

**FULL BOARD MEETING  
August 26, 2013**



**DEPARTMENT OF CONSUMER AFFAIRS  
HEARING ROOM, HQ2  
1747 NORTH MARKET BLVD.  
SACRAMENTO, CA 95834**



**BOARD MEETING AGENDA**  
**Monday, August 26, 2013**

Department of Consumer Affairs  
Hearing Room, HQ2  
1747 North Market Blvd., Sacramento, CA, 95834  
(916) 263-2300 (Board Office)

**Members of the Board**

Huong Le, DDS, MA, President  
Fran Burton, Public Member, Vice President  
Steven Morrow, DDS, MS, Secretary

Steven Afriat, Public Member  
Stephen Casagrande, DDS  
Yvette Chappell-Ingram, Public Member  
Katie Dawson, RDH  
Luis Dominicus, DDS  
Judith Forsythe, RDA

Kathleen King, Public Member  
Ross Lai, DDS  
Meredith McKenzie, Public Member  
Thomas Stewart, DDS  
Bruce Whitcher, DDS

During this two-day meeting, the Dental Board of California will consider and may take action on any of the agenda items. It is anticipated that the items of business before the Board on the first day of this meeting will be fully completed on that date. However, should items not be completed, it is possible that it could be carried over and be heard beginning at 9:00 a.m. on the following day. Anyone wishing to be present when the Board takes action on any item on this agenda must be prepared to attend the two-day meeting in its entirety.

Public comments will be taken on agenda items at the time the specific item is raised. The Board may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the President. For verification of the meeting, call (916) 263-2300 or access the Board's website at [www.dbc.ca.gov](http://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, 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.

**Monday, August 26, 2013**

**9:00 A.M. MEETING OF THE DENTAL ASSISTING COUNCIL**

See attached Dental Assisting Council Meeting Agenda

**1:30 P.M. FULL BOARD MEETING – OPEN SESSION**

1. Call to Order/Roll Call/Establishment of Quorum
2. Approval of the May 16-17, 2013 Board Meeting Minutes
3. Introduction of New Assistant Executive Officer
4. President's Report
5. Update from the Department of Consumer Affairs' Executive Office
6. Examinations
  - A. Report Regarding the Western Regional Examination Board (WREB) Activities
  - B. Portfolio Examination
    - i. Staff Update on Portfolio Examination Development
    - ii. Discussion and Possible Action to Consider Initiation of a Rulemaking Relative to Portfolio Examination Requirements
7. Legislation and Regulations
  - A. 2013 Tentative Legislative Calendar – Information Only
  - B. Discussion and Possible Action on the Following Legislation:
    - AB X1 1 (Perez) Medi-Cal Eligibility: Expansion
    - AB X1 2 (Pan) Health Care Coverage
    - AB 18 (Pan) Individual Health Care Coverage
    - AB 50 (Pan) Health Care Coverage: Medi-Cal Eligibility
    - AB 186 (Maienschein) Professions and Vocations: Military Spouses: Licenses
    - AB 258 (Chavez) State Agencies: Veterans
    - AB 291 (Nestande) California Sunset Review Commission
    - AB 318 (Logue) Dental Care: Telehealth
    - AB 496 (Gordon) Medicine: Sexual Orientation: Gender Identity
    - AB 512 (Rendon) Healing Arts: Licensure Exemption
    - AB 771 (Jones) Public Health: Wellness Programs
    - AB 809 (Logue) Healing Arts: Telehealth
    - AB 827 (Hagman) Department of Consumer Affairs
    - AB 836 (Skinner) Dentists: Continuing Education

- AB 851 (Logue) Dentistry: Licensure and Certification Requirements
  - AB 1174 (Bocanegra) Oral Health: Virtual Dental Homes
  - AB 1231 (Perez) Regional Centers: Telehealth and Teledentistry
  - SB X1 1 (Hernandez) Medi-Cal Eligibility
  - SB X1 2 (Hernandez) Health Care Coverage
  - SB 456 (Padilla) Health Care Coverage
  - SB 532 (De Leon) Professions and Vocations: Military Spouses
  - SB 562 (Galgiani) Dentists: Mobile or Portable Dental Units
  - SB 690 (Price) Licenses
  - SB 809 (DeSaulnier) Controlled Substances: Reporting
  - SB 821 (Senate Business, Professions & Economic Development Committee) Healing Arts
- C. Discussion and Possible Action to Consider Request from the Dental Hygiene Committee of California to Consider Review of Requirement for Annual Review of Infection Control Guidelines
- D. 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.
- E. Update on Pending Regulatory Packages:
- i. Uniform Standards for Substance Abusing Licensees (California Code of Regulations, Title 16, Sections 1018 and 1018.01);
  - ii. Dentistry Fee Increase (California Code of Regulations, Title 16, Section 1021); and
  - iii. Abandonment of Applications (California Code of Regulations, Title 16, Section 1004)
- F. Discussion and Possible Action Regarding a Special Meeting in October to Consider Any Adverse Comments Received Regarding the Board's Proposed Dentistry Fee Increase Rulemaking
- G. Discussion and Possible Action Regarding the Health and Safety Institute's Request to Amend California Code of Regulations, Title 16, Sections 1016 and 1017 such that a Basic Life Support Certification Issued by the American Safety and Health Institute Would Satisfy the Mandatory Certification Requirement for License Renewal
8. Public Comment of 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)).
9. Recess



## **Agenda Item 2**

**Approval of May 16-17, 2013  
Meeting Minutes**



## **DENTAL BOARD OF CALIFORNIA MEETING MINUTES**

**Thursday, May 16, 2013**

Waterfront Hotel  
10 Washington Street, Oakland, CA 94607

**DRAFT**

### **Members Present:**

Huong Le, DDS, President  
Fran Burton, Vice President  
Steven Morrow, DDS, Secretary  
Steve Afriat, Public Member  
Stephen Casagrande, DDS  
Yvette Chappell-Ingram, Public Member  
Katie Dawson, RDH  
Luis Dominicus, DDS  
Judith Forsythe, RDA  
Kathleen King, Public Member  
Ross Lai, DDS  
Meredith McKenzie, Public Member  
Thomas Stewart, DDS  
Bruce Whitcher, DDS

### **Members Absent:**

### **Staff Present:**

Karen Fischer, Executive Officer  
Kim Trefry, Enforcement Chief  
Dawn Dill, Licensing Unit Manager  
Lori Reis, Complaint and Compliance Unit Manager  
Jocelyn Campos, Enforcement Coordinator  
Linda Byers, Executive Assistant  
Spencer Walker, DCA Senior Staff Counsel  
Greg Salute, Deputy Attorney General

Dr. Le and Executive Officer Karen Fischer gave the Oath of Office to new Board Members; Yvette Chappell-Ingram, Katie Dawson and Meredith McKenzie.

### **ROLL CALL AND ESTABLISHMENT OF QUORUM**

Dr. Huong Le, President, called the meeting to order at 1:32 p.m. Dr. Steven Morrow, Secretary, called the roll and a quorum was established.

### **AGENDA ITEM 1: Approval of the February 28 – March 1, 2013 Full Board Meeting Minutes and the April 4, 2013 Full Board Meeting Minutes**

Mr. Afriat asked that the minutes be corrected to reflect that Fran Burton, the Vice-Chair not Secretary called the roll. M/S/C (Afriat/Burton) to accept the February 28 – March 1, 2013 meeting minutes as corrected. There was no public comment. The motion passed unanimously.

Mr. Afriat asked that the minutes be corrected to reflect that Fran Burton, the Vice-Chair not Secretary called the roll. M/S/C (Afriat/King) to accept the April 4, 2013 meeting minutes as corrected. There was no public comment. The motion passed unanimously.

### **AGENDA ITEM 2: President's Report**

Dr. Huong Le, President introduced the guests in the audience; Dr. Charles Broadbent from Western Regional Examiners Board (WREB), Dr. Guy Acheson representing the California Academy of General Dentists (CAGD), Dr. Paul Glassman from the University of the Pacific (UOP), Dr. Norman Hertz of Progeny Systems Corporation, Ms. Michele Hurlbutt, President of the Dental Hygiene Committee of California (DHCC), Ms. Lori Hubble, Executive Officer of the DHCC and Bill Lewis of the California Dental Association (CDA). She thanked Dr. McCormick, in absentia, for her many years of service to the Dental Board. Dr. Le reported on her activities over the past few months.

### **AGENDA ITEM 3: Update by Dr. Paul Glassman on the Virtual Dental Home Project**

Dr. Paul Glassman gave a PowerPoint presentation regarding the progress of the Virtual Dental Home Project which began with the Office of Statewide Health Planning and Development (OSHPD) Pilot Project (Health Workforce Pilot Project (HWPP) #172) relating to training current allied dental personnel for new duties in community settings. Dr. Glassman explained the two duties being tested by the project are; allowing Registered Dental Assistants (RDA), Registered Dental Assistants in Extended Functions (RDAEF), Registered Dental Hygienists (RDH), and Registered Dental Hygienists in Alternative Practice (RDHAP) to decide which radiographs to take to facilitate an evaluation by a dentist and; for those same licensees to place Interim Therapeutic Restorations (ITR).

Dr. Glassman reported that there are nine Pilot Project sites that have been operating for the past two and a half years, located from the northern California border to San Diego, in rural as well as urban settings and include preschools to nursing homes. He stated that approximately 1,500 patients have been seen with the largest number being in preschools due to funding from the First Five California program. The project statistics have shown that approximately 50% of these patients can be kept healthy through this program. He related several more statistics. Sun Costigan, CAGD commented that there is very little data to support the 100% success rate that is being reported.

Dr. Glassman explained that Legislation is needed to continue the funding that is currently being funded by a grant. Catherine Scott, Children's Partnership, commented that they are a key supporter of AB 1174 which authorizes the new procedures and teledentistry. Dr. Stewart commented that he has been proud to be part of this project and fully supports Dr. Glassman's project. Dr. Morrow stated that has also been a participant in this project. Dr. Casagrande commented that the Board is in favor of access to care but their biggest priority is public protection. His concern is that the cardinal rule of dentistry has been to not leave any decay in a tooth. What studies have been done and is this to be the new standard? Dr. Glassman stated that systematic review studies have been done and within the clinical trials, the scientific evidence shows that leaving some decay is acceptable. Dr. Lai commented that since these are temporary fillings, are the children being referred to a dentist for a permanent filling? Dr. Glassman stated that parents are told that the restoration is temporary and should be followed up with a visit to a dentist. Catherine Scott commented that the allied dental professionals participating in the project work very hard to get the patients to see a regular dentist. Dr. Glassman stated that a dentist is involved with all aspects of the care. Through teledentistry the dentist reviews the radiographs to decide what care should be given, reviews the completed care and follows up with each patient including providing referrals and continued care. Dr. Lai asked who shoulders the liability, the doctor making the diagnosis or the allied dental professional performing the duties. Dr. Glassman responded that all parties involved are liable. Dr. Lai further asked if the studies that were done were funded by the

restoration companies. Dr. Glassman stated that all studies were done by systematic review of blind studies which are of the highest standard and completely unbiased.

Dr. Le, President, called for a ten minute break.

The meeting resumed at 3:08 p.m. Dr. Le recognized Lisa Okamoto, past President of the Dental Hygiene Committee of California (DHCC) now representing the California Dental Hygienists Association (CDHA) and Dr. Thomas Baker, representing the California Society of Periodontists (CSP).

**AGENDA ITEM 4: Presentation of Final Portfolio Pathway to Licensure Report by Norman Hertz, Ph.D., Applied Psychologist at Progeny Systems Corporation**

**(a) Discussion Regarding the Portfolio Pathway to Licensure Report**

Dr. Norman Hertz reported that he is presenting the Psychometric Principles of the Portfolio Pathway to Licensure. He was charged with the task of insuring that the portfolio pathway is psychometrically sound and legally defensible. Dr. Hertz reported that a feasibility study was done with all six of the California dental schools. Consensus was obtained from all six of the Board approved schools. Dr. Hertz gave an overview of his background and the process of developing the portfolio pathway. An electronic copy of his final report can be found on the Board's website: [http://www.dbc.ca.gov/about\\_us/materials/meeting\\_materials.shtml](http://www.dbc.ca.gov/about_us/materials/meeting_materials.shtml)

Katie Dawson asked if all approved dental schools in California are required to participate. Dr. Casagrande answered it is strictly volunteer. Dr. Dominicis asked where the examiners were coming from. Dr. Casagrande explained that the examiners are the school faculty that currently administer competency exams. Katie Dawson asked if there would be two different standards between the Portfolio Pathway and the Western Regional Examination Board (WREB) which is the only recognized examination for California licensure at this time. Dr. Casagrande stated that in his opinion only the top candidates would withstand the rigors of Portfolio and pass.

**(b) Update on Portfolio Regulations and Handbook Review**

Dr. Steven Morrow gave a presentation outlining the updates to the Portfolio Regulations, the Candidate Handbook and the Examiner Training Manual. Electronic copies of the handbooks can be found on the Board's website:

[http://www.dbc.ca.gov/about\\_us/materials/meeting\\_materials.shtml](http://www.dbc.ca.gov/about_us/materials/meeting_materials.shtml)

Spencer Walker, Senior Legal Counsel, commented that he has finished his review of the drafts and sent them back to staff to begin formulating regulations. Dr. Stewart asked when during the students' academic career would the competency testing begin in order to fulfill all the requirements. Dr. Morrow stated that they will begin accumulating their clinical experiences as soon as they begin their clinical studies, generally in the spring quarter of their second year. As soon as they start seeing patients they will start accumulating those minimum clinical experiences. The competency examinations dates are determined by the faculty and will probably take place during their third and fourth years. Mr. Afriat asked about the possible conflict of interest when a teacher is the examiner. Dr. Morrow pointed out that each student is tested multiple times on each competency so multiple scoring by different instructors would preclude any bias. Dr. Morrow also commented that all six schools participate in the exchange of instructors for competency examinations. Dr. Dominicis commented that in order for the Board to be able to determine the success of the Portfolio Pathway to Licensure, he would like to see regulations requiring the schools to report the pass/fail rate to the Board. Dr. Whitcher commented that he thought there should also be an auditor handbook. Dr. Morrow stated that the auditor handbook was still in rough draft form and not ready for the Board to view yet. Dr. Ariane Terlet, former Board member, commented that her main concern is patient safety. The Board's first priority is protecting the public and that mission should be kept in mind throughout the development of this process. She asked what the cost for this exam would be. Dr. Casagrande answered that the Board does not govern what the schools can charge. The Board charges every applicant \$350 for initial licensure. Dr. Terlet inquired about the calibration process. Dr. Le stated that all of the calibrators will have to go through a Board approved

training program. Dr. Morrow commented that there are specified intervals when the calibration must be conducted so it's an ongoing calibration process. Michele Hurlbutt, President of DHCC, asked if the students can request a competency exam at any time during their clinical experience. Dr. Morrow stated that competency exams must be approved by the schools. There was no further public comment.

The presentations given by Drs. Hertz and Morrow can be found on the Dental Board's webcast archive site: [http://www.dca.ca.gov/publications/multimedia/webcast\\_archive.shtml](http://www.dca.ca.gov/publications/multimedia/webcast_archive.shtml)

**AGENDA ITEM 5: Legislative Process Overview and Discussion and Possible Action on the Following Legislation:**

Due to time constraints Agenda Item 5 was held over to be addressed on Friday, May 17, 2013.

M/S/C (Afriat/King) to recess until 8:30 a.m. Friday, May 17, 2013. There was no public comment. The motion passed unanimously.

DRAFT



**DENTAL BOARD OF CALIFORNIA**  
**MEETING MINUTES**  
**Friday, May 17, 2013**

Waterfront Hotel  
10 Washington Street, Oakland, CA 94607

**DRAFT**

**Members Present:**

Huong Le, DDS, President  
Fran Burton, Vice President  
Steven Morrow, DDS, Secretary  
Steve Afriat, Public Member  
Yvette Chappell-Ingram, Public Member  
Katie Dawson, RDH  
Luis Dominicis, DDS  
Judith Forsythe, RDA  
Meredith McKenzie, Public Member  
Thomas Stewart, DDS  
Bruce Whitcher, DDS

**Members Absent:**

Stephen Casagrande, DDS  
Kathleen King, Public Member  
Ross Lai, DDS

**Staff Present:**

Karen Fischer, Executive Officer  
Kim Trefry, Enforcement Chief  
Dawn Dill, Licensing Unit Manager  
Lori Reis, Complaint and Compliance Unit Manager  
Jocelyn Campos, Enforcement Coordinator  
Linda Byers, Executive Assistant  
Spencer Walker, DCA Senior Staff Counsel  
Greg Salute, Deputy Attorney General

**ROLL CALL AND ESTABLISHMENT OF QUORUM**

Dr. Huong Le, President, called the meeting to order at 8:30 a.m. Dr. Steven Morrow, Secretary, called the roll and a quorum was established.

**The Board immediately went into closed session.**

**The Board returned to open session at 11:07 a.m.**

**AGENDA ITEM 6: Executive Officer's Report**

Karen Fischer, Executive Officer of the Dental Board reported that there is one vacancy on the Dental Board for a dentist. She gave an overview of staffing. Ms. Fischer reported that staff is working with the Department of Consumer Affairs on a succession plan and she noted that furloughs will be ending June 30. The Dental Board is in Phase II of the new BreZE computer project which will replace the current, out-dated CAS/ETS programs. Ms. Fischer stated that our request to keep our retired annuitants is currently being evaluated. She commented that our Strategic Plan, which is our roadmap to the future, contains 8 goals and 36 objectives. The process of outlining work projects for the three (3) year plan has proven to be quite ambitious. In the future staff may request that the Board consider changing it to a four (4) or even five (5) year plan to

accomplish all of the goals and objectives set forth. Ms. Fischer gave an overview of the updates to the Dental Board's phone system.

Agenda Item 5 was held over from Thursday's meeting. It was addressed on Friday, May 17, 2013 following Agenda Item 6.

**AGENDA ITEM 5: Legislative Process Overview and Discussion and Possible Action on the Following Legislation:**

Donna Kantner, former Legislative and Regulatory analyst for the Dental Board, gave an overview of the Legislative process. Fran Burton, Chair of the Legislative and Regulatory Committee, explained the possible positions the Board may take on each of the bills.

**AB 291 (Nestande): Sunset Review Committee**

Ms. Burton gave an overview of the bill and staff's recommendation. M/S/C (Dominicis/Whitcher) to accept staff's recommendation to take a watch position at this time. There was no public comment. The motion passed unanimously.

**AB 318 (Logue): Medi-cal: teledentistry**

Dawn Dill, Licensing and Examination Unit manager, gave an overview of the bill and staff's recommendation. M/S/C (Whitcher/Afriat) to accept staff's recommendation to take a watch position at this time. Guy Atcheson, California Association of General Dentists (CAGD), asked how this bill differed from AB 1174. Ms. Dill responded that they go hand in hand. The motion passed unanimously.

**AB 496 (Gordon): Medicine: Sexual Orientation, Gender Identity, and Gender Expression**

Ms. Burton gave an overview of the bill and staff's recommendation. M/S/C (Afriat/Whitcher) to accept staff's recommendation to take a watch position at this time and review the status at the next meeting. There was no public comment. The motion passed unanimously.

**AB 512 (Rendon): Healing Arts: Licensure Exemption**

Ms. Burton gave an overview of the bill and staff's recommendation. M/S/C (Afriat/Morrow) to accept staff's recommendation to take a watch position at this time. There was no public comment. The motion passed unanimously.

**AB 809 (Logue): Healing Arts: Telehealth**

Dawn Dill, Licensing and Examination Unit manager, gave an overview of the bill and staff's recommendation. M/S/C (Burton/Afriat) to accept staff's recommendation to take a watch position at this time. . There was no public comment. The motion passed unanimously.

**AB 827 (Hagman): Department of Consumer Affairs**

Ms. Burton gave an overview of the bill and staff's recommendation. M/S/C (Morrow/Forsythe) to accept staff's recommendation to take a watch position at this time and review the status at the next meeting. There was no public comment. The motion passed unanimously.

**AB 836 (Skinner): Dentists: Continuing Education**

Dawn Dill, Licensing and Examination Unit manager, gave an overview of the bill and staff's recommendation. Mr. Afriat commented that the bill doesn't specifically state that these licensees cannot practice full time. Bill Lewis, California Dental Association (CDA), commented that the bill was recently amended to specify that in order to qualify for the reduced continuing education units; licensees must be providing either no-cost or low-cost care. He stated that essential courses would still be required but non-essential courses such as business management would no longer be required. Ms. Burton stated that this bill was currently amended to include a provision that the Dental Board would have to provide a

status report regarding the progress of this change. She also stated that passage of this bill would require the Dental Board to promulgate regulations. Dr. Morrow commented that reducing the number of continuing education units may not be in line with the Board's mission of public protection. Bill Lewis commented that the intent is not to create a lower standard of competency but to add incentives to volunteer. He reiterated that essential courses would still be required. Mr. Lewis stated that the bill could possibly be amended to specify which courses would be required and that care must be no-cost. Katie Dawson asked how the staff would monitor whether or not all care provided by this category of licensees would be at no-cost. Ms. Fischer stated that as with other areas monitoring is complaint driven and the assumption is that these professionals are practicing ethically. Spencer Walker, Senior Legal Counsel stated that the concerns raised by the Board members could be addressed in regulations should the bill pass.

M/S (Stewart/Burton) to support this bill. Dr. Morrow commented that he is opposed to supporting this bill until amendments have been made as a result of the discussion today. Ms. Burton stated that the Board shouldn't lose sight of what this bill intends to do which is providing more care for the underserved. Ms. McKenzie asked if the type of hours could be addressed through regulation rather than amending the statute. Mr. Walker answered that he did not think that the percentage of units could be changed by regulation but the type of units required could be. Dr. Guy Acheson, California Academy of General Dentistry (CAGD) commented that as an educational body, they have the same concerns as Dr. Morrow with regards to reducing the number of continuing education units but would possibly agree to support the bill if the type of units were specified. Darcy Trill, Registered Dental Hygienist (RDH), commented that her concern is that the public will be confused and it will create two standards of care. She stated that if the Board has deemed 50 units of continuing education the standard for competency, that standard should apply to everyone.

A vote was taken, the motion carried (8 aye/2 no). Ms. Burton asked that a letter of support be drafted and sent to the author of the bill and the committee where the bill currently resides.

#### **AB 1174 (Bocanegra): Dental Professions: Teledentistry under Medi-Cal**

Ms. Burton gave an overview of the bill and staff's recommendation. M/S/C (Afriat/Morrow) to accept staff's recommendation to take a watch position at this time. There was no public comment. The motion passed unanimously.

#### **AB 1231 (Perez): Regional Centers: telehealth and teledentistry**

Dawn Dill, Licensing and Examination Unit manager, gave an overview of the bill and staff's recommendation. M/S/C (Morrow/Afriat) to accept staff's recommendation to take a watch position at this time. There was no public comment. The motion passed unanimously.

#### **SB 456 (Padilla): Health Care Coverage**

Ms. Burton gave an overview of the bill and staff's recommendation. M/S/C (Dominicis/Morrow) to accept staff's recommendation to take a watch position at this time. There was no public comment. The motion passed unanimously.

#### **SB 562 (Galgiani): Dentists: Mobile or Portable Dental Units**

Dawn Dill, Licensing and Examination Unit manager, gave an overview of the bill and staff's recommendation. Bill Lewis, CDA commented that the bill enlarges the vision from "mobile vans" to units that can be brought into schools and other facilities to provide care. Dr. Le stated that she has a concern about the limitations to one unit. Mr. Lewis stated that they are looking at how to address this issue. Katie Dawson asked if there is any possibility of different regulations for hygienists and dentists. Mr. Lewis stated that those areas are being discussed and will be addressed. M/S/C (Afriat/Dominicis) to accept staff's recommendation to take a watch position at this time. There was no further public comment. The motion passed unanimously.

**SB 690 (Price): Licenses**

Ms. Burton gave an overview of the bill and staff's recommendation. M/S/C (Afriat/Morrow) to accept staff's recommendation to take a watch position at this time. There was no public comment. The motion passed unanimously.

**SB 809 (DeSaulnier): Controlled Substances: reporting**

Kim Trefry, Enforcement Chief, gave an overview of the bill and staff's recommendation. Ms. Burton asked about the fee increase involved and the impact it would have on the Board. Ms. Fischer stated that with the Board's proposed fee increase to the statutory cap, the Board would need regulations to increase the cap in order to accommodate the fee increases imposed by this bill. Dr. Stewart commented that he feels that it is important to support this bill. Ms. Burton stated that she feels it is a little early to support this bill as there will be lots of amendments. She recommends a watch position. M/S/C (Afriat/Morrow) to accept staff's recommendation to take a watch position at this time. Bill Lewis, CDA, commented that they have not taken a formal position on this bill. Their biggest concern is the use of licensure fees for funding. He stated that there are many other funding sources being investigated. Dr. Morrow expressed his support for the objectives and the purpose of the bill but stated he had some concerns about the implementation of it. The motion passed unanimously.

**SB 821 (Committee on Business, Professions and Economic Development): Healing Arts**

Ms. Burton gave an overview of the bill and staff's recommendation. Ms. Fischer commented that she feels it would be appropriate to write a letter to the author thanking them for including the Dental Board's request in the bill. M/S/C (Morrow/Stewart) to accept staff's recommendation to take a neutral position at this time and send a letter of thanks to the author. There was no public comment. The motion passed unanimously.

Dr. Le, Board President, called for a short recess for lunch at 12:55 p.m.

The Board returned to open session at 1:30.

**AGENDA ITEM 7: Budget Process Overview and Report**

Karen Fischer, Executive Officer, gave an overview of the state budget process. She reviewed the Dental and Dental Assisting budgets. She reported that the Dental Assisting Program received an augmentation to their funds this year. She has submitted a request to have the augmentation become permanent.

**AGENDA ITEM 8: Update from the Dental Hygiene Committee of California (DHCC)**

Michele Hurlbutt, President of DHCC, thanked Ms. Fischer and Dr. Le for attending their meeting. She reported that they have three new public Committee members. She also reported that their Disciplinary Guidelines and Uniform Standards are submitted for Agency approval, they have promulgated regulations for Sponsored Free Health Care Events. They are also looking at increasing their fees to remain solvent. Ms. Hurlbutt stated that DHCC voted to accept the recommendation of the Infection Control Standards subcommittee to make no changes at this time. They would however, like to collaborate with the Dental Board in discussing the possibility of changing the statute to a review every two years instead of yearly. She reported that their Sunset Review Report is due in November.

Dr. Le agreed that we should look at changing the collaborative review of the Infection Control Standards to every two years.

**AGENDA ITEM 9: Update from the Department of Consumer Affairs Executive Office**

There was no representative from the Executive Office available to give a report.

**AGENDA ITEM 10: Regulatory Process Overview**

Donna Kantner, former Legislative and Regulatory Analyst for the Board, gave an overview of the regulatory process.

**AGENDA ITEM 11(A): Discussion and Possible Action Regarding Comments Received During the 45-day Public Comment Period for the Board's Proposed Rulemaking to Amend § 1018 and Adopt § 1018.01 of Title 16 of the California Code of Regulations Regarding Uniform Standards for Substance Abusing Healing Arts Licensees**

Ms. Lori Reis, manager of the Complaint and Compliance Unit, gave an overview of the Uniform Standards process and progress.

Ms. Reis reported that at the February 28, 2013 meeting, the Board accepted proposed revisions to amend § 1018 and adopt § 1018.1 of Title 16 of the California Code of Regulations, relative to Uniform Standards for Substance Abusing Healing Arts Licensees. The Board directed staff to notice the text for the 45-day comment period and set a regulatory hearing.

The proposed revisions were mailed to interested parties and posted on the Board's web site. The 45-day public comment period began on March 15, 2013 and ended on April 29, 2013. The regulatory hearing was held on April 29, 2013. The Board received written comments from the California Dental Association (CDA). The comments received from CDA were not considered adverse but staff prepared a response in an effort to provide clarification to questions the CDA had regarding the Board's proposed regulation relating to uniform standards for substance abusing licensees. Staff's response was:

The Board's Uniform Standards Related to Substance-Abusing Licensees would not apply to a licentiate who self-refers to the Board's Diversion Program, unless he or she tests positive for a banned substance, and the Board finds there is evidence that the licentiate is a substance-abusing licensee.

Pursuant to Business and Professions Code section 1695.5, subdivision (b), a licentiate who is not the subject of a current investigation may self-refer to the board's diversion program on a confidential basis, except as provided in subdivision (f). Subdivision (f) provides, in part, that "[i]f a licentiate in a diversion program tests positive for any banned substance, the board's diversion program manager shall immediately notify the board's enforcement program and provide the documentation evidencing the positive test result to the enforcement program. This documentation may be used in a disciplinary proceeding." Once the board is notified of a positive test for a banned substance, the self-referring licentiate would, therefore, lose his or her confidential status, and the board would be allowed to initiate a disciplinary proceeding. Pursuant to the provisions of the proposed CCR section 1018.01, the uniform standards would apply to such a licentiate only after notice and a hearing has been conducted in accordance with Chapter 5, Part 1, Division 3, Title 2 of the Government Code (commencing with sections 11500 et seq.), and the Board finds that the evidence establishes that the licentiate is a substance-abusing licensee. There was no public comment.

**AGENDA ITEM 11(B): Discussion and Possible Action Regarding Adoption of Proposed Amendment of §1018 and Addition of §1018.01 of Title 16 of the California Code of Regulations Relevant to Uniform Standards for Substance Abusing Licensees**

M/S/C (Morrow/Forsythe) to accept staff's recommended response to comment, and to adopt the final text as noticed, and direct staff to take all steps necessary to complete the rulemaking process, including the filing of the final rulemaking package with the Office of Administrative Law; and authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendment to § 1018 and the proposed addition of § 1018.01 of Title 16 of the California Code of Regulations. Bill Lewis, CDA, thanked the Board members and staff for the completion of this regulatory process and for clarifying

CDA's question related to self referral. There was no additional public comment. The motion passed unanimously.

**AGENDA ITEM 12: Licensing, Certification and Permits Program Report:**

**A. Dental and Dental Assisting Licensure and Permit Statistics**

Dawn Dill, Licensing and Examination Manager, reviewed the statistics provided. She explained the new format of the statistics and pointed out that there are over 100,000 license holders. Dr. Morrow asked if there was any data on the number of licenses that have been surrendered for one reason or another. Ms. Dill responded that there are categories for voluntary surrender and revoked. She stated that these statistics could be made available if the Board wishes to have that information.

**B. General Anesthesia/Conscious Sedation Evaluation Statistics**

Dr. Bruce Witcher, Chair of the Licensing, Certification and Permits Committee, gave an overview of the statistics provided.

**C. The Board may take action on recommendations by the Licensing Certification and Permits Committee regarding issuance of new licenses to replace cancelled licenses**

Dr. Witcher reported that the LCP Committee met in Closed Session to review one application for a license to replace a cancelled license for candidate LCM. He reported that the candidate met all the requirements and the LCP Committee recommended that the Board grant a new license to candidate LCM. M/S/C (Afriat/Morrow) to accept the LCP Committee's recommendation to grant candidate LCM a new license. There was no public comment. The motion passed unanimously.

**AGENDA ITEM 13: Enforcement Program Report:**

**A. Program Status**

Kim Trefry, Enforcement Chief, reviewed the current Enforcement Efforts, Outreach and Staffing within the Enforcement Program. There was no public comment.

**B. Enforcement Statistics (Complaints and Investigations)**

Ms. Trefry, Enforcement Chief, gave an overview of the statistics provided. There was no public comment

**C. Performance Measures**

Ms. Trefry, Enforcement Chief, gave an overview of the third quarter performance measures of the Enforcement Unit. There was no public comment.

**D. Diversion Program Report**

Lori Reis, Complaint and Compliance Unit and Diversion Program Manager, gave an overview of the Diversion statistics provided.

**AGENDA ITEM 14: Report on the April 19, 2013 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee; Discussion and Possible Action to Accept Committee Recommendations for Issuance of Permits**

Dr. Bruce Witcher, liaison to the Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee, reported that the EFCS Permit Credentialing Committee met on April 17, 2013 by teleconference.

In closed session, the Credentialing Committee reviewed two (2) applications.

The Committee recommended the Board issue Dr. Kurt G. Hummendorf a permit for unlimited Category I & Category II procedures.

M/S/C (Afriat/Morrow) to accept the Committee's recommendation to issue Dr. Kurt G. Hummendorf a permit for unlimited Category I & Category II procedures. There was no public comment. The motion passed unanimously.

The Committee recommended the Board issue Dr. Eric M. Scharf a permit for unlimited Category I & Category II procedures.

M/S/C (Morrow/Forsythe) to accept the Committee's recommendation to issue Dr. Eric M. Scharf a permit for unlimited Category I & Category II procedures. There was no public comment. The motion passed unanimously.

M/S/C (Forsythe/Dominicis) to accept the Elective Facial Cosmetic Surgery Permit Credentialing Committee report. There was no public comment. The motion passed unanimously.

