 ~~SEC. 5. Section 123885.1 is added to the Health and Safety~~
38 ~~Code, to read:~~

39 ~~123885.1. (a) Notwithstanding any other law, a family~~
40 ~~physician is eligible to participate in the program if the family~~

1 ~~physician meets the requirements for participation that are~~
2 ~~applicable to physicians that are not family physicians.~~

3 ~~(b) The department, by July 1, 2020, shall do both of the~~
4 ~~following:~~

5 ~~(1) Amend its regulations as necessary to implement this section.~~

6 ~~(2) Update its internet website consistent with this section.~~

7 ~~SEC. 6.~~

8 *SEC. 5.* Section 151001 of the Health and Safety Code is
9 amended to read:

10 151001. For purposes of this division, the following definitions
11 shall apply:

12 (a) “Age appropriate” means topics, messages, and teaching
13 methods suitable to particular ages or age groups of children and
14 adolescents, based on developing cognitive, emotional, and
15 behavioral capacity typical for the age or age group.

16 (b) A “sexual health education program” means a program that
17 provides instruction or information to prevent adolescent
18 pregnancy, unintended pregnancy, or sexually transmitted diseases,
19 including HIV, that is conducted, operated, or administered by any
20 state agency, is funded directly or indirectly by the state, or receives
21 any financial assistance from state funds or funds administered by
22 a state agency, but does not include any program offered by a
23 school district, a county superintendent of schools, or a community
24 college district.

25 (c) “Medically accurate” means verified or supported by research
26 conducted in compliance with scientific methods and published
27 in peer review journals, when appropriate, and recognized as
28 accurate and objective by professional organizations and agencies
29 with expertise in the relevant field, including, but not limited to,
30 the federal Centers for Disease Control and Prevention, the
31 American Public Health Association, the Society for Adolescent
32 Medicine, the American Academy of Family Physicians, the
33 American Academy of Pediatrics, and the American College of
34 Obstetricians and Gynecologists.

35 ~~SEC. 7.~~

36 *SEC. 6.* Section 1308.8 of the Labor Code is amended to read:

37 1308.8. (a) No infant under the age of one month may be
38 employed on any motion picture set or location unless a licensed
39 physician and surgeon who is board certified in either pediatrics
40 or family medicine provides written certification that the infant is

1 at least 15 days old and, in their medical opinion, the infant was
2 carried to full term, was of normal birth weight, is physically
3 capable of handling the stress of filmmaking, and the infant’s
4 lungs, eyes, heart, and immune system are sufficiently developed
5 to withstand the potential risks.

6 (b) Any parent, guardian, or employer of a minor, and any
7 officer or agent of an employer of a minor, who directly or
8 indirectly violates subdivision (a), or who causes or suffers a
9 violation of subdivision (a), with respect to that minor, is guilty
10 of a misdemeanor punishable by a fine of not less than two
11 thousand five hundred dollars (\$2,500) nor more than five thousand
12 dollars (\$5,000), by imprisonment in the county jail for not more
13 than 60 days, or by both that fine and imprisonment.

14 ~~SEC. 8:~~

15 *SEC. 7.* Section 13776 of the Penal Code is amended to read:
16 13776. The following definitions apply for the purposes of this
17 title:

18 (a) “Anti-reproductive-rights crime” means a crime committed
19 partly or wholly because the victim is a reproductive health services
20 client, provider, or assistant, or a crime that is partly or wholly
21 intended to intimidate the victim, any other person or entity, or
22 any class of persons or entities from becoming or remaining a
23 reproductive health services client, provider, or assistant.
24 “Anti-reproductive-rights crime” includes, but is not limited to, a
25 violation of subdivision (a) or (c) of Section 423.2.

26 (b) “Subject matter experts” includes, but is not limited to, the
27 Commission on the Status of Women and Girls, law enforcement
28 agencies experienced with anti-reproductive-rights crimes,
29 including the Attorney General and the Department of Justice, and
30 organizations such as the American Civil Liberties Union, the
31 American College of Obstetricians and Gynecologists, the
32 American Academy of Family Physicians, the California Council
33 of Churches, the California Medical Association, the Feminist
34 Majority Foundation, NARAL Pro-Choice California, the National
35 Abortion Federation, the California National Organization for
36 Women, the Planned Parenthood Federation of America, Planned
37 Parenthood Affiliates of California, and the Women’s Health
38 Specialists clinic that represent reproductive health services clients,
39 providers, and assistants.

1 (c) “Crime of violence,” “nonviolent,” “reproductive health
2 services;” “reproductive health services client, provider, or
3 assistant;” and “reproductive health services facility” each has the
4 same meaning as set forth in Section 423.1.

O

AMENDED IN SENATE APRIL 25, 2019
AMENDED IN SENATE APRIL 22, 2019
AMENDED IN SENATE MARCH 27, 2019

SENATE BILL

No. 653

Introduced by Senator Chang

February 22, 2019

An act to amend Sections 1911, 1925, 1926, and 1926.05 of, and to add Sections 1911.5, 1926.01, and 1926.5 to, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 653, as amended, Chang. Dental hygienists: registered dental hygienist in alternative practice: scope of practice.

Existing law, the Dental Practice Act, provides for the licensure and regulation of the practice of registered dental hygienists, registered dental hygienists in extended functions, and registered dental hygienists in alternative practice by the Dental Hygiene Board of California within the Department of Consumer Affairs. Existing law makes certain violations of specific provisions relating to healing arts by a licensee a crime.

Existing law specifies the scope of practice of a registered dental hygienist and requires any procedure performed by a registered dental hygienist that does not specifically require direct supervision of a dentist to be performed under the general supervision of a dentist. Existing law authorizes a registered dental hygienist to provide, without supervision, dental hygiene preventive services in addition to oral screenings in a specified federal, state, or local public health program.

This bill would authorize a registered dental hygienist to provide, without supervision, fluoride varnish to a patient. The bill would additionally authorize a registered dental hygienist to provide dental hygiene preventive services and oral screenings at specified sponsored events and nonprofit organizations.

Existing law authorizes a registered dental hygienist in alternative practice to perform any of the duties or functions authorized to be performed by a registered dental hygienist as an employee of a dentist, as an employee of another registered dental hygienist in alternative practice, as an employee of specified clinics, or as an employee of a professional corporation. Existing law authorizes a registered dental hygienist in alternative practice to perform additional duties and functions in residences of the homebound, schools, residential facilities and other institutions, and dental health professional shortage areas, as provided, and requires the duties and functions performed in these settings to be under the general supervision of a dentist when specified.