**PUBLIC COMMENT:**

Frank Castillo, a student in the Dental program at the University De La Salle in Mexico, commented that he would like to bring to the attention of the Board issues that are causing distress in the personal and professional lives of himself and eight (8) fellow students of the class of June 2012. He stated that he and his fellow students are still attending De La Salle in their fifth year of school and are in fear of having to attend a sixth year. Mr. Castillo asked the Board to look into changes that have been made to the curriculum making it impossible for his colleagues and him to graduate within five (5) years. Mr. Castillo indicated that the dental school administration has not been responsive to repeated requests to discuss the issues. Mr. Castillo thanked the Board for their time and attention and commented that he and his fellow colleagues look forward to the time when they can use the knowledge they have gained to provide services throughout the state of California.

Bill Lewis, California Dental Association (CDA), commented that CDA has been monitoring the actions of the Berkeley City Council since last October when an anti-amalgam group brought a resolution to them and encouraged them to take action on behalf of the city to ban or limit the use of dental amalgam. At that time the city council referred the issue to two (2) advisory commissions. The Health Commission has come up with a resolution requiring all dentists to provide an informed consent form which must be signed by any patient considering an amalgam filling. The Environmental Commission put forth a resolution that would require the dentist to provide the Dental Materials Fact Sheet every time an amalgam filling is being discussed instead of only on the patient's first visit. Both Commissions are requesting the Dental Board update the Dental Materials Fact Sheet.

Mr. Lewis stated that CDA has referred the Commissions to Section 460 of the Business and Professions Code that prohibits local entities, cities or counties from taking any action that regulates a state licensed professional or that prohibits certain practices by a state licensed professional that is inconsistent with their license. CDA has requested that Senator Emmerson get an opinion from the State Legislative Counsel that concurs with CDA's opinion that the proposed informed consent requirement would be illegal under Section 460 of the Business and Professions Code. The Commissions are moving forward with their resolutions.

There was no further public comment. The meeting adjourned at 3:07 p.m.



## **Agenda Item 3**

### **Introduction of New Assistant Executive Officer**



## MEMORANDUM

<b>DATE</b>	August 2, 2013
<b>TO</b>	Dental Board of California
<b>FROM</b>	Linda Byers, Executive Assistant
<b>SUBJECT</b>	<b>Agenda Item 3:</b> Introduction of the New Assistant Executive Officer

Karen M. Fischer, Executive Officer of the Dental Board of California will introduce the new Assistant Executive Officer, Jennifer A. Thornburg.



## **Agenda Item 4**

### **President's Report**



## MEMORANDUM

<b>DATE</b>	August 2, 2013
<b>TO</b>	Dental Board of California
<b>FROM</b>	Linda Byers, Executive Assistant
<b>SUBJECT</b>	<b>Agenda Item 4:</b> President's Report

The President of the Dental Board of California, Dr. Huong Le, will provide a verbal report.



## **Agenda Item 5**

**Update from the Department of  
Consumer Affairs' Executive  
Office**



## MEMORANDUM

<b>DATE</b>	August 2, 2013
<b>TO</b>	Dental Board of California
<b>FROM</b>	Linda Byers, Executive Assistant
<b>SUBJECT</b>	<b>Agenda Item 5:</b> Update from the Department of Consumer Affairs Executive Office

The Deputy Director of Board and Bureau Relations, Christine Lally, will provide a verbal report.



## **Agenda Item 6A**

### **Report Regarding the Western Regional Examination Board (WREB) Activities**



## MEMORANDUM

<b>DATE</b>	July 19, 2013
<b>TO</b>	Dental Board Members
<b>FROM</b>	Bruce Witcher, DDS, Board Member, WREB Liaison
<b>SUBJECT</b>	<b>Agenda Item 6A:</b> Report Regarding the Western Regional Examination Board (WREB) Activities

### **Background:**

The Western Regional Examination Board (WREB) examination is presently the only clinical dental licensure examination given in California. The WREB exam effectively replaced the California exam that had been given since the 1920's in 2006 following the passage of AB 1524. This bill also established the portfolio examination as a future pathway to licensure. The WREB also administers dental hygiene exams recognized in California and other states. These include a clinical licensure exam as well as local anesthesia clinical and written exams, a computer based process of care exam, and a dental hygiene restorative clinical (typodont) exam.

The WREB exam is presently accepted by 17 states. Approximately 36% of the 5300 students graduating from US dental schools take the WREB exam. California graduates represented 28% of students taking the WREB dental exam in 2012 and 697 dentists who successfully completed the exam were granted California licenses that year.

The WREB was originally developed to provide licensure exams for Western states that did not administer clinical licensure exams. Most Western states no longer provide their own licensure exams and instead recognize the WREB exam. A number of states also recognize exams from other regional testing agencies such as NERB, SERTA, CITA and CRDTS. ADEX, an entity originally charged with developing a national exam, provides an exam that is administered by other entities including NERB, CRDTS, and the state of Nevada.

The WREB is a non-profit organization with the mission of developing and administering competency assessments for State agencies that license dental professionals. The WREB recently underwent restructuring of its governing board and developed a new strategic plan. Governance is by a Board of Directors composed of 13-15 members, with 9-11 voting members and 4 non-voting ex officio members. The voting members

include the dental hygiene exam review board chair, the dental exam review board chair, an at large hygiene member and 3-5 at large members of which two may be public members. Currently 4 of the 5 at large members are dentists.

The WREB employs a staff of 16, including 3 consultants and a psychometrician who is a specialist in examination design and administration. There are presently 136 WREB examiners who are state dental board members, former board members, or designated board members.

In 2012 WREB reported revenue of just under \$8 million with expenses of approximately \$6.5 M. Net revenue is dedicated to examination development. The WREB exam undergoes continuous review and improvement. The cost of the exam to the student varies by site but is approximately \$2000.

WREB member states maintain either active or affiliate status. Both categories require acceptance of the WREB exam as constructed and administered. Active member states must provide one member of the Dental Exam Review Board and Hygiene Exam Review Board; provide a minimum of 3 dental examiners and 2 hygiene examiners. California currently provides 9 examiners including one current dental board member and one previous dental board member. WREB would like to involve more sitting California Board members as examiners.

The WREB examination is composed of two computer based sections and a two and one half day clinical session. Computer based testing includes patient assessment and treatment planning, periodontal assessment and diagnosis and a multiple choice exam on prosthodontics based on the evaluation of 2-D and 3-D models. These are given at Pearson Vue testing centers.

The clinical examination requires completion of two operative restorative procedures chosen from four options;

- Posterior Class II amalgam
- Posterior Class II composite
- Anterior Class III composite
- Indirect posterior Class II cast gold restoration

The endodontic section requires treatment of two extracted teeth, one anterior and one multi canal posterior tooth mounted in a manikin. The clinical exam in periodontics requires completion of scaling and root planning on one or two quadrants.

## Report from the Dental Examination Review Board (DERB) In Attendance

<b>Name</b>	<b>State</b>
Dr. Norm Magnuson	<b>Chair-OR</b>
Dr. Tom Kovaleski	<b>AK</b>
Dr. Bruce Witcher	<b>CA</b>
Dr. Greg Waite	<b>AZ</b>
Dr. Val Garn	<b>ID</b>
Dr. Mark Saladin	<b>MO</b>
Dr. Dale Chamberlain	<b>MT</b>
Dr. Dan Storm	<b>OK</b>
Dr. Rudy Ramos	<b>TX</b>
Dr. Paul Bryan	<b>WA</b>
Dr. Roger Stevens	<b>KS</b>
Dr. Robert Lauf	<b>ND</b>
Dr. Rich Radmall	<b>UT</b>
Dr. Dennis Manning	<b>IL</b>
Dr. Burrell Tucker	<b>NM</b>
Dr. Mike Mulvehill	<b>Educator (USC)</b>
Dr. Ron Lemmo	<b>ADA</b>
Dr. Byron Blascoe	<b>NV</b>
Dr. Joe Zayas	WREB President
Beth Cole	WREB CEO
Dr. Charles Broadbent	Director of Exam Development
Dr. Bruce Horn	Director of Exam Administration
Denise Ramos	Dental Manager
Linda Paul	Director of Exam Administration
Sharon Osborn Popp, PhD	Testing Specialist

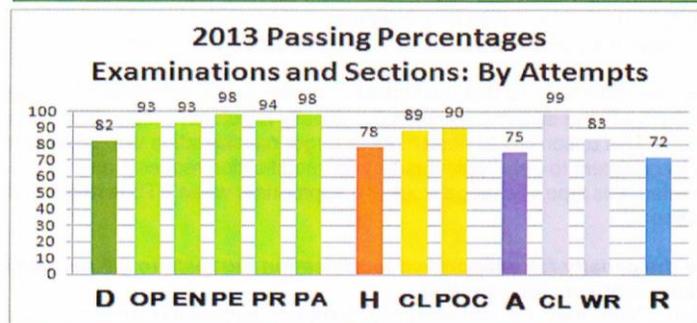
Active Member states provide representatives to the DERB. California is presently an active member state.

The board reviewed pass rates for the 2012 WREB dental examination and heard a review of exam psychometrics presented by Sharon Osborn Popp, PhD.

## Review of 2012 Exam Statistics

2012

Exam	Attempts	Pass %	Individual Cands	Pass %
OP	2225	94.2%	2148	97.4%
ENDO	2262	92.7%	2131	98.3%
PERIO	2168	97.7%	2124	99.4%
PROSTH	2313	90.0%	2142	97.2%
PATP	2172	97.6%	2126	99.5%
DENTAL	2551	80.6%	2170	94.7%



The weighted average for examiner agreement is 87.9% as of May 1. This average will probably increase by the end of the year. It was 88.8% in 2012.

The WREB exam is a “criterion referenced examination” designed to test for minimum competency, therefore there is a high pass rate. Dr. Osborn explained that the WREB clinical exams are scored based on a five point behaviorally anchored rating scale, with pass points set to establish the standard for minimum competency as determined by members of the committee for each section of the exam. Member state participation in WREB committees is highly important because the committees set the pass points.

### WREB Committee Reports

The following committee reports were received and approved.

1. Operative committee recommendations:
  - a. Discussion of a penalty for unapproved modification requests. Some candidates attempt to “game the examination” by submitting frivolous requests for modification of tooth preparations. Requests for modification of a tooth being prepared for a restoration must be approved by an examiner before the candidate may proceed to the next step. It was M/S/P that the penalty for an unapproved modification is increased to 0.5 points, the same as for a pulp exposure.
  - b. Proposal to fine tune acceptance criteria to include a tooth with decay that is clinically demonstrable but not clearly visible radiographically.
  - c. Requirement for candidates to use photo paper for digital prints of radiographs for consistency.
  - d. Developing new, clear and consistent illustrations for the candidate guide

2. Endodontic Committee - the committee:
  - a. Reviewed grading criteria and discussed the required distance from the apex for a completed fill, transportation of the apex, and voids following removal of gutta percha for post preparation.
  - b. Reviewed and updated the Examiner Manual and Candidate Guide
  - c. Conducted a review of examiner calibration statistics
  - d. Assigned tasks, including a review of CDC guidelines for handling extracted teeth; a review of endo floor examiner self assessments; adding “no electronic devices” to the floor examiner laminate.
3. Comprehensive Treatment Planning Committee
  - a. In January 2011 an ad hoc committee reviewed the two separate computer based exams presently utilized by the WREB exam (perio assessment/prosthodontics and patient assessment/treatment planning). The Committee developed a new CTP exam that will neither cost more nor take longer than the current exams and will be implemented in 2014.
  - b. The goal was to develop a single comprehensive examination that would be more closely related to clinical practice. The committee subsequently developed a computer based treatment planning examination with an “open ended” design based on clinical scenarios to test critical thinking. The new exam has been beta tested using both WREB examiners and senior students at two dental schools. Examiner tutorial and candidate guides have been developed. The exam design has been reviewed and approved by the psychometrician.
  - c. The proposed exam has the advantage of allowing for separate on line registration and reporting of results. This will speed the release of exam results.

### **Election of Board Members**

The Dental Exam Review Committee elected three “at large” members to the WREB Board of Directors. Dr. Jerri Donahue from Wyoming was elected to a 3 year term, Dr. James Sparks from Oklahoma was re-elected for a 2 year term and Dr. Kevin Stock from Idaho was re-elected for a 1 year term.

Dr. Arne Pihl from Alaska was re-elected as Treasurer and Dr. Nathaniel Tippit from Texas was elected President-Elect.

4. The WREB is reaching out for input from all member states and is requesting active involvement in all aspects of the exam. Meetings are to be held twice a year and moved to an earlier date to allow for more timely input from the DERB.
5. DERB members provided verbal reports on state issues. These include the use of Botox by dentists, prescription drug abuse, legislation to address fees for non-covered services, and scope of practice. Many states are working to address a backlog of disciplinary cases with limited investigative staff and funding.



## **Agenda Item 6Bi**

### **Staff Update on Portfolio Examination Development**



## MEMORANDUM

<b>DATE</b>	August 6, 2013
<b>TO</b>	Dental Board of California
<b>FROM</b>	Linda Byers, Executive Assistant
<b>SUBJECT</b>	<b>Agenda Item 6Bi:</b> Staff Update on Portfolio Examination Development

Dr. Casagrande will provide an update regarding the development of the Portfolio Examination pathway to licensure.



## **Agenda Item 6Bii**

**Discussion and Possible Action to  
Consider Initiation of a  
Rulemaking Relative to Portfolio  
Examination Requirements**



## MEMORANDUM

<b>DATE</b>	August 16, 2013
<b>TO</b>	Dental Board Members
<b>FROM</b>	Dawn Dill, Manager, Licensing and Examination Unit Sarah Wallace, Legislative and Regulatory Analyst
<b>SUBJECT</b>	<b>Agenda Item 6(B)(ii):</b> Discussion and Possible Action to Consider Initiation of a Rulemaking Relative to Portfolio Examination Requirements

### **Background:**

At its May 2013 meeting, Dr. Norman Hertz presented the Board with the final report entitled *Development and Validation of a Portfolio Examination for Initial Dental License, Dated May 1, 2013*. Dr. Hertz explained that a feasibility study had been conducted with all six (6) of the California dental schools and a consensus had been obtained on the development of the examination. During the meeting the Board subcommittee, Dr. Stephen Casagrande and Dr. Steven Morrow, provided a presentation on the process to date. Copies of the *Portfolio Examination Examiner Training Manual* and the *Portfolio Examination Candidate Handbook* were presented. Copies of these two documents and the final report may be found in the May 2013 meeting materials available on the Board's web site here:

[http://www.dbc.ca.gov/about\\_us/materials/meeting\\_materials.shtml](http://www.dbc.ca.gov/about_us/materials/meeting_materials.shtml)

### **Development of Proposed Regulatory Language for Portfolio Examination Requirements:**

Board staff and Board Legal Counsel have developed proposed regulatory language relative to the portfolio examination requirements for the Board's consideration for initiation of a rulemaking. The proposed language has been developed from the information contained in the following documents: (1) *Development and Validation of a Portfolio Examination for Initial Dental License, Dated May 1, 2013*, (2) *Portfolio Examination Examiner Training Manual*, and (3) *Portfolio Examination Candidate Handbook*.

The proposed language would make the following changes to the California Code of Regulations, Title 16:

1. Amend § 1021 to delete provisions relating to fees for the Board's clinical and written examination that no longer exists;

2. Amend §§ 1028, 1028.4, 1028.5, and 1030 to specify the portfolio examination application process and incorporate by reference applicable forms;
3. Amend §§ 1032 to 1032.6 replace existing obsolete examination regulations relating to the Board's previously administered clinical examination with the new portfolio examination requirements, as follows:
  - A. Amend § 1032 to specify eligibility requirements for an examinee to take the portfolio examination;
  - B. Amend § 1032.1 to define terms used throughout the examinations Article relevant to the portfolio examination;
  - C. Amend § 1032.2 to specify the requirements for clinical experience in each of the required competencies;
  - D. Amend § 1032.3 to specify the requirements for the portfolio, competency examination, acceptable criteria, and scoring for the oral diagnosis and treatment planning competency of the portfolio examination;
  - E. Amend § 1032.4 to specify the requirements for the portfolio, competency examination, acceptable criteria, and scoring for the direct restoration competency of the portfolio examination;
  - F. Amend § 1032.5 to specify the requirements for the portfolio, competency examination, acceptable criteria, and scoring for the indirect restoration competency of the portfolio examination;
  - G. Amend § 1032.6 to specify the requirements for the portfolio, competency examination, acceptable criteria, and scoring for the removable prosthodontics competency of the portfolio examination;
4. Add § 1032.7 to specify the requirements for the portfolio, competency examination, acceptable criteria, and scoring for the endodontics competency of the portfolio examination;
5. Add § 1032.8 to specify the requirements for the portfolio, competency examination, acceptable criteria, and scoring for the periodontics competency of the portfolio examination;
6. Add § 1032.9 to specify the requirements for portfolio competency examiner qualifications;
7. Add § 1032.10 to specify the requirements for portfolio competency examiner training requirements;
8. Amend § 1033 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination;

9. Amend § 1033.1 to replace existing obsolete examination regulations relating to the Board's previously administered clinical examination with the general procedures and policies for the portfolio examination;
10. Amend § 1034 to replace existing obsolete examination regulations relating to the Board's previously administered clinical examination with the criteria for portfolio examination grading;
11. Amend § 1034.1 to make a technical amendment relating to the Western Regional Examination Board;
12. Amend § 1035 to specify that the Board's examination review procedures and appeals are not applicable to the portfolio examination;
13. Repeal § 1035.1 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination;
14. Repeal § 1035.2 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination;
15. Amend § 1036 to specify the remediation requirements for an examinee who fails to pass a portfolio competency examination after three attempts;
16. Repeal § 1036.1 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination;
17. Repeal § 1036.2 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination;
18. Repeal § 1036.3 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination;
19. Repeal § 1037 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination;
20. Repeal § 1038 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination;
21. Repeal § 1039 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination; and
22. Incorporate by reference the following forms:
  - A. Application for Determination of Licensure Eligibility (Portfolio) Form 33A-22P (New 08/2013)
  - B. Application for Issuance of License Number and Registration of Place of Practice (Rev. 08/2013)

- C. Portfolio Examination Certification of Clinical Experience Completion Form 33A-23P (New 08/13)
- D. Certification of Successful Completion of Remedial Education for Portfolio Competency Re-Examination Eligibility Form (New 08/13)

**Action Requested:**

Consider and possibly accept the proposed regulatory language relevant to portfolio examination requirements, 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 authorizing the Executive Officer to make any 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, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and (1) adopt the proposed amendments to California Code of Regulations, Title 16, Sections 1021, 1028, 1028.4, 1028.5, 1030, 1031, 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1033, 1033.1, 1034, 1034.1, 1035; (2) adopt the proposed additions of California Code of Regulations, Title 16, Sections 1032.7, 1032.8, 1032.9, 1032.10, 1032.11; and (3) adopt the proposed repeal of California Code of Regulations, Title 16, Sections 1035.1, 1035.2, 1036.1, 1036.2, 1036.3, 1037, 1038, and 1039; as noticed in the proposed text.

# **Proposed Language**

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

**PROPOSED LANGUAGE**

Amend California Code of Regulations, Title 16, Sections 1021, 1028, 1028.4, 1028.5, 1030, 1031, 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1033, 1033.1, 1034, 1034.1, 1035; Adopt California Code of Regulations, Title 16, Sections 1032.7, 1032.8, 1032.9, 1032.10, 1032.11; and, Repeal California Code of Regulations, Title 16, Sections 1035.1, 1035.2, 1036.1, 1036.2, 1036.3, 1037, 1038, and 1039; as follows:

**CHAPTER 1. GENERAL PROVISIONS APPLICABLE TO ALL LICENSEES  
ARTICLE 6. FEES**

**§ 1021. Examination, Permit and License Fees for Dentists**

The following fees are set for dentist examination and licensure by the board<sup>\*\*</sup>:

- |                                                                                                                                                                                                                                                                             |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| (a) <del>Initial application for the board clinical and written examination pursuant to Section 1632(c)(1) of the code,</del> Initial application for those applicants qualifying pursuant to Section 1632(c)(2) and those applicants qualifying pursuant to Section 1634.1 | \$100  |
| (b) Initial application for restorative technique examination                                                                                                                                                                                                               | \$250  |
| (c) Applications for reexamination                                                                                                                                                                                                                                          | \$75   |
| <del>(d) Board clinical and written examination or pursuant to Section 1632(c)(1) of the code</del>                                                                                                                                                                         | \$450  |
| (e) Restorative technique examination or reexamination                                                                                                                                                                                                                      | \$250  |
| (f) Fee for application for licensure by credential                                                                                                                                                                                                                         | \$283  |
| (g) Initial license                                                                                                                                                                                                                                                         | \$365  |
| (h) Biennial license renewal fee                                                                                                                                                                                                                                            | \$365. |
| (i) Biennial license renewal fee for those qualifying pursuant to Section 1716.1 of the code shall be one half of the renewal fee prescribed by subsection (h).                                                                                                             |        |
| (j) Delinquency fee - license renewal - The delinquency fee for license renewal shall be the amount prescribed by section 163.5 of the code.                                                                                                                                |        |
| (k) Substitute certificate                                                                                                                                                                                                                                                  | \$50   |
| (l) Application for an additional office permit                                                                                                                                                                                                                             | \$100  |
| (m) Biennial renewal of additional office permit                                                                                                                                                                                                                            | \$100  |

(n) Late change of practice registration	\$50
(o) Fictitious name permit The fee prescribed by Section 1724.5 of the Code	
(p) Fictitious name renewal	\$150
(q) Delinquency fee-fictitious name renewal	
The delinquency fee for fictitious name permits shall be one-half of the fictitious name permit renewal fee.	
(r) Continuing education registered provider fee	\$250
(s) General anesthesia or conscious sedation permit or adult or minor oral conscious sedation certificate	\$200
(t) Oral Conscious Sedation Certificate Renewal	\$75
(u) General anesthesia or conscious sedation permit renewal fee	\$200
(v) General anesthesia or conscious sedation on-site inspection and evaluation fee	\$250

\*Fee pro-rated based on applicant's birth date.

\*\* Examination, licensure, and permit fees for dentistry may not all be included in this section, and may appear in the Business and Professions Code.

Note: Authority cited: Sections 1614, 1635.5, 1634.2(c), 1724 and 1724.5, Business and Professions Code. Reference: Sections 1632, 1634.1, 1646.6, 1647.8, 1647.12, 1647.15, 1715, 1716.1, 1718.3, 1724 and 1724.5, Business and Professions Code.

## CHAPTER 2. DENTISTS

### ARTICLE 2. APPLICATION FOR LICENSURE

#### **§ 1028. Application for Licensure.**

(a) An applicant for licensure as a dentist shall submit an "Application for Licensure to Practice Dentistry" (WREB) Form 33A-22W (Revised 11/06), which is hereby incorporated by reference, or "~~Application for Examination for Licensure to Practice Dentistry~~Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 08/2013), which is hereby incorporated by reference, ~~which are forms prescribed by the board and the application shall be accompanied by the following information and fees:~~

(b) Applications for licensure shall be accompanied by the following information and fees:

(1) The application and examination(s) fees as set by Section 1021;

(2) Satisfactory evidence that the applicant has met all applicable requirements in Sections 1628 and 1632 of the Code;

~~(3) Two classifiable sets of fingerprints or a LiveScan form and applicable fee~~The applicant shall furnish two classifiable sets of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the Board to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check;

(4) Where applicable, a record of any previous dental practice and ~~verification~~certification of license status in each state or jurisdiction in which licensure as a dentist has been attained;

~~(5) Except for applicants qualifying pursuant to Section 1632(c)(2), satisfactory evidence of liability insurance or of financial responsibility in accordance with Section 1628(c) of the code. For purposes of that subsection:~~

~~(A) Liability insurance shall be deemed satisfactory if it is either occurrence type liability insurance or claims made type liability insurance with a minimum five year reporting endorsement, issued by an insurance carrier authorized by the Insurance Commissioner to transact business in this State, in the amount of \$100,000 for a single occurrence and \$300,000 for multiple occurrences, and which covers injuries sustained or claimed to be sustained by a dental patient in the course of the licensing examination as a result of the applicant's actions.~~

~~(B) "Satisfactory evidence of financial responsibility" means posting with the board a \$300,000 surety bond.~~

~~(65)~~ Applicant's name, social security number, address of residency, mailing address if different from address of residency, date of birth, and telephone number, and sex of applicant;

~~(76)~~ Applicant's preferred examination site(s) in California unless the applicant has passed the Western Regional Examining Board examination Information as to whether the applicant has ever taken the California Law and Ethics written examination;

~~(87)~~ Any request for accommodation pursuant to the Americans with Disabilities Act;

~~(98)~~ A 2-inch by 2-inch passport style photograph of the applicant, submitted with the "Application for Licensure to Practice Dentistry (WREB)" Form 33A-22W (Revised 11/06), or "Application for Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 08/2013);

(409) Information regarding applicant's education including dental education and postgraduate study, if applicable;

(410) Certification from the dean of the qualifying dental school attended by the applicant to certify the date the applicant graduated;

~~(11) Certification from the dean of the qualifying dental school attended by the applicant to certify the applicant has graduated with no pending ethical issues;~~

(4211) Information regarding whether the applicant has any pending or had in the past any charges filed against a dental license or other healing arts license;

(4312) Information regarding any prior disciplinary action(s) taken against the applicant regarding any dental license or other healing arts license held by the applicant including actions by the United States Military, United States Public Health Service or other federal government entity. "Disciplinary action" includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental license. If an applicant answers "yes", he or she shall provide the date of the effective date of disciplinary action, the state where the discipline occurred, the date(s), charges convicted of, disposition and any other information requested by the board;

(4413) Information as to whether the applicant is currently the subject of any pending investigation by any governmental entity. If the applicant answers "yes," he or she shall provide any additional information requested by the board;

(4514) Information regarding any instances in which the applicant was denied a dental license, denied permission to practice dentistry, or denied permission to take a dental board examination. If the applicant answers "yes", he or she shall provide the state or country where the denial took place, the date of the denial, the reason for denial, and any other information requested by the board;

(4615) Information as to whether the applicant has ever surrendered a license to practice dentistry in another state or country. If the applicant answers "yes," additional information shall be provided including state or country of surrender, date of surrender, reason for surrender, and any other information requested by the board;

(4716) Information as to whether the applicant has ever been convicted of any ~~crime including infractions, misdemeanors and felonies unless the conviction was for an infraction with a fine of less than \$300.~~ "Conviction" for purposes of this subparagraph includes a plea of no contest and any conviction that has been set aside pursuant to Section 1203.4 of the Penal Code. Therefore, applicants shall disclose any convictions in which the applicant entered a plea of no contest and

~~any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code; violation of the law in this or any other state, the United States, or other country, omitting traffic infractions under \$1,000 not involving alcohol, dangerous drugs, or controlled substances. For the purposes of this section, "conviction" means a plea or verdict of guilty or a conviction following a plea of nolo contendere or "no contest" and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanors, and felonies;~~

~~(1817) Information as to whether the applicant is in default on a United States Department of Health and Human Services education loan pursuant to Section 685 of the Code; and~~

~~(19) Any other information the board is authorized to consider when determining if an applicant meets all applicable requirements for examination and licensure; and~~

~~(2018) A certification, under the penalty of perjury, by the applicant that the information on the application is true and correct;\_~~

~~(b) Completed applications shall be filed with the board not later than 45 days prior to the date set for the beginning of the examination for which application is made. An application shall not be deemed incomplete for failure to establish compliance with educational requirements if the application is accompanied by a certification from an approved school that the applicant is expected to graduate from that school prior to such examination and if the approved school certifies not less than 15 days prior to examination that the applicant has in fact graduated from that school.~~

(c) In addition to complying with the applicable provisions contained in subsections (a) through (b) above, an applicant submitting an "Application for Licensure to Practice Dentistry" (WREB) Form 33A-22W (Revised 11/06), for licensure as a dentist upon passage of Western Regional Examining Board ("WREB") examination shall also furnish evidence of having successfully passed, on or after January 1, 2005, the WREB examination.

(d) In addition to complying with the applicable provisions contained in subsections (a) through (b) above, an applicant submitting an "Application for Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 08/2013) shall also furnish certification from the dean of the qualifying dental school attended by the applicant to certify the applicant has graduated with no pending ethical issues;

(e) An "Application for Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 08/2013) may be submitted prior to graduation, if the application is accompanied by a certification from the school that the applicant is expected to graduate. The Board shall not issue a license, until receipt of a certification from the dean of the school attended by the applicant, certifying the date the applicant graduated with no pending

ethical issues on school letterhead.

(1) The earliest date upon which an examinee may submit their portfolio for review by the board shall be within 90 days of graduation. The latest date upon which an examinee may submit their portfolio for review by the board shall be no more than 90 days after graduation.

(2) The examinee shall arrange with the dean of his or her dental school for the school to submit the completed portfolio materials to the Board.

(3) The Board shall review the submitted portfolio materials to determine if it is complete and the examinee has met the requirements for Licensure by Portfolio Examination.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1628, ~~and 1628.5,~~ and 1632, Business and Professions Code.

#### **§ 1028.4. Application for Issuance of License Number and Registration of Place of Practice Pursuant to Section 1650.**

Upon being found eligible for licensure, the applicant shall file an "Application for Issuance of License Number and Registration of Place of Practice," (Rev. ~~11-07~~ 08/2013) that is incorporated herein by reference, and shall be accompanied by the licensure fee as set by Section 1021.

Note: Authority cited: Sections 1614, 1632 1634.1, and 1635.5 ~~and 1634.2(e)~~, Business and Professions Code. Reference: Section 1650, Business and Professions Code.

#### **§ 1028.5. Application for California Law and Ethics Examination Pursuant to Section 1632(b).**

Application for the California law and ethics examination shall be made on an "Application for Law and Ethics Examination" (Rev. ~~12/07~~ 08/2013) that is incorporated herein by reference.

Note: Authority cited: Sections 1614 and 1634.2(c), Business and Professions Code. Reference: Section 1632, Business and Professions Code.

#### **§ 1030. Theory Examination.**

An applicant shall successfully complete the National Board of Dental Examiners' examination ~~prior to taking the California examination~~ and shall submit confirmation thereof to the board prior to submission of the "Application for Issuance of License Number and Registration of Place of Practice," (Rev. 08/2013). ~~Such confirmation must be received in the board office not less than 30 days prior to the examination date requested.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and ~~1633.5~~ 1634.1, Business and Professions Code.

## ARTICLE 3. EXAMINATIONS

### **§ 1031. Supplemental Examinations in California Law and Ethics.**

Prior to issuance of a license, an applicant shall successfully complete 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) An examinee shall be deemed to have passed the examinations if his/her score is at least 75% in each examination.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and ~~4633.5~~1634.1, Business and Professions Code.

### **§ 1032. ~~Demonstrations of Skill~~Portfolio Examination: Eligibility.**

~~Each applicant shall complete written examinations in endodontics and removable prosthodontics. Clinical examinations consisting of periodontics, an amalgam restoration and a composite resin restoration will be completed on patients. In addition, each applicant shall be required to complete a simulation examination in fixed prosthetics.~~

The portfolio examination shall be conducted while the examinee is enrolled Board-approved dental school located in California. A student may elect to begin the portfolio examination process during the clinical training phase of their dental education. The student shall have the approval of his or her clinical faculty prior to beginning the portfolio examination process.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630 and 1632, Business and Professions Code.

### **§ 1032.1. ~~Endodontics~~Portfolio Examination: Definitions.**

~~The written endodontics diagnosis and treatment planning examination shall test the applicant's ability to diagnose, treatment plan, interpret radiographs and evaluate treatment strategies for pulpal and periapical pathoses and systemic entities.~~

As used in this Article, the following definitions shall apply:

(a) "Case" means a dental procedure which satisfies the required clinical experiences.

(b) "Clinical experiences" means the procedures that the examinee must complete prior to submission of his or her portfolio examination application.

(c) “Critical error” means a gross error that is irreversible or may impact the patient’s safety and wellbeing.

(d) “Examinee” means the dental student who is taking the examination.

(e) “Independent performance” means an examinee is actually involved in the delivery of dental treatment by him or herself. This shall not include observing treatment or being guided by a faculty clinician.

(f) “Patient management” means the interaction between patient and examinee from initiation to completion of treatment, including any post-treatment complications that may occur.

(g) “Portfolio” means the cumulative documentation of clinical experiences and competency examinations submitted to the Board.

(h) “Portfolio competency examiner” means the dental school faculty examiner. The portfolio competency examiner shall be a faculty member chosen by the school, registered with the Board, and shall be trained and calibrated to conduct and grade the portfolio competency examinations.

(i) “School” means a Board-approved dental school located in California.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1632, Business and Professions Code.

**§ 1032.2. Removable Prosthodontics Evaluation ExaminationPortfolio Examination: Requirements for Demonstration of Clinical Experience.**

The written removable prosthodontics evaluation examination shall be conducted in a laboratory setting and test the applicant’s knowledge, understanding and judgement in the diagnosis and treatment of complete denture, partial denture and implant cases.

(a) Each examinee shall complete at least the minimum number of clinical experiences in each of the competencies prior to submission of their portfolio to the Board. Clinical experiences have been determined as a minimum number in order to provide an examinee with sufficient understanding, knowledge and skill level to reliably demonstrate competency. All clinical experiences shall be performed on patients under the supervision of school faculty and shall be included in the portfolio submitted to the Board. Clinical experience shall be obtained at the dental school clinic, an extramural dental facility or a mobile dental clinic approved by the Board. The portfolio shall contain documentation that the applicant has satisfactorily completed the minimum number of clinical experiences as follows:

(1) The documentation of oral diagnosis and treatment planning (ODTP) clinical experiences shall include a minimum of twenty (20) patient cases. Clinical experiences for ODTP include: comprehensive oral evaluations, limited (problem-focused) oral evaluations, and periodic oral evaluation.

(2) The documentation of direct restorative clinical experiences shall include a minimum of sixty (60) restorations. The restorations completed in the clinical experiences may include any restoration on a permanent or primary tooth using standard restorative materials including: amalgams, composites, crown build-ups, direct pulp caps, and temporizations.

(3) The documentation of indirect restorative clinical experiences shall include a minimum of fourteen (14) restorations. The restorations completed in the clinical experiences may be a combination of the following procedures: inlays, onlays, crowns, abutments, pontics, veneers, cast posts, overdenture copings, or dental implant restorations.

(4) The documentation of removable prosthodontic clinical experiences shall include a minimum of five (5) prostheses. One of the five prostheses may be used as a portfolio competency examination provided that it is completed in an independent manner with no faculty intervention. A prosthesis is defined to include any of the following: full denture, partial denture (cast framework), partial denture (acrylic base with distal extension replacing a minimum number of three posterior teeth), immediate treatment denture, or overdenture retained by a natural or dental implants.

(5) The documentation of endodontic clinical experiences on patients shall include five (5) canals or any combination of canals in three separate teeth.

(6) The documentation of periodontal clinical experiences shall include a minimum of twenty-five (25) cases. A periodontal experience shall include the following: An adult prophylaxis, treatment of periodontal disease such as scaling and root planing, any periodontal surgical procedure, and assisting on a periodontal surgical procedure when performed by a faculty or an advanced education candidate in periodontics. The combined clinical periodontal experience shall include a minimum of five (5) quadrants of scaling and root planning procedures.

(b) Evidence of successful completion of clinical experiences shall be certified by the Clinic Director on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the examinees portfolio.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, and 1632.1, Business and Professions Code.

**§ 1032.3. Clinical Periodontics Examination Portfolio Examination: Oral Diagnosis and Treatment Planning (ODTP).**

~~(a) The clinical periodontics examination shall include a clinical periodontal examination and diagnosis and hand scaling of a quadrant(s) as assigned or approved by the board. The term "scaling" means the complete removal of explorer-detectable calculus, soft deposits and plaque, and smoothing of the unattached tooth surfaces. Unattached tooth surface means the portion of the crown and root surface to which no tissue is attached. Ultrasonic, sonic, handpiece-drive or other mechanical scaling devices may be used only at the direction of the board.~~

~~Additionally, the clinical periodontics examination shall include a written exercise using projected slides depicting clinical situations which shall test the applicant's ability to recognize, diagnose and treat periodontal diseases.~~

~~(b) One patient shall be provided by the applicant for the clinical periodontal examination and diagnosis and scaling portions of the examination. The applicant shall provide full mouth radiographs of the patient, which shall consist of 18 radiographs of which at least four must be bite-wings. Radiographs must be of diagnostic quality and must depict the current condition of the patient's mouth. If a patient is deemed unacceptable by the examiners, it is the applicant's responsibility to provide another patient who is acceptable. An acceptable patient shall meet the criteria set forth in Section 1033.1 and the following additional criteria:~~

~~(1) Have a minimum of 20 natural teeth, of which at least four must be molar teeth.~~

~~(2) Have at least one quadrant with the following:~~

~~(A) At least six natural teeth;~~

~~(B) At least one molar, one bicuspid and one anterior tooth which are free of conditions which would interfere with evaluation including, but not limited to, gross decay, faulty restorations, orthodontic bands, overhanging margins, or temporary restorations with subgingival margins. (Crowns with smooth margins are acceptable);~~

~~(C) Interproximal probing depths of three to six millimeters, of which at least some must exceed three millimeters. A deviation of one millimeter from the above range is permissible;~~

~~(D) Explorer-detectable moderate to heavy interproximal subgingival calculus must be present on at least 50 percent of the teeth. Calculus must be radiographically evident.~~

~~(c) If an applicant is unable to find a patient with one quadrant which meets the requirements of subsection (b)(2) above, the applicant may provide a patient in which these requirements can be found somewhere in two quadrants on the same side of the mouth rather than in one quadrant. However, an applicant who presents such a patient~~

shall be required to scale all teeth in both quadrants in the same time allotted for scaling one quadrant.

(a) The portfolio shall contain the following documentation of the minimum ODTP clinical experiences and documentation of ODTP portfolio competency examination:

(1) Evidence of successful completion of the ODTP clinical experiences shall be certified by the Clinic Director on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the examinees portfolio.

(2) Documentation providing proof of satisfactory completion of a final assessment in the ODTP competency examination. For purpose of this section, satisfactory proof means the ODTP competency examination has been approved by the designated dental school faculty.

(b) Competency Examination Requirements: The ODTP competency examination shall include:

(1) Fifteen (15) scoring factors:

(A) Medical Issues That Impact Dental Care;

(B) Treatment Modifications Based on Medical Conditions;

(C) Patient Concerns/Chief Complaint;

(D) Dental History;

(E) Significant Radiographic Findings;

(F) Clinical Findings;

(G) Risk Level Assessment;

(H) Need for Additional Diagnostic Tests/Referrals;

(I) Findings From Mounted Diagnostic Casts;

(J) Comprehensive Problem List;

(K) Diagnosis and Interaction of Problems;

(L) Overall Treatment Approach;

(M) Phasing and Sequencing of Treatment;

(N) Comprehensiveness of Treatment Plan; and

(O) Treatment Record.

(2) Initiation and completion of one (1) multidisciplinary portfolio competency examination.

(3) The treatment plan shall involve at least three (3) of the following six disciplines: periodontics, endodontics, operative (direct and indirect restoration), fixed and removable prosthodontics, orthodontics, and oral surgery.

(4) Medical history for dental treatment provided to patients. The medical history shall include: an evaluation of past illnesses and conditions, hospitalizations and operations, allergies, family history, social history, current illnesses and medications, and their effect on dental condition.

(5) Dental history for dental treatment provided to clinical patients. The dental history shall include: age of previous prostheses, existing restorations, prior history of orthodontic/periodontic treatment, and oral hygiene habits/adjuncts.

(6) Documentation of a comprehensive examination for dental treatment provided to patients. The documentation shall include:

(A) Interpretation of radiographic series;

(B) Performance of caries risk assessment;

(C) Determination of periodontal condition;

(D) Performance of a head and neck examination, including oral cancer screening;

(E) Screening for temporomandibular disorders;

(F) Assessment of vital signs;

(G) Performance of a clinical examination of dentition; and

(H) Performance of an occlusal examination.

(7) Documentation the examinee evaluated data to identify problems. The documentation shall include:

(A) Chief complaint;

(B) Medical problem;

(C) Stomatognathic problems; and

(D) Psychosocial problems.

(8) Documentation the examinee worked-up the problems and developed a tentative treatment plan. The documentation shall include:

(A) Problem definition, e.g., severity/chronicity and classification;

(B) Determination if additional diagnostic tests are needed;

(C) Development of a differential diagnosis;

(D) Recognition of need for referral(s);

(E) Pathophysiology of the problem;

(F) Short term needs;

(G) Long term needs;

(H) Determination interaction of problems;

(I) Development of treatment options;

(J) Determination of prognosis; and

(K) Patient information regarding informed consent.

(9) Documentation the examinee developed a final treatment plan. The documentation shall include:

(A) Rationale for treatment;

(B) Problems to be addressed, or any condition that puts the patient at risk in the long term; and

(C) Determination of sequencing with the following framework:

(i) Systemic: medical issues of concern, medications and their effects, effect of diseases on oral condition, precautions, treatment modifications;

(ii) Urgent: Acute pain/infection management, urgent esthetic issues, further exploration/additional information, oral medicine consultation, pathology;

(iii) Preparatory: Preventive interventions, orthodontic, periodontal (Phase I, II), endodontic treatment, caries control, other temporization;

(iv) Restorative: operative, fixed, removable prostheses, occlusal splints, implants;

(v) Elective: esthetic (veneers, etc.) any procedure that is not clinically necessary, replacement of sound restoration for esthetic purposes, bleaching; and

(vi) Maintenance: periodontic recall, radiographic interval, periodic oral examination, caries risk management.

(c) Acceptable Patient Criteria for ODTP Competency Examination. The patient used for the competency examination shall meet the following criteria:

(1) Maximum of ASA II, as defined by the American Society of Anesthesiologists (ASA) Physical Status Classification System;

(2) Missing or will be missing two or more teeth, not including third molars; and

(3) At least moderate periodontitis with probing depths of 5 mm or more.

(d) Competency Examination Scoring: The scoring system used for the ODTP competency examination is defined as follows:

(1) A score of 0 is unacceptable; examinee exhibits a critical error.

(2) A score of 1 is unacceptable; major deviations that are correctable

(3) A score of 2 is acceptable; minimum competence

(4) A score of 3 is adequate; less than optimal

(5) A score of 4 is optimal

A score rating of “2” shall be deemed the minimum competence level performance.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, and 1632.1 Business and Professions Code.

**§ 1032.4. Clinical Amalgam Restoration and Composite Resin Restoration Portfolio Examination: Direct Restoration.**

~~(a) Amalgam restoration. Each applicant shall complete to the satisfaction of the board one Class II amalgam restoration in a vital posterior tooth, excluding the mandibular first bicuspid. The tooth involved in the restoration must have caries which penetrates the dento-enamel junction and must be in occlusion. Proximal caries must be in contact with at least one adjacent tooth. The tooth selected may have one existing single-surface restoration or sealant on the occlusal, buccal or lingual surfaces.~~

~~(b) Composite resin restoration. Each applicant shall complete to the satisfaction of the board, one Class III or IV composite resin cavity preparation and restoration of a permanent incisor or canine. The tooth to be restored with a Class III or IV restoration must have proximal caries which penetrates the dento-enamel junction and the caries must be in contact with an adjacent tooth.~~

~~(c) Radiographic requirements. Each applicant shall provide satisfactory periapical and bite-wing radiographs of the tooth to be treated for the amalgam restoration and a satisfactory periapical radiograph of the tooth to be treated for the composite resin restoration. All radiographs shall have been taken not more than six months prior to the examination at which they are presented and must depict the current condition of the patient's tooth.~~

~~(d) Rubber dams. A rubber dam shall be used during the preparation of the amalgam restoration and the composite resin restoration. The Amalgam preparation and the composite resin preparation shall be presented for grading with a rubber dam in place.~~

~~(e) Altering preparations. A preparation which has been graded shall not be changed or altered by the examinee without the specific approval and signature of an examiner.~~

~~(f) Pathological exposures. In the event of a pathological exposure during the amalgam preparation or the composite resin preparation, both the preparation and the restoration will be graded.~~

~~(g) Mechanical exposures. In the event of a mechanical exposure, completion of the clinical procedure will not be allowed for either the amalgam restoration or the composite resin restoration and the applicant will receive a grade of zero.~~

(a) The portfolio shall contain the following documentation of the minimum direct restoration clinical experiences and documentation of the direct restoration portfolio competency examination:

(1) Evidence of successful completion of the direct restoration clinical experiences shall be certified by the Clinic Director on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the examinees portfolio.

(2) Documentation providing proof of satisfactory completion of a final assessment in the direct restoration competency examination. For purpose of

this section, satisfactory proof means the direct restoration competency examination has been approved by the designated dental school faculty.

(b) Competency Examination Requirements: The direct restoration portfolio shall include documentation of the examinee's clinical competency to perform a Class II, Class III and Class IV direct restoration on teeth containing primary carious lesions to optimal form, function and esthetics using amalgam or composite restorative materials. The case selection shall be based on minimum direct restoration criteria for any permanent anterior or posterior teeth. Each procedure may be considered a clinical experience. The direct restoration competency examination shall include:

(1) Seven (7) scoring factors:

(A) Case Presentation;

(B) Outline and Extensions;

(C) Internal Form;

(D) Operative Environment;

(E) Anatomical Form;

(F) Margins; and

(G) Finish and Function.

(2) Two (2) restorations: One (1) Class II amalgam or composite, maximum one slot preparation; and one (1) Class II amalgam or composite, or Class III/IV composite.

(3) Restoration can be performed on an interproximal lesion on one interproximal surface in an anterior tooth that does not connect with a second interproximal lesion which can be restored separately.

(4) A case presentation for which the proposed treatment is appropriate for patient's medical and dental history, is in appropriate treatment sequence, and treatment consent is obtained.

(5) Patient Management. The examinee shall be familiar with the patient's medical and dental history.

(6) Implementation of any treatment modifications needed that are consistent with the patient's medical history.

(c) Acceptable Criteria for Direct Restoration Examination: The tooth used for each of the competency examinations shall meet the following criteria:

(1) A Class II direct restoration shall be performed on any permanent posterior tooth.

(A) The treatment shall be performed in the sequence described in the treatment plan.

(B) More than one test procedure shall be performed on a single tooth; teeth with multiple lesions may be restored at separate appointments.

(C) Caries as shown on either of the two required radiographic images of an unrestored proximal surface shall extend to or beyond the dento-enamel junction.

(D) The tooth to be treated shall be in occlusion.

(E) The restoration shall have an adjacent tooth to be able to restore a proximal contact; proximal surface of the dentition adjacent to the proposed restoration shall be either natural tooth structure or a permanent restoration; provisional restorations or removable partial dentures are not acceptable adjacent surfaces.

(F) The tooth shall be asymptomatic with no pulpal or periapical pathology; cannot be endodontically treated or in need of endodontic treatment.

(G) Any tooth with bonded veneer is not acceptable.

(2) A Class III/IV direct restoration shall be performed on any permanent anterior tooth.

(A) The treatment shall be performed in the sequence described in the treatment plan.

(B) Caries as shown on the required radiographic image of an unrestored proximal surface shall extend to or beyond the dento-enamel junction.

(C) Carious lesions shall involve the interproximal contact area.

(D) The restoration shall have an adjacent tooth to be able to restore a proximal contact; proximal surface of the dentition adjacent to the proposed restoration shall be either natural tooth

structure or a permanent restoration; provisional restorations or removable partial dentures are not acceptable adjacent surfaces.

(E) The tooth shall be asymptomatic with no pulpal or periapical pathology; cannot be endodontically treated or in need of endodontic treatment.

(F) The lesion shall not be acceptable if it is in contact with circumferential decalcification.

(G) Procedural approach shall be appropriate for the lesion on the tooth.

(H) Any tooth with bonded veneer is not acceptable.

(d) Competency Examination Scoring. The scoring system used for the direct restoration competency examination is defined as follows:

(1) A score of 0 is unacceptable; examinee exhibits a critical error.

(2) A score of 1 is unacceptable; multiple major deviations that are correctable.

(3) A score of 2 is unacceptable; one major deviation that is correctable.

(4) A score of 3 is acceptable; minimum competence.

(5) A score of 4 is adequate; less than optimal.

(6) A score of 5 is optimal.

A score rating of "3" shall be deemed the minimum competence level performance.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, ~~and 1632,~~ and 1632.1, Business and Professions Code.

**§ 1032.5. Clinical ~~Simulated Fixed Prosthetics Examination~~ Portfolio Examination: Indirect Restoration.**

~~(a) Each applicant shall prepare two abutments to retain a three-unit posterior fixed partial denture and a crown preparation on an anterior tooth. The two abutment preparations of the three-unit posterior fixed partial denture shall be a metal-ceramic retainer and/or complete metal crown retainer and/or a 3/4 crown retainer. Assignment of abutment preparations will be made at start of the prosthetics examination. The crown preparation on an anterior tooth shall be a metal-ceramic preparation.~~

~~(b) Each applicant shall provide an articulated dentoform typodont which has 32 synthetic teeth and soft rubber gingivae. The typodont shall be an articulated Columbia~~

~~typodont No.s 560, 660, 860, 1360, or 1560 or Kilgore typodont D-95S-200 series or an equivalent in all respects.~~

~~(c) The typodont shall be mounted in a manikin. The manikin must be mounted in a simulated patient position and kept in a correct operating position while performing examination procedures. The manikin will be provided at the test site and will be mounted either on a dental chair with a headrest bar or mounted on a simulator. The type of manikin mounted on a dental chair shall be a Columbia Aluminum head with metal checks, model number AH-1C-1 or its equivalent. The type of manikin mounted on a simulator shall be a Frasco phantom head P-5 with face mask or its equivalent.~~

~~(d) Minimum equipment to be supplied with the dental chair or simulator at the test site shall be a dental operatory light, a high-speed air handpiece hose with water and airspray, a low-speed air handpiece hose, a three-way air-water dental syringe and an evacuation system.~~

(a) The portfolio shall contain the following documentation of the minimum indirect restoration clinical experiences and documentation of the indirect restoration portfolio competency examination:

(1) Evidence of successful completion of the indirect restoration clinical experiences shall be certified by the Clinic Director on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the examinees portfolio.

(2) Documentation providing proof of satisfactory completion of a final assessment in the indirect restoration competency examination. For purpose of this section, satisfactory proof means the indirect restoration competency examination has been approved by the designated dental school faculty.

(b) Competency Examination Requirements: The indirect restoration competency examination shall include documentation of the examinee's competency to complete a ceramic onlay or more extensive, a partial gold restoration onlay or more extensive, a metal-ceramic restoration, or full gold restoration. The indirect restoration competency examination shall include:

(1) Seven (7) scoring factors:

(A) Case Presentation;

(B) Preparation;

(C) Impression;

(D) Provisional;

(E) Examinee Evaluation of Laboratory Work;

(F) Pre-Cementation

(G) Cementation and Finish.

(2) One (1) indirect restoration which may be a combination of any of the following procedures.

(A) Ceramic restoration shall be onlay or more extensive;

(B) Partial gold restoration shall be onlay or more extensive;

(C) Metal ceramic restoration; or

(D) Full gold restoration.

(3) A case presentation for which the proposed treatment is appropriate for patient's medical and dental history, is in appropriate treatment sequence, and treatment consent is obtained.

(4) Patient Management. The examinee shall be familiar with the patient's medical and dental history.

(5) Implementation of any treatment modifications needed that are consistent with the patient's medical history.

(c) Acceptable Criteria for Indirect Restoration Examination: The tooth used for the competency examination shall meet the following criteria:

(1) Treatment shall be performed in the sequence described in the treatment plan.

(2) The tooth shall be asymptomatic with no pulpal or periapical pathosis; cannot be in need of endodontic treatment.

(3) The tooth selected for restoration, shall have opposing occlusion that is stable.

(4) The tooth shall be in occlusal contact with a natural tooth or a permanent restoration. Occlusion with a full or partial denture is not acceptable.

(5) The restoration shall include at least one cusp.

(6) The restoration shall have an adjacent tooth to be able to restore a proximal contact; proximal surface of the tooth adjacent to the planned restoration shall be

either an enamel surface or a permanent restoration; temporary restorations or removable partial dentures are not acceptable adjacent surfaces.

(7) The tooth selected shall require an indirect restoration at least the size of an onlay or greater. The tooth selected cannot replace existing or temporary crowns.

(8) The examinee shall not perform any portion of the crown preparation in advance.

(9) The direct restorative materials which are placed to contribute to the retention and resistance form of the final restoration may be completed in advance, if needed.

(10) The restoration shall be completed on the same tooth and same patient by the same examinee.

(11) A validated lab or fabrication error will allow a second delivery attempt starting from a new impression or modification of the existing crown.

(12) Teeth with cast post shall not be allowed.

(13) A facial veneer is not acceptable documentation of the examinee's competency to perform indirect restorations.

(d) Competency Examination Scoring. The scoring system used for the indirect restoration competency examination is defined as follows:

(1) A score of 0 is unacceptable; examinee exhibits a critical error

(2) A score of 1 is unacceptable; multiple major deviations that are correctable

(3) A score of 2 is unacceptable; one major deviation that is correctable

(4) A score of 3 is acceptable; minimum competence

(5) A score of 4 is adequate; less than optimal

(6) A score of 5 is optimal

A score rating of "3" shall be deemed the minimum competence level of performance.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, ~~and 1632,~~ and 1632.1, Business and Professions Code.

**§ 1032.6. Removable Prosthodontics Evaluation Examination Portfolio**  
**Examination: Removable Prosthodontics.**

(a) The portfolio shall contain the following documentation of the minimum removable prosthodontic clinical experiences and documentation of the removable prosthodontic portfolio competency examination:

(1) Evidence of successful completion of the removable prosthodontic clinical experiences shall be certified by the Clinic Director on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the examinees portfolio.

(2) Documentation providing proof of satisfactory completion of a final assessment in the removable prosthodontic competency examination. For purpose of this section, satisfactory proof means the removable prosthodontic competency examination has been approved by the designated dental school faculty.

(b) Competency Examination Requirements. The removable prosthodontic competency examination shall include:

(1) One (1) of the following prosthetic treatments from start to finish on the same patient:

(A) Denture or overdenture for a single edentulous arch; or

(B) Cast metal framework removable partial denture (RPD) for a single Kennedy Class I or Class II partially edentulous arch.

(2) Scoring factors on prosthetic treatments for denture or overdenture for a single edentulous arch or scoring factors on prosthetic treatments for cast metal framework removable partial denture (RPD) for a single Kennedy Class I or Class II partially edentulous arch, as follows:

(A) Nine (9) scoring factors on prosthetic treatments for denture or overdenture for a single edentulous arch, as follows:

(i) Patient Evaluation and Diagnosis

(ii) Treatment Plan and Sequencing

(iii) Preliminary Impressions

(iv) Border Molding and Final Impressions

(v) Jaw Relation Records

(vi) Trial Dentures

(vii) Insertion of Removable Prosthesis

(viii) Post-Insertion

(ix) Laboratory Services for Prosthesis

(B) Twelve (12) scoring factors on prosthetic treatments for cast metal framework removable partial denture (RPD) for a single Kennedy Class I or Class II partially edentulous arch, as follows:

(i) Patient Evaluation and Diagnosis

(ii) Treatment Plan and Sequencing

(iii) Preliminary Impressions

(iv) RPD Design

(v) Tooth Modification

(vi) Border Molding and Final Impressions

(vii) Framework Try-in

(viii) Jaw Relation Records

(ix) Trial Dentures

(x) Insertion of Removable Prosthesis

(xi) Post-Insertion

(xii) Laboratory Services for Prosthesis

(3) Documentation the examinee developed a diagnosis, determined treatment options and prognosis for the patient to receive a removable prosthesis. The documentation shall include:

(A) Evidence the examinee obtained a patient history, (e.g. medical, dental and psychosocial).

(B) Evaluation of the patient's chief complaint.

(C) Radiographs and photographs of the patient.

(D) Evidence the examinee performed a clinical examination, (e.g. hard/soft tissue charting, endodontic evaluation, occlusal examination, skeletal/jaw relationship, VDO, DR, MIP).

(E) Evaluation of existing prosthesis and the patient's concerns.

(F) Evidence the examinee obtained and mounted a diagnostic cast.

(G) Evidence the examinee determined the complexity of the case based on ACP classifications.

(H) Evidence the patient was presented with treatment plan options and assessment of the prognosis, (e.g. complete dentures, partial denture, overdenture, implant options, FPD).

(I) Evidence the examinee analyzed the patient risks/benefits for the various treatment options.

(J) Evidence the examinee exercised critical thinking and made evidence based treatment decisions.

(4) Documentation of the examinee's competency to successfully restore edentulous spaces with removable prosthesis. The documentation shall include:

(A) Evidence the examinee developed a diagnosis and treatment plan for the removable prosthesis.

(B) Evidence the examinee obtained diagnostic casts.

(C) Evidence the examinee performed diagnostic wax-up/survey framework designs.

(D) Evidence the examinee performed an assessment to determine the need for pre-prosthetic surgery and made the necessary referral.

(E) Evidence the examinee performed tooth modifications and/or survey crowns, when indicated.

(F) Evidence the examinee obtained master impressions and casts.

(G) Evidence the examinee obtained occlusal records.

(H) Evidence the examinee performed a try-in and evaluated the trial dentures.

(I) Evidence the examinee inserted the prosthesis and provided the patient with post-insertion care.

(J) Documentation the examinee followed established standards of care in the restoration of the edentulous spaces, (e. g. informed consent, and infection control).

(5) Documentation of the examinee's competency to manage tooth loss transitions with immediate or transitional prostheses. The documentation shall include:

(A) Evidence the examinee developed a diagnosis and treatment plan that identified teeth that could be salvaged and or teeth that needed extraction.

(B) Evidence the examinee educated the patient regarding the healing process, denture experience, and future treatment need.

(C) Evidence the examinee developed prosthetic phases which included surgical plans.

(D) Evidence the examinee obtained casts (preliminary and final impressions).

(E) Evidence the examinee obtained the occlusal records.

(F) Evidence the examinee did try-ins and evaluated trial dentures.

(G) Evidence the examinee competently managed and coordinated the surgical phase.

(H) Evidence the examinee provided the patient post insertion care including adjustment, relines and patient counseling.

(I) Documentation the examinee followed established standards of care in the restoration of the edentulous spaces, (e. g. informed consent, and infection control).

(6) Documentation of the examinee's competency to manage prosthetic problems. The documentation shall include:

(A) Evidence the examinee competently managed real or perceived patient problems.

(B) Evidence the examinee evaluated existing prosthesis.

(C) Evidence the examinee performed uncomplicated repairs, relines, re-base, re-set or re-do, if needed.

(D) Evidence the examinee made a determination if specialty referral was necessary.

(E) Evidence the examinee obtained impressions/records/information for laboratory use.

(F) Evidence the examinee competently communicated needed prosthetic procedure to laboratory technician.

(G) Evidence the examinee inserted the prosthesis and provided the patient follow-up care.

(H) Evidence the examinee performed in-office maintenance, (e.g. prosthesis cleaning, clasp tightening and occlusal adjustments).

(7) Documentation the examinee directed and evaluated the laboratory services for the prosthesis. The documentation shall include:

(A) Complete laboratory prescriptions sent to the dental technician.

(B) Copies of all communications with the laboratory technicians.

(C) Evaluations of the laboratory work product, (e.g. frameworks, processed dentures).

(8) Prosthetic treatment for the examination shall include an immediate or interim denture.

(9) Patients shall not be shared or split between examination examinees.

(10) Patient Management. The examinee shall be familiar with the patient's medical and dental history.

(11) Implementation of any treatment modifications needed that are consistent with the patient's medical history.

(12) Case complexity shall not exceed the American College of Prosthodontics Class II for partially edentulous patients.

(c) Acceptable Criteria for Removable Prosthodontics Examination. Prosthetic procedures shall be performed on patients with supported soft tissue, implants, or natural tooth retained overdentures.

(d) Competency Examination Scoring. The scoring system used for the removable prosthodontics competency examination is defined as follows:

- (1) A score of 1 is unacceptable with gross errors
- (2) A score of 2 is unacceptable with major errors
- (3) A score of 3 is minimum competence with moderate errors that do not compromise outcome
- (4) A score of 4 is acceptable with minor errors that do not compromise outcome
- (5) A score of 5 is optimal with no errors evident

A score rating of “3” shall be deemed the minimum competence level of performance.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, and 1632.1, Business and Professions Code.

**§1032.7 Portfolio Examination: Endodontics.**

(a) The portfolio shall contain the following documentation of the minimum endodontic clinical experiences and documentation of the endodontic portfolio competency examination:

- (1) Evidence of successful completion of the endodontic clinical experiences shall be certified by the Clinic Director on the “Portfolio Examination Certification of Clinical Experience Completion” Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the examinees portfolio.
- (2) Documentation providing proof of satisfactory completion of a final assessment in the endodontic competency examination. For purpose of this section, satisfactory proof means the endodontic competency examination has been approved by the designated dental school faculty.

(b) Competency Examination Requirements. The endodontic examination shall include:

- (1) Ten (10) scoring factors:
  - (A) Pretreatment Clinical Testing and Radiographic Imaging;
  - (B) Endodontic Diagnosis;
  - (C) Endodontic Treatment Plan;
  - (D) Anesthesia and Pain Control;

(E) Caries Removal, Removal of Failing Restorations, Evaluation of Restorability, Site Isolation;

(F) Access Opening;

(G) Canal Preparation Technique;

(H) Master Cone Fit;

(I) Obturation Technique;

(J) Completion of Case.

(2) One (1) clinical case.

(3) Documentation the examinee applied case selection criteria for endodontic cases. The portfolio shall contain evidence the cases selected met the American Association of Endodontics case criteria for minimum difficulty such that treated teeth have uncomplicated morphologies, have signs and symptoms of swelling and acute inflammation and have not had previously completed or initiated endodontic therapy. The documentation shall include:

(A) The determination of the diagnostic need for endodontic therapy;

(B) Charting and diagnostic testing;

(C) A record of radiographs performed on the patient and an interpretation of the radiographs pertaining to the patient's oral condition;

(D) Evidence of a pulpal diagnosis within approved parameters, including consideration and determination following the pulpal diagnosis that it was within the approved parameters. The approved parameters for pulpal diagnosis shall be normal pulp, reversible pulpitis, irreversible pulpitis, and necrotic pulp.

(E) Evidence of a periapical diagnosis within approved parameters, including consideration and determination following the periapical diagnosis that it was within the approved parameters. The approved parameters for periapical diagnosis shall be normal periapex, asymptomatic apical periodontitis, symptomatic apical periodontitis, acute apical abscess, and chronic apical abscess.

(F) Evidence of development of an endodontic treatment plan that included trauma treatment, management of emergencies, and referrals when appropriate. An appropriate treatment plan may include an emergency treatment due to a traumatic dental injury or for relief of pain or

acute infection. The endodontic treatment may be done at a subsequent appointment.

(4) Documentation the examinee performed pretreatment preparation for endodontic treatment. The documentation shall include:

(A) Evidence the patient's pain was competently managed.

(B) Evidence the caries and failed restorations were removed.

(C) Evidence of determination of tooth restorability.

(D) Evidence of appropriate isolation with a dental dam.

(5) Documentation the examinee competently performed access opening. The documentation shall include:

(A) Evidence of creation of the indicated outline form.

(B) Evidence of creation of straight line access.

(C) Evidence of maintenance of structural integrity.

(D) Evidence of completion of un-roofing of pulp chamber.

(E) Evidence of identification of all canal systems.

(6) Documentation the examinee performed proper cleaning and shaping techniques. The documentation shall include:

(A) Evidence of maintenance of canal integrity.

(B) Evidence of preservation of canal shape and flow.

(C) Evidence of applied protocols for establishing working length.

(D) Evidence of demonstration of apical control.

(E) Evidence of applied disinfection protocols.

(7) Documentation of performance of proper obturation protocols, including selection and fitting of master cone, determination of canal condition before obturation, and verification of sealer consistency and adequacy of coating.

(8) Documentation of demonstrated proper length control of obturation, including achievement of dense obturation of filling material and obturation achieved to a clinically appropriate height for the planned definitive coronal restoration.

(9) Documentation of a competently completed endodontic case, including evidence of an achieved coronal seal to prevent recontamination and creation of diagnostic, radiographic, and narrative documentation.

(10) Documentation of provided recommendations for post-endodontic treatment, including evidence of recommendations for final restoration alternatives and recommendations for outcome assessment and follow-up.

(11) Patient Management. The examinee shall be familiar with the patient's medical and dental history.

(12) Implementation of any treatment modifications needed that are consistent with the patient's medical history.

(c) Acceptable Criteria for Endodontics Competency Examination. The procedure shall be performed on any tooth to completion by the same examinee on the same patient. A "completed case" means a tooth with an acceptable and durable coronal seal.

(d) Competency Examination Scoring. The scoring system used for the endodontics competency examination is defined as follows:

(1) A score of 0 is unacceptable; examinee exhibits a critical error.

(2) A score of 1 is unacceptable; major deviations that are correctable.

(3) A score of 2 is acceptable; minimum competence.

(4) A score of 3 is adequate; less than optimal.

(5) A score of 4 is optimal.

A score rating of "2" shall be deemed the minimum competence level performance.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, and 1632.1, Business and Professions Code.

### **§ 1032.8 Portfolio Examination: Periodontics.**

(a) The portfolio shall contain the following documentation of the minimum periodontic clinical experiences and documentation of the periodontic portfolio competency examination:

(1) Evidence of successful completion of the periodontic clinical experiences shall be certified by the Clinic Director on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the examinees portfolio.

(2) Documentation providing proof of satisfactory completion of a final assessment in the periodontic competency examination. For purpose of this section, satisfactory proof means the periodontic competency examination has been approved by the designated dental school faculty.