This bill would authorize a registered dental hygienist in alternative practice to practice in specified clinics or in a professional corporation without being an employee of that clinic or professional corporation. The bill would additionally authorize a registered dental hygienist in alternative practice to perform specified functions and duties of a registered dental hygienist in dental or medical settings. The bill would authorize a registered dental hygienist in alternative practice to perform soft-tissue curettage, administration of local anesthesia, and administration of nitrous oxide and oxygen with emergency protocols and under the direct supervision of a dentist in residences of the homebound, residential facilities and other institutions, dental health professional shortage areas, and dental or medical settings. The bill would remove the general supervision requirement and instead require prior authorization by a collaborating dentist for specified duties in those settings. The bill would also authorize a registered dental hygienist in alternative practice to continue to practice in a former dental health professional shortage area if ~~the registered dental hygienist in alternative practice established the practice prior to the designation being removed.~~ *certain conditions are met.*

Because a violation of certain provisions of the bill would be a crime, the bill would create a state-mandated local program.

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.

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

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

1 SECTION 1. Section 1911 of the Business and Professions
2 Code is amended to read:

3 1911. (a) A registered dental hygienist may provide, without
4 supervision, educational services, oral health training programs,
5 and oral health screenings.

6 (b) A registered dental hygienist shall refer any screened patients
7 with possible oral abnormalities to a dentist for a comprehensive
8 examination, diagnosis, and treatment plan.

9 (c) In any public health program created by federal, state, or
10 local law or administered by a federal, state, county, or local
11 governmental entity, at a sponsored event by a sponsoring entity,
12 or at a nonprofit organization, a registered dental hygienist may
13 provide, without supervision, dental hygiene preventive services
14 in addition to oral screenings, including, but not limited to, the
15 application of fluorides and pit and fissure sealants. A registered
16 dental hygienist employed as described in this subdivision may
17 submit, or allow to be submitted, any insurance or third-party
18 claims for patient services performed as authorized in this article.

19 (d) For purposes of this section, the following shall apply:

20 (1) "Nonprofit organization" means a tax-exempt nonprofit
21 corporation supported and maintained in whole or in substantial
22 part by donations, bequests, gifts, grants, government funds, or
23 contributions, in the form of money, goods, or services, where
24 dental hygiene services are performed. A nonprofit organization
25 shall not be construed to be engaging in the unlicensed practice of
26 dentistry if all of the following apply:

27 (A) The nonprofit organization obtains the dental hygiene
28 board's approval to offer dental hygiene services pursuant to
29 regulations adopted by the dental hygiene board.

30 (B) The nonprofit organization does nothing to interfere with,
31 control, or otherwise direct the professional judgment of, or the
32 services performed by, a registered dental hygienist acting within
33 their scope of practice pursuant to this chapter.

1 (C) The licensees providing services for or at the nonprofit
2 organization are in compliance with all applicable provisions of
3 this chapter.

4 (D) The nonprofit organization operating is in compliance with
5 this chapter and all other applicable provisions of state and federal
6 law.

7 (2) “Sponsored event” shall be defined as in paragraph (4) of
8 subdivision (b) of Section 1626.6.

9 (3) “Sponsoring entity” shall be defined as in paragraph (6) of
10 subdivision (b) of Section 1626.6.

11 SEC. 2. Section 1911.5 is added to the Business and Professions
12 Code, to read:

13 1911.5. Notwithstanding Section 1912, a registered dental
14 hygienist may provide, without supervision, fluoride varnish to a
15 patient.

16 SEC. 3. Section 1925 of the Business and Professions Code is
17 amended to read:

18 1925. A registered dental hygienist in alternative practice may
19 practice, pursuant to subdivision (a) of Section 1907, subdivision
20 (a) of Section 1908, subdivisions (a) and (b) of Section 1910,
21 Section 1910.5, and Section 1926.05 as an employee of a dentist
22 or of another registered dental hygienist in alternative practice, as
23 an independent contractor, as a sole proprietor of an alternative
24 dental hygiene practice, in a primary care clinic or specialty clinic
25 that is licensed pursuant to Section 1204 of the Health and Safety
26 Code, in a primary care clinic exempt from licensure pursuant to
27 subdivision (c) of Section 1206 of the Health and Safety Code, in
28 a clinic owned or operated by a public hospital or health system,
29 in a clinic owned and operated by a hospital that maintains the
30 primary contract with a county government to fill the county’s role
31 under Section 17000 of the Welfare and Institutions Code, or in a
32 professional corporation under the Moscone-Knox Professional
33 Corporation Act (commencing with Section 13400) of Part 4 of
34 Division 3 of Title 1 of the Corporations Code.

35 SEC. 4. Section 1926 of the Business and Professions Code is
36 amended to read:

37 1926. In addition to practices authorized in Section 1925, a
38 registered dental hygienist in alternative practice may perform the
39 duties authorized pursuant to subdivision (a) of Section 1907,

1 subdivision (a) of Section 1908, and subdivisions (a) and (b) of
2 Section 1910 in the following settings:

- 3 (a) Residences of the homebound.
- 4 (b) Schools.
- 5 (c) Residential facilities and other institutions.
- 6 (d) Dental health professional shortage areas, as certified by the
7 Office of Statewide Health Planning and Development in
8 accordance with existing office guidelines.

9 SEC. 5. Section 1926.01 is added to the Business and
10 Professions Code, to read:

11 1926.01. In addition to practices authorized in Section 1925,
12 a registered dental hygienist in alternative practice may perform
13 the duties authorized pursuant to subdivisions (a) and (b) of Section
14 1909 with emergency protocols in the following settings:

- 15 (a) Residences of the homebound.
- 16 (b) Residential facilities and other institutions.
- 17 (c) Dental health professional shortage areas, as certified by the
18 Office of Statewide Health Planning and Development in
19 accordance with existing office guidelines.
- 20 (d) Dental or medical settings.

21 SEC. 6. Section 1926.05 of the Business and Professions Code
22 is amended to read:

23 1926.05. (a) In addition to the duties specified in Section 1926,
24 a registered dental hygienist in alternative practice is authorized
25 to perform the duties pursuant to Section 1910.5, in the following
26 settings:

- 27 (1) Residences of the homebound.
- 28 (2) Schools.
- 29 (3) Residential facilities and other institutions.
- 30 (4) Dental or medical settings.
- 31 (5) Dental health professional shortage areas, as certified by the
32 Office of Statewide Health Planning and Development in
33 accordance with existing office guidelines.

34 (b) A registered dental hygienist in alternative practice is
35 authorized to perform the duties pursuant to paragraph (2) of
36 subdivision (a) of Section 1910.5 in the settings specified in this
37 section with prior authorization of a collaborating dentist.