(b) Competency Examination Requirements. The periodontic competency examination shall include:

(1) One (1) case to be scored in three parts, as follows:

(A) Part A: Review medical and dental history, radiographic findings, comprehensive periodontal data collection, evaluate periodontal etiology/risk factors, comprehensive periodontal diagnosis, and treatment plan;

(B) Part B: Calculus detection and effectiveness of calculus removal; and

(C) Part C: Periodontal re-evaluation.

(2) Nine (9) scoring factors:

(A) Review Medical and Dental History (Part A);

(B) Radiographic Findings(Part A);

(C) Comprehensive Periodontal Data Collection (Part A);

(D) Evaluate Periodontal Etiology/Risk Factors (Part A);

(E) Comprehensive Periodontal Diagnosis (Part A);

(F) Treatment Plan (Part A);

(G) Calculus Detection (Part B);

(H) Effectiveness of Calculus Removal (Part B); and

(I) Periodontal Re-evaluation (Part C).

(3) All three parts of the examination shall be performed on the same patient. In the event the patient does not return for periodontal re-evaluation (Part C), the

student shall use a second patient for the completion of the periodontal re-evaluation (Part C) portion of the periodontic competency examination.

(4) Documentation the examinee performed a comprehensive periodontal examination. The documentation shall include:

(A) Evidence that the patient's medical and dental history was reviewed.

(B) Evidence that the patient's radiographs were evaluated.

(C) Evidence of performance of an extra-oral and intra-oral examination on the patient.

(D) Evidence of performance of comprehensive periodontal data collection. Evidence shall include evaluation of patient's plaque index, probing depths, bleeding on probing, suppurations, cemento-enamel junction to the gingival margin (CEJ-GM), clinical attachment, furcations, and tooth mobility.

(E) Evidence of performance of an occlusal assessment.

(5) Documentation the examinee diagnosed and developed a periodontal treatment plan. The documentation shall include:

(A) Evidence of determination of periodontal diagnosis.

(B) Evidence of formulation of an initial periodontal treatment plan that demonstrates

(i) Determination of periodontal diagnosis.

(ii) Formulation an initial periodontal treatment plan that demonstrates the following:

(a) Determination to treat or refer patient to periodontist or periodontal surgery;

(b) Discussion with patient regarding etiology, periodontal disease, benefits of treatment, consequences of no treatment, specific risk factors, and patient-specific oral hygiene instructions;

(c) Determination on non-surgical periodontal therapy;

(d) Determination of re-evaluation need; and

(e) Determination of recall interval.

(6) Documentation of performance of non-surgical periodontal therapy. The documentation shall include:

(A) Detected supragingival and subgingival calculus;

(B) Performance of periodontal instrumentation, including:

(i) Removed calculus;

(ii) Removed plaque; and

(iii) Removed stains;

(C) Demonstration that excessive soft tissue trauma was not inflicted; and

(D) Demonstration that anesthesia was provided to the patient.

(7) Documentation of performance of periodontal re-evaluation. The documentation shall include:

(A) Evidence of evaluation of effectiveness of oral hygiene;

(B) Evidence of assessment of periodontal outcomes, including:

(i) Review of the patient's medical and dental history;

(ii) Review of the patient's radiographs;

(iii) Performance of comprehensive periodontal data collections (e.g. evaluation of plaque index, probing depths, bleeding on probing, suppurations, cemento-enamel junction to the gingival margin (CEJ-GM), clinical attachment level, furcations, and tooth mobility).

(C) Evidence of discussion with patient regarding current periodontal status as compared to the pre-treatment status, patient-specific oral hygiene instructions, and modifications of specific risk factors;

(D) Evidence of determination of further periodontal needs including the need for referral to a periodontist and periodontal surgery; and

(E) Evidence of establishment of a recall interval for periodontal treatment.

(c) Acceptable Patient Criteria for Periodontics Competency Examination:

(1) The examination, diagnosis, and treatment planning shall include:

(A) A patient with a minimum of twenty (20) natural teeth, with at least four (4) molars;

(B) At least one probing depth of five (5) mm or greater shall be present on at least four (4) of the teeth, excluding third molars, with at least two of these teeth with clinical attachment loss of 2 mm or greater;

(C) A full mouth assessment or examination

(D) The patient shall not have had previous periodontal treatment at the dental school where the examination is being conducted. Additionally, the patient shall not have had previous non-surgical or surgical periodontal treatment within the past six (6) months.

(2) Calculus detection and periodontal instrumentation (scaling and root planing) shall include:

(A) A patient with a minimum of six (6) natural teeth in one quadrant, with at least two (2) adjacent posterior teeth in contact, one of which shall be a molar. Third molars may be used if they are fully erupted.

(B) At least one probing depth of five (5) mm or greater shall be present on at least two (2) of the teeth that require scaling and root planing.

(C) A minimum of six (6) surfaces of clinically demonstrable subgingival calculus shall be present in one or two quadrants. Readily clinically demonstrable calculus is defined as easily explorer detectable, heavy ledges. At least four (4) surfaces of the subgingival calculus shall be on posterior teeth. Each tooth is divided into four surfaces for qualifying calculus: mesial, distal, facial, and lingual. If additional teeth are needed to obtain the required calculus and pocket depths two quadrants may be used.

(3) Re-evaluation shall include:

(A) A thorough knowledge of the patient's case;

(B) At least two (2) quadrants of scaling and root planing on the patient being reevaluated.

(C) At least two documented oral hygiene care (OHC) instructions with the patient being reevaluated 4-6 weeks after scaling and root planing is

completed. The scaling and root planing shall be completed within an interval of 6 weeks or less.

(D) A patient with a minimum twenty (20) natural teeth with at least four (4) molars.

(E) Baseline probing depth of at least five (5) mm on at least four (4) of the teeth, excluding third molars.

(d) Competency Examination Scoring. The scoring system used for the periodontics competency examination is defined as follows:

(1) A score of 0 is unacceptable; examinee exhibits a critical error

(2) A score of 1 is unacceptable; major deviations that are correctable

(3) A score of 2 is acceptable; minimum competence

(4) A score of 3 is adequate; less than optimal

(5) A score of 4 is optimal

A score rating of "2" shall be deemed the minimum competence level performance.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, and 1632.1, Business and Professions Code.

### **1032.9 Portfolio Examination: Competency Examiner Qualifications.**

(a) Portfolio competency examiners shall meet the following criteria established by the board:

(1) An examiner shall be full-time or part-time faculty member of a Board-approved California dental school.

(2) An examiner shall have a minimum of one (1) year of previous experience in administering clinical examinations.

(3) An examiner shall undergo calibration training in the Board's standardized evaluation system through didactic and experiential methods as established in section 1032.10. Portfolio competency examiners are required to attend Board-approved standardized calibration training sessions offered at their schools prior to administering a competency examination and annually thereafter.

(b) At the beginning of each school year, each school shall submit to the Board the names, credentials and qualifications of the dental school faculty to be approved or disapproved by the Board as portfolio competency examiners. Documentation of

qualifications shall include a letter from the dean of the California dental school stating that the dental school faculty satisfies the criteria and standards established by the dental school to conduct portfolio competency examinations in an objective manner, and has met the requirements of subdivision (a)(1) through (a)(3) of this section.

(c) In addition to the names, credentials and qualifications, the dean of the California dental school shall submit documentation that the appointed dental school faculty examiners have been trained and calibrated in compliance with the Board's requirements established in section 1032.10.

(d) Any changes to the list of portfolio competency examiners shall be reported to the Board within thirty (30) days, including any action taken by the school to replace an examiner.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, and 1632.1, Business and Professions Code.

**§ 1032.10 Portfolio Examination: Competency Examiner Training Requirements.**

(a) Portfolio competency examiners are required to attend Board-approved standardized calibration training sessions offered at their schools prior to administering a competency examination. Each of the schools will designate faculty who have been approved by the Board to serve as competency examiners and is responsible for administering the Board approved calibration course for said examiners. Examiners may grade any competency examination in which they have completed the required calibration. Each training session shall be presented by designated Portfolio competency examiners at their respective schools and require the prospective examiners to participate in both didactic and hands-on activities.

(b) Didactic Training Component. During didactic training, designated Portfolio competency examiners shall present an overview of the examination and its evaluation (grading) system through lecture, review of examiner training materials, including slide presentations, sample documentation, and sample cases.

(c) Hands-On Component. Training shall include multiple examples of performance that clearly relate to the specific judgments that examiners are expected to provide during the portfolio competency examinations. Hands-on training sessions include an overview of the rating process, clear examples of rating errors, examples of how to mark the grading forms, a series of several sample cases for examiners to hone their skills, and opportunities for training staff to provide feedback to individual examiners.

(d) Calibration of Examiners. The calibration of portfolio competency examiners shall be conducted to maintain common standards as an ongoing process. Portfolio competency examiners shall be provided feedback about their performance and how their scoring varies from their fellow examiners. Portfolio competency examiners whose error rate exceeds psychometrically accepted standards for reliability shall be re-calibrated. If any portfolio competency examiner is unable to be re-calibrated, the Board shall disapprove

the portfolio competency examiner from further participation in the portfolio examination process.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, and 1632.1, Business and Professions Code.

**§ 1033. General Procedures for Law and Ethics Written and Laboratory Dental Licensure Examinations.**

The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of all written ~~and laboratory dental licensure~~ examinations:

(a) The ability of an examinee to read and interpret instructions and examination material is a part of the examination.

~~(b) No person shall be admitted to an examination room or laboratory unless he or she is wearing the appropriate identification badge.~~

~~(c)~~ (e) An examinee may be dismissed from the entire examination, and a statement of issues may be filed against the examinee, for acts which interfere with the board's objective of evaluating professional competence. Such acts include, but are not limited to, the following:

(1) Allowing another person to take the examination in the place of, and under the identity, of the examinee.

(2) Copying or otherwise obtaining examination answers from other persons during the course of the written examination.

(3) Bringing any notes, textbooks, unauthorized models, or other informative data into an examination room ~~or laboratory.~~

(4) Assisting another examinee during the examination process.

(5) Copying, photographing or in any way reproducing or recording examination questions or answers.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, ~~and 1632,~~ and 1632.1, Business and Professions Code.

**§ 1033.1. General Procedures and Policies for ~~Clinical Dental Licensure~~ Portfolio Examination.**

The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of the ~~clinical dental licensure portfolio~~ examination.

~~(a) Each examinee shall furnish patients, instruments, handpieces and materials, necessary to carry the procedures to completion. The board will provide operatory lights, dental delivery units and chairs or simulators.~~

(a) The examinee shall be able to read and interpret instructions and examination material as part of the examination.

~~(b) A patient provided by an examinee shall be in a health condition acceptable for dental treatment. If conditions indicate a need to consult the patient's physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur, rheumatic fever, heart condition, prosthesis), the examinee must obtain the necessary written medical clearance and/or, evidence of premedication before the patient will be accepted. The examiners may, in their discretion, reject a patient who in the opinion of at least two examiners has a condition which interferes with evaluation or which may be hazardous to the patient, other patients, applicants or examiners. A hazardous condition includes, but is not limited to, acute symptomatic hepatitis, active herpetic lesions, acute periodontal or periapical abscesses, or necrotizing ulcerative gingivitis. In addition, a patient may be rejected when, in the opinion of at least two examiners, the proposed treatment demonstrates improper patient management, including but not necessarily limited to, contraindicating medical status of the patient, grossly pathologic or unhygienic oral conditions such as extremely heavy calculus deposits, other pathology related to the tooth to be treated, or selection of a restoration that is not suited to the patient's biological or cosmetic requirements. Whenever a patient is rejected, the reason for such rejection shall be noted on the examination record and shall be signed by both rejecting examiners. If the patient's well-being is put into jeopardy at any time during the portfolio competency examination, the examination shall be terminated. The examinee shall fail the examination, regardless of performance on any other part of the examination.~~

~~(c) No person shall be admitted to the clinic unless he or she is wearing the appropriate identification badge.~~

~~(d) The use of local anesthetics shall be administered according to the school's protocol and standards of care. The type and amount of anesthetics shall be consistent with the patient's medical history and current condition not be permitted until the patient has been approved by an examiner.~~

~~(e) Only the services of registered dental assistance or dental assistants shall be permitted.~~

~~(f) An assignment which has been made by the board shall not be changed by an examinee without the specific approval of the board.~~

(g) An examinee may be dismissed from the entire examination, and a statement of issues may be filed against the examinee, for acts which interfere with the board's

objective of evaluating professional competence. Such acts include, but are not limited to the following:

- (1) Allowing another person to take the portfolio examination in the place of, and under the identity of, the examinee.
  - (2) Presenting purported carious lesions which are artificially created, whether or not the examinee created the defect.
  - (3) Presenting radiographs which have been altered, or contrived to represent other than the patient's true condition, whether or not the misleading radiograph was created by the examinee.
  - (4) Bringing any notes, textbooks, unauthorized models, periodontal charting information or other informative data into the clinic during any portfolio competency examination.
  - (5) Assisting another examinee during the portfolio examination process.
  - (6) Failing to comply with the board's infection control regulations. Examinees shall be responsible for maintaining all of the standards of infection control while treating patients. This shall include the appropriate sterilization and disinfection of the cubicle, instruments and handpieces, as well as, the use of barrier techniques (including glasses, mask, gloves, proper attire, etc.) as required by the California Division of Occupational Safety and Health (Cal/OSHA) and California Code of Regulations, Title 16, Section 1005.
  - ~~(7) Failing to use an aspirating syringe for administering local anesthesia.~~
  - ~~(8) Utilizing the services of a licensed dentist, dental school graduate, dental school student, registered dental hygienist in extended functions, registered dental hygienist, dental hygiene graduate, dental hygiene student, or registered dental assistant in extended functions, or student or graduate of a registered dental assistant in extended functions program.~~
  - (97) Treating a patient, or causing a patient to receive treatment outside the designated examination settings and timeframes.
  - ~~(10) Premedicating a patient for purposes of sedation.~~
  - ~~(11) Dismissing a patient without the approval and signature of an examiner.~~
- ~~(h) An examinee may be declared by the board to have failed the entire examination for demonstration of gross incompetence in treating a patient.~~

(e) Examinees shall wear personal protective equipment (PPE) during the portfolio competency examinations. PPE shall include masks, gloves, and eye protection during each portfolio competency examination.

(f) Radiographs for each of the portfolio competency examinations shall be of diagnostic quality. Digital or conventional radiographs may be used.

(g) Dental dams shall be used during endodontic treatment and the preparation of amalgam and composite restorations. Finished restorations shall be graded without the dental dam in place.

(h) Examinees shall provide clinical services upon patients of record of the dental school who fulfill the acceptable criteria for each of the six (6) portfolio competency examinations.

(i) Examinees shall be allowed three (3) hours and thirty (30) minutes for each patient treatment session.

(j) Each portfolio competency examination shall be performed by the examinee without faculty intervention. Completion of a successful portfolio competency examination may be counted as a clinical experience for the purpose of meeting the requirements of section 1032.2.

(k) Examinees who fail a portfolio competency examination three (3) times shall not be permitted to retake the portfolio competency examination until remediation has been completed as specified in section 1036.

(l) Readiness for an examinee to take a portfolio competency examination shall be determined by the dental school's clinical faculty.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, ~~and 1632,~~ and 1632.1, Business and Professions Code.

**§ 1034. Grading of Examinations Administered by the Board Portfolio Examination Grading.**

This section shall apply to the clinical and written examination administered by the board pursuant to Section 1632(c)(1) of the code. This section shall apply, in addition to any other examination rules set forth in this Chapter, for the purpose of uniform conduct of the portfolio examination grading.

~~(a) Each examiner shall grade independently. Examinations shall be anonymous. An anonymous examination is one conducted in accordance with procedures, including but not limited to those set forth below, which ensure and preserve the anonymity of~~

~~examinees. The board shall randomly assign each examinee a number, and said examinee shall be known by that number throughout the entire examination. The grading area shall be separated from the examination area by barriers that block the grading examiners' view of examinees during the performance of the examination assignments. There shall be no communication between grading examiners and clinical floor examiners except for oral communications conducted in the presence of board staff. Each portfolio competency examination shall be graded by two (2) independent portfolio competency examiners and shall use the Board's standardized scoring system as specified in subdivision (f) of this section. There shall be no communication between grading examiners and examinees except written communications on board approved forms.~~

~~(b) The final grade of each examinee shall be determined by averaging the grades obtained in:~~

- ~~(1) Endodontics;~~
- ~~(2) Removable prosthodontics evaluation examination;~~
- ~~(3) Periodontics;~~
- ~~(4) Amalgam restoration;~~
- ~~(5) Composite resin restoration; and~~
- ~~(6) Clinical simulated fixed prosthetics preparations.~~

~~(c) An examinee shall be deemed to have passed the examination if his or her overall average for the entire examination is at least 75% and the examinee has obtained a grade of 75% or more in at least four sections of the examination, except that an examinee shall not be deemed to have passed the examination if he or she receives a score of less than 75% in more than one section of the examination in which a patient is treated. An examinee shall be deemed to have passed the portfolio examination if his or her overall scaled score is at least 75 in each of the portfolio competency examinations.~~

~~(d) The executive officer shall compile and summarize the grades attained by each examinee and establish the overall average of each examinee. He or she shall indicate on the records so compiled the names of notify those examinees who have passed or failed the portfolio examination and shall so notify each examinee.~~

~~(e) Each portfolio competency examination shall be signed by the school portfolio competency examiners who performed the grading.~~

~~(f) Competency Examination Scoring: The portfolio competency examiners shall use the following scoring system for each of the competency examinations:~~

(1) The scoring system used for the ODTP competency examination is defined as follows:

(A) A score of 0 is unacceptable; examinee exhibits a critical error.

(B) A score of 1 is unacceptable; major deviations that are correctable.

(C) A score of 2 is acceptable; minimum competence.

(D) A score of 3 is adequate; less than optimal.

(E) A score of 4 is optimal.

A score rating of “2” shall be deemed the minimum competence level performance.

(2) The scoring system used for the direct restoration competency examination is defined as follows:

(A) A score of 0 is unacceptable; examinee exhibits a critical error.

(B) A score of 1 is unacceptable; multiple major deviations that are correctable.

(C) A score of 2 is unacceptable; one major deviation that is correctable.

(D) A score of 3 is acceptable; minimum competence.

(E) A score of 4 is adequate; less than optimal.

(F) A score of 5 is optimal.

A score rating of “3” shall be deemed the minimum competence level performance.

(3) The scoring system used for the indirect restoration competency examination is defined as follows:

(A) A score of 0 is unacceptable; examinee exhibits a critical error

(B) A score of 1 is unacceptable; multiple major deviations that are correctable

(C) A score of 2 is unacceptable; one major deviation that is correctable

(D) A score of 3 is acceptable; minimum competence

(E) A score of 4 is adequate; less than optimal

(F) A score of 5 is optimal

A score rating of “3” shall be deemed the minimum competence level of performance.

(4) The scoring system used for the removable prosthodontics competency examination is defined as follows:

(A) A score of 1 is unacceptable with gross errors

(B) A score of 2 is unacceptable with major errors

(C) A score of 3 is minimum competence with moderate errors that do not compromise outcome

(D) A score of 4 is acceptable with minor errors that do not compromise outcome

(E) A score of 5 is optimal with no errors evident

A score rating of “3” shall be deemed the minimum competence level of performance.

(5) The scoring system used for the endodontics competency examination is defined as follows:

(A) A score of 0 is unacceptable; examinee exhibits a critical error.

(B) A score of 1 is unacceptable; major deviations that are correctable.

(C) A score of 2 is acceptable; minimum competence.

(D) A score of 3 is adequate; less than optimal.

(E) A score of 4 is optimal.

A score rating of “2” shall be deemed the minimum competence level performance.

(6) The scoring system used for the periodontics competency examination is defined as follows:

- (A) A score of 0 is unacceptable; examinee exhibits a critical error
- (B) A score of 1 is unacceptable; major deviations that are correctable
- (C) A score of 2 is acceptable; minimum competence
- (D) A score of 3 is adequate; less than optimal
- (E) A score of 4 is optimal

A score rating of “2” shall be deemed the minimum competence level performance.

(g) If an examinee commits a critical error, the examinee shall not proceed with the portfolio competency examination. If the examinee makes a critical error at any point during a portfolio competency examination, a score of “0” shall be assigned and the portfolio competency examination shall be terminated immediately.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections ~~1614, 1615, 1630,~~ 1632, 1632.1,~~1633~~ and 1634, Business and Professions Code.

**§ 1034.1. Passing Score of Examination Administered by the Western Regional Examining Board (WREB) (§ 1632(c)(2) of the Code).**

The board ~~will~~shall accept as a passing score for Western Regional Examining Board examination the passing score as determined by the Western Regional Examining Board.

Note: Authority cited: Sections 1614 and 1632, Business and Professions Code. Reference: Sections 139 and 1632, Business and Professions Code.

**§ 1035. Examination Review Procedures; Appeals.**

(a) An examinee who has failed an examination shall be provided with notice, upon written request, of those areas in which he/she is deficient in the clinical and restorative laboratory phases of such examination.

(b) An unsuccessful examinee who has been informed of the areas of deficiency in his/her performance on the clinical and restorative laboratory phases of the examination and who has determined that one or more of the following errors was made during the course of his/her examination and grading may appeal to the board within sixty (60) days following receipt of his/her examination results:

- (1) Significant procedural error in the examination process;
- (2) Evidence of adverse discrimination;

(3) Evidence of substantial disadvantage to the examinee.

Such appeal shall be made by means of a written letter specifying the grounds upon which the appeal is based. The board shall respond to the appeal in writing and may request a personal appearance by the examinee. The board shall thereafter take such action as it deems appropriate.

(c) This section shall not apply to the portfolio examination of an examinee's competence to enter the practice of dentistry.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630-1632, Business and Professions Code.

~~§ 1035.1. Clinical Periodontics Examination. [REPEAL]~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1632, Business and Professions Code.~~

~~§ 1035.2. Clinical Cast Restoration and Amalgam. [REPEAL]~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630 and 1632, Business and Professions Code.~~

**§ 1036. Remedial Education.**

An applicant, who fails to pass the examination after three attempts, or who fails to pass a portfolio competency examination after three attempts, shall not be eligible for further re-examination until the applicant has successfully completed the required additional education as specified in Section 1633(b) of the Business and Professions Code.

(a) The course work shall be taken at a dental school approved by the Commission on Dental Accreditation or a comparable organization approved by the Board, and shall be completed within a period of one year from the date of notification of the applicant's third failure.

(1) The course of study must be didactic, laboratory or a combination of the two. Use of patients is optional.

(2) Instruction must be provided by a faculty member of a dental school approved by the Commission on Dental Accreditation or a comparable organization approved by the Board.

(3) Pre-testing and post-testing must be part of the course of study.

(b) When an applicant applies for reexamination, he or she shall furnish evidence of successful completion of the remedial education requirements for reexamination.

(1) Evidence of successful completion must be on the “~~C~~ertification of ~~S~~uccessful ~~C~~ompletion of ~~R~~emedial ~~E~~ducation for ~~P~~ortfolio Competency ~~R~~e-  
~~E~~xamination requirements for re-examination ~~E~~ligibility” (Form New 08/13rev-  
4), that is hereby incorporated by reference, form that is provided by the board  
and submitted prior to the examination.

(2) The form must be signed and sealed by the Dean of the dental school providing the remedial education course.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1632.5, Business and Professions Code.

**~~§ 1036.1. Amalgam Restorative Laboratory. [REPEAL]~~**

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630 and 1632, Business and Professions Code.

**~~§ 1036.2. Fixed Prosthetics Restorative Laboratory. [REPEAL]~~**

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630 and 1632, Business and Professions Code.

**~~§ 1036.3. Removable Prosthetics Restorative Laboratory. [REPEAL]~~**

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630 and 1632, Business and Professions Code.

**~~§ 1037. Grading of Examinations. [REPEAL]~~**

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614, 1615, 1632, 1633 and 1634, Business and Professions Code.

**~~§ 1038. Examination Review Procedures; Appeals. [REPEAL]~~**

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630-1632, Business and Professions Code.

**~~§ 1039. Remedial Education. [REPEAL]~~**

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1632.5, Business and Professions Code.



**APPLICATION FOR DETERMINATION OF LICENSURE ELIGIBILITY (PORTFOLIO)**

FEES	FOR OFFICE USE ONLY	DATE RECEIVED
Application Fee: \$350.00  Fingerprinting: All applicants are required to submit via Live Scan. Applicants will pay a fee of \$49.00 plus any additional costs for the rolling of fingerprints by the Live Scan agency.	ID NUMBER _____  Receipt Number _____  Fee Paid _____  Date Cashiered _____	

*(Please print or type)*

1. United States Social Security Number	2. Birth Date (MM/DD/YYYY)		
3. Legal Name: Last	First	Middle	
4. List any other names used:			
5. Mailing Address(The address you enter is public information and will be placed on the Internet pursuant to B & P Code 27):			
6. Alternate Address(If you do not want your home or work address available to the public, provide an alternate address):			
7. Home/Cellular Telephone (Include area code):	8. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		
9. Have you previously taken the California Dentistry Law and Ethics Examination	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10. Do you have a certified disability or condition that requires special accommodations for testing? If yes, fax the Board for a "REQUEST FOR ACCOMMODATION" packet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11. Have you been issued a dental license in any State or Country? If yes, a Certification of License must be submitted for each State/Country	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
State/Country:	License Number:	Issue Date:	

Passport Style Photograph

Tape photo here

FOR OFFICE USE ONLY

**12. DENTAL EDUCATION:**

\_\_\_\_\_  
Name and Location of Institution(s) attended

\_\_\_\_\_  
Date Graduated

\_\_\_\_\_  
Period(s) of attendance (show MM/YYYY)

Degree, Diploma granted:  D.D.Sc.  D.D.S.D.  D.D.  Other (please specify) \_\_\_\_\_

**14. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:**

**I HEREBY CERTIFY THAT** \_\_\_\_\_  
FULL NAME OF STUDENT

matriculated in the \_\_\_\_\_  
NAME OF UNIVERSITY

Dental College the \_\_\_\_\_ day of \_\_\_\_\_ and attended \_\_\_\_\_ years. Has

completed the clinic and didactic requirements and is in good academic standings with no pending ethical

issues and  HAS GRADUATED,  WILL GRADUATE\* OR  IS EXPECTED TO GRADUATE\* with

degree of  D.D.Sc.,  D.D.S.,  D.M.D. on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SEAL  
OF  
COLLEGE  
OR  
UNIVERSITY

\_\_\_\_\_  
SIGNATURE OF DEAN

\*The Dean must certify actual graduation, if certification is signed that the student will graduate or is expected to graduate. Certification must be completed on official school letterhead including certification by the Dean that there are no pending ethical issues, the Dean's signature and seal of the Dental School.

<p>15. Do you have any pending or have you ever had any disciplinary action taken or charges filed against a dental license or other healing arts license? Include any disciplinary action taken by the U.S. Military, U.S. Public Health Service or other U.S. federal government entity.</p> <p>Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>16. Are there any pending investigations by any State or Federal agencies against you?</p> <p>If yes, provide a detailed explanation of the circumstances surrounding the investigation and a copy of the document(s).</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>17. Have you ever been denied a dental license or permission to take a dental examination?</p> <p>If yes, provide a detailed explanation of the circumstances surrounding the denial and a copy of the document(s).</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>18. Have you ever surrendered a license, either voluntarily or otherwise?</p> <p>If yes, provide a detailed explanation and a copy of all documents relating to the surrender.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>19. Are you in default on a United States Department of Health Services education loan pursuant to Section 685 of the code?</p> <p>If yes, provide an explanation.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>20. Have you ever been convicted of any crime including infractions, misdemeanors and felonies, with the exception of an infraction with a fine of less than \$1,000 that did not involve alcohol or drugs?</p> <p>“Conviction” includes a plea of no contest and any conviction that has been set aside pursuant to Section 1203.4 of the Penal Code. Therefore, you must disclose any conviction in which you entered a plea of no contest and any conviction that was subsequently set aside pursuant to Section 1203.4 of the Penal Code.</p> <p>If yes, provide a detailed explanation and a copy of all documents relating to the conviction(s).</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

21. Executed in \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

City

I am the applicant for licensure referred to in this application. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely.

*I certify under penalty of perjury under the laws of the State of California that the information I provided to the Board in this application is true and correct to the best of my knowledge and belief.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

**Important Information: You must report to the Board the results of any actions which have been filed or were pending against any dental license you hold at the filing of this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to Section 480(c) of the Business & Professions Code.**

**INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 92815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.



**PORTFOLIO EXAMINATION  
 CERTIFICATION OF CLINICAL EXPERIENCE COMPLETION**

Candidate Name: \_\_\_\_\_

Dental College: \_\_\_\_\_

<b>Competency Examination</b>	<b>Minimum Required Experiences</b>	<b>Date Completed</b>
Oral Diagnosis and Treatment Planning (ODTP)	20	
Direct Restorations (DR)	60	
Indirect Restorations (IR)	14	
Removable Prosthodontics (RP)	5	
Endodontics (E)	5	
Periodontics (P)	25	

I, \_\_\_\_\_, hereby certify that the information provided is true and correct.

Signature of Clinic Director \_\_\_\_\_

Date \_\_\_\_\_



Dental Board of California
2005 Evergreen Street, Suite 1550, Sacramento, California 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



Application for Issuance of License Number and Registration of Place of Practice\*

Business & Professions Code §§ 1650

OFFICE USE ONLY

OFFICE USE ONLY
ATS #
Rec #
Fee Paid
Date cashiered
Date License mailed
License #

Complete this form to obtain your license. Please print legibly.

Name Last First Middle

Address of Record (will be public information)

Street and Number

City State Zip Code

Address of Practice, if different

Street and Number

City State ZIP Code

\*Note: If you do not yet have a practice address in California, you may leave this section blank. However, if and when you do have a practice address in California, you must report it to the Board immediately.

Telephone number ( ) Email address (optional)

United States Social Security Number Date of Birth

Certification

I certify under penalty of perjury under the laws of the State of California that the information I provided to the Board in this application is true and correct.

Date

Signature of Applicant

The information requested herein is mandatory unless designated as optional and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq.

The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may.



**CERTIFICATION OF SUCCESSFUL COMPLETION OF REMEDIAL EDUCATION  
 FOR PORTFOLIO COMPETENCY RE-EXAMINATION ELIGIBILITY**

Candidate Name: \_\_\_\_\_

Candidate Number: \_\_\_\_\_

**Competency Examination Subject Remediated (Please mark all that apply)**

Competency	Type of Course* (Circle)	Date Completed	Signature of Faculty
Oral Diagnosis and Treatment Planning	D L C		
Periodontics	D L C		
Endodontics	D L C		
Direct Restorations	D L C		
Indirect Restorations	D L C		
Removable Prosthodontics	D L C		

\*Type of Course    D=Didactic    L=Laboratory    C=Clinical

**Guidelines for Remedial Education**

- Course of study must be a minimum of 50 hours for each competency failed three (3) times.
- Course work must be completed prior to re-examination of the competency.
- Course of study must be didactic and/or laboratory. Use of patients is optional.
- Instruction must be provided by a faculty member(s) of an approved dental school.
- Pre-testing and post-testing must be a part of the course of study to ensure the program has been effective in improving knowledge and skills.

**Summary of Requirement**

An applicant who fails to pass the examination required by Section 1632 of the Business and Professions Code after three (3) attempts shall not be eligible for further reexamination until the applicant has successfully completed a minimum of 50 hours of education for each subject which the applicant failed in the examination. The coursework shall be taken at a dental school approved by either the Commission on Dental Accreditation or a comparable organization approved by the board, and shall be completed within one year from the date of notification of the applicant's third failure.



## **Agenda Item 7A**

# **2013 Tentative Legislative Calendars**



## MEMORANDUM

<b>DATE</b>	August 12, 2013
<b>TO</b>	Dental Board Members
<b>FROM</b>	Sarah Wallace, Legislative & Regulatory Analyst
<b>SUBJECT</b>	<b>Agenda Item 7(A):</b> 2013 Tentative Legislative Calendar – Information Only

### **Background**

The 2013 Tentative Legislative Calendars are enclosed. Please note that there are differing calendars for the Senate and the Assembly.

### **Action Requested:**

No action necessary.

**2013 TENTATIVE LEGISLATIVE CALENDAR**  
 COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE  
 November 20, 2012

**DEADLINES**

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

- 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	18	19	20	21	22	23
24	25	26	27	28		

- Feb. 18** President's 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	29	30
31						

- Mar. 21** Spring Recess begins at end of this day's session (J.R. 51(a)(2)).
- Mar. 29** Cesar Chavez Day.

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

- Apr. 1** Legislature Reconvenes from Spring Recess (J.R. 51(a)(2)).

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

- May 3** Last day for **policy committees** to hear and report to Fiscal Committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).
- May 10** Last day for **policy committees** to hear and report to the Floor **non-fiscal bills** introduced in their (J.R. 61(a)(3)).
- May 17** Last day for **policy committees** to meet prior to June 3 (J.R. 61(a)(4)).
- May 24** 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-May 31 Floor Session Only.**  
No committee 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)).

**2013 TENTATIVE LEGISLATIVE CALENDAR**

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE  
November 20, 2012

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 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. 12** Last day for **policy committees** to meet and report bills (J.R. 61(a)(10)). **Summer recess** begins at the end of this day's session, provided the 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)(11)).

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. 6** Last day to **amend bills on the floor** (J.R. 61(a)(13)).

**Sep. 3-13** **Floor Session Only.** No Committees, other than conference committees and Rules committee, may meet for any purpose (J.R. 61(a)(12)).

**Sep. 13** Last day for **each house to pass bills** (J.R. 61(a)(14)). **Interim Study Recess** begins at the end of this day's session (J.R. 51(a)(4)).

**IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS**

**2013**

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)).

**2014**

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

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

**2013 TENTATIVE LEGISLATIVE CALENDAR**  
 COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK  
 Revised 1-3-13

**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
Spring Recess	24	25	26	27	28	29	30
Wk. 4	31						

APRIL							
	S	M	T	W	TH	F	S
Wk. 4		1	2	3	4	5	6
Wk. 1	7	8	9	10	11	12	13
Wk. 2	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 Bill must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 21** Martin Luther King, Jr. Day observed.
- Jan. 25** Last day to submit **bill requests** to the Office of Legislative Counsel.

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

- Mar. 21** **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).
- Mar. 29** Cesar Chavez Day observed.

- Apr. 1** Legislature reconvenes from Spring Recess (J.R. 51(a)(2)).

- May 3** Last day for **policy committees** to meet and report to Fiscal Committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).
- May 10** 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 17** Last day for **policy committees** to meet prior to June 3 (J.R. 61(a)(4)).
- May 24** 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 observed.
- May 28-31** **Floor session only.** No committee may meet for any purpose (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.

**2013 TENTATIVE LEGISLATIVE CALENDAR**  
 COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK  
 Revised 1-3-13

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

**July 4** Independence Day observed.

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess					1	2	3
Wk. 1	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. 5** Legislature reconvenes from Summer Recess (J.R. 51(a)(3)).

**Aug. 16** Last day for **policy committees** to meet and report bills (J.R. 61(a)(10)).

**Aug. 30** Last day for **fiscal committees** to meet and report bills (J.R. 61(a)(11)).

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 observed.

**Sept. 3-13** **Floor session only.** No committees, other than conference committees and Rules Committee, may meet for any purpose (J.R. 61(a)(12)).

**Sept. 6** Last day to **amend** bills on the floor (J.R. 61(a)(13)).

**Sept. 13** Last day for any bill to be passed (J.R. 61(a)(14)). **Interim Recess** begins upon adjournment (J.R. 51(a)(4)).

**IMPORTANT DATES OCCURRING DURING INTERIM RECESS**

**2013**

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)).

**2014**

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.



## **Agenda Item 7B**

### **Discussion and Possible Action on Legislation**



## MEMORANDUM

<b>DATE</b>	August 16, 2013
<b>TO</b>	Dental Board Members
<b>FROM</b>	Sarah Wallace, Legislative and Regulatory Analyst
<b>SUBJECT</b>	<b>Agenda Item 7(B):</b> Discussion and Possible Action on Legislation

### **Background:**

Board staff is currently tracking twenty-five (25) bills, pertaining to health care coverage, military licensing, and healing arts boards. In the interest of time, staff will not be presenting each of these bills to the Board, as the majority are bills that should be watched at this time. However, if a Board Member wishes to discuss a measure, staff will pull the bill for discussion during the Board's meeting.

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

- [www.senate.ca.gov](http://www.senate.ca.gov)
- [www.assembly.ca.gov](http://www.assembly.ca.gov)
- [www.leginfo.ca.gov](http://www.leginfo.ca.gov)

### **The following bills have listed for informational purposes only; no discussion or action will be taken during this agenda item:**

- (A) Of the bills being tracked by the Board, the following four (4) have been signed by the Governor and Chaptered by the Secretary of State:
- (1) AB X1 1 (Perez) Medi-Cal Eligibility: Expansion (Chapter 3, Statutes of 2013)
  - (2) AB X1 2 (Pan) Health Care Coverage (Chapter 1, Statutes of 2013)
  - (3) SB X1 1 (Hernandez) Medi-Cal Eligibility (Chapter 4, Statutes of 2013)
  - (4) SB X1 2 (Hernandez) Health Care Coverage (Chapter 2, Statutes of 2013)
- (B) Of the bills being tracked by the Board, the following nine (9) have been designated as 2-year bills:
- (1) AB 291 (Nestande) California Sunset Review Commission

- (2) AB 318 (Logue) Dental Care: Telehealth
- (3) AB 771 (Jones) Public Health: Wellness Programs
- (4) AB 809 (Logue) Healing Arts: Telehealth
- (5) AB 827 (Hagman) Department of Consumer Affairs
- (6) AB 851 (Logue) Dentistry: Licensure and Certification Requirements
- (7) AB 1174 (Bocanegra) Oral Health: Virtual Dental Homes
- (8) SB 456 (Padilla) Health Care Coverage
- (9) SB 532 (De Leon) Professions and Vocations: Military Spouses
- (10) SB 690 (Price) Licenses

(C) Senate Bill 809 (DeSaulnier) Controlled Substances: Reporting will not be discussed during this item on the agenda. The Board will be discussing this bill during Agenda Item 21(D) and may take a position on this bill at that time.

(D) Of the bills being tracked, the following four (4) are still moving through the 2013 legislative process, however the Board did not discuss these bills at its May 2013 meeting:

- (1) AB 18 (Pan) Individual Health Care Coverage
- (2) AB 50 (Pan) Health Care Coverage: Medi-Cal Eligibility
- (3) AB 186 (Maienschein) Professions and Vocations: Military Spouses: Licenses
- (4) AB 258 (Chavez) State Agencies: Veterans

**The following bills will be discussed by the Board at this meeting. These are the same bills that the Board discussed and took action on at its May 2013 and are still progressing through the 2013 legislative process. Copies of each of these bills and staff analyses are enclosed in the meeting packet:**

- (1) AB 496 (Gordon) Medicine: Sexual Orientation: Gender Identity
- (2) AB 512 (Rendon) Healing Arts: Licensure Exemption
- (3) AB 836 (Skinner) Dentists: Continuing Education
- (4) AB 1231 (Perez) Regional Centers: Telehealth and Teledentistry
- (5) SB 562 (Galgiani) Dentists: Mobile or Portable Dental Units
- (6) SB 821 (Senate Business, Professions and Economic Development Committee) Healing Arts

**Action Requested:**

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

- Support
- Support if Amended
- Oppose
- Watch
- Neutral
- No Action

Staff recommendations regarding Board action are included on the individual bill's analysis.

**DENTAL BOARD OF CALIFORNIA  
TRACKED LEGISLATION  
AUGUST 2013 BOARD MEETING**

Bill No.	Author	Subject	Date of Introduction:	Last Amended:	Location:	Status:	Board Position:	Notes:
1	AB 18	Pan	Health Care Coverage: Pediatric Oral Care Benefits	12/3/2012	6/24/2013	Assembly Appropriations	7/3/13 - In Assembly Appropriations - Not heard.	
2	AB 50	Pan	Health Care Coverage: Medi-Cal: Eligibility	12/21/2012	8/15/2013	Senate Health	8/15/13 - From Senate Health with Author's Amendments. In Senate. Read second time and amended. Re-referred to Senat Health	Hearing: 8/21/13 @ 1:30pm Room 4203
3	AB 186	Maienschein	Professions and Vocations: Military Spouses: Licenses	1/28/2013	6/24/2013	Senate BP&ED	7/1/13 - In Senate BP&ED, Heard, remains in committee.	
4	AB 258	Chavez	State Agencies: Veterans	2/7/2013	4/23/2013	Senate Third Reading File	7/2/13 - In Senate. Read second time. To third reading.	
5	AB 291	Nestande	California Sunset Review Commission	2/11/2013		Assembly Accountability & Administrative Review Committee	3/11/13 - To Assembly Committee on Accountability & Administrative Review and BP&CP Committee.	Watch (May 2013) 2-Year Bill
6	AB 318	Logue	Medi-Cal: Teledentistry	2/12/2013	3/19/2013	Assembly Health Committee	3/19/13 - To Assembly Health. 3/19/13 - From Assembly Health with Author's Amendments. 3/19/13 - In Assembly. Read second time and amended. Re-referred to Assembly Health.	Watch (May 2013) 2-Year Bill
7	AB 496	Gordon	Medicine: Sexual Orientation: Gender Identity	2/20/2013	6/25/2013	Senate Third Reading File	8/13/13 - In Senate. Read second time. To third reading.	Watch (May 2013)
8	AB 512	Rendon	Healing Arts: Licensure Exemption	2/20/2013		To Governor	8/12/13 - To Governor	Watch (May 2013)
9	AB 771	Jones	Public Health: Wellness Programs	2/21/2013	3/19/2013	Assembly Health Committee	3/19/13 - To Assembly Health. 3/19/13 - From Assembly Health with Author's Amendments. 3/19/13 - In Assembly. Read second time and amended. Re-referred to Assembly Health.	2-Year Bill
10	AB 809	Logue	Healing Arts: Telehealth	2/21/2013	6/25/2013	Senate Health Committee	6/25/13 - From Senate Health with Author's amendments. 6/25/13 - In Senate. Read second time and amended. Re-referred to Senate Health.	Watch (May 2013)
11	AB 827	Hagman	Department of Consumer Affairs	2/21/2013		Assembly	2/21/13 - Introduced.	Watch (May 2013) 2-Year Bill
12	AB 836	Skinner	Dentists: Continuing Education	2/21/2013	6/18/2013	Senate Third Reading File	6/25/13 - In Senate. Read second time. To third reading.	Support (May 2013) Wrote letter of support.
13	AB 851	Logue	Dentistry: Licensure and Certification Requirements	2/21/2013		Assembly BP&CP Committee	3/4/13 - To Assembly BP&CP and Veteran's Affairs.	2-Year Bill
14	AB 1174	Bocanegra	Dental Professionals: Teledentistry Under Medi-Cal	2/22/2013	4/9/2013	Assembly Health Committee	4/30/13 - In Assembly Health: Not heard.	Watch (May 2013) 2-Year Bill
15	AB 1231	Perez	Regional Centers: Telehealth	2/22/2013	6/27/2013	Senate Appropriations Committee	7/3/13 - From Senate Health: Do pass to Appropriations Committee.	Watch (May 2013) Hearing: 8/19/13 @ 10am, Room 4203

**DENTAL BOARD OF CALIFORNIA  
TRACKED LEGISLATION  
AUGUST 2013 BOARD MEETING**

	<b>Bill No.</b>	<b>Author</b>	<b>Subject</b>	<b>Date of Introduction:</b>	<b>Last Amended:</b>	<b>Location:</b>	<b>Status:</b>	<b>Board Position:</b>	<b>Notes:</b>
<b>16</b>	SB 456	Padilla	Health Care Coverage	2/21/2013		Senate Rules Committee	3/11/13 - To Senate Committee on Rules.	Watch (May 2013)	2-Year Bill
<b>17</b>	SB 532	De Leon	Professions and Vocations: Military Spouses	2/21/2013		Senate Rules Committee	3/11/13 - To Senate Committee on Rules.		2-Year Bill
<b>18</b>	SB 562	Galgiani	Dentists: Mobile or Portable Dental Units	2/22/2013	6/18/2013	Assembly Third Reading File	8/5/13 - In Assembly. Read second time. To consent calendar. 8/5/13 - In Assembly. From Consent Calendar. To third reading.	Watch (May 2013)	
<b>19</b>	SB 690	Price	Licenses	2/22/2013		Senate Rules Committee	3/11/13 - To Senate Committee on Rules.	Watch (May 2013)	2-Year Bill
<b>20</b>	SB 809	DeSaulnier	Controlled Substances: Reporting	2/22/2013	8/5/2013	Assembly Appropriations	8/13/13 - From Assembly BP&CD Committee: Do pass to Committee on Appropriations.	Watch (May 2013)	Hearing: 8/13/13 @ 9am, Room4202
<b>21</b>	SB 821	Senate BP&ED Committee	Healing Arts	3/20/2013	8/5/2013	Assembly Third Reading File	8/15/13 - In Assembly. Read second time. To third reading.	Neutral (May 2013)	Wrote letter of thanks to author for DBC amendment.

**Please note: Bill that have already been Chaptered are not included on this matrix.**

Status actions entered today are **listed in bold.**  
Master

**CA AB 18**



**AUTHOR:** Pan (D)  
**TITLE:** Health Care Coverage: Pediatric Oral Care Benefits  
**FISCAL COMMITTEE:** yes  
**URGENCY CLAUSE:** yes  
**INTRODUCED:** 12/03/2012  
**LAST AMEND:** 06/24/2013  
**DISPOSITION:** Pending  
**LOCATION:** Assembly Appropriations Committee  
**SUMMARY:** Requires a specialized health care service plan or health insurance policy that provides pediatric oral care benefits, whether or not it is bundled with a qualified health plan or standing alone, to comply with minimum medical loss ratios and provide an annual rebate. Provides that existing law regarding the promulgation of regulations regarding access to health care and providers apply to the above-mention health care service plans and health insurers.  
**STATUS:** 07/03/2013 In ASSEMBLY Committee on APPROPRIATIONS: Not heard.  
**Board\_Mtg:** May

**CA AB 50**



**AUTHOR:** Pan (D)  
**TITLE:** Health Care Coverage: Medi-Cal: Eligibility  
**FISCAL COMMITTEE:** yes  
**URGENCY CLAUSE:** yes  
**INTRODUCED:** 12/21/2012  
**LAST AMEND:** 08/15/2013  
**DISPOSITION:** Pending  
**COMMITTEE:** Senate Health Committee  
**HEARING:** 08/21/2013 1:30 pm, Burton Hearing Room (4203)  
**SUMMARY:** Requires the Department of Health Care Services to establish a process to allow a hospital that is a participating Medi-Cal provider to elect to be a qualified entity for purposes of eligibility for Medi-Cal and providing medical assistance during the presumptive eligibility period. Authorizes the application form to include voluntary questions regarding sexual orientation and gender identity or expression.  
**STATUS:** 08/15/2013 From SENATE Committee on HEALTH with author's amendments.  
 08/15/2013 In SENATE. Read second time and amended. Re-referred to Committee on HEALTH.  
**Board\_Mtg:** February, May  
**Board\_Position:** Watch  
**Subject:** Health\_Insurance, PPACA  
**ATTACHMENTS:** Feb Brd Mtg Analysis

**CA AB 186**



**AUTHOR:** Maienschein (R)  
**TITLE:** Professions and Vocations: Military Spouses: Licenses

**FISCAL** yes  
**COMMITTEE:**  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 01/28/2013  
**LAST AMEND:** 06/24/2013  
**DISPOSITION:** Pending  
**LOCATION:** Senate Business, Professions & Economic Development Committee  
**SUMMARY:** Establishes a temporary licensure process for an applicant who holds a current license in another jurisdiction and who supplies satisfactory evidence of being married to or in a domestic partnership or other legal union with an active duty member of the Armed Forces and is assigned to a duty station in the state under official active duty military orders. Requires a signed affidavit from the applicant attesting to the fact he or she meets all requirements. Authorizes certain background checks.

**STATUS:**  
 07/01/2013 In SENATE Committee on BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT: Heard, remains in Committee.

**Board\_Mtg:** February, May  
**DCA\_Analyst:** Scott\_Allen  
**Subject:** DCA\_All\_Healing\_Arts, DCA\_Wide, Military\_Licensing  
**ATTACHMENTS:** Feb Brd Mtg Analysis

**CA AB 258**

**AUTHOR:** Chavez (R)  
**TITLE:** State Agencies: Veterans  
**FISCAL** yes  
**COMMITTEE:**  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 02/07/2013  
**LAST AMEND:** 04/23/2013  
**DISPOSITION:** Pending  
**FILE:** 105  
**LOCATION:** Senate Third Reading File  
**SUMMARY:** Requires every state agency that requests on any written form or written publication, or through its Internet Web site, whether a person is a veteran, to request that information in a specified manner.

**STATUS:**  
 07/02/2013 In SENATE. Read second time. To third reading.

**Board\_Mtg:** May  
**DCA\_Analyst:** Scott\_Allen  
**Subject:** DCA\_Wide

**CA AB 291**

**AUTHOR:** Nestande (R)  
**TITLE:** California Sunset Review Commission  
**FISCAL** yes  
**COMMITTEE:**  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 02/11/2013  
**DISPOSITION:** Pending  
**LOCATION:** Assembly Accountability and Administrative Review Committee  
**SUMMARY:** Abolishes the Joint Sunset Review Committee. Establishes the California Sunset Review Commission within the executive branch to assess the continuing need for any agency to exist.

**STATUS:**  
 03/11/2013 To ASSEMBLY Committees on ACCOUNTABILITY AND ADMINISTRATIVE REVIEW and BUSINESS, PROFESSIONS AND CONSUMER PROTECTION.

**Assigned\_Manager:**April  
**Board\_Mtg:** May  
**DCA\_Analyst:** Ryan\_Arnold  
**Subject:** DCA\_Wide

**CA AB 318**

**AUTHOR:** Logue (R)  
**TITLE:** Medi-Cal: Teledentistry  
**FISCAL COMMITTEE:** yes  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 02/12/2013  
**LAST AMEND:** 03/19/2013  
**DISPOSITION:** Pending  
**LOCATION:** Assembly Health Committee  
**SUMMARY:**

Exacts provisions regarding the use of teledentistry under the Medi-Cal program. Provides that face-to-face contact between a health care provider and a patient shall not be required under the Medi-Cal program for teledentistry by store and forward. Defines the term store and forward. Provides that specified services shall be considered a billable encounter under Medi-Cal. Requires a report to the Legislature on the number and type of services provided, and payments made regarding teledentistry.

**STATUS:**

03/19/2013 To ASSEMBLY Committee on HEALTH.  
 03/19/2013 From ASSEMBLY Committee on HEALTH with author's amendments.  
 03/19/2013 In ASSEMBLY. Read second time and amended. Re-referred to Committee on HEALTH.

**Board\_Mtg:** February, May  
**Subject:** DPA  
**ATTACHMENTS:** Feb Brd Mtg Analysis

**CA AB 496**

**AUTHOR:** Gordon (D)  
**TITLE:** Medicine: Sexual Orientation: Gender Identity  
**FISCAL COMMITTEE:** yes  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 02/20/2013  
**LAST AMEND:** 06/25/2013  
**DISPOSITION:** Pending  
**FILE:** 194  
**LOCATION:** Senate Third Reading File  
**SUMMARY:**

Amends existing law that creates the Task Force on Culturally and Linguistically Competent Physicians and Dentists. Revises the membership. Requires licensed task force and advocate task force members to provide health services to, or advocate on behalf of, specified persons. Requires the physician linguistic competency program to address those groups. Requires program training to be formulated with medical societies of those groups. Redefines the term cultural and linguistic competency.

**STATUS:**

08/13/2013 In SENATE. Read second time. To third reading.

**Assigned\_Manager:**April  
**Board\_Mtg:** May

**CA AB 512**



**AUTHOR:** Rendon (D)  
**TITLE:** Healing Arts: Licensure Exemption  
**FISCAL COMMITTEE:** yes  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 02/20/2013  
**DISPOSITION:** To Governor  
**LOCATION:** To Governor  
**SUMMARY:** Amends existing law that requires an exempt health care practitioner to obtain prior authorization to provide services from the applicable licensing board and to satisfy other specified requirements, including payment of a fee as determined by the applicable licensing board. Deletes the date of repeal, allowing the exemption to operate until a specified date.  
**STATUS:** 08/12/2013 \*\*\*\*\*To GOVERNOR.  
**Board\_Mtg:** February, May  
**ATTACHMENTS:** Feb Brd Mtg Analysis

**CA AB 771**



**AUTHOR:** Jones (R)  
**TITLE:** Public Health: Wellness Programs  
**FISCAL COMMITTEE:** yes  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 02/21/2013  
**LAST AMEND:** 03/19/2013  
**DISPOSITION:** Pending  
**LOCATION:** Assembly Health Committee  
**SUMMARY:** Requires the Secretary of Health and Human Services to apply to the United States Secretary of Health and Human Services to allow the state to be a participating pilot state in the wellness program demonstration project in accordance with federal law. Requires the Secretary to petition the United States Secretary of Health and Human Services to change federal regulations to allow an employer to offer employees rewards of percentages of health care costs for participating in a qualified wellness program.  
**STATUS:**  
 03/19/2013 To ASSEMBLY Committee on HEALTH.  
 03/19/2013 From ASSEMBLY Committee on HEALTH with author's amendments.  
 03/19/2013 In ASSEMBLY. Read second time and amended. Re-referred to Committee on HEALTH.

**CA AB 809**



**AUTHOR:** Logue (R)  
**TITLE:** Healing Arts: Telehealth  
**FISCAL COMMITTEE:** no  
**URGENCY CLAUSE:** yes  
**INTRODUCED:** 02/21/2013  
**LAST AMEND:** 06/25/2013  
**DISPOSITION:** Pending  
**LOCATION:** Senate Health Committee

**SUMMARY:** Requires a health care provider at the originating site to provide the patient with a waiver for the course of treatment involving telehealth services to obtain informed consent for the agreed course of treatment. Requires the signed waiver to be contained in the patient's medical record.

**STATUS:**  
 06/25/2013 From SENATE Committee on HEALTH with author's amendments.  
 06/25/2013 In SENATE. Read second time and amended. Re-referred to Committee on HEALTH.

**Assigned\_Manager:** April  
**Board\_Mtg:** February, May  
**DCA\_Analyst:** Ryan\_Arnold  
**Subject:** DCA\_All\_Healing\_Arts  
**ATTACHMENTS:** Feb Brd Mtg Analysis

**CA AB 827**

**AUTHOR:** Hagman (R)  
**TITLE:** Department of Consumer Affairs  
**FISCAL:** no  
**COMMITTEE:**  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 02/21/2013  
**DISPOSITION:** Pending  
**LOCATION:** ASSEMBLY  
**SUMMARY:** Makes technical, nonsubstantive changes to provisions of the Dental Board and the Medical Board with respect to setting standards, conducting examinations, passing candidates, and revoking licenses under the Law governing the Department of Consumer Affairs.

**STATUS:**  
 02/21/2013 INTRODUCED.

**Assigned\_Manager:** April  
**Board\_Mtg:** May

**CA AB 836**

**AUTHOR:** Skinner (D)  
**TITLE:** Dentists: Continuing Education  
**FISCAL:** yes  
**COMMITTEE:**  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 02/21/2013  
**LAST AMEND:** 06/18/2013  
**DISPOSITION:** Pending  
**FILE:** 75  
**LOCATION:** Senate Third Reading File  
**SUMMARY:** Prohibits the Dental Board of California from requiring a retired dentist who provides only uncompensated care to complete more than 60% of the hours of continued education that are require of other licensed dentists. Requires all of the hours of continuing education to be gained through courses related to the actual delivery of dental services to the patient or the community, as determined by the board. Requires the board to report on the outcome of that provision.

**STATUS:**  
 06/25/2013 In SENATE. Read second time. To third reading.

**Board\_Mtg:** February, May  
**ATTACHMENTS:** Feb Brd Mtg Analysis

**CA AB 851**



**AUTHOR:** Logue (R)  
**TITLE:** Dentistry: Licensure and Certification Requirements  
**FISCAL COMMITTEE:** yes  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 02/21/2013  
**DISPOSITION:** Pending  
**LOCATION:** Assembly Business, Professions and Consumer Protection Committee  
**SUMMARY:** Requires the Dental Board to accept education, training, and practical experience completed by an applicant in military service toward the qualifications and requirements to receive a license or certificate. Requires certain schools seeking accreditation or approval to have procedures in place to evaluate an applicant's military education training and practical experience toward the completion of certain educational programs.

**STATUS:** 03/04/2013 To ASSEMBLY Committees on BUSINESS, PROFESSIONS & CONSUMER PROTECTION and VETERANS AFFAIRS.

**Board\_Mtg:** February, May  
**ATTACHMENTS:** Feb Brd Mtg Analysis

**CA AB 1174**

**AUTHOR:** Bocanegra (D)  
**TITLE:** Dental Professionals: Teledentistry Under Medi-Cal  
**FISCAL COMMITTEE:** yes  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 02/22/2013  
**LAST AMEND:** 04/09/2013  
**DISPOSITION:** Pending  
**LOCATION:** Assembly Health Committee  
**SUMMARY:** Authorizes a registered dental assistant to determine which radiographs to perform if he or she has completed a specified educational program. Authorizes such assistant to place interim therapeutic restoration pursuant to the order, control, and full professional responsibility of a licensed dentist and to operation dental radiology equipment. Provides related duties regarding the use of teledentistry under the Medi-Cal program. Relates to store and forward procedures.

**STATUS:** 04/30/2013 In ASSEMBLY Committee on HEALTH: Not heard.

**Assigned\_Manager:** April  
**Board\_Mtg:** February, May  
**ATTACHMENTS:** Feb Brd Mtg Analysis

**CA AB 1231**

**AUTHOR:** Perez V (D)  
**TITLE:** Regional Centers: Telehealth  
**FISCAL COMMITTEE:** yes  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 02/22/2013  
**LAST AMEND:** 06/27/2013  
**DISPOSITION:** Pending  
**COMMITTEE:** Senate Appropriations Committee  
**HEARING:** 08/19/2013 10:00 am, Burton Hearing Room (4203)

**SUMMARY:** Requires informing all regional centers that any appropriate health service and dentistry may be provided through telehealth. Requires the providing of technical assistance to such centers on the use of telehealth. Requests the centers to include a consideration of telehealth in individual program plans and individualized family services plans for consumers of regional center services, and to consider telehealth services for inclusion in parents training programs.

**STATUS:** 07/03/2013 From SENATE Committee on HEALTH: Do pass to Committee on APPROPRIATIONS.

**CA SB 456**

**AUTHOR:** Padilla (D)  
**TITLE:** Health Care Coverage  
**FISCAL:** no  
**COMMITTEE:**  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 02/21/2013  
**DISPOSITION:** Pending  
**LOCATION:** Senate Rules Committee  
**SUMMARY:** Makes technical, nonsubstantive changes to amend existing law which provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and which provides for the establishment and operation of a principal office and branch offices of the Director of the Department of Managed Health Care.

**STATUS:** 03/11/2013 To SENATE Committee on RULES.

**Assigned\_Manager:** April

**Board\_Mtg:** February, May

**ATTACHMENTS:** Feb Brd Mtg Analysis

**CA SB 532**

**AUTHOR:** De Leon (D)  
**TITLE:** Professions and Vocations: Military Spouses  
**FISCAL:** no  
**COMMITTEE:**  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 02/21/2013  
**DISPOSITION:** Pending  
**LOCATION:** Senate Rules Committee  
**SUMMARY:** Makes a technical, nonsubstantive change to existing law that requires a board to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation, married to, or in domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in the state.

**STATUS:** 03/11/2013 To SENATE Committee on RULES.

**Board\_Mtg:** February, May

**ATTACHMENTS:** Feb Brd Mtg Analysis

**CA SB 562**

**AUTHOR:** Galgiani (D)  
**TITLE:** Dentists: Mobile or Portable Dental Units

**FISCAL COMMITTEE:** yes  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 02/22/2013  
**LAST AMEND:** 06/18/2013  
**DISPOSITION:** Pending  
**FILE:** 91  
**LOCATION:** Assembly Third Reading File  
**SUMMARY:** Eliminates the mobile dental clinic limit in existing law. Authorizes a licensed dentist to operate a mobile or portable dental unit that is registered and operated in accordance with certain regulations. Authorizes adopting regulations, including, but not limited to, requirements for availability of followup and emergency care, maintenance, and availability of provider and patient records, and treatment information to be provided to patients and other appropriate parties.

**STATUS:**  
 08/05/2013 In ASSEMBLY. Read second time. To Consent Calendar.  
 08/05/2013 In ASSEMBLY. From Consent Calendar. To third reading.

**Board\_Mtg:** February, May  
**ATTACHMENTS:** Feb Brd Mtg Analysis

**CA SB 690**

**AUTHOR:** Price (D)  
**TITLE:** Licenses  
**FISCAL COMMITTEE:** no  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 02/22/2013  
**DISPOSITION:** Pending  
**LOCATION:** Senate Rules Committee  
**SUMMARY:** Amends existing law that provides for the licensing of various professions and vocations by boards within the Department of Consumer Affairs, and which defines license to mean a license, certificate, registration, or other means to engage in a business or profession. Expands the definition of license to include a permit.

**STATUS:**  
 03/11/2013 To SENATE Committee on RULES.

**Board\_Mtg:** May  
**DCA\_Analyst:** Greg\_Pruden  
**Subject:** DCA\_Wide

**CA SB 809**

**AUTHOR:** DeSaulnier (D)  
**TITLE:** Controlled Substances: Reporting  
**FISCAL COMMITTEE:** yes  
**URGENCY CLAUSE:** yes  
**INTRODUCED:** 02/22/2013  
**LAST AMEND:** 08/05/2013  
**DISPOSITION:** Pending  
**COMMITTEE:** Assembly Appropriations Committee  
**HEARING:** 08/21/2013 9:00 am, Room 4202  
**SUMMARY:** Relates to the Controlled Substance Utilization Review and Evaluation System for the electronic monitoring of the prescribing and dispensing of controlled substances. Establishes a related fund. Requires an annual fee on practitioners authorized to prescribe controlled substances, for the fund. Relates to educational materials. Requires health care practitioners and pharmacists to obtain certain information. Imposes a tax on manufacturers for the fund. Allows specified entities to contribute to the fund.

**STATUS:** 08/13/2013 From ASSEMBLY Committee on BUSINESS, PROFESSIONS & CONSUMER PROTECTION: Do pass to Committee on APPROPRIATIONS.

**Board\_Mtg:** May  
**DCA\_Analyst:** John\_Perry  
**Subject:** DCA\_All\_Healing\_Arts

**CA SB 821**

**AUTHOR:** Senate Business, Professions & Economic Development Committee  
**TITLE:** Healing Arts  
**FISCAL COMMITTEE:** yes  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 03/20/2013  
**LAST AMEND:** 08/05/2013  
**DISPOSITION:** Pending  
**FILE:** 140  
**LOCATION:** Assembly Third Reading File  
**SUMMARY:** Removes the reference in existing law to the Board of Dental Examiners. Refers the authorization to practice optometry by the State Board of Optometry as an optometrist license. Relates to a centralized hospital packaging license. Regards experience for marriage and family therapist licensure. Relates educational psychologist licensure. Relates to requirements for licensure as a clinical social worker. Relates to veterinary food-animal drug retailer representative licensure.

**STATUS:** 08/15/2013 In ASSEMBLY. Read second time. To third reading.

**CA AB 1 a**

**AUTHOR:** Perez J (D)  
**TITLE:** Medi-Cal Eligibility: Expansion  
**FISCAL COMMITTEE:** yes  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 01/28/2013  
**ENACTED:** 06/27/2013  
**DISPOSITION:** Enacted  
**LOCATION:** Chaptered  
**CHAPTER:** 3  
**SUMMARY:** Extends the Medi-Cal eligibility to specified adults. Regards transitioning persons with a minimum income into Medi-Cal and the Affordable Care Act. Requires the State Health Benefit Exchange to implement a workflow transfer protocol in the customer service center. Authorizes individuals to select Medi-Cal managed care using a specified system. Regards semiannual status report requirements. Provides a redetermination time period.

**STATUS:** 06/27/2013 Signed by GOVERNOR.  
 06/27/2013 Chaptered by Secretary of State. Chapter No. 3

**CA AB 2 a**

**AUTHOR:** Pan (D)  
**TITLE:** Health Care Coverage

**FISCAL COMMITTEE:** yes  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 01/29/2013  
**ENACTED:** 05/09/2013  
**DISPOSITION:** Enacted  
**LOCATION:** Chaptered  
**CHAPTER:** 1  
**SUMMARY:** Relates to the offering of health plans to individuals, open enrollment, preexisting condition exclusion, insured claims experience as part of a single risk pool, the use of certain factors in determining individual plan rates, insurance advertising and marketing, small employer enrollment periods and coverage effective date and premium rates, a risk adjustment program, insurance data reporting, and insurer disclosure requirements.

**STATUS:**  
 05/06/2013 \*\*\*\*\*To GOVERNOR.  
 05/09/2013 Signed by GOVERNOR.  
 05/09/2013 Chaptered by Secretary of State. Chapter No. 1

**CA SB 1 a**

**AUTHOR:** Hernandez E (D)  
**TITLE:** Medi-Cal: Eligibility  
**FISCAL COMMITTEE:** yes  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 01/28/2013  
**ENACTED:** 06/27/2013  
**DISPOSITION:** Enacted  
**LOCATION:** Chaptered  
**CHAPTER:** 4  
**SUMMARY:** Extends the Medi-Cal eligibility to specified adults and former foster children. Revise the insurance affordability program application requirements. Requires the State Health Benefit Exchange to implement a workflow transfer protocol in the customer service center. Prescribes the authority to perform Medi-Cal eligibility determinations. Prescribes electronic verification of state residency requirements. Deletes the beneficiary semiannual status report requirements. Provides the redetermination time period.