38 SEC. 7. Section 1926.5 is added to the Business and Professions
39 Code, to read:

1 1926.5. A registered dental hygienist in alternative practice
 2 may continue to practice in a *former* dental health professional
 3 shortage ~~area after the designation is removed if the registered~~
 4 ~~dental hygienist in alternative practice established the practice~~
 5 ~~prior to removal of the designation.~~ *area, if both of the following*
 6 *conditions are met:*

7 (a) *The registered dental hygienist in alternative practice*
 8 *established their practice in a certified dental health professional*
 9 *shortage area.*

10 (b) *The registered dental hygienist in alternative practice*
 11 *continues to practice within the dental health professional shortage*
 12 *area after the date the dental health professional shortage area*
 13 *designation was lifted, if a minimum of 15 percent of the annual*
 14 *visits at their practice are for persons with Medi-Cal benefits.*

15 SEC. 8. No reimbursement is required by this act pursuant to
 16 Section 6 of Article XIII B of the California Constitution because
 17 the only costs that may be incurred by a local agency or school
 18 district will be incurred because this act creates a new crime or
 19 infraction, eliminates a crime or infraction, or changes the penalty
 20 for a crime or infraction, within the meaning of Section 17556 of
 21 the Government Code, or changes the definition of a crime within
 22 the meaning of Section 6 of Article XIII B of the California
 23 Constitution.

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AMENDED IN ASSEMBLY APRIL 4, 2019
AMENDED IN ASSEMBLY MARCH 20, 2019
CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 316

**Introduced by Assembly Members Ramos and Robert Rivas
(Coauthor: Assembly Member Frazier)**

January 30, 2019

An act to add Section 14132.235 to the Welfare and Institutions Code, relating to ~~health care~~: *Medi-Cal*.

LEGISLATIVE COUNSEL'S DIGEST

AB 316, as amended, Ramos. Medi-Cal: benefits: beneficiaries with special dental care needs.

Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides for a schedule of benefits under the Medi-Cal program, including certain dental services, and dental managed care plans.

This bill would require the department to implement a special needs treatment and management ~~benefit, which~~ *benefit that* would be provided for 4 visits in a 12-month period for a Medi-Cal dental program beneficiary with special dental care needs, as defined. The bill would require a Medi-Cal dental program provider to document *specified information, including* the need for additional time to treat a Medi-Cal dental program beneficiary with special dental care ~~needs~~: *needs, for purposes of reimbursement*. The bill would not limit the provision or

scope of Medi-Cal benefits covered under existing law. The bill would require the department to seek any necessary approvals from the federal Centers for Medicare and Medicaid Services to implement the bill. The bill would authorize the department to implement these provisions, by ~~means of all-county letters, plan letters, various means, including plan or provider bulletins, or similar instructions,~~ without taking regulatory action, and would require the ~~department~~ *department*, ~~by July 1, 2022,~~ to subsequently adopt ~~regulations, as specified, by July 1, 2022:~~ *regulations*. The bill would require the department, commencing January 1, 2020, to provide the Legislature with semiannual status reports to the Legislature until regulations have been adopted.

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

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

1 SECTION 1. (a) The Medi-Cal dental care program was
 2 established soon after the 1966 creation of the Medi-Cal program.
 3 The Medi-Cal dental program delivers dental services through a
 4 fee-for-service model. Dental services are also provided to
 5 beneficiaries enrolled in Medi-Cal dental managed care plans.
 6 (b) According to an audit conducted by the California State
 7 Auditor in 2014, only 43.9 percent of children enrolled in the
 8 Medi-Cal dental program had seen a dentist in the previous year—a
 9 utilization rate that was the 12th-worst among states that submitted
 10 data to the federal Centers for Medicare and Medicaid Services.
 11 Eleven California counties either did not have any Medi-Cal dental
 12 program providers or did not have any providers willing to accept
 13 any new patients if the children received coverage through the
 14 Medi-Cal dental program. Additionally, the Little Hoover
 15 Commission found that only 26 percent of eligible California adults
 16 with Medi-Cal dental coverage saw a dentist in 2014, according
 17 to February 2016 State Department of Health Care Services data.
 18 (c) It is widely recognized that people with significant ~~and~~
 19 ~~chronic~~ medical, physical, mental, behavioral, or developmental
 20 conditions or disabilities have greater challenges obtaining dental
 21 services and maintaining good oral health than other individuals.
 22 Providing care for these individuals very often requires treating
 23 providers to spend additional time and furnish other resources to
 24 deliver dental services. The Medi-Cal dental program’s current

1 reimbursement structure is based on a healthier population, does
2 not acknowledge the additional costs of providing care for persons
3 with special dental care needs, and inhibits providers' ability to
4 receive proper compensation for their care. With regard to medical
5 health care, as seen in Medicaid, Medicare, and other payer
6 systems, enhanced reimbursement can be used to compensate
7 providers that treat special dental care needs patients for the extra
8 time and resources needed to complete these patients' care. There
9 is currently no permanent benefit in the Medi-Cal dental program
10 for providers that treat patients with special dental care needs.

11 (d) For purposes of improving access to dental care for Medi-Cal
12 dental program beneficiaries with special dental care needs, it is
13 the intent of the Legislature to codify a special needs treatment
14 and management benefit for the Medi-Cal dental program.

15 SEC. 2. Section 14132.235 is added to the Welfare and
16 Institutions Code, immediately following Section 14132.23, to
17 read:

18 14132.235. (a) For purposes of improving access to dental
19 care for Medi-Cal dental program beneficiaries with special dental
20 care needs, as defined in paragraph (1) of subdivision (b), the
21 department shall implement a special needs treatment and
22 management benefit subject to utilization controls.

23 (b) As used in this section, the following terms have the
24 following meanings:

25 (1) "Medi-Cal dental program beneficiary with special dental
26 care needs" means a Medi-Cal dental program beneficiary who
27 requires additional time for a provider to perform dental services
28 due to the presence of a *medical*, physical, behavioral,
29 ~~developmental, or emotional~~ *or developmental* condition that
30 prohibits the beneficiary from adequately responding to a
31 provider's attempts to perform dental services.

32 (2) "Dental services" means dental benefits included in the
33 Medi-Cal dental program schedule of benefits.

34 (c) A Medi-Cal dental program provider shall document in the
35 patient's medical record the necessity for any additional time to
36 be expended to treat a Medi-Cal dental program beneficiary with
37 special dental care needs.

38 (d) ~~The~~ *A request for reimbursement of the special needs*
39 *treatment and management benefit shall be by a posttreatment*
40 *report with written documentation for reimbursement to*

1 *documentation, and shall include ~~documentation~~ of findings that*
 2 *supports support the existence of special dental care needs. That*
 3 *documentation shall include the patient’s medical diagnosis of a*
 4 *condition patient’s condition, a description of additional steps*
 5 *undertaken by the provider in their attempt to successfully treat*
 6 *the patient, and the reason for the need of additional time for a*
 7 *dental visit.*

8 (e) The special needs treatment and management benefit is
 9 provided for four visits in a 12-month period for a Medi-Cal dental
 10 program beneficiary with special dental care needs.