**STATUS:**  
 06/27/2013 Signed by GOVERNOR.  
 06/27/2013 Chaptered by Secretary of State. Chapter No. 4

**CA SB 2 a**

**AUTHOR:** Hernandez E (D)  
**TITLE:** Health Care Coverage  
**FISCAL COMMITTEE:** yes  
**URGENCY CLAUSE:** no  
**INTRODUCED:** 01/28/2013  
**ENACTED:** 05/09/2013  
**DISPOSITION:** Enacted  
**LOCATION:** Chaptered  
**CHAPTER:** 2  
**SUMMARY:** Relates to the offering of health care service plans to individuals, open enrollment, preexisting condition exclusion, insured claims experience as part of a single risk pool, the use of certain factors in determining individual plan rates, insurance advertising and marketing, small employer enrollment periods and coverage effective date and premium rates, a risk adjustment program, insurance data reporting, plan disclosure requirements,

and health care service plan benefits and coverage uniformity.

**STATUS:**

05/09/2013 Signed by GOVERNOR.

05/09/2013 Chaptered by Secretary of State. Chapter No. 2

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**AB 496**  
**(Gordon)**

# **BILL ANALYSIS**

**DENTAL BOARD OF CALIFORNIA  
BILL ANALYSIS  
August 26-27, 2013 BOARD MEETING**

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**BILL NUMBER:** Assembly Bill 496

**AUTHOR:** Assembly Member Gordon      **SPONSOR:** Equality California

**VERSION:** Amended 6/25/2013      **INTRODUCED:** 02/20/2013

**BILL STATUS:** 8/13/13 – In Senate. Read second time. To third reading      **BILL LOCATION:** Senate Third Reading

**SUBJECT:** Medicine: sexual orientation, gender identity, and gender expression      **RELATED BILLS:**

**SUMMARY**

Reauthorizes the Task Force on Culturally and Linguistically Competent Physicians and Dentists (Task Force) to advocate for and provide health services to members of language and ethnic minority groups and lesbian, gay, bisexual, transgender and intersex groups. Redefines “cultural and linguistic competency.” Requires that the Task Force report its findings to the Legislature by January 1, 2016. Further requires that training programs for health professionals be formulated in collaboration with medical societies.

Specifically, this bill;

- 1) Reestablishes the Task Force.
- 2) Specifies that the Deputy Director of the Office of Health Equality (OHE) or his or her designee and the Director of Consumer Affairs or his or her designee shall serve as co-chairs of the Task Force.
- 3) Also authorizes additional members to the Task Force including: 1) the Executive Director of the Medical Board of California (MBC) or his or her designee, 2) the Executive Director of the Dental Board of California (DBC) or his or her designee, 3) a member appointed by the Senate Committee on Rules and 4) a member appointed by the Speaker of the Assembly.
- 4) Permits the Director of the Department of Consumer Affairs (DCA) or his or her designee in consultation with the OHE to appoint additional members to the Task Force.
- 5) Requires the Task Force to hold hearings and convene meetings to obtain input from persons belonging to LGBT and intersex groups in communities that have large populations of LGBT and intersex groups.

- 6) Requires the Task Force to report its findings to the Legislature and appropriate licensing boards by January 1, 2016.
- 7) Establishes the Program and specifies that it shall be operated by local medical societies of the California Medical Association (CMA) and monitored by the MBC.
- 8) Requires the Program to address the ethnic language minority groups as well as LGBT and intersex groups of interest to local medical societies.
- 9) Requires the Program to include direct input from physician groups in Mexico.
- 10) Requires training programs to be formulated in collaboration with LGBT and intersex medical societies, among others and specifies the accreditation standards as well as the competency standards for participants.
- 11) Specifies the MBC shall convene a workgroup including, but not limited to, representatives of affected patient populations, medical societies engaged in program delivery and community clinics to perform a series of participant evaluations.
- 12) Indicates that funding shall be provided by fees charged to physicians who elect to take these educational classes and any other funds that local medical societies may secure for this purpose.
- 13) Indicates that local medical societies shall develop a survey which measures the degree of satisfaction with physicians who have taken the educational classes on cultural and linguistic competency and distribute the survey to:
  - a) Language minority patients.
  - b) Lesbian gay, bisexual, transgender and intersex patients.
- 14) Specifies that local medical societies shall also develop an evaluation survey for physicians to assess the quality of education or training programs on cultural and linguistic competence.
- 15) Requires that the information required by these surveys shall be shared with the workgroup established by the MBC.
- 16) Amends the definition of "cultural and linguistic competency" to include:
  - a) Understanding and applying the roles that race, sexual orientation, gender identity, and gender expression play in diagnosis, treatment and clinical care;
  - b) Awareness of how attitudes, values and beliefs of society influence and impact professional and patient relations; and,
  - c) Developing behaviors that increase a patient's satisfaction with, and trust in, his or her physicians and health care institutions.

## **ANALYSIS**

Although DCA, the DBC, and the MBC already convened and participated in the Task Force on Culturally and Linguistically Competent Physicians and Dentists, LGBT issues were not addressed at the Task Force, the hearings, or in the final report to the Legislature.

The Board's Executive Officer or his or her designee would be required to participate in the reauthorized Task Force and the Board would be responsible for half of the costs associated with the Task Force, hearings, and the report to the Legislature, while the Medical Board would be responsible for the other half. These costs are expected to amount to \$110,000 annually for two years (\$110,000 to be borne by the Board for two years; \$110,000 to be borne by the Medical Board for two years).

## **REGISTERED SUPPORT/OPPOSITION**

### Support:

Equality California (sponsor)  
AIDS Legal Referral Panel  
Asian & Pacific Islander Wellness Center  
Asian Americans For Civil Rights & Equality  
Asian Law Caucus  
Asian Pacific Islander Equality- Northern Chapter  
Betty T. Yee- Member, First District, State Board of Equalization  
California Academy of Family Physicians  
California Communities United Institute  
California Mental Health Directors Association  
California Pan Ethnic Health Network  
California Primary Care Association  
City of West Hollywood  
Gay & Lesbian Medical Association: Health Professionals Advancing LGBT Equality  
Gay Asian Pacific Alliance  
L.A. Gay & Lesbian Center  
Lyon-Martin Health Services  
Medical Board of California  
Mental Health American of Northern California  
National Association of Social Workers- California Chapter  
National Center for Lesbian Rights  
Our Family Coalition  
Planned Parenthood Affiliates of California  
San Francisco Eligible Metropolitan Area HIV Health Services Planning Council  
The Black AIDS Institute  
The Gay and Lesbian Community Services Center of Orange County  
The Greenlining Institute  
The National Asian Pacific American Women's Forum  
The Trevor Project  
67 individuals

### Opposition:

California Right to Life Committee, Inc.

**STAFF RECOMMENDATION**

Staff recommends a “watch” position until it can be determined whether or not Board can absorb the costs associated with this bill.

**BOARD POSITION**

**SUPPORT:** \_\_\_\_\_ **OPPOSE:** \_\_\_\_\_ **NEUTRAL:** \_\_\_\_\_ **WATCH:** \_\_\_\_\_

**BILL**

AMENDED IN SENATE JUNE 25, 2013

AMENDED IN ASSEMBLY APRIL 10, 2013

AMENDED IN ASSEMBLY APRIL 2, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

**ASSEMBLY BILL**

**No. 496**

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**Introduced by Assembly Member Gordon**  
*(Coauthors: Assembly Members Ammiano and Atkins)*  
*(Coauthors: Senators Lara and Leno)*

February 20, 2013

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An act to amend Sections 852, 2198, and 2198.1 of the Business and Professions Code, relating to medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 496, as amended, Gordon. Medicine: sexual orientation, gender identity, and gender expression.

Existing law creates the Task Force on Culturally and Linguistically Competent Physicians and Dentists. Existing law requires the Director of Health Care Services and the Director of Consumer Affairs to serve as cochairs of the task force. Existing law requires that the task force consist of, among other people, the Executive Director of the Medical Board of California and the Executive Director of the Dental Board of California. Existing law additionally requires the Director of Consumer Affairs, in consultation with the Director of Health Care Services, to appoint as task force members, among other people, California licensed physicians and dentists who provide health services to members of language and ethnic minority groups and representatives of organizations that advocate on behalf of, or provide health services to, members of language and ethnic minority groups. Existing law required the task

force to report its findings to the Legislature and appropriate licensing boards by January 1, 2003.

This bill would replace the Director of Health Care Services with the Deputy Director of the Office of Health Equity, or his or her designee, as cochair of the task force. The bill would also instead require the appointment of members to be made in consultation with the Office of Health Equity. The bill would authorize a designee of the Director of Consumer Affairs to serve as cochair of the task force and would authorize designees of the Executive Director of the Medical Board of California and the Executive Director of the Dental Board of California to serve as task force members. The bill would require the licensed task force members and advocate task force members to be providers of health services to, or advocates on behalf of, members of language and ethnic minority groups as well as lesbian, gay, bisexual, ~~and transgender~~ *transgender*, and *intersex* groups. The bill would require the task force to report its findings to the Legislature and appropriate licensing boards by January 1, 2016.

Existing law, the Cultural and Linguistic Competency of Physicians Act of 2003, establishes the cultural and linguistic physician competency program which is operated by local medical societies of the California Medical Association and is monitored by the Medical Board of California. That voluntary program consists of educational classes for all interested physicians and is designed to teach foreign language and cultural beliefs and practices that may impact patient health care practices and allow physicians to incorporate this knowledge in the diagnosis and treatment of patients who are not from the predominate culture in California. ~~Existing law also defines “cultural and linguistic competency” for the purposes of those provisions as meaning cultural and linguistic abilities that can be incorporated into therapeutic and medical evaluation and treatment, including understanding and applying the roles that culture, ethnicity, and race play in diagnosis, treatment, and clinical care, and awareness of how the attitudes, values, and beliefs of health care providers and patients influence and impact professional and patient relations.~~

This bill would additionally require the program to address lesbian, gay, bisexual, ~~and transgender~~ *transgender*, and *intersex* groups of interest to local medical societies. The bill would require the training programs to be formulated in collaboration with California-based lesbian, gay, bisexual, ~~and transgender~~ *transgender*, and *intersex* medical societies. ~~The~~

*Existing law requires local medical societies to develop and distribute a survey for language minority patients to measure the degree of satisfaction with physicians who have taken the educational classes on cultural and linguistic competency described above.*

*This bill would also require local medical societies to develop and distribute a similar survey to lesbian, gay, bisexual, transgender, and intersex patients.*

*Existing law also defines “cultural and linguistic competency” for the purposes of those provisions as meaning cultural and linguistic abilities that can be incorporated into therapeutic and medical evaluation and treatment, including understanding and applying the roles that culture, ethnicity, and race play in diagnosis, treatment, and clinical care, and awareness of how the attitudes, values, and beliefs of health care providers and patients influence and impact professional and patient relations.*

*This bill would ~~also~~ redefine the term “cultural and linguistic competency” ~~as to also include~~ understanding and applying the roles that ~~culture, ethnicity, race,~~ sexual orientation, gender identity, and gender expression play in diagnosis, treatment, and clinical care, and awareness of how the attitudes, values, and beliefs of health care providers, patients, and society influence and impact professional and patient relations ~~developing behaviors that increase a patient’s satisfaction with, and trust in, his or her physicians and health care institutions.~~ The bill would also make related technical, 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. Section 852 of the Business and Professions Code
- 2 is amended to read:
- 3 852. (a) The Task Force on Culturally and Linguistically
- 4 Competent Physicians and Dentists is hereby created and shall
- 5 consist of the following members:
- 6 (1) The Deputy Director of the Office of Health Equity, or his
- 7 or her designee, and the Director of Consumer Affairs, or his or
- 8 her designee, who shall serve as cochairs of the task force.
- 9 (2) The Executive Director of the Medical Board of California,
- 10 or his or her designee.

- 1 (3) The Executive Director of the Dental Board of California,  
2 or his or her designee.
- 3 (4) One member appointed by the Senate Committee on Rules.
- 4 (5) One member appointed by the Speaker of the Assembly.
- 5 (b) Additional task force members shall be appointed by the  
6 Director of Consumer Affairs, in consultation with the Office of  
7 Health Equity, as follows:
  - 8 (1) Representatives of organizations that advocate on behalf of  
9 California licensed physicians and dentists.
  - 10 (2) California licensed physicians and dentists who provide  
11 health services to members of language and ethnic minority groups,  
12 as well as lesbian, gay, bisexual, ~~and transgender~~ *transgender, and*  
13 *intersex* groups.
  - 14 (3) Representatives of organizations that advocate on behalf of,  
15 or provide health services to, members of language and ethnic  
16 minority groups, as well as lesbian, gay, bisexual, ~~and transgender~~  
17 *transgender, and intersex* groups.
  - 18 (4) Representatives of entities that offer continuing education  
19 for physicians and dentists.
  - 20 (5) Representatives of California’s medical and dental schools.
  - 21 (6) Individuals with experience in developing, implementing,  
22 monitoring, and evaluating cultural and linguistic programs.
- 23 (c) The duties of the task force shall include the following:
  - 24 (1) Developing recommendations for a continuing education  
25 program that includes language proficiency standards of foreign  
26 language to be acquired to meet linguistic competency.
  - 27 (2) Identifying the key cultural elements necessary to meet  
28 cultural competency by physicians, dentists, and their offices.
  - 29 (3) Assessing the need for voluntary certification standards and  
30 examinations for cultural and linguistic competency.
  - 31 (d) The task force shall hold hearings and convene meetings to  
32 obtain input from persons belonging to language and ethnic  
33 minority groups, as well as lesbian, gay, bisexual, ~~and transgender~~  
34 *transgender, and intersex* groups, to determine their needs and  
35 preferences for having culturally competent medical providers.  
36 These hearings and meetings shall be convened in communities  
37 that have large populations of language and ethnic minority groups,  
38 as well as lesbian, gay, bisexual, ~~and transgender~~ *transgender, and*  
39 *intersex* groups.

1 (e) The task force shall report its findings to the Legislature and  
2 appropriate licensing boards on or before January 1, 2016.

3 (f) The Medical Board of California and the Dental Board of  
4 California shall pay the state administrative costs of implementing  
5 this section.

6 (g) Nothing in this section shall be construed to require  
7 mandatory continuing education of physicians and dentists.

8 SEC. 2. Section 2198 of the Business and Professions Code is  
9 amended to read:

10 2198. (a) This article shall be known and may be cited as the  
11 Cultural and Linguistic Competency of Physicians Act of 2003.  
12 The cultural and linguistic physician competency program is hereby  
13 established and shall be operated by local medical societies of the  
14 California Medical Association and shall be monitored by the  
15 Medical Board of California.

16 (b) This program shall be a voluntary program for all interested  
17 physicians. As a primary objective, the program shall consist of  
18 educational classes which shall be designed to teach physicians  
19 the following:

20 (1) A foreign language at the level of proficiency that initially  
21 improves their ability to communicate with non-English speaking  
22 patients.

23 (2) A foreign language at the level of proficiency that eventually  
24 enables direct communication with the non-English speaking  
25 patients.

26 (3) Cultural beliefs and practices that may impact patient health  
27 care practices and allow physicians to incorporate this knowledge  
28 in the diagnosis and treatment of patients who are not from the  
29 predominate culture in California.

30 (c) The program shall operate through local medical societies  
31 and shall be developed to address the ethnic language minority  
32 groups, as well as lesbian, gay, bisexual, ~~and transgender~~  
33 *transgender, and intersex* groups, of interest to local medical  
34 societies.

35 (d) In dealing with Spanish language and cultural practices of  
36 Mexican immigrant communities, the cultural and linguistic  
37 training program shall be developed with direct input from  
38 physician groups in Mexico who serve the same immigrant  
39 population in Mexico. A similar approach may be used for any of  
40 the languages and cultures that are taught by the program or

1 appropriate ethnic medical societies may be consulted for the  
2 development of these programs.

3 (e) Training programs shall be based and developed on the  
4 established knowledge of providers already serving target  
5 populations and shall be formulated in collaboration with the  
6 California Medical Association, the Medical Board of California,  
7 and other California-based ethnic medical societies, as well as  
8 lesbian, gay, bisexual, ~~and transgender~~ *transgender, and intersex*  
9 medical societies.

10 (f) Programs shall include standards that identify the degree of  
11 competency for participants who successfully complete  
12 independent parts of the course of instruction.

13 (g) Programs shall seek accreditation by the Accreditation  
14 Council for Continuing Medical Education.

15 (h) The Medical Board of California shall convene a workgroup  
16 including, but not limited to, representatives of affected patient  
17 populations, medical societies engaged in program delivery, and  
18 community clinics to perform the following functions:

19 (1) Evaluation of the progress made in the achievement of the  
20 intent of this article.

21 (2) Determination of the means by which achievement of the  
22 intent of this article can be enhanced.

23 (3) Evaluation of the reasonableness and the consistency of the  
24 standards developed by those entities delivering the program.

25 (4) Determination and recommendation of the credit to be given  
26 to participants who successfully complete the identified programs.  
27 Factors to be considered in this determination shall include, at a  
28 minimum, compliance with requirements for continuing medical  
29 education and eligibility for increased rates of reimbursement  
30 under Medi-Cal, the Healthy Families Program, and health  
31 maintenance organization contracts.

32 (i) Funding shall be provided by fees charged to physicians who  
33 elect to take these educational classes and any other funds that  
34 local medical societies may secure for this purpose.

35 ~~(j) A survey for language minority patients shall be developed  
36 and distributed by local medical societies, to measure the degree  
37 of satisfaction with physicians who have taken the educational  
38 classes on cultural and linguistic competency provided under this  
39 section. Local medical societies shall also develop an evaluation  
40 survey for physicians to assess the quality of educational or training~~

1 ~~programs on cultural and linguistic competency. This information~~  
2 ~~shall be shared with the workgroup established by the Medical~~  
3 ~~Board of California.~~

4 *(j) (1) Local medical societies shall develop and distribute a*  
5 *survey for both of the following groups of individuals to measure*  
6 *the degree of satisfaction with physicians who have taken the*  
7 *educational classes on cultural and linguistic competency provided*  
8 *pursuant to this section:*

9 *(A) Language minority patients.*

10 *(B) Lesbian, gay, bisexual, transgender, and intersex patients.*

11 *(2) Local medical societies shall also develop an evaluation*  
12 *survey for physicians to assess the quality of education or training*  
13 *programs on cultural and linguistic competency provided pursuant*  
14 *to this section.*

15 *(3) The information provided by these surveys shall be shared*  
16 *with the workgroup established by the Medical Board of California*  
17 *pursuant to subdivision (h).*

18 SEC. 3. Section 2198.1 of the Business and Professions Code  
19 is amended to read:

20 2198.1. For purposes of this article, “cultural and linguistic  
21 competency” means cultural and linguistic abilities that can be  
22 incorporated into therapeutic and medical evaluation and treatment,  
23 including, but not limited to, the following:

24 (a) Direct communication in the patient-client primary language.

25 (b) Understanding and applying the roles that culture, ethnicity,  
26 race, sexual orientation, gender identity, and gender expression  
27 play in diagnosis, treatment, and clinical care.

28 (c) Awareness of how the attitudes, values, and beliefs of health  
29 care providers, patients, and society influence and impact  
30 professional and patient relations.

31 *(d) Developing behaviors that increase a patient’s satisfaction*  
32 *with, and trust in, his or her physicians and health care institutions.*

# **AB 512 (Rendon)**

# **BILL ANALYSIS**

**DENTAL BOARD OF CALIFORNIA  
BILL ANALYSIS  
AUGUST 26-27, 2013 BOARD MEETING**

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**BILL NUMBER:** Assembly Bill 512

**AUTHOR:** Assembly Member Rendon

**SPONSOR:**

**VERSION:** Introduced 02/20/2013

**INTRODUCED:** 02/20/2013

**BILL STATUS:** 08/12/2013 – To Governor

**BILL LOCATION:** To Governor

**SUBJECT:** Healing Arts: Licensure  
Exemption

**RELATED  
BILLS:** AB 2699 (Bass,  
Chapter 270,  
Statutes of 2010)

**SUMMARY**

Existing law provides for the licensure and regulation of various healing arts practitioners by the Department of Consumer Affairs (Department). Existing law, Business and Professions Code Section 901, provides an exemption for a health care practitioner, licensed or certified in another state, from the licensing and regulatory requirements of the applicable California healing arts board. To be exempted from California licensure requirements, a health care practitioner must provide services at a sponsored healthcare event to uninsured or underinsured people on a short-term, voluntary basis. Section 901 requires the out-of-state health care practitioner to seek authorization from the applicable healing arts board in California and provides the regulatory framework for the approval of an out-of-state health care practitioner and a sponsoring entity to seek approval from the applicable healing arts boards. Each individual healing arts board was responsible for promulgating regulations to specify the requirements for the approval of an out-of-state practitioner and a sponsoring entity. Existing law specifies that the Section 901 would be repealed on January 1, 2014 unless a later enacted statute deletes or extends the repeal date.

This bill would extend the repeal date of Section 901 until January 1, 2018.

**ANALYSIS**

The Dental Board of California (Board) promulgated regulations to implement the provisions contained in Section 901 to provide for out-of-state licensed dentists (DDS) to seek authorization to participate in sponsored free health care events. The Board's regulation specifies the requirements and procedures to authorize out-of-state dentists (DDS), who possess valid, current, and active licenses, to participate in sponsored free health care events for uninsured or underinsured people on a short-term voluntary basis in the State of California. These regulations became effective on December 7, 2012.

This bill would allow the Board to continue authorizing out-of-state licensed dentists (DDS) to participate in sponsored free health care events until January 1, 2018.

**REGISTERED SUPPORT/OPPOSITION**

Support

Los Angeles County Board of Supervisors (source)  
Association of California Healthcare Districts  
California State Board of Pharmacy  
Medical Board of California

Opposition

American Nurses Association\California  
California Nurses Association

**STAFF RECOMMENDATION**

Staff recommends the Board continue its “watch” position.

**BOARD POSITION**

**SUPPORT:** \_\_\_\_    **OPPOSE:** \_\_\_\_    **NEUTRAL:** \_\_\_\_    **WATCH:** \_\_\_\_

**BILL**

**Assembly Bill No. 512**

\_\_\_\_\_

Passed the Assembly April 25, 2013

\_\_\_\_\_  
*Chief Clerk of the Assembly*

\_\_\_\_\_

Passed the Senate July 8, 2013

\_\_\_\_\_  
*Secretary of the Senate*

\_\_\_\_\_

This bill was received by the Governor this \_\_\_\_\_ day  
of \_\_\_\_\_, 2013, at \_\_\_\_\_ o'clock \_\_\_\_M.

\_\_\_\_\_  
*Private Secretary of the Governor*

## CHAPTER \_\_\_\_\_

An act to amend Section 901 of the Business and Professions Code, relating to healing arts.

## LEGISLATIVE COUNSEL'S DIGEST

AB 512, Rendon. Healing arts: licensure exemption.

Existing law provides for the licensure and regulation of various healing arts practitioners by boards within the Department of Consumer Affairs. Existing law provides an exemption from these requirements for a health care practitioner licensed in another state who offers or provides health care for which he or she is licensed during a state of emergency, as defined, and upon request of the Director of the Emergency Medical Services Authority, as specified.

Existing law provides, until January 1, 2014, an exemption from the licensure and regulation requirements for a health care practitioner, as defined, licensed or certified in good standing in another state or states, who offers or provides health care services for which he or she is licensed or certified through a sponsored event, as defined, (1) to uninsured or underinsured persons, (2) on a short-term voluntary basis, (3) in association with a sponsoring entity that registers with the applicable healing arts board, as defined, and provides specified information to the county health department of the county in which the health care services will be provided, and (4) without charge to the recipient or a 3rd party on behalf of the recipient, as specified. Existing law also requires an exempt health care practitioner to obtain prior authorization to provide these services from the applicable licensing board, as defined, and to satisfy other specified requirements, including payment of a fee as determined by the applicable licensing board.

This bill would delete the January 1, 2014, date of repeal, and instead allow the exemption to operate until January 1, 2018.

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

SECTION 1. Section 901 of the Business and Professions Code is amended to read:

901. (a) For purposes of this section, the following provisions apply:

(1) “Board” means the applicable healing arts board, under this division or an initiative act referred to in this division, responsible for the licensure or regulation in this state of the respective health care practitioners.

(2) “Health care practitioner” means any person who engages in acts that are subject to licensure or regulation under this division or under any initiative act referred to in this division.

(3) “Sponsored event” means an event, not to exceed 10 calendar days, administered by either a sponsoring entity or a local government, or both, through which health care is provided to the public without compensation to the health care practitioner.

(4) “Sponsoring entity” means a nonprofit organization organized pursuant to Section 501(c)(3) of the Internal Revenue Code or a community-based organization.

(5) “Uninsured or underinsured person” means a person who does not have health care coverage, including private coverage or coverage through a program funded in whole or in part by a governmental entity, or a person who has health care coverage, but the coverage is not adequate to obtain those health care services offered by the health care practitioner under this section.

(b) A health care practitioner licensed or certified in good standing in another state, district, or territory of the United States who offers or provides health care services for which he or she is licensed or certified is exempt from the requirement for licensure if all of the following requirements are met:

(1) Prior to providing those services, he or she does all of the following:

(A) Obtains authorization from the board to participate in the sponsored event after submitting to the board a copy of his or her valid license or certificate from each state in which he or she holds licensure or certification and a photographic identification issued by one of the states in which he or she holds licensure or certification. The board shall notify the sponsoring entity, within 20 calendar days of receiving a request for authorization, whether that request is approved or denied, provided that, if the board receives a request for authorization less than 20 days prior to the date of the sponsored event, the board shall make reasonable efforts

to notify the sponsoring entity whether that request is approved or denied prior to the date of that sponsored event.

(B) Satisfies the following requirements:

(i) The health care practitioner has not committed any act or been convicted of a crime constituting grounds for denial of licensure or registration under Section 480 and is in good standing in each state in which he or she holds licensure or certification.

(ii) The health care practitioner has the appropriate education and experience to participate in a sponsored event, as determined by the board.

(iii) The health care practitioner shall agree to comply with all applicable practice requirements set forth in this division and the regulations adopted pursuant to this division.

(C) Submits to the board, on a form prescribed by the board, a request for authorization to practice without a license, and pays a fee, in an amount determined by the board by regulation, which shall be available, upon appropriation, to cover the cost of developing the authorization process and processing the request.

(2) The services are provided under all of the following circumstances:

(A) To uninsured or underinsured persons.

(B) On a short-term voluntary basis, not to exceed a 10-calendar-day period per sponsored event.

(C) In association with a sponsoring entity that complies with subdivision (d).

(D) Without charge to the recipient or to a third party on behalf of the recipient.

(c) The board may deny a health care practitioner authorization to practice without a license if the health care practitioner fails to comply with this section or for any act that would be grounds for denial of an application for licensure.

(d) A sponsoring entity seeking to provide, or arrange for the provision of, health care services under this section shall do both of the following:

(1) Register with each applicable board under this division for which an out-of-state health care practitioner is participating in the sponsored event by completing a registration form that shall include all of the following:

(A) The name of the sponsoring entity.

(B) The name of the principal individual or individuals who are the officers or organizational officials responsible for the operation of the sponsoring entity.

(C) The address, including street, city, ZIP Code, and county, of the sponsoring entity's principal office and each individual listed pursuant to subparagraph (B).

(D) The telephone number for the principal office of the sponsoring entity and each individual listed pursuant to subparagraph (B).

(E) Any additional information required by the board.

(2) Provide the information listed in paragraph (1) to the county health department of the county in which the health care services will be provided, along with any additional information that may be required by that department.

(e) The sponsoring entity shall notify the board and the county health department described in paragraph (2) of subdivision (d) in writing of any change to the information required under subdivision (d) within 30 calendar days of the change.

(f) Within 15 calendar days of the provision of health care services pursuant to this section, the sponsoring entity shall file a report with the board and the county health department of the county in which the health care services were provided. This report shall contain the date, place, type, and general description of the care provided, along with a listing of the health care practitioners who participated in providing that care.

(g) The sponsoring entity shall maintain a list of health care practitioners associated with the provision of health care services under this section. The sponsoring entity shall maintain a copy of each health care practitioner's current license or certification and shall require each health care practitioner to attest in writing that his or her license or certificate is not suspended or revoked pursuant to disciplinary proceedings in any jurisdiction. The sponsoring entity shall maintain these records for a period of at least five years following the provision of health care services under this section and shall, upon request, furnish those records to the board or any county health department.

(h) A contract of liability insurance issued, amended, or renewed in this state on or after January 1, 2011, shall not exclude coverage of a health care practitioner or a sponsoring entity that provides, or arranges for the provision of, health care services under this

section, provided that the practitioner or entity complies with this section.

(i) Subdivision (b) shall not be construed to authorize a health care practitioner to render care outside the scope of practice authorized by his or her license or certificate or this division.

(j) (1) The board may terminate authorization for a health care practitioner to provide health care services pursuant to this section for failure to comply with this section, any applicable practice requirement set forth in this division, any regulations adopted pursuant to this division, or for any act that would be grounds for discipline if done by a licensee of that board.

(2) The board shall provide both the sponsoring entity and the health care practitioner with a written notice of termination including the basis for that termination. The health care practitioner may, within 30 days after the date of the receipt of notice of termination, file a written appeal to the board. The appeal shall include any documentation the health care practitioner wishes to present to the board.

(3) A health care practitioner whose authorization to provide health care services pursuant to this section has been terminated shall not provide health care services pursuant to this section unless and until a subsequent request for authorization has been approved by the board. A health care practitioner who provides health care services in violation of this paragraph shall be deemed to be practicing health care in violation of the applicable provisions of this division, and be subject to any applicable administrative, civil, or criminal fines, penalties, and other sanctions provided in this division.

(k) The provisions of this section are severable. If any provision of this section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

(l) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

**AB 836**  
**(Skinner)**

# **BILL ANALYSIS**

**DENTAL BOARD OF CALIFORNIA  
BILL ANALYSIS  
August 26-27, 2013 BOARD MEETING**

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**BILL NUMBER:** Assembly Bill 836

**AUTHOR:** Assembly Member Skinner      **SPONSOR:** California Dental Association

**VERSION:** Amended 6/18/13      **INTRODUCED:** 02/21/2013

**BILL STATUS:** 06/25/2013 – Read second time. Ordered to third reading.      **BILL LOCATION:** Senate Third Reading File

**SUBJECT:** Dentists: Continuing Education      **RELATED BILLS:**

**SUMMARY**

This bill reduces the continuing education (CE) units required by the Dental Board of California (Board), for retired dentists who solely provide uncompensated care, from 50 CE units biannually to 30 CE units biannually. This bill would require that all of the CE hours be gained through courses related to the actual delivery of dental services to the patient or community. And, this bill requires the Board to report on the outcome of this change at the time of its regular sunset review process.

**ANALYSIS**

This bill:

1. Prohibits the DBC from requiring more than 60% of CE hours that are required of other licensed dentists for retired dentists who provide only uncompensated care.
2. Provides that all of the CE hours, as specified, be gained through courses related to the actual delivery of dental services to the patient or community.
3. Specifies that the DBC report on the outcome of the decreased CE units for retired dentists who provide uncompensated care during the sunset review process.

The Dental Board of California will need to promulgate regulations to implement the provisions contained in Section 1645 to provide for reduction of the required continuing education units for retired dentists (DDS) who customarily provide services free of charge.

The Dental Board of California will be required to report the outcome of this provision as part of the regular sunset review process as provided in Section 1601.1 which is January 1, 2016.

**REGISTERED SUPPORT/OPPOSITION**

Support

California Dental Association (source)  
California Academy of General Dentistry  
California Society of Pediatric Dentistry  
The Children's Partnership

Opposition

None

**STAFF RECOMMENDATION**

Staff recommends no action at this time. The Board took a "support" position at its May 2013 meeting. A copy of the support letter submitted to Assembly Member Nancy Skinner is enclosed.

**BOARD POSITION**

**SUPPORT:** \_\_\_\_    **OPPOSE:** \_\_\_\_    **NEUTRAL:** \_\_\_\_    **WATCH:** \_\_\_\_

# Letter of Support



June 21, 2013

The Honorable Nancy Skinner  
California State Assembly  
California State Capitol, Room 3160  
Sacramento, CA 95814

**RE: Support of AB 836 (Skinner/V. Manuel Pérez) as amended June 18, 2013  
relating to continuing education for retired dentists.**

Dear Assembly Member Skinner:

The Dental Board of California (Board) is pleased to **SUPPORT** this legislation that would allow retired dentists, who provide only uncompensated care, to complete 60% of the hours of continuing education that are required of other dentists.

If you have any questions or concerns, please feel free to contact me at your convenience.

Respectfully,

*Karen M Fischer*

Karen M. Fischer, MPA  
Executive Officer  
(916)263-2188 Office  
(916)501-7798 Mobile

cc: Assembly Member V. Manuel Pérez  
Members of the Senate Appropriations Committee  
Members of the Dental Board of California  
Denise Brown, Director, Department of Consumer Affairs  
Tracy Rhine, Deputy Director, Division of Legislative & Policy Review, Department  
of Consumer Affairs

**BILL**

AMENDED IN SENATE JUNE 18, 2013

AMENDED IN ASSEMBLY APRIL 9, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

**ASSEMBLY BILL**

**No. 836**

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**Introduced by Assembly Member Skinner**  
*(Coauthor: Assembly Member V. Manuel Pérez)*

February 21, 2013

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An act to amend Section 1645 of the Business and Professions Code, relating to dentists.

LEGISLATIVE COUNSEL'S DIGEST

AB 836, as amended, Skinner. Dentists: continuing education.

Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists by the Dental Board of California until January 1, 2016, at which time the board shall be subject to review by the appropriate policy committees of the Legislature. Existing law authorizes the board to require licentiates to complete continuing education hours as a condition of license renewal. Existing law authorizes the board to, by regulation, reduce the renewal fee for a licensee who has practiced dentistry for 20 years or more in this state, has reached the age of retirement under the federal Social Security Act, and customarily provides his or her services free of charge to any person, organization, or agency.

This bill would prohibit the board from requiring a retired dentist who provides only uncompensated care *to complete* more than 60% of the hours of continuing education that ~~is~~ *are* required of other licensed dentists. *The bill would require all of those hours of continuing education to be gained through courses related to the actual delivery*

*of dental services to the patient or the community, as determined by the board.* The bill would require the board to report on the outcome of that provision, pursuant to, and at the time of, its regular sunset review process.

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 1645 of the Business and Professions  
2 Code is amended to read:

3 1645. (a) Effective with the 1974 license renewal period, if  
4 the board determines that the public health and safety would be  
5 served by requiring all holders of licenses under this chapter to  
6 continue their education after receiving a license, it may require,  
7 as a condition to the renewal thereof, that they submit assurances  
8 satisfactory to the board that they will, during the succeeding  
9 two-year period, inform themselves of the developments in the  
10 practice of dentistry occurring since the original issuance of their  
11 licenses by pursuing one or more courses of study satisfactory to  
12 the board or by other means deemed equivalent by the board.

13 The board shall adopt regulations providing for the suspension  
14 of the licenses at the end of the two-year period until compliance  
15 with the assurances provided for in this section is accomplished.

16 (b) The board may also, as a condition of license renewal,  
17 require licentiates to successfully complete a portion of the required  
18 continuing education hours in specific areas adopted in regulations  
19 by the board. The board may prescribe this mandatory coursework  
20 within the general areas of patient care, health and safety, and law  
21 and ethics. The mandatory coursework prescribed by the board  
22 shall not exceed fifteen hours per renewal period for dentists, and  
23 seven and one-half hours per renewal period for dental auxiliaries.  
24 Any mandatory coursework required by the board shall be credited  
25 toward the continuing education requirements established by the  
26 board pursuant to subdivision (a).

27 (c) For a retired dentist who provides only uncompensated care,  
28 the board shall not require more than 60 percent of the hours of  
29 continuing education that ~~is~~ *are* required of other licensed dentists.  
30 *Notwithstanding subdivision (b), all of the hours of continuing*  
31 *education as described in this subdivision shall be gained through*

1 *courses related to the actual delivery of dental services to the*  
2 *patient or the community, as determined by the board.* Nothing in  
3 this subdivision shall be construed to reduce any requirements  
4 imposed by the board pursuant to subdivision (b).

5 (d) The board shall report on the outcome of subdivision (c)  
6 pursuant to, and at the time of, its regular sunset review process,  
7 as provided in Section 1601.1.

O

**AB 1231**  
**(Perez)**

# **BILL ANALYSIS**

**DENTAL BOARD OF CALIFORNIA  
BILL ANALYSIS  
August 26-27, 2013 BOARD MEETING**

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**BILL NUMBER:** Assembly Bill 1231

**AUTHOR:** Assembly Member Perez

**SPONSOR:**

**VERSION:** Amended 6/27/2013

**INTRODUCED:** 02/22/2013

**BILL STATUS:** 8/19/2013 – In Senate  
Appropriations: To Suspense  
File.

**BILL LOCATION:** Senate  
Appropriations  
Committee

**SUBJECT:** Regional centers: telehealth

**RELATED  
BILLS:**

**SUMMARY**

This bill:

- (1) Requires the Department of Developmental Services (Department) inform all regional centers that any appropriate health service may be provided through the use of telehealth to consumers of regional center services and that dentistry may be provided through the use of telehealth to consumers.
- (2) Requires the Department to request regional centers to include a consideration of telehealth in each individual program plan and individualized family service plan for consumers and to consider the use of telehealth services for inclusion in training programs for parents of consumers.
- (3) Requires regional centers to consider the use of telehealth services for inclusion in training programs for parents of consumers;
- (4) Provide, using existing resources, and in partnership with other organizations, resources, and stakeholders, technical assistance to regional centers regarding the use of telehealth to meet the health and dental care needs of consumers;
- (5) Permits the Department to implement appropriate vendorization subcodes for services provided through telehealth;
- (6) Requires the provision of a service through the use of telehealth to be voluntary and immediately discontinued at the request of the consumer or, as appropriate, the consumer's parent, legal guardian, or conservator. Requires any consumer who receives services through the use of telehealth pursuant to this bill have an automatic right to immediately return to his or her preexisting services, as defined by the consumer's IPP, that were in place prior to the implementation of the telehealth service;

- (7) Requires the Department, on or before December 1, 2017, to forward to the fiscal and appropriate policy committees of the Legislature any information provided by the regional centers to the department to assess the effectiveness and appropriateness of providing telehealth services to consumers through the individual program plan and individualized family service plan processes;
- (8) Requires a provider of telehealth services to be responsible for all expenses and costs related to the equipment, transmission, storage, infrastructure, and other expenses related to telehealth; and
- (9) Sunsets this bill's provisions on January 1, 2019.

**ANALYSIS**

The bill's author has stated: "Multiple scientific studies have demonstrated that telehealth is an effective healthcare delivery option with genuine potential to decrease costs. This is especially relevant for a regional center system that bears responsibility for transportation costs. In addition, private insurance carriers and the Department of Defense already utilize telehealth successfully in treating individuals with developmental disabilities. The rise of Internet-based technologies provides a new treatment model for families with developmental disabilities. The use of telehealth can improve quality of care and help bridge the barriers of time that many consumers and their families currently face. Telehealth will enable individuals in remote or medically underserved areas to receive treatment without the burden of extended and recurring travel. This not only saves hours of transportation time, but dollars spent on transportation by the regional centers. This bill will help ensure that all consumers have access to the services they require."

The Assembly Appropriations Committee estimates costs associated with this bill should be minor and absorbable within the Department's existing resources. It is unclear what the potential impact would be on licensed dentists.

**REGISTERED SUPPORT/OPPOSITION**

**Support:**

- ACT Today!
- Association of Regional Center Agencies
- Autism Research Group
- Center for Autism and Related Disorders
- Institute for Behavioral Training
- Law Offices of Bonnie Z. Yates, Inc.
- Special Needs Network
- The Children's Partnership

**Oppose:**

None received

**STAFF RECOMMENDATION**

Staff recommends the Board maintain its "watch" position.

**BOARD POSITION**

**SUPPORT:** \_\_\_\_\_ **OPPOSE:** \_\_\_\_\_ **NEUTRAL:** \_\_\_\_\_ **WATCH:** \_\_\_\_\_

**BILL**

AMENDED IN SENATE JUNE 27, 2013  
AMENDED IN SENATE JUNE 17, 2013  
AMENDED IN ASSEMBLY MAY 7, 2013  
AMENDED IN ASSEMBLY APRIL 24, 2013  
AMENDED IN ASSEMBLY MARCH 21, 2013  
CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1231**

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**Introduced by Assembly Member V. Manuel Pérez**

February 22, 2013

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An act to add and repeal Section 4686.21 of the Welfare and Institutions Code, relating to regional center services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1231, as amended, V. Manuel Pérez. Regional centers: telehealth.

The Lanterman Developmental Disabilities Services Act authorizes the State Department of Developmental Services to contract with regional centers to provide services and support to individuals with developmental disabilities, including autism.

This bill would, until January 1, 2019, require the department to inform all regional centers that any appropriate health service, ~~including behavioral health treatment~~, and dentistry may be provided through the use of telehealth, as defined, to consumers ~~with autism spectrum disorders (ASD)~~: *of regional center services*. The bill would require the department to provide technical assistance to regional centers on the use of telehealth and to request those centers to include a consideration of telehealth in individual program plans and

individualized family services plans, as specified, for consumers with ASD and to consider the use of telehealth services for inclusion in training programs for parents of consumers with ASD. *consumers.*

The bill would provide that if, at any time, a consumer with ASD, or his or her parent, legal guardian, or conservator, as appropriate, requests to discontinue the provision of a service through the use of telehealth, the regional center shall convene a review to determine alternative, appropriate means for providing the service. *require that the provision of a service through the use of telehealth be voluntary and immediately discontinued at the request of the consumer or his or her parent, legal guardian, or conservator, as appropriate.* The bill would require the department, on or before December 1, 2017, to forward to the fiscal and appropriate policy committees of the Legislature information provided by the regional centers to assess the effectiveness and appropriateness of providing telehealth services to regional center consumers with ASD; *consumers,* as specified.

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 Legislature finds and declares all of the~~
- 2 ~~following:~~
- 3 ~~(1) Autism spectrum disorders (ASD) now affect one in every~~
- 4 ~~88 children of all ethnic, racial, and socioeconomic backgrounds.~~
- 5 ~~(2) ASD is now the fastest growing developmental disability in~~
- 6 ~~California and the nation and is more common than childhood~~
- 7 ~~cancer, juvenile diabetes, and pediatric AIDS combined.~~
- 8 ~~(3) Approximately two-thirds of all new consumers who are~~
- 9 ~~entering the regional center system are now diagnosed with ASD.~~
- 10 ~~(4) Behavioral health treatment (BHT), also known as early~~
- 11 ~~intervention therapy or applied behavior analysis, is established~~
- 12 ~~to improve brain function, cognitive abilities, and activities of~~
- 13 ~~daily living for a significant number of individuals with ASD, but~~
- 14 ~~may not be accessible or available in underserved communities.~~
- 15 ~~(5) A significant number of individuals with ASD suffer from~~
- 16 ~~inadequate dental care.~~
- 17 ~~(b) It~~
- 18 SECTION 1. *It is the intent of the Legislature to do all of the*
- 19 *following:*

1     ~~(1)~~

2     ~~(a) Improve access to treatments and intervention services,~~  
3 ~~including behavioral and dental health care services, for individuals~~  
4 ~~with ASD consumers of regional center services and their families~~  
5 ~~in underserved populations.~~

6     ~~(2)~~

7     ~~(b) Provide more cost-effective treatments and intervention~~  
8 ~~services for individuals with ASD consumers of regional center~~  
9 ~~services and their families.~~

10    ~~(3)~~

11    ~~(c) Maximize the effectiveness of the interpersonal and~~  
12 ~~face-to-face interactions that are utilized for the treatment of~~  
13 ~~individuals with ASD; consumers of regional center services.~~

14    ~~(4)~~

15    ~~(d) Continue maintenance and support of the existing service~~  
16 ~~workforce for individuals with ASD; consumers of regional center~~  
17 ~~services.~~

18    ~~(5)~~

19    ~~(e) Utilize telehealth to improve services for individuals with~~  
20 ~~ASD; consumers of regional center services.~~

21    SEC. 2. Section 4686.21 is added to the Welfare and  
22 Institutions Code, to read:

23    4686.21. (a) The department shall do all of the following:

24    (1) Inform all regional centers that any appropriate health  
25 service, including, but not limited to, behavioral health treatment  
26 service may be provided through the use of telehealth to consumers  
27 with autism spectrum disorders (ASD); of regional center services.

28    (2) Inform all regional centers that dentistry may be provided  
29 through the use of telehealth to consumers with ASD; consumers.

30    (3) Request regional centers to include a consideration of  
31 telehealth in each individual program plan (IPP) and individualized  
32 family service plan (IFSP) for consumers with ASD that includes  
33 a discussion of behavioral health treatment or dental health care,  
34 or both; consumers.

35    (4) Request regional centers to consider the use of telehealth  
36 services for inclusion in training programs for parents of consumers  
37 with ASD; consumers, including, but not limited to, group training  
38 programs as described in clause (i) of subparagraph (B) of  
39 paragraph (3) of subdivision (c) of Section 4685.

1 (5) Provide, using existing resources, and in partnership with  
2 other organizations, resources, and stakeholders, technical  
3 assistance to regional centers regarding the use of telehealth to  
4 meet the behavioral health and dental care needs of individuals  
5 with ASD: consumers.

6 (b) The department may implement appropriate vendorization  
7 subcodes for services provided through telehealth.

8 (e) ~~If, at any time, a consumer with ASD or, as appropriate, the~~  
9 ~~consumer’s parent, legal guardian, or conservator requests to~~  
10 ~~discontinue the provision of a service through the use of telehealth,~~  
11 ~~the regional center shall convene a review to determine alternative,~~  
12 ~~appropriate means for providing the service.~~

13 (c) *The provision of a service through the use of telehealth shall*  
14 *be voluntary and shall be immediately discontinued at the request*  
15 *of the consumer or, as appropriate, the consumer’s parent, legal*  
16 *guardian, or conservator. Any consumer who receives services*  
17 *through the use of telehealth pursuant to this section shall have*  
18 *an automatic right to immediately return to his or her preexisting*  
19 *services, as defined by the consumer’s IPP, that were in place*  
20 *prior to the implementation of the telehealth service.*

21 (d) On or before December 1, 2017, the department shall forward  
22 to the fiscal and appropriate policy committees of the Legislature  
23 any information provided by the regional centers to the department  
24 to assess the effectiveness and appropriateness of providing  
25 telehealth services to regional center consumers with ASD through  
26 the IPP and IFSP processes.

27 (e) A provider of telehealth services shall be responsible for all  
28 expenses and costs related to the equipment, transmission, storage,  
29 infrastructure, and other expenses related to telehealth.

30 (f) For purposes of this section, the following definitions shall  
31 apply:

32 (1) ~~“Behavioral health treatment” has the same meaning as set~~  
33 ~~forth in paragraph (1) of subdivision (c) of Section 1374.73 of the~~  
34 ~~Health and Safety Code.~~

35 (2)

36 (1) “Department” means the State Department of Developmental  
37 Services.

38 (3)

39 (2) “Telehealth” has the same meaning as set forth in Section  
40 2290.5 of the Business and Professions Code.

1 (g) This section shall remain in effect only until January 1, 2019,  
2 and as of that date is repealed, unless a later enacted statute, that  
3 is enacted before January 1, 2019, deletes or extends that date.

O

**SB 562**  
**(Galgiani)**

# **BILL ANALYSIS**



- b) "Portable dental unit" means dental equipment housed in a self-contained unit used for providing dental treatment which is routinely transported to, and used on a temporary basis at, a non-dental office location.

6) Makes other technical or clarifying changes.

### **ANALYSIS**

- 1) Purpose of this bill. This bill updates current law to provide for the regulation of portable dental units, which are collapsible, suitcase-sized dental practice sites. This bill is sponsored by the California Dental Association.
- 2) Nontraditional dental practice settings. California regulates the practice of dentistry in many settings beyond the traditional brick-and-mortar office:
  - a) Mobile service unit. A mobile service unit is basically a primary clinic on wheels, typically in a specialized commercial coach. These units are approved by the Department of Public Health and may provide dental services, in addition to other procedures, but are not regulated by DBC.
  - b) Mobile dental clinic. A mobile dental clinic, or mobile dental unit, is a commercial coach, trailer, van, or other self-contained unit that may appear similar to a mobile service unit, but only provides dental services. A mobile dental clinic is regulated by DBC, and may be operated by a dentist after receiving a permit from DBC and proving that the unit complies with existing health and safety regulations.
  - c) Portable dental unit. A portable dental unit consists of portable dental chair and suitcase-like container housing a collection of dental tools which may be set up to enable a dental professional to perform dental services at various field sites. This bill allows DBC to regulate these units in the same manner as mobile dental clinics.
- 3) Operation of multiple mobile and portable dental units. This bill also deletes the restriction on dentists operating only one mobile dental unit at a time. This restriction is no longer relevant, as dentists are permitted to have multiple traditional dental offices, and a dentist is required to register each mobile unit with the board and follow all relevant laws and regulations.

According to the sponsor, "Lifting the numerical restriction will encourage access to care by allowing dentists to cover multiple sites with multiple mobile and/or portable units, either themselves or through general supervision of dental hygienists."

### **REGISTERED SUPPORT/OPPOSITION**

#### **Support:**

California Dental Association

### **STAFF RECOMMENDATION**

Staff recommends the Board maintain its "watch" position on this bill.

**BOARD POSITION**

**SUPPORT: \_\_\_\_\_ OPPOSE: \_\_\_\_\_ NEUTRAL: \_\_\_\_\_ WATCH: \_\_\_\_\_**

**BILL**

AMENDED IN ASSEMBLY JUNE 18, 2013

AMENDED IN SENATE APRIL 30, 2013

**SENATE BILL**

**No. 562**

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**Introduced by Senator Galgiani**

February 22, 2013

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An act to amend Section 1657 of the Business and Professions Code, relating to dentists.

LEGISLATIVE COUNSEL'S DIGEST

SB 562, as amended, Galgiani. Dentists: mobile or portable dental units.

Existing law, the Dental Practice Act, provides for the licensure and regulation by the Dental Board of California of those engaged in the practice of dentistry. Existing law provides that a person practices dentistry if the person, among other things, manages or conducts as manager, proprietor, conductor, lessor, or otherwise, in any place where dental operations are performed. Existing law authorizes a dentist to operate one mobile dental clinic or unit that is registered and operated in accordance with regulations adopted by the board. ~~Existing law also imposes specified registration requirements on a dentist who maintains additional places of practice. Existing law exempts specified mobile units from those requirements.~~ Other provisions of existing law, the Mobile Health Care Services Act, require, subject to specified exemptions, licensure by the State Department of Health Care Services to operate a mobile service unit.

This bill would *eliminate the one mobile dental clinic or unit limit and would* authorize a licensed dentist to operate ~~one~~ a mobile dental unit or portable dental unit, as defined, *that is* registered and operated in accordance with ~~those regulations. the regulations of the board.~~ The

bill would authorize the *board to adopt* regulations to include, including, but not be limited to, requirements for availability of followup and emergency care, maintenance, and availability of provider and patient records, and treatment information to be provided to patients and other appropriate parties.

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 1657 of the Business and Professions  
2 Code is amended to read:

3 1657. (a) For the purposes of this section, the following  
4 definitions shall apply:

5 (1) “Mobile dental unit” means a *self-contained* facility in which  
6 dentistry is *will be* practiced and that is routinely towed, *may be*  
7 moved, *towed*, or transported from one location to another.

8 (2) “Portable dental unit” means ~~a nonfacility in which~~ dental  
9 equipment ~~used in the practice of dentistry is housed in a~~  
10 *self-contained unit used for providing dental treatment that is*  
11 *routinely* transported to, and used on a temporary basis at, ~~an~~  
12 ~~out-of-office location~~ *a nondental office location*.

13 (b) ~~A licensed dentist may operate one mobile or portable dental~~  
14 ~~unit. The mobile or portable dental unit~~ *mobile dental unit or*  
15 *portable dental unit* shall be registered and operated in accordance  
16 with regulations established by the ~~board, provided these~~  
17 ~~regulations are not~~ *board. These regulations shall not be* designed  
18 to prevent or lessen competition in service areas. The regulations  
19 may include, but shall not be limited to, requirements for  
20 availability of followup and emergency care, ~~maintenance,~~  
21 *maintenance* and availability of provider and patient records, and  
22 treatment information to be provided to patients and other  
23 appropriate parties. A *mobile dental unit, or a portable dental unit*  
24 registered and operated in accordance with the board’s regulations  
25 and that has paid the fees established by the board, including a  
26 mobile dental unit registered for the purpose specified in  
27 subdivision (e), shall otherwise be exempted from this article and  
28 Article 3.5 (commencing with Section 1658).

29 (c) A mobile service unit, as defined in subdivision (b) of  
30 Section 1765.105 of the Health and Safety Code, and a mobile

1 *dental unit or portable dental unit* operated by an entity that is  
2 exempt from licensure pursuant to subdivision (b), (c), or (h) of  
3 Section 1206 of the Health and Safety Code, are exempt from this  
4 article and Article 3.5 (commencing with Section 1658).  
5 Notwithstanding this exemption, the owner or operator of the  
6 mobile unit shall notify the board within 60 days of the date on  
7 which dental services are first delivered in the mobile unit, or the  
8 date on which the mobile unit's application pursuant to Section  
9 1765.130 of the Health and Safety Code is approved, whichever  
10 is earlier.

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

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

19 (1) The licensed dentist's registered place of practice has been  
20 rendered and remains unusable due to loss or calamity.

21 (2) The licensee's insurer registers the *mobile dental unit* with  
22 the board in compliance with subdivision (b).

**SB 821**

**(Sen. BP&ED)**

# **BILL ANALYSIS**

**DENTAL BOARD OF CALIFORNIA  
BILL ANALYSIS  
August 26-27, 2013 BOARD MEETING**

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**BILL NUMBER:** Senate Bill 821

**AUTHOR:** Senate Committee on  
Business, Professions and  
Economic Development

**SPONSOR:**

**VERSION:** Amended 08/05/2013

**INTRODUCED:** 3/20/2013

**BILL STATUS:** 8/5/13 – In Assembly. Read  
second time. To third reading

**BILL LOCATION:** Assembly Third  
Reading File

**SUBJECT:** Healing Arts

**RELATED  
BILLS:**

**SUMMARY**

This bill would make several non-controversial minor, non-substantive or technical changes to various provisions pertaining to the health-related regulatory boards of the Department of Consumer Affairs (DCA).

**ANALYSIS**

The provisions relating to the Board would change any reference to the Board of Dental Examiners to the Dental Board of California.

**REGISTERED SUPPORT/OPPOSITION**

None

**STAFF RECOMMENDATION**

Staff recommends no action at this time. The Board took a “neutral” position at its May 2013 meeting. A copy of the letter of thanks submitted to Senator Ted Lieu is enclosed.

**BOARD POSITION**

**SUPPORT:** \_\_\_\_ **OPPOSE:** \_\_\_\_ **NEUTRAL:** \_\_\_\_ **WATCH:** \_\_\_\_

# **Letter of Thanks**



June 26, 2013

The Honorable Ted W. Lieu, Chair  
Senate Committee on Business, Professions and Economic Development  
California State Senate  
California State Capitol, Room 2053  
Sacramento, CA 95814

**Subject: Senate Bill 821 (Lieu)**

Dear Senator Lieu:

On behalf of the members of the Dental Board of California, I would like to thank you, the members of the Senate Committee on Business, Professions and Economic Development and staff for sponsoring Senate Bill 821 which in part, removes an obsolete reference to the former name "Board of Dental Examiners of California" and replaces it with the current name "Dental Board of California".

We appreciate your support on issues related to dental care in California and if we may be of any service, please do not hesitate to contact us.

Respectfully,

*Karen M. Fischer*

Karen M. Fischer, MPA  
Executive Officer  
(916)263-2188 Office  
(916)501-7798 Mobile

cc: Members of the Dental Board of California

**BILL**

AMENDED IN ASSEMBLY AUGUST 5, 2013

AMENDED IN ASSEMBLY JUNE 27, 2013

AMENDED IN ASSEMBLY JUNE 19, 2013

AMENDED IN ASSEMBLY JUNE 14, 2013

AMENDED IN SENATE APRIL 23, 2013

**SENATE BILL**

**No. 821**

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**Introduced by Committee on Business, Professions and Economic Development (Senators Lieu (Chair), Block, Corbett, Emmerson, Galgiani, Hernandez, Hill, Padilla, Wyland, and Yee)**

March 20, 2013

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An act to amend Sections 1613, 1915, 1926.2, 3024, 3025, 3040, 3041.2, 3051, 3057.5, 3077, 3093, 3098, 3103, 3106, 3107, 3109, 3163, 4053, 4107, 4980.36, 4980.397, 4980.398, 4980.399, 4980.40, 4980.43, 4980.50, ~~4980.72~~, 4984.01, 4984.7, 4984.72, 4989.68, 4992.05, 4992.07, 4992.09, 4992.1, 4996.1, 4996.3, 4996.4, 4996.9, 4996.17, 4996.18, 4996.28, 4999.20, 4999.33, 4999.45, 4999.46, 4999.47, 4999.50, 4999.52, 4999.53, 4999.55, ~~4999.60~~, 4999.64, and 4999.100 of, and to add Section 4021.5 to, the Business and Professions Code, and to amend Section 14132 of the Welfare and Institutions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 821, as amended, Committee on Business, Professions and Economic Development. Healing arts.

(1) Existing law, the Dental Practice Act, establishes the Dental Board of California, which was formerly known as the Board of Dental Examiners of California. Existing law requires the board to have and

use a seal bearing its name. Existing law creates, within the jurisdiction of the board, a Dental Hygiene Committee of California, that is responsible for regulation of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions.

This bill would amend those provisions to remove an obsolete reference to the former board and to make other technical changes.

(2) Existing law, the Optometry Practice Act, provides for the licensure and regulation of optometrists by the State Board of Optometry. That act refers to the authorization to practice optometry issued by the board as a certificate of registration.

This bill would instead refer to that authorization issued by the board as an optometrist license and would make other technical and conforming changes.

(3) Existing law, the Pharmacy Law, governs the business and practice of pharmacy in this state and establishes the California State Board of Pharmacy. Existing law prohibits the board from issuing more than one site license to a single premises except to issue a veterinary food-animal drug retailer license to a wholesaler or to issue a license for compound sterile injectable drugs to a pharmacy.

This bill would additionally authorize the board to issue more than one site license to a single premises to issue a centralized hospital packaging license. The bill would also establish a definition for the term “correctional pharmacy.”

Existing law authorizes the board to issue a license as a designated representative to provide supervision in a wholesaler or veterinary food-animal drug retailer. Existing law requires an individual to meet specified requirements to obtain and maintain a designated representative license, including a minimum of one year of paid work experience related to the distribution or dispensing of dangerous drugs or devices or meet certain prerequisites.

The bill would require the one year of paid work experience to obtain a designated representative license to be in a licensed pharmacy, or with a drug wholesaler, drug distributor, or drug manufacturer. The bill would also make related, technical changes.

(4) Existing law provides for the licensure and regulation of marriage and family therapists, licensed educational psychologists, licensed clinical social workers, and licensed professional clinical counselors by the Board of Behavioral Sciences. Existing law makes various changes to the licensing and associated eligibility and examination

requirements for marriage and family therapists, licensed clinical social workers, and licensed professional clinical counselors, effective January 1, 2014.

This bill would delay the implementation of these and other related changes until January 1, 2016.

Existing law requires all persons applying for marriage and family therapist or licensed professional clinical counselor licensure examinations to have specified hours of experience, including experience gained by an intern or trainee as an employee or volunteer.

This bill would specify that experience shall be gained by an intern or trainee only as an employee or volunteer.

~~Existing law also authorizes the board to issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license in good standing issued by a board of marriage counselor examiners, board of marriage and family therapists, or corresponding authority, of any state or country if certain conditions are met, considering hours of experience obtained outside of California during the 6-year period immediately preceding the date the applicant initially obtained the license.~~

~~This bill would instead require time actively licensed as a marriage and family therapist to be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours if the applicant has fewer than 3,000 hours of qualifying supervised experience.~~

Existing law establishes a \$75 delinquent renewal fee for a licensed educational psychologist and for licensed clinical social workers.

This bill would instead specify that \$75 is the maximum delinquent renewal fee.

Existing law requires an applicant for registration as an associate clinical social worker to meet specified requirements. Existing law also defines the application of social work principles and methods.

This bill would additionally require that all applicants and registrants be at all times under the supervision of a supervisor responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who is responsible to the board for compliance with all laws, rules, and regulations governing the practice of clinical social work. The bill would also specify that the practice of clinical social work includes the use, application, and integration of the coursework and experience required.

Existing law requires a licensed professional clinical counselor, to qualify for a clinical examination for licensure, to complete clinical mental health experience, as specified, including not more than 250 hours of experience providing counseling or crisis counseling on the telephone.

This bill instead would require not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telehealth.

(5) The bill would also make other technical, 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. Section 1613 of the Business and Professions  
2 Code is amended to read:

3 1613. The board shall have and use a seal bearing the name  
4 “Dental Board of California.”

5 SEC. 2. Section 1915 of the Business and Professions Code is  
6 amended to read:

7 1915. No person other than a registered dental hygienist,  
8 registered dental hygienist in alternative practice, or registered  
9 dental hygienist in extended functions or a licensed dentist may  
10 engage in the practice of dental hygiene or perform dental hygiene  
11 procedures on patients, including, but not limited to, supragingival  
12 and subgingival scaling, dental hygiene assessment, and treatment  
13 planning, except for the following persons:

14 (a) A student enrolled in a dental or a dental hygiene school  
15 who is performing procedures as part of the regular curriculum of  
16 that program under the supervision of the faculty of that program.

17 (b) A dental assistant acting in accordance with the rules of the  
18 dental board in performing the following procedures:

19 (1) Applying nonaerosol and noncaustic topical agents.

20 (2) Applying topical fluoride.

21 (3) Taking impressions for bleaching trays.

22 (c) A registered dental assistant acting in accordance with the  
23 rules of the dental board in performing the following procedures:

24 (1) Polishing the coronal surfaces of teeth.

25 (2) Applying bleaching agents.

1 (3) Activating bleaching agents with a nonlaser light-curing  
2 device.

3 (4) Applying pit and fissure sealants.

4 (d) A registered dental assistant in extended functions acting in  
5 accordance with the rules of the dental board in applying pit and  
6 fissure sealants.

7 (e) A registered dental hygienist, registered dental hygienist in  
8 alternative practice, or registered dental hygienist in extended  
9 functions licensed in another jurisdiction, performing a clinical  
10 demonstration for educational purposes.

11 SEC. 3. Section 1926.2 of the Business and Professions Code  
12 is amended to read:

13 1926.2. (a) Notwithstanding any other provision of law, a  
14 registered dental hygienist in alternative practice may operate one  
15 mobile dental hygiene clinic registered as a dental hygiene office  
16 or facility. The owner or operator of the mobile dental hygiene  
17 clinic or unit shall be registered and operated in accordance with  
18 regulations established by the committee, which regulations shall  
19 not be designed to prevent or lessen competition in service areas,  
20 and shall pay the fees described in Section 1944.

21 (b) A mobile service unit, as defined in subdivision (b) of  
22 Section 1765.105 of the Health and Safety Code, and a mobile  
23 unit operated by an entity that is exempt from licensure pursuant  
24 to subdivision (b), (c), or (h) of Section 1206 of the Health and  
25 Safety Code, are exempt from this article. Notwithstanding this  
26 exemption, the owner or operator of the mobile unit shall notify  
27 the committee within 60 days of the date on which dental hygiene  
28 services are first delivered in the mobile unit, or the date on which  
29 the mobile unit's application pursuant to Section 1765.130 of the  
30 Health and Safety Code is approved, whichever is earlier.

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

34 SEC. 4. Section 3024 of the Business and Professions Code is  
35 amended to read:

36 3024. The board may grant or refuse to grant an optometrist  
37 license as provided in this chapter and may revoke or suspend the  
38 license of any optometrist for any of the causes specified in this  
39 chapter.

1 It shall have the power to administer oaths and to take testimony  
2 in the exercise of these functions.

3 SEC. 5. Section 3025 of the Business and Professions Code is  
4 amended to read:

5 3025. The board may make and promulgate rules and  
6 regulations governing procedure of the board, the admission of  
7 applicants for examination for a license as an optometrist, and the  
8 practice of optometry. All of those rules and regulations shall be  
9 in accordance with and not inconsistent with the provisions of this  
10 chapter. The rules and regulations shall be adopted, amended, or  
11 repealed in accordance with the provisions of the Administrative  
12 Procedure Act.

13 SEC. 6. Section 3040 of the Business and Professions Code is  
14 amended to read:

15 3040. It is unlawful for a person to engage in the practice of  
16 optometry or to display a sign or in any other way to advertise or  
17 hold himself or herself out as an optometrist without having first  
18 obtained an optometrist license from the board under the provisions  
19 of this chapter or under the provisions of any former act relating  
20 to the practice of optometry. The practice of optometry includes  
21 the performing or controlling of any acts set forth in Section 3041.

22 In any prosecution for a violation of this section, the use of test  
23 cards, test lenses, or of trial frames is prima facie evidence of the  
24 practice of optometry.

25 SEC. 7. Section 3041.2 of the Business and Professions Code  
26 is amended to read:

27 3041.2. (a) The State Board of Optometry shall, by regulation,  
28 establish educational and examination requirements for licensure  
29 to ensure the competence of optometrists to practice pursuant to  
30 subdivision (a) of Section 3041. Satisfactory completion of the  
31 educational and examination requirements shall be a condition for  
32 the issuance of an original optometrist license under this chapter,  
33 on and after January 1, 1980. Only those optometrists who have  
34 successfully completed educational and examination requirements  
35 as determined by the State Board of Optometry shall be permitted  
36 the use of pharmaceutical agents specified by subdivision (a) of  
37 Section 3041.