11 (f) This section does not limit the provision of, or scope of,
 12 Medi-Cal benefits.

13 (g) This section does not preclude the department from
 14 establishing multiple billing codes with different criteria to
 15 implement the special needs treatment and management benefit.

16 (h) The department shall seek any necessary approvals from the
 17 federal Centers for Medicare and Medicaid Services to implement
 18 this section. The department shall implement this section only in
 19 a manner that is consistent with federal Medicaid law and
 20 regulations, and only to the extent that the necessary approvals are
 21 obtained and federal financial participation is not jeopardized.

22 (i) Notwithstanding Chapter 3.5 (commencing with Section
 23 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
 24 the department may implement, interpret, or make specific this
 25 section, and any applicable federal waivers and state plan
 26 amendments, by means of all-county letters, plan letters, plan or
 27 provider bulletins, or similar instructions, without taking regulatory
 28 action. By July 1, 2022, the department shall adopt regulations in
 29 accordance with the requirements of Chapter 3.5 (commencing
 30 with Section 11340) of Part 1 of Division 3 of Title 2 of the
 31 Government Code. Commencing January 1, 2020, the department
 32 shall provide a status report to the Legislature on a semiannual
 33 basis, in compliance with Section 9795 of the Government Code,
 34 until regulations have been adopted.

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ASSEMBLY BILL

No. 476

Introduced by Assembly Member Blanca Rubio

February 12, 2019

An act to add Section 110.5 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 476, as introduced, Blanca Rubio. Department of Consumer Affairs: task force: foreign-trained professionals.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law establishes the Bagley-Keene Open Meeting Act, which requires state boards, commissions, and similar state-created multimember bodies to give public notice of meetings and conduct their meetings in public unless authorized to meet in closed session.

This bill, the California Opportunity Act of 2019, would require the Department of Consumer Affairs to create a task force, as specified, to study and write a report of its findings and recommendations regarding the licensing of foreign-trained professionals with the goal of integrating foreign-trained professionals into the state's workforce, as specified. The bill would authorize the task force to hold hearings and invite testimony from experts and the public to gather information. The bill would require the task force to submit the report to the Legislature no later than January 1, 2021, as specified.

The bill also would require the task force to meet at least once each calendar quarter, as specified, and to hold its meetings in accordance with the Bagley-Keene Open Meeting Act. The bill would require each member of the task force to receive per diem and reimbursement for

expenses incurred, as specified, and would require the task force to solicit input from a variety of government agencies, stakeholders, and the public, including, among others, the Little Hoover Commission and the California Workforce Development Board.

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

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

1 SECTION 1. This act shall be known as the California
2 Opportunity Act of 2019.

3 SEC. 2. Section 110.5 is added to the Business and Professions
4 Code, to read:

5 110.5. (a) The Department of Consumer Affairs shall create
6 a task force to study, and write the report described in subdivision
7 (c) regarding, the licensing of foreign-trained professionals with
8 the goal of integrating foreign-trained professionals into the state's
9 workforce.

10 (b) The task force shall consist of the following 15 members:

11 (1) The Director of Consumer Affairs, or the director's designee,
12 who shall serve as the chair of the task force.

13 (2) One member appointed by the Governor.

14 (3) One member appointed by the President pro Tempore of the
15 Senate.

16 (4) One member appointed by the Speaker of the Assembly.

17 (5) One member of the Regents of the University of California.

18 (6) One member of the Trustees of the California State
19 University.

20 (7) One member of the Board of Governors of the California
21 Community Colleges.

22 (8) Four members appointed by the Governor who are
23 representatives of the private sector from diverse regions in the
24 state.

25 (9) Four members appointed by the Governor who are
26 representatives of nonprofit organizations that serve the immigrant
27 community from diverse regions in the state.

28 (c) (1) The task force shall write a report of its findings and
29 recommendations regarding the licensing of foreign-trained
30 professionals, that include, but are not limited to, the following:

1 (A) Strategies to integrate foreign-trained professionals and
2 methods of implementing those strategies, including those
3 recommended by the Little Hoover Commission in its October
4 2016 report entitled Jobs for Californians: Strategies to Ease
5 Occupational Licensing Barriers (Report #234).

6 (B) Identification of state and national licensing regulations that
7 potentially pose unnecessary barriers to practice for foreign-trained
8 professionals, corresponding changes to state licensing
9 requirements, and opportunities to advocate for corresponding
10 changes to national licensing requirements.

11 (C) Identification of best practices learned from similar efforts
12 to integrate foreign-trained professionals into the workforce in
13 other states.

14 (2) The task force may include in the report guidelines for full
15 licensure and conditional licensing of foreign-trained professionals.

16 (3) The task force may hold hearings and invite testimony from
17 experts and the public to gather information.

18 (d) The task force shall submit the report described in
19 subdivision (c) to the Legislature no later than January 1, 2021,
20 and in compliance with Section 9795 of the Government Code.

21 (e) The following shall also apply:

22 (1) The task force shall meet at least once each calendar quarter.
23 The task force shall meet at least once in northern California, once
24 in central California, and once in southern California to facilitate
25 participation by the public.

26 (2) A majority of the appointed task force shall constitute a
27 quorum. Task force meetings shall be held in accordance with the
28 Bagley-Keene Open Meeting Act (Article 9 (commencing with
29 Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of
30 the Government Code).

31 (3) (A) Each member shall receive a per diem of one hundred
32 dollars (\$100) for each day actually spent in the discharge of
33 official duties, and shall be reimbursed for traveling and other
34 expenses necessarily incurred in the performance of official duties.

35 (B) Notwithstanding any other law, a public officer or employee
36 shall not receive per diem salary compensation for serving on the
37 task force on any day when the officer or employee also received
38 compensation for their regular public employment.

- 1 (4) The task force shall solicit input from a variety of
- 2 government agencies, stakeholders, and the public, including, but
- 3 not limited to, the following:
- 4 (A) The Little Hoover Commission.
- 5 (B) The California Workforce Development Board.
- 6 (C) The Department of Industrial Relations.
- 7 (D) In- and out-of-state licensing entities.
- 8 (E) Professional associations.
- 9 (F) Labor and workforce organizations.

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AMENDED IN ASSEMBLY MARCH 27, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 954

Introduced by Assembly Member Wood

February 21, 2019

An act to add Section 1374.193 to the Health and Safety Code, and to add Section 10120.4 to the Insurance Code, relating to dental services.

LEGISLATIVE COUNSEL'S DIGEST

AB 954, as amended, Wood. Dental services: third-party network access.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes a health care service plan or health insurer to contract with a provider for alternative rates of payment, and requires a plan or insurer to continuously review the quality of care and performance of providers contracting for alternative rates of payment. Existing law requires a health care service plan or health insurer to publish and maintain a directory of contracting providers.

This bill would ~~generally prohibit~~ *authorize* a health care service plan or health insurer that issues, sells, renews, or offers a contract or policy covering dental services, including a specialized health care service plan contract or specialized policy of health insurance, or a contracting entity, as defined, ~~from granting a~~ *to grant* third party access to a provider network contract entered into, amended, or renewed on or after January 1, 2020, or access to services or discounts provided pursuant

to that provider network ~~contract~~. ~~The bill would permit third-party access~~ *contract* if certain criteria are met, including if a health care services plan’s or health insurer’s provider network contract clearly identifies the third-party access provision and the provider network contract allows a provider to opt out of third-party access. The bill would specify that a provider is not bound by or required to perform dental treatment or services under a provider network contract granted to a third party in violation of these provisions. Because a willful violation of the bill’s requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

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.

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

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

1 SECTION 1. Section 1374.193 is added to the Health and
 2 Safety Code, to read:

3 1374.193. (a) A health care service plan that issues, sells,
 4 renews, or offers a plan contract covering dental services, including
 5 a specialized health care service plan contract covering dental
 6 services, or a contracting entity ~~shall not grant~~ *may grant* third
 7 party access to a provider network contract, or a provider’s dental
 8 services or contractual discounts provided pursuant to a provider
 9 network ~~contract~~. *contract if the requirements of subdivisions (b)*
 10 *and (c) are met.*

11 (b) ~~Notwithstanding subdivision (a),~~ *A* health care service plan
 12 that issues, sells, renews, or offers a plan contract covering dental
 13 services may grant a third party access to a provider network
 14 contract if, at the time the provider network contract is entered
 15 into, amended, or renewed, *or a notice is sent to a health care*
 16 *provider, as required under Section 1375.7,* the provider network
 17 contract allows a provider to choose not to participate in third-party
 18 access to the provider network contract. The third-party access
 19 provision of the provider network contract shall be clearly
 20 identified. A plan shall not grant third-party access to the provider

1 network contract of a provider that does not participate in
2 third-party access to the provider network contract.

3 (c) ~~Notwithstanding subdivision (a), a~~ A contracting entity may
4 grant a third party access to a provider network contract, or a
5 provider's dental services or contractual discounts provided
6 pursuant to a provider network contract, if all of the following are
7 met:

8 (1) The provider network contract specifically states that the
9 contracting entity may enter into an agreement with a third party
10 that would allow the third party to obtain the contracting entity's
11 rights and responsibilities as if the third party were the contracting
12 entity, and *when the contracting entity is a health care service*
13 *plan*, the provider chose to participate in third-party access at the
14 time the provider network contract was entered into, amended, or
15 renewed.

16 (2) *When the contracting entity is a health care service plan,*
17 *the third-party access provision of the provider network contract*
18 *shall clearly identify in the plan contract or notice to the provider,*
19 *as required pursuant to Section 1375.7, the following language*
20 *conspicuously placed on the first page of the document in 12-point*
21 *underlined print:*

22 *This contract grants third party access to the provider network.*
23 *The provider network contracting entity has entered into an*
24 *agreement with other dental plans or third parties that allows the*
25 *third party to obtain the contracting entity's rights and*
26 *responsibilities as if the third party were the contracting entity.*
27 *The list of all third parties with access to this provider network*
28 *can be found at (insert internet website as identified in paragraph*
29 *(4)). You have the right to choose not to participate in third-party*
30 *access. To exercise your right to not participate in the third-party*
31 *access, submit your written or verbal request to the health care*
32 *service plan.*

33 ~~(2)~~

34 (3) The contracting entity ~~identifies~~, *identifies prior to signing*
35 *the contract, in writing or electronic form* to the provider, all third
36 parties in existence as of the date the provider network contract is
37 entered into, amended, or renewed.

38 ~~(3)~~

1 (4) The contracting entity identifies all third parties in existence
2 in a list on its internet website that is updated at least once every
3 90 days.

4 ~~(4)~~

5 (5) The contracting entity requires a third party to identify the
6 source of the discount on all remittance advices or explanations
7 of payment under which a discount is taken.

8 ~~(5)~~

9 (6) The contracting entity notifies a third party of the termination
10 of a provider network contract no later than 30 days ~~from the~~
11 ~~termination date.~~ *following the effective date of termination.*

12 ~~(6)~~

13 (7) A third party’s right to a provider’s discounted rate ceases
14 as of the termination date of the provider network contract.

15 ~~(7)~~

16 (8) The contracting entity ~~delivers~~ *makes available* a copy of
17 the provider network contract relied on in the adjudication of a
18 claim to a participating provider within 30 days of a request from
19 the provider.

20 (d) A provider is not bound by or required to perform dental
21 treatment or services under a provider network contract granted
22 to a third party in violation of this section.

23 (e) This section does not apply if any of the following criteria
24 are met:

25 (1) The provider network contract is for dental services provided
26 to a beneficiary of the federal Medicare Program pursuant to Title
27 XVIII of the federal Social Security Act (42 U.S.C. Sec. 1395 et
28 seq.) or the federal Medicaid program pursuant to Title XIX of the
29 federal Social Security Act (42 U.S.C. Sec. 1396 et seq.).

30 (2) Access to a provider network contract is granted to a health
31 care service plan that issues, sells, renews, or offers a plan contract
32 covering dental services, including a specialized health care service
33 plan contract covering dental services, or a contracting entity
34 operating under the same brand licensee program as the contracting
35 entity.

36 (3) Access to a provider network contract is granted to an
37 affiliate of a contracting entity. A list of the contracting entity’s
38 affiliates shall be made available to a provider in writing *or*
39 *electronic form* before access is granted to a third party pursuant
40 to subdivision (b).

1 (f) The director shall adopt regulations as are necessary to
2 implement and enforce this section in accordance with the
3 rulemaking provisions of the Administrative Procedure Act
4 (Chapter 3.5 (commencing with Section 11340) of Part 1 of
5 Division 3 of Title 2 of the Government Code).

6 (g) As used in this section:

7 (1) “Contracting entity” means a person or entity that enters
8 into direct contracts with providers for the delivery of dental
9 services in the ordinary course of business, including a third-party
10 administrator.

11 (2) “Dental services” means services for the diagnosis,
12 prevention, treatment, or cure of a dental condition, illness, injury,
13 or disease. “Dental services” does not include services delivered
14 by a provider that are billed as medical expenses under a health
15 care service plan contract or specialized health care service plan
16 contract.

17 (3) “Provider” means an individual or entity that provides dental
18 services or supplies, as defined by the health care service plan
19 contract or specialized health care service plan contract, including
20 a dentist or physician, but not a physician organization that leases
21 or rents its network to a third party.

22 (4) “Provider network contract” means a contract between a
23 contracting entity and a provider entered into, amended, or renewed
24 on or after January 1, 2020, that specifies the rights and
25 responsibilities of the contracting entity and provides for the
26 delivery and payment of dental services to an enrollee.

27 (5) “Third party” means a person or entity that enters into a
28 contract with a contracting entity or with another third party to
29 gain access to the dental services or contractual discounts of a
30 provider network contract. “Third party” does not include an
31 employer or other group for whom the health care service plan,
32 specialized health care service plan, or contracting entity provides
33 administrative services, including the payment of claims.

34 SEC. 2. Section 10120.4 is added to the Insurance Code, to
35 read:

36 10120.4. (a) A health insurer that issues, sells, renews, or
37 offers a policy covering dental services, including a specialized
38 policy of health insurance covering dental services, or a contracting
39 entity ~~shall not~~ *may* grant a third party access to a provider network
40 contract, or a provider’s dental services or contractual discounts

1 provided pursuant to a provider network ~~contract~~. *contract if the*
 2 *requirements of subdivisions (b) and (c) are met.*

3 (b) ~~Notwithstanding subdivision (a), a~~ A health insurer that
 4 issues, sells, renews, or offers a policy covering dental services
 5 may grant a third party access to a provider network contract if,
 6 at the time the contract is entered into, amended, or renewed, *or*
 7 *a notice is sent to a health care provider, as required pursuant to*
 8 *Section 10133.65, the contract allows a provider to choose not to*
 9 participate in third-party access to the contract. The third-party
 10 access provision of the contract shall be clearly identified. An
 11 insurer shall not grant third-party access to the contract of a
 12 provider that does not participate in third-party access to the
 13 contract.

14 (c) ~~Notwithstanding subdivision (a), a~~ A contracting entity may
 15 grant a third party access to a provider network contract, or a
 16 provider’s dental services or contractual discounts provided
 17 pursuant to a provider network contract, if all of the following are
 18 met:

19 (1) The provider network contract specifically states that the
 20 contracting entity may enter into an agreement with a third party
 21 that would allow the third party to obtain the contracting entity’s
 22 rights and responsibilities as if the third party were the contracting
 23 entity, and *when the contracting entity is a health insurer, the*
 24 *provider chose to participate in third-party access at the time the*
 25 *contract was entered into, amended, or renewed.*

26 (2) *When the contracting entity is a health insurer, the*
 27 *third-party access provision of the provider network contract shall*
 28 *clearly identify in the plan contract or notice to the provider, as*
 29 *required pursuant to Section 10133.65, the following language*
 30 *conspicuously placed on the first page of the document in 12-point*
 31 *underlined print:*

32 *This contract grants third party access to the provider network.*
 33 *The provider network contracting entity has entered into an*
 34 *agreement with other dental plans or third parties that allows the*
 35 *third party to obtain the contracting entity’s rights and*
 36 *responsibilities as if the third party were the contracting entity.*
 37 *The list of all third parties with access to this provider network*
 38 *can be found at (insert internet website as identified in paragraph*
 39 *(4)). You have the right to choose not to participate in third-party*

1 access. To exercise your right to not participate in the third-party
2 access, submit your written or verbal request to the health insurer.

3 ~~(2)~~

4 (3) The contracting entity ~~identifies~~, identifies prior to signing
5 the contract, in writing or electronic format to the provider, all
6 third parties in existence as of the date the contract is entered into,
7 amended, or renewed.

8 ~~(3)~~

9 (4) The contracting entity identifies all third parties in existence
10 in a list on its internet website that is updated at least once every
11 90 days.

12 ~~(4)~~

13 (5) The contracting entity requires a third party to identify the
14 source of the discount on all remittance advices or explanations
15 of payment under which a discount is taken.

16 ~~(5)~~

17 (6) The contracting entity notifies a third party of the termination
18 of a provider network contract no later than 30 days ~~from the~~
19 ~~termination date~~. following the effective date of termination.

20 ~~(6)~~

21 (7) A third party's right to a provider's discounted rate ceases
22 as of the termination date of the provider network contract.

23 ~~(7)~~

24 (8) The contracting entity ~~delivers~~ makes available a copy of
25 the provider network contract relied on in the adjudication of a
26 claim to a participating provider within 30 days of a request from
27 the provider.

28 (d) A provider is not bound by or required to perform dental
29 treatment or services under a provider network contract granted
30 to a third party in violation of this section.

31 (e) This section does not apply if any of the following criteria
32 are met:

33 (1) The provider network contract is for dental services provided
34 to a beneficiary of the federal Medicare Program pursuant to Title
35 XVIII of the federal Social Security Act (42 U.S.C. Sec. 1395 et
36 seq.) or the federal Medicaid program pursuant to Title XIX of the
37 federal Social Security Act (42 U.S.C. Sec. 1396 et seq.).

38 (2) Access to a provider network contract is granted to a health
39 insurer that issues, sells, renews, or offers a policy covering dental

1 services or a contracting entity operating under the same brand
2 licensee program as the contracting entity.

3 (3) Access to a provider network contract is granted to an
4 affiliate of a contracting entity. A list of the contracting entity’s
5 affiliates shall be made available to a provider in writing *or*
6 *electronic form* before access is granted to a third party pursuant
7 to subdivision (b).

8 (f) The commissioner shall adopt regulations as are necessary
9 to implement and enforce this section in accordance with the
10 rulemaking provisions of the Administrative Procedure Act
11 (Chapter 3.5 (commencing with Section 11340) of Part 1 of
12 Division 3 of Title 2 of the Government Code).

13 (g) As used in this section:

14 (1) “Contracting entity” means a person or entity that enters
15 into direct contracts with providers for the delivery of dental
16 services in the ordinary course of business, including a third-party
17 administrator.

18 (2) “Dental services” means services for the diagnosis,
19 prevention, treatment, or cure of a dental condition, illness, injury,
20 or disease. “Dental services” does not include services delivered
21 by a provider that are billed as medical expenses under a policy
22 of health insurance.

23 (3) “Provider” means an individual or entity that provides dental
24 services or supplies, as defined by the policy of health insurance,
25 including a dentist or physician, but not a physician organization
26 that leases or rents its network to a third party.

27 (4) “Provider network contract” means a contract between a
28 contracting entity and a provider entered into, amended, or renewed
29 on or after January 1, 2020, that specifies the rights and
30 responsibilities of the contracting entity and provides for the
31 delivery and payment of dental services to an insured.

32 (5) “Third party” means a person or entity that enters into a
33 contract with a contracting entity or with another third party to
34 gain access to the dental services or contractual discounts of a
35 provider network contract. “Third party” does not include an
36 employer or other group for whom the health insurer or contracting
37 entity provides administrative services, including the payment of
38 claims.

39 SEC. 3. No reimbursement is required by this act pursuant to
40 Section 6 of Article XIII B of the California Constitution because

1 the only costs that may be incurred by a local agency or school
2 district will be incurred because this act creates a new crime or
3 infraction, eliminates a crime or infraction, or changes the penalty
4 for a crime or infraction, within the meaning of Section 17556 of
5 the Government Code, or changes the definition of a crime within
6 the meaning of Section 6 of Article XIII B of the California
7 Constitution.

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AMENDED IN ASSEMBLY MARCH 21, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

ASSEMBLY BILL

No. 994

Introduced by Assembly Member Mathis

February 21, 2019

An act to amend Section ~~680~~ 16102 of the Business and Professions Code, relating to ~~healing arts~~: *business*.

LEGISLATIVE COUNSEL'S DIGEST

AB 994, as amended, Mathis. ~~Health care practitioner identification.~~
Business license fees: veterans.

Existing law exempts every soldier, sailor, or marine of the United States who has received an honorable discharge or a release from active duty under honorable conditions from the payment of any license tax or fee imposed by any county or the state for hawking, peddling, or vending any goods, wares, or merchandise owned by that soldier, sailor, or marine, except as specified, and requires the county board of supervisors to issue, without cost, to the soldier, sailor, or marine, a license therefor.

This bill would revise that provision to exempt any veteran who has served in any branch of the United States Armed Forces and has been honorably discharged from active service and who owns a business by at least 51 percent from the payment of any license tax or fee imposed by any county or the state, and would require the county board of supervisors to issue a license to the veteran without cost.

~~Existing law establishes various healing arts boards, within the Department of Consumer Affairs, that license and regulate various healing arts licensees. Existing law requires a health care practitioner, as defined, to wear a name tag while working that discloses the~~

practitioner's name and license status in at least 18-point type, except as specified. Existing law authorizes an employing entity or agency to make an exception from the name tag requirement, for individual safety or therapeutic concerns, for a health care practitioner or a licensed clinical social worker working in a psychiatric setting or in a setting that is not licensed by the state.

This bill would make nonsubstantive changes to those name tag provisions:

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

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

1 SECTION 1. Section 16102 of the Business and Professions
2 Code is amended to read:

3 16102. Every soldier, sailor or marine of the United States who
4 has received an honorable discharge or a release from active duty
5 under honorable conditions from such service may hawk, peddle
6 and vend any goods, wares or merchandise owned by him, except
7 spirituous, malt, vinous or other intoxicating liquor. Any veteran
8 who served in any branch of the United States Armed Forces and
9 has been honorably discharged from active service and who owns
10 a business by at least 51 percent may operate that business without
11 payment of any license, license tax or fee whatsoever, whether
12 municipal, county county, or State, state, and the board of
13 supervisors shall issue to such soldier, sailor or marine, the veteran,
14 without cost, a license therefor.

15 SECTION 1. Section 680 of the Business and Professions Code
16 is amended to read:

17 680. (a) Except as otherwise provided in this section, a health
18 care practitioner, while working, shall disclose the practitioner's
19 name and license status, as granted by this state, on a name tag in
20 at least 18-point type. A health care practitioner in a practice or
21 an office, whose license is prominently displayed, may opt to not
22 wear a name tag. If a health care practitioner or a licensed clinical
23 social worker is working in a psychiatric setting or in a setting that
24 is not licensed by the state, the employing entity or agency may
25 make an exception from the name tag requirement for individual
26 safety or therapeutic concerns. In the interest of public safety and
27 consumer awareness, it shall be unlawful for any person to use the

1 title “nurse” in reference to himself or herself and in any capacity,
2 except for an individual who is a registered nurse or a licensed
3 vocational nurse, or as otherwise provided in Section 2800. Nothing
4 in this section shall prohibit a certified nurse assistant from using
5 the assistant’s title.

6 ~~(b) Facilities licensed by the State Department of Social~~
7 ~~Services, the State Department of Public Health, or the State~~
8 ~~Department of Health Care Services shall develop and implement~~
9 ~~policies to ensure that health care practitioners providing care in~~
10 ~~those facilities are in compliance with subdivision (a). The State~~
11 ~~Department of Social Services, the State Department of Public~~
12 ~~Health, and the State Department of Health Care Services shall~~
13 ~~verify through periodic inspections that the policies required~~
14 ~~pursuant to subdivision (a) have been developed and implemented~~
15 ~~by the respective licensed facilities.~~

16 ~~(e) For purposes of this article, “health care practitioner” means~~
17 ~~any person who engages in acts that are the subject of licensure~~
18 ~~or regulation under this division or under any initiative act referred~~
19 ~~to in this division.~~

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Introduced by Senator PanJanuary 23, 2019

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

LEGISLATIVE COUNSEL'S DIGEST

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

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

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

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

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

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

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

4 14132.225. (a) A provider of services for the treatment of
5 dental caries may provide, and receive reimbursement for, the
6 application of silver diamine fluoride, on a per-tooth basis, when
7 used to arrest an active, nonsymptomatic carious lesion, and
8 without mechanical removal of sound tooth structure, if all of the
9 following conditions are met:

10 (1) There is a consultation with the beneficiary, or their designee.
11 (2) The beneficiary, or their designee, signs a written informed
12 consent form that is approved by the department.

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

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

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

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

21 (1) Children six years of age and under.

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

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

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

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

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

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

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MEMORANDUM

DATE	April 29, 2019
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 19(c): Discussion of Prospective Legislative Proposals

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

Action Requested:

No action necessary.



MEMORANDUM

DATE	May 16, 2019
TO	Members of the Dental Board of California
FROM	Wilbert Rumbaoa, Administrative Services Manager Dental Board of California
SUBJECT	Agenda Item 20(a): Update on Pending Regulatory Packages

i. Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1016.2):

At the November 2017 Board meeting, proposed language for sections 1016 and 1017 was unanimously approved to allow the American Safety and Health Institute (ASHI) to also offer a Basic Life Support course that would meet the continuing education requirements. This is in addition to the American Heart Association, the American Red Cross, the Continuing Education Recognition Program (CERP) and the Program Approval for Continuing Education (PACE). Additionally, this proposed regulation will specify what specific requirements must be met to receive full credit for BLS certification.

Board staff has drafted the initial rulemaking documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

ii. Citation and Fine (Cal. Code of Regs., Title 16, Sections 1023.2 and 1023.7):

During the August 2017 meeting, the Board approved proposed regulatory language relative to the citation and fine requirements found in the Cal. Code of Regs., Title 16, Section 1023.2 and 1023.7 to remain consistent with Business and Professions Code Section 125.9.

Board staff has drafted the initial rulemaking documents and Board Legal Counsel has approved. Board staff submitted the initial rulemaking documents to the Department of Consumer Affairs on January 22, 2019 to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

iii. Continuing Education Requirements (Cal. Code of Regs., Title 16, Sections 1016 and 1017):

SB 1109 (Bates, Chapter 693, Statutes of 2018) adds a provision allowing the Board to mandate the risks of addiction associated with the use of Schedule II drugs into the CE requirements for any dental professional seeking initial or renewal licensure.

During the February 2019 meeting, the Board approved proposed regulatory language relative to the continuing education requirements found in Cal. Code of Regs., Title 16, Section 1016 and 1017.

Board staff has drafted the initial rulemaking documents and Board Legal Counsel has approved. Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

iv. Dental Assisting Comprehensive Rulemaking (Cal. Code of Regs., Title 16, Division Chapter 3):

The Dental Assisting Council has held several stakeholder workshops to develop its comprehensive rulemaking proposal relative to dental assisting. As a result of each of these workshops, Board staff have been able to develop proposed regulatory language which will be presented to the Board at a future meeting once these workshops are concluded. Once completed, this rulemaking will include educational program and course requirements, examination requirements, and licensure requirements relating to dental assisting. The final workshop took place on March 2, 2018.

Board staff will present the proposed language to a special meeting of the Dental Assisting Council in late June or July. Once the Council approves, the language will be brought to the Board for consideration.

v. Determination of Radiographs and Placement of Interim Therapeutic Restorations (Cal. Code of Regs., Title 16, Section 1071.1):

AB 1174 (Bocanegra, Chapter 662, Statutes of 2014) added specified duties to registered dental assistants in extended functions. The bill requires the Board to adopt regulations to establish requirements for courses of instruction for procedures authorized to be performed by a registered dental assistant in extended functions. Additionally, the bill requires the Board to propose regulatory language for the Interim Therapeutic Restoration (ITR) for registered dental hygienists and registered dental hygienists in alternative practice. The proposed ITR regulatory language must mirror the curriculum requirements for the registered dental assistant in extended functions.

During the December 2016 Board meeting, staff presented the proposed regulatory language to the Board for comments to further develop the language. At its August 2017 meeting, the Board approved proposed regulatory language and directed staff to initiate the rulemaking.

Board staff has drafted the initial rulemaking documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

vi. Diversion Committee Membership (Cal. Code of Regs., Title 16, Sections 1020.4):

Pursuant to the Board's regulations, membership for the DEC's is limited to specific license types and two four-year terms. It is becoming increasingly difficult to recruit qualified individuals to serve on the Board's DEC's. Therefore, Board staff proposes amendments to increase the potential to recruit and retain qualified DEC members.

During the February 2019 meeting, the Board approved proposed regulatory language relative to the diversion evaluation committee membership found in Cal. Code of Regs., Title 16, Section 1020.4.

Board staff has drafted the initial rulemaking documents and Board Legal Counsel has approved. Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

vii. Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal Requirements (Cal. Code of Regs., Title 16, Sections 1044.6, 1044.7, and 1044.8):

Senate Bill 438 (Migden, Chapter 909, Statutes of 2006) was signed by the Governor that enacted Business Professions Code (Code) Section 1638.1, to take effect on January 1, 2007. This statute authorizes the Dental Board of California (Board) to issue Elective Facial Cosmetic Surgery (EFCS) permits to qualified licensed dentists and establishes the EFCS Credentialing Committee (Committee) to review the qualifications of each applicant for a permit. At its December 2016 meeting, the Board approved proposed regulatory language relative to the elective facial cosmetic surgery permit application requirements and renewal and directed staff to initiate the rulemaking.

Board staff has drafted the initial rulemaking documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

viii. Law and Ethics Exam Score (Cal. Code of Regs., Title 16, Sections 1031):

Pursuant to Business & Professions Code Section 1632, applicants for dental licensure in California are required to successfully complete an examination in California law and ethics developed and administered by the Dental Board of California (Board). Pursuant to the Board's regulations (California Code of Regulations, Title 16, Section 1031) the current passing score for the Board's Dentistry California Law and Ethics Examination is set at 75%. Board staff recommends deleting the passing score requirement in regulations to allow for OPES to use a criterion-referenced passing score to make the Board's California Dentistry Law and Ethics examination legally defensible.

During the February 2019 meeting, the Board approved proposed regulatory language relative to relating to the passing score for the Dentistry Law and Ethics Examination found in Cal. Code of Regs., Title 16, Section 1031.

Board staff has drafted the initial rulemaking documents and Board Legal Counsel has approved. Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

ix. Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049):

Senate Bill 562 (Galgiani Chapter 562, Statute of 2013) eliminated the one mobile dental clinic or unit limit and required a mobile dental unit or a dental practice that routinely uses portable dental units, as defined, to be registered and operated in accordance with the regulations of the Board. At its November 2014 meeting, the Board directed staff to add Mobile and Portable Dental Units to its list of regulatory priorities in order to interpret and specify the provisions relating to the registration requirements for the issuance of a mobile and portable dental unit. In December 2015, staff met and worked with the CDA to further develop regulatory language that was presented to the Board for consideration during the March 2016 meeting.

At its March 2016 meeting, the Board approved proposed regulatory language for the Mobile Dental Clinic and Portable Dental Unit Registration Requirements, however while drafting the initial rulemaking documents it was determined that the proposed language needed to be further developed. Staff presented revised language at the August 2017 meeting for the Board's consideration which was approved unanimously. However, after receiving feedback from the California Dental Hygienists' Association (CDHA) and the Dental Hygiene Committee of California (DHCC), Board staff revised the proposed language and presented it to the Board for consideration. The language was approved at the February 2018 Board Meeting which allowed Board staff to continue the rulemaking.

Board staff has drafted the initial rulemaking documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

x. Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005):

During the May 2018 meeting, the Board approved regulatory language relative to the Minimum Standards for Infection Control found in Cal. Code of Regs., Title 16, Section 1005 and directed staff to initiate rulemaking.

Board staff has drafted the initial rulemaking documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

xi. Substantial Relationship Criteria (Cal. Code of Regs., Title 16, Sections 1019 and 1020):

Pursuant to Business and Professions Code sections 141 and 480, under existing law, boards may deny or discipline a license based upon discipline imposed by another

state, an agency of the federal government, or another country for any act substantially related to the licensed profession. Effective July 1, 2020, Assembly Bill 2138 (Chapter 995, Statutes of 2018) will require boards to amend their existing regulations governing substantially-related crimes or acts, and rehabilitation criteria.

During the February 2019 meeting, the Board approved proposed regulatory language relative to the substantial relationship criteria and criteria for evaluating rehabilitation found in Cal. Code of Regs., Title 16, Section 1019 and 1020.

Board staff has drafted the initial rulemaking documents and the Board Legal Counsel has approved. Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

Action Requested:

No action is being requested at this time.