38 (b) Nothing in this section shall authorize an optometrist issued  
39 an original optometrist license under this chapter before January  
40 1, 1996, to use or prescribe therapeutic pharmaceutical agents

1 specified in subdivision (d) of Section 3041 without otherwise  
2 meeting the requirements of Section 3041.3.

3 SEC. 8. Section 3051 of the Business and Professions Code is  
4 amended to read:

5 3051. All applicants for examination for an optometrist license  
6 in accordance with the educational and examination requirements  
7 adopted pursuant to Section 3023.1 shall show the board by  
8 satisfactory evidence that he or she has received education in child  
9 abuse detection and the detection of alcoholism and other chemical  
10 substance dependency. This section shall apply only to applicants  
11 who matriculate in a school of optometry on or after September  
12 1, 1997.

13 SEC. 9. Section 3057.5 of the Business and Professions Code  
14 is amended to read:

15 3057.5. Notwithstanding any other provision of this chapter,  
16 the board shall permit a graduate of a foreign university who meets  
17 all of the following requirements to take the examinations for an  
18 optometrist license:

19 (a) Is over 18 years of age.

20 (b) Is not subject to denial of a license under Section 480.

21 (c) Has a degree as a doctor of optometry issued by a university  
22 located outside of the United States.

23 SEC. 10. Section 3077 of the Business and Professions Code  
24 is amended to read:

25 3077. As used in this section, “office” means any office or  
26 other place for the practice of optometry.

27 (a) No person, singly or in combination with others, may have  
28 an office unless he or she is licensed to practice optometry under  
29 this chapter.

30 (b) An optometrist, or two or more optometrists jointly, may  
31 have one office without obtaining a branch office license from the  
32 board.

33 (c) On and after October 1, 1959, no optometrist, and no two  
34 or more optometrists jointly, may have more than one office unless  
35 he or she or they comply with the provisions of this chapter as to  
36 an additional office. The additional office, for the purposes of this  
37 chapter, constitutes a branch office.

38 (d) Any optometrist who has, or any two or more optometrists,  
39 jointly, who have, a branch office prior to January 1, 1957, and  
40 who desire to continue the branch office on or after that date shall

1 notify the board in writing of that desire in a manner prescribed  
2 by the board.

3 (e) On and after January 1, 1957, any optometrist, or any two  
4 or more optometrists, jointly, who desire to open a branch office  
5 shall notify the board in writing in a manner prescribed by the  
6 board.

7 (f) On and after January 1, 1957, no branch office may be  
8 opened or operated without a branch office license. Branch office  
9 licenses shall be valid for the calendar year in or for which they  
10 are issued and shall be renewable on January 1 of each year  
11 thereafter. Branch office licenses shall be issued or renewed only  
12 upon the payment of the fee therefor prescribed by this chapter.

13 On or after October 1, 1959, no more than one branch office  
14 license shall be issued to any optometrist or to any two or more  
15 optometrists, jointly.

16 (g) Any failure to comply with the provisions of this chapter  
17 relating to branch offices or branch office licenses as to any branch  
18 office shall work the suspension of the optometrist license of each  
19 optometrist who, individually or with others, has a branch office.  
20 An optometrist license so suspended shall not be restored except  
21 upon compliance with those provisions and the payment of the fee  
22 prescribed by this chapter for restoration of a license after  
23 suspension for failure to comply with the provisions of this chapter  
24 relating to branch offices.

25 (h) The holder or holders of a branch office license shall pay  
26 the annual renewal fee therefor in the amount required by this  
27 chapter between the first day of January and the first day of  
28 February of each year. The failure to pay the fee in advance on or  
29 before February 1 of each year during the time it is in force shall  
30 ipso facto work the suspension of the branch office license. The  
31 license shall not be restored except upon written application and  
32 the payment of the penalty prescribed by this chapter, and, in  
33 addition, all delinquent branch office fees.

34 (i) Nothing in this chapter shall limit or authorize the board to  
35 limit the number of branch offices that are in operation on October  
36 1, 1959, and that conform to this chapter, nor prevent an  
37 optometrist from acquiring any branch office or offices of his or  
38 her parent. The sale after October 1, 1959, of any branch office  
39 shall terminate the privilege of operating the branch office, and  
40 no new branch office license shall be issued in place of the license

1 issued for the branch office, unless the branch office is the only  
2 one operated by the optometrist or by two or more optometrists  
3 jointly.

4 Nothing in this chapter shall prevent an optometrist from owning,  
5 maintaining, or operating more than one branch office if he or she  
6 is in personal attendance at each of his or her offices 50 percent  
7 of the time during which the office is open for the practice of  
8 optometry.

9 (j) The board shall have the power to adopt, amend, and repeal  
10 rules and regulations to carry out the provisions of this section.

11 (k) Notwithstanding any other provision of this section, neither  
12 an optometrist nor an individual practice association shall be  
13 deemed to have an additional office solely by reason of the  
14 optometrist's participation in an individual practice association or  
15 the individual practice association's creation or operation. As used  
16 in this subdivision, the term "individual practice association" means  
17 an entity that meets all of the following requirements:

18 (1) Complies with the definition of an optometric corporation  
19 in Section 3160.

20 (2) Operates primarily for the purpose of securing contracts  
21 with health care service plans or other third-party payers that make  
22 available eye/vision services to enrollees or subscribers through a  
23 panel of optometrists.

24 (3) Contracts with optometrists to serve on the panel of  
25 optometrists, but does not obtain an ownership interest in, or  
26 otherwise exercise control over, the respective optometric practices  
27 of those optometrists on the panel.

28 Nothing in this subdivision shall be construed to exempt an  
29 optometrist who is a member of an individual practice association  
30 and who practices optometry in more than one physical location,  
31 from the requirement of obtaining a branch office license for each  
32 of those locations, as required by this section. However, an  
33 optometrist shall not be required to obtain a branch office license  
34 solely as a result of his or her participation in an individual practice  
35 association in which the members of the individual practice  
36 association practice optometry in a number of different locations,  
37 and each optometrist is listed as a member of that individual  
38 practice association.

39 SEC. 11. Section 3093 of the Business and Professions Code  
40 is amended to read:

1 3093. Before setting aside the revocation or suspension of any  
2 optometrist license, the board may require the applicant to pass  
3 the regular examination given for applicants for an optometrist  
4 license.

5 SEC. 12. Section 3098 of the Business and Professions Code  
6 is amended to read:

7 3098. When the holder uses the title of “Doctor” or “Dr.” as a  
8 prefix to his or her name, without using the word “optometrist” as  
9 a suffix to his or her name or in connection with it, or, without  
10 holding a diploma from an accredited school of optometry, the  
11 letters “Opt. D.” or “O.D.” as a suffix to his or her name, it  
12 constitutes a cause to revoke or suspend his or her optometrist  
13 license.

14 SEC. 13. Section 3103 of the Business and Professions Code  
15 is amended to read:

16 3103. It is unlawful to include in any advertisement relating  
17 to the sale or disposition of goggles, sunglasses, colored glasses,  
18 or occupational eye-protective devices, any words or figures that  
19 advertise or have a tendency to advertise the practice of optometry.

20 This section does not prohibit the advertising of the practice of  
21 optometry by a licensed optometrist in the manner permitted by  
22 law.

23 SEC. 14. Section 3106 of the Business and Professions Code  
24 is amended to read:

25 3106. Knowingly making or signing any license, certificate,  
26 or other document directly or indirectly related to the practice of  
27 optometry that falsely represents the existence or nonexistence of  
28 a state of facts constitutes unprofessional conduct.

29 SEC. 15. Section 3107 of the Business and Professions Code  
30 is amended to read:

31 3107. It is unlawful to use or attempt to use any license or  
32 certificate issued by the board that has been purchased, fraudulently  
33 issued, counterfeited, or issued by mistake, as a valid license or  
34 certificate.

35 SEC. 16. Section 3109 of the Business and Professions Code  
36 is amended to read:

37 3109. Directly or indirectly accepting employment to practice  
38 optometry from any person not having a valid, unrevoked license  
39 as an optometrist or from any company or corporation constitutes  
40 unprofessional conduct. Except as provided in this chapter, no

1 optometrist may, singly or jointly with others, be incorporated or  
2 become incorporated when the purpose or a purpose of the  
3 corporation is to practice optometry or to conduct the practice of  
4 optometry.

5 The terms “accepting employment to practice optometry” as  
6 used in this section shall not be construed so as to prevent a  
7 licensed optometrist from practicing optometry upon an individual  
8 patient.

9 Notwithstanding the provisions of this section or the provisions  
10 of any other law, a licensed optometrist may be employed to  
11 practice optometry by a physician and surgeon who holds a license  
12 under this division and who practices in the specialty of  
13 ophthalmology or by a health care service plan pursuant to the  
14 provisions of Chapter 2.2 (commencing with Section 1340) of  
15 Division 2 of the Health and Safety Code.

16 SEC. 17. Section 3163 of the Business and Professions Code  
17 is amended to read:

18 3163. Except as provided in Section 3078, the name of an  
19 optometric corporation and any name or names under which it  
20 may be rendering professional services shall contain and be  
21 restricted to the name or the last name of one or more of the  
22 present, prospective, or former shareholders and shall include the  
23 words optometric corporation or wording or abbreviations denoting  
24 corporate existence, provided that the articles of incorporation  
25 shall be amended to delete the name of a former shareholder from  
26 the name of the corporation within two years from the date the  
27 former shareholder dies or otherwise ceases to be a shareholder.

28 SEC. 18. Section 4021.5 is added to the Business and  
29 Professions Code, to read:

30 4021.5. “Correctional pharmacy” means a pharmacy, licensed  
31 by the board, located within a state correctional facility for the  
32 purpose of providing pharmaceutical care to inmates of the state  
33 correctional facility.

34 SEC. 19. Section 4053 of the Business and Professions Code  
35 is amended to read:

36 4053. (a) Notwithstanding Section 4051, the board may issue  
37 a license as a designated representative to provide sufficient and  
38 qualified supervision in a wholesaler or veterinary food-animal  
39 drug retailer. The designated representative shall protect the public  
40 health and safety in the handling, storage, and shipment of

1 dangerous drugs and dangerous devices in the wholesaler or  
2 veterinary food-animal drug retailer.

3 (b) An individual may apply for a designated representative  
4 license. In order to obtain and maintain that license, the individual  
5 shall meet all of the following requirements:

6 (1) He or she shall be a high school graduate or possess a general  
7 education development certificate equivalent.

8 (2) He or she shall have a minimum of one year of paid work  
9 experience in a licensed pharmacy, or with a drug wholesaler, drug  
10 distributor, or drug manufacturer, in the past three years, related  
11 to the distribution or dispensing of dangerous drugs or dangerous  
12 devices or meet all of the prerequisites to take the examination  
13 required for licensure as a pharmacist by the board.

14 (3) He or she shall complete a training program approved by  
15 the board that, at a minimum, addresses each of the following  
16 subjects:

17 (A) Knowledge and understanding of California law and federal  
18 law relating to the distribution of dangerous drugs and dangerous  
19 devices.

20 (B) Knowledge and understanding of California law and federal  
21 law relating to the distribution of controlled substances.

22 (C) Knowledge and understanding of quality control systems.

23 (D) Knowledge and understanding of the United States  
24 Pharmacopoeia standards relating to the safe storage and handling  
25 of drugs.

26 (E) Knowledge and understanding of prescription terminology,  
27 abbreviations, ~~dosages~~ *dosages*, and format.

28 (4) The board may, by regulation, require training programs to  
29 include additional material.

30 (5) The board may not issue a license as a designated  
31 representative until the applicant provides proof of completion of  
32 the required training to the board.

33 (c) The veterinary food-animal drug retailer or wholesaler shall  
34 not operate without a pharmacist or a designated representative  
35 on its premises.

36 (d) Only a pharmacist or a designated representative shall  
37 prepare and affix the label to veterinary food-animal drugs.

38 (e) Section 4051 shall not apply to any laboratory licensed under  
39 Section 351 of Title III of the Public Health Service Act (Public  
40 Law 78-410).

1 SEC. 20. Section 4107 of the Business and Professions Code  
2 is amended to read:

3 4107. (a) The board may not issue more than one site license  
4 to a single premises except as follows:

5 (1) To issue a veterinary food-animal drug retailer license to a  
6 wholesaler pursuant to Section 4196.

7 (2) To issue a license to compound sterile injectable drugs to a  
8 pharmacy pursuant to Section 4127.1.

9 (3) To issue a centralized hospital packaging license pursuant  
10 to Section 4128.

11 (b) For the purposes of this subdivision, “premises” means a  
12 location with its own address and an independent means of ingress  
13 and egress.

14 SEC. 21. Section 4980.36 of the Business and Professions  
15 Code is amended to read:

16 4980.36. (a) This section shall apply to the following:

17 (1) Applicants for licensure or registration who begin graduate  
18 study before August 1, 2012, and do not complete that study on  
19 or before December 31, 2018.

20 (2) Applicants for licensure or registration who begin graduate  
21 study before August 1, 2012, and who graduate from a degree  
22 program that meets the requirements of this section.

23 (3) Applicants for licensure or registration who begin graduate  
24 study on or after August 1, 2012.

25 (b) To qualify for a license or registration, applicants shall  
26 possess a doctoral or master’s degree meeting the requirements of  
27 this section in marriage, family, and child counseling, marriage  
28 and family therapy, couple and family therapy, psychology, clinical  
29 psychology, counseling psychology, or counseling with an  
30 emphasis in either marriage, family, and child counseling or  
31 marriage and family therapy, obtained from a school, college, or  
32 university approved by the Bureau for Private Postsecondary  
33 Education or accredited by either the Commission on Accreditation  
34 for Marriage and Family Therapy Education or a regional  
35 accrediting agency recognized by the United States Department  
36 of Education. The board has the authority to make the final  
37 determination as to whether a degree meets all requirements,  
38 including, but not limited to, course requirements, regardless of  
39 accreditation or approval.

- 1 (c) A doctoral or master’s degree program that qualifies for  
2 licensure or registration shall do the following:
  - 3 (1) Integrate all of the following throughout its curriculum:
    - 4 (A) Marriage and family therapy principles.
    - 5 (B) The principles of mental health recovery-oriented care and  
6 methods of service delivery in recovery-oriented practice  
7 environments, among others.
    - 8 (C) An understanding of various cultures and the social and  
9 psychological implications of socioeconomic position, and an  
10 understanding of how poverty and social stress impact an  
11 individual’s mental health and recovery.
  - 12 (2) Allow for innovation and individuality in the education of  
13 marriage and family therapists.
  - 14 (3) Encourage students to develop the personal qualities that  
15 are intimately related to effective practice, including, but not  
16 limited to, integrity, sensitivity, flexibility, insight, compassion,  
17 and personal presence.
  - 18 (4) Permit an emphasis or specialization that may address any  
19 one or more of the unique and complex array of human problems,  
20 symptoms, and needs of Californians served by marriage and  
21 family therapists.
  - 22 (5) Provide students with the opportunity to meet with various  
23 consumers and family members of consumers of mental health  
24 services to enhance understanding of their experience of mental  
25 illness, treatment, and recovery.
- 26 (d) The degree described in subdivision (b) shall contain no less  
27 than 60 semester or 90 quarter units of instruction that includes,  
28 but is not limited to, the following requirements:
  - 29 (1) Both of the following:
    - 30 (A) No less than 12 semester or 18 quarter units of coursework  
31 in theories, principles, and methods of a variety of  
32 psychotherapeutic orientations directly related to marriage and  
33 family therapy and marital and family systems approaches to  
34 treatment and how these theories can be applied therapeutically  
35 with individuals, couples, families, adults, including elder adults,  
36 children, adolescents, and groups to improve, restore, or maintain  
37 healthy relationships.
    - 38 (B) Practicum that involves direct client contact, as follows:

- 1 (i) A minimum of six semester or nine quarter units of practicum  
2 in a supervised clinical placement that provides supervised  
3 fieldwork experience.
- 4 (ii) A minimum of 150 hours of face-to-face experience  
5 counseling individuals, couples, families, or groups.
- 6 (iii) A student must be enrolled in a practicum course while  
7 counseling clients, except as specified in subdivision (c) of Section  
8 4980.42.
- 9 (iv) The practicum shall provide training in all of the following  
10 areas:
- 11 (I) Applied use of theory and psychotherapeutic techniques.  
12 (II) Assessment, diagnosis, and prognosis.  
13 (III) Treatment of individuals and premarital, couple, family,  
14 and child relationships, including trauma and abuse, dysfunctions,  
15 healthy functioning, health promotion, illness prevention, and  
16 working with families.  
17 (IV) Professional writing, including documentation of services,  
18 treatment plans, and progress notes.  
19 (V) How to connect people with resources that deliver the  
20 quality of services and support needed in the community.
- 21 (v) Educational institutions are encouraged to design the  
22 practicum required by this subparagraph to include marriage and  
23 family therapy experience in low income and multicultural mental  
24 health settings.
- 25 (vi) In addition to the 150 hours required in clause (ii), 75 hours  
26 of either of the following:
- 27 (I) Client centered advocacy, as defined in Section 4980.03.  
28 (II) Face-to-face experience counseling individuals, couples,  
29 families, or groups.
- 30 (2) Instruction in all of the following:
- 31 (A) Diagnosis, assessment, prognosis, and treatment of mental  
32 disorders, including severe mental disorders, evidence-based  
33 practices, psychological testing, psychopharmacology, and  
34 promising mental health practices that are evaluated in peer  
35 reviewed literature.  
36 (B) Developmental issues from infancy to old age, including  
37 instruction in all of the following areas:
- 38 (i) The effects of developmental issues on individuals, couples,  
39 and family relationships.

- 1 (ii) The psychological, psychotherapeutic, and health  
2 implications of developmental issues and their effects.
- 3 (iii) Aging and its biological, social, cognitive, and  
4 psychological aspects.
- 5 (iv) A variety of cultural understandings of human development.
- 6 (v) The understanding of human behavior within the social  
7 context of socioeconomic status and other contextual issues  
8 affecting social position.
- 9 (vi) The understanding of human behavior within the social  
10 context of a representative variety of the cultures found within  
11 California.
- 12 (vii) The understanding of the impact that personal and social  
13 insecurity, social stress, low educational levels, inadequate housing,  
14 and malnutrition have on human development.
- 15 (C) The broad range of matters and life events that may arise  
16 within marriage and family relationships and within a variety of  
17 California cultures, including instruction in all of the following:
- 18 (i) A minimum of seven contact hours of training or coursework  
19 in child abuse assessment and reporting as specified in Section 28,  
20 and any regulations promulgated thereunder.
- 21 (ii) Spousal or partner abuse assessment, detection, intervention  
22 strategies, and same gender abuse dynamics.
- 23 (iii) Cultural factors relevant to abuse of partners and family  
24 members.
- 25 (iv) Childbirth, child rearing, parenting, and stepparenting.
- 26 (v) Marriage, divorce, and blended families.
- 27 (vi) Long-term care.
- 28 (vii) End of life and grief.
- 29 (viii) Poverty and deprivation.
- 30 (ix) Financial and social stress.
- 31 (x) Effects of trauma.
- 32 (xi) The psychological, psychotherapeutic, community, and  
33 health implications of the matters and life events described in  
34 clauses (i) to (x), inclusive.
- 35 (D) Cultural competency and sensitivity, including a familiarity  
36 with the racial, cultural, linguistic, and ethnic backgrounds of  
37 persons living in California.
- 38 (E) Multicultural development and cross-cultural interaction,  
39 including experiences of race, ethnicity, class, spirituality, sexual

1 orientation, gender, and disability, and their incorporation into the  
2 psychotherapeutic process.

3 (F) The effects of socioeconomic status on treatment and  
4 available resources.

5 (G) Resilience, including the personal and community qualities  
6 that enable persons to cope with adversity, trauma, tragedy, threats,  
7 or other stresses.

8 (H) Human sexuality, including the study of physiological,  
9 psychological, and social cultural variables associated with sexual  
10 behavior and gender identity, and the assessment and treatment of  
11 psychosexual dysfunction.

12 (I) Substance use disorders, co-occurring disorders, and  
13 addiction, including, but not limited to, instruction in all of the  
14 following:

15 (i) The definition of substance use disorders, co-occurring  
16 disorders, and addiction. For purposes of this subparagraph,  
17 “co-occurring disorders” means a mental illness and substance  
18 abuse diagnosis occurring simultaneously in an individual.

19 (ii) Medical aspects of substance use disorders and co-occurring  
20 disorders.

21 (iii) The effects of psychoactive drug use.

22 (iv) Current theories of the etiology of substance abuse and  
23 addiction.

24 (v) The role of persons and systems that support or compound  
25 substance abuse and addiction.

26 (vi) Major approaches to identification, evaluation, and treatment  
27 of substance use disorders, co-occurring disorders, and addiction,  
28 including, but not limited to, best practices.

29 (vii) Legal aspects of substance abuse.

30 (viii) Populations at risk with regard to substance use disorders  
31 and co-occurring disorders.

32 (ix) Community resources offering screening, assessment,  
33 treatment, and followup for the affected person and family.

34 (x) Recognition of substance use disorders, co-occurring  
35 disorders, and addiction, and appropriate referral.

36 (xi) The prevention of substance use disorders and addiction.

37 (J) California law and professional ethics for marriage and  
38 family therapists, including instruction in all of the following areas  
39 of study:

- 1 (i) Contemporary professional ethics and statutory, regulatory,  
2 and decisional laws that delineate the scope of practice of marriage  
3 and family therapy.
- 4 (ii) The therapeutic, clinical, and practical considerations  
5 involved in the legal and ethical practice of marriage and family  
6 therapy, including, but not limited to, family law.
- 7 (iii) The current legal patterns and trends in the mental health  
8 professions.
- 9 (iv) The psychotherapist-patient privilege, confidentiality, the  
10 patient dangerous to self or others, and the treatment of minors  
11 with and without parental consent.
- 12 (v) A recognition and exploration of the relationship between  
13 a practitioner’s sense of self and human values and his or her  
14 professional behavior and ethics.
- 15 (vi) Differences in legal and ethical standards for different types  
16 of work settings.
- 17 (vii) Licensing law and licensing process.
- 18 (e) The degree described in subdivision (b) shall, in addition to  
19 meeting the requirements of subdivision (d), include instruction  
20 in case management, systems of care for the severely mentally ill,  
21 public and private services and supports available for the severely  
22 mentally ill, community resources for persons with mental illness  
23 and for victims of abuse, disaster and trauma response, advocacy  
24 for the severely mentally ill, and collaborative treatment. This  
25 instruction may be provided either in credit level coursework or  
26 through extension programs offered by the degree-granting  
27 institution.
- 28 (f) The changes made to law by this section are intended to  
29 improve the educational qualifications for licensure in order to  
30 better prepare future licentiates for practice, and are not intended  
31 to expand or restrict the scope of practice for marriage and family  
32 therapists.
- 33 SEC. 22. Section 4980.397 of the Business and Professions  
34 Code is amended to read:  
35 4980.397. (a) Effective January 1, 2016, an applicant for  
36 licensure as a marriage and family therapist shall pass the following  
37 two examinations as prescribed by the board:  
38 (1) A California law and ethics examination.  
39 (2) A clinical examination.

1 (b) Upon registration with the board, a marriage and family  
2 therapist intern shall, within the first year of registration, take an  
3 examination on California law and ethics.

4 (c) A registrant may take the clinical examination only upon  
5 meeting all of the following requirements:

6 (1) Completion of all required supervised work experience.

7 (2) Completion of all education requirements.

8 (3) Passage of the California law and ethics examination.

9 (d) This section shall become operative on January 1, 2016.

10 SEC. 23. Section 4980.398 of the Business and Professions  
11 Code is amended to read:

12 4980.398. (a) Each applicant who had previously taken and  
13 passed the standard written examination but had not passed the  
14 clinical vignette examination shall also obtain a passing score on  
15 the clinical examination in order to be eligible for licensure.

16 (b) An applicant who had previously failed to obtain a passing  
17 score on the standard written examination shall obtain a passing  
18 score on the California law and ethics examination and the clinical  
19 examination.

20 (c) An applicant who had obtained eligibility for the standard  
21 written examination shall take the California law and ethics  
22 examination and the clinical examination.

23 (d) This section shall become operative on January 1, 2016.

24 SEC. 24. Section 4980.399 of the Business and Professions  
25 Code is amended to read:

26 4980.399. (a) Except as provided in subdivision (a) of Section  
27 4980.398, each applicant and registrant shall obtain a passing score  
28 on a board-administered California law and ethics examination in  
29 order to qualify for licensure.

30 (b) A registrant shall participate in a board-administered  
31 California law and ethics examination prior to his or her registration  
32 renewal.

33 (c) If an applicant fails the California law and ethics  
34 examination, he or she may retake the examination, upon payment  
35 of the required fees, without further application except as provided  
36 in subdivision (d).

37 (d) If a registrant fails to obtain a passing score on the California  
38 law and ethics examination described in subdivision (a) within his  
39 or her first renewal period on or after the operative date of this  
40 section, he or she shall complete, at a minimum, a 12-hour course

1 in California law and ethics in order to be eligible to participate  
2 in the California law and ethics examination. Registrants shall only  
3 take the 12-hour California law and ethics course once during a  
4 renewal period. The 12-hour law and ethics course required by the  
5 *this* section shall be taken through a board-approved continuing  
6 education provider, a county, state or governmental entity, or a  
7 college or university.

8 (e) The board shall not issue a subsequent registration number  
9 unless the registrant has passed the California law and ethics  
10 examination.

11 (f) This section shall become operative on January 1, 2016.

12 SEC. 25. Section 4980.40 of the Business and Professions  
13 Code, as amended by Section 29 of Chapter 799 of the Statutes of  
14 2012, is amended to read:

15 4980.40. To qualify for a license, an applicant shall have all  
16 of the following qualifications:

17 (a) Meet the educational requirements of Section 4980.36 or  
18 both Sections 4980.37 and 4980.41, as applicable.

19 (b) Be at least 18 years of age.

20 (c) Have at least two years of experience that meet the  
21 requirements of Section 4980.43.

22 (d) Pass a board administered written or oral examination or  
23 both types of examinations, except that an applicant who passed  
24 a written examination and who has not taken and passed an oral  
25 examination shall instead be required to take and pass a clinical  
26 vignette written examination.

27 (e) Not have committed acts or crimes constituting grounds for  
28 denial of licensure under Section 480. The board shall not issue a  
29 registration or license to any person who has been convicted of a  
30 crime in this or another state or in a territory of the United States  
31 that involves sexual abuse of children or who is required to register  
32 pursuant to Section 290 of the Penal Code or the equivalent in  
33 another state or territory.

34 (f) This section shall remain in effect only until January 1, 2016,  
35 and as of that date is repealed, unless a later enacted statute, that  
36 is enacted before January 1, 2016, deletes or extends that date.

37 SEC. 26. Section 4980.40 of the Business and Professions  
38 Code, as amended by Section 30 of Chapter 799 of the Statutes of  
39 2012, is amended to read:

1 4980.40. To qualify for a license, an applicant shall have all  
2 of the following qualifications:

3 (a) Meet the educational requirements of Section 4980.36 or  
4 both Sections 4980.37 and 4980.41, as applicable.

5 (b) Be at least 18 years of age.

6 (c) Have at least two years of experience that meet the  
7 requirements of Section 4980.43.

8 (d) Effective January 1, 2016, successfully pass a California  
9 law and ethics examination and a clinical examination. An  
10 applicant who has successfully passed a previously administered  
11 written examination may be subsequently required to take and pass  
12 another written examination.

13 (e) Not have committed acts or crimes constituting grounds for  
14 denial of licensure under Section 480. The board shall not issue a  
15 registration or license to any person who has been convicted of a  
16 crime in this or another state or in a territory of the United States  
17 that involves sexual abuse of children or who is required to register  
18 pursuant to Section 290 of the Penal Code or the equivalent in  
19 another state or territory.

20 (f) This section shall become operative on January 1, 2016.

21 SEC. 27. Section 4980.43 of the Business and Professions  
22 Code is amended to read:

23 4980.43. (a) Prior to applying for licensure examinations, each  
24 applicant shall complete experience that shall comply with the  
25 following:

26 (1) A minimum of 3,000 hours completed during a period of at  
27 least 104 weeks.

28 (2) Not more than 40 hours in any seven consecutive days.

29 (3) Not less than 1,700 hours of supervised experience  
30 completed subsequent to the granting of the qualifying master's  
31 or doctoral degree.

32 (4) Not more than 1,300 hours of supervised experience obtained  
33 prior to completing a master's or doctoral degree.

34 The applicant shall not be credited with more than 750 hours of  
35 counseling and direct supervisor contact prior to completing the  
36 master's or doctoral degree.

37 (5) No hours of experience may be gained prior to completing  
38 either 12 semester units or 18 quarter units of graduate instruction  
39 and becoming a trainee except for personal psychotherapy.

- 1 (6) No hours of experience may be gained more than six years  
2 prior to the date the application for examination eligibility was  
3 filed, except that up to 500 hours of clinical experience gained in  
4 the supervised practicum required by subdivision (c) of Section  
5 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d)  
6 of Section 4980.36 shall be exempt from this six-year requirement.
- 7 (7) Not more than a combined total of 1,000 hours of experience  
8 in the following:
  - 9 (A) Direct supervisor contact.
  - 10 (B) Professional enrichment activities. For purposes of this  
11 chapter, “professional enrichment activities” include the following:
    - 12 (i) Workshops, seminars, training sessions, or conferences  
13 directly related to marriage and family therapy attended by the  
14 applicant that are approved by the applicant’s supervisor. An  
15 applicant shall have no more than 250 hours of verified attendance  
16 at these workshops, seminars, training sessions, or conferences.
    - 17 (ii) Participation by the applicant in personal psychotherapy,  
18 which includes group, marital or conjoint, family, or individual  
19 psychotherapy by an appropriately licensed professional. An  
20 applicant shall have no more than 100 hours of participation in  
21 personal psychotherapy. The applicant shall be credited with three  
22 hours of experience for each hour of personal psychotherapy.
- 23 (8) Not more than 500 hours of experience providing group  
24 therapy or group counseling.
- 25 (9) For all hours gained on or after January 1, 2012, not more  
26 than 500 hours of experience in the following:
  - 27 (A) Experience administering and evaluating psychological  
28 tests, writing clinical reports, writing progress notes, or writing  
29 process notes.
  - 30 (B) Client centered advocacy.
- 31 (10) Not less than 500 total hours of experience in diagnosing  
32 and treating couples, families, and children. For up to 150 hours  
33 of treating couples and families in conjoint therapy, the applicant  
34 shall be credited with two hours of experience for each hour of  
35 therapy provided.
- 36 (11) Not more than 375 hours of experience providing personal  
37 psychotherapy, crisis counseling, or other counseling services via  
38 telehealth in accordance with Section 2290.5.
- 39 (12) It is anticipated and encouraged that hours of experience  
40 will include working with elders and dependent adults who have

1 physical or mental limitations that restrict their ability to carry out  
2 normal activities or protect their rights.

3 This subdivision shall only apply to hours gained on and after  
4 January 1, 2010.

5 (b) All applicants, trainees, and registrants shall be at all times  
6 under the supervision of a supervisor who shall be responsible for  
7 ensuring that the extent, kind, and quality of counseling performed  
8 is consistent with the training and experience of the person being  
9 supervised, and who shall be responsible to the board for  
10 compliance with all laws, rules, and regulations governing the  
11 practice of marriage and family therapy. Supervised experience  
12 shall be gained by interns and trainees only as an employee or as  
13 a volunteer. The requirements of this chapter regarding gaining  
14 hours of experience and supervision are applicable equally to  
15 employees and volunteers. Experience shall not be gained by  
16 interns or trainees as an independent contractor.

17 (1) If employed, an intern shall provide the board with copies  
18 of the corresponding W-2 tax forms for each year of experience  
19 claimed upon application for licensure.

20 (2) If volunteering, an intern shall provide the board with a letter  
21 from his or her employer verifying the intern's employment as a  
22 volunteer upon application for licensure.

23 (c) Except for experience gained pursuant to subparagraph (B)  
24 of paragraph (7) of subdivision (a), supervision shall include at  
25 least one hour of direct supervisor contact in each week for which  
26 experience is credited in each work setting, as specified:

27 (1) A trainee shall receive an average of at least one hour of  
28 direct supervisor contact for every five hours of client contact in  
29 each setting.

30 (2) An individual supervised after being granted a qualifying  
31 degree shall receive at least one additional hour of direct supervisor  
32 contact for every week in which more than 10 hours of client  
33 contact is gained in each setting. No more than five hours of  
34 supervision, whether individual or group, shall be credited during  
35 any single week.

36 (3) For purposes of this section, "one hour of direct supervisor  
37 contact" means one hour per week of face-to-face contact on an  
38 individual basis or two hours per week of face-to-face contact in  
39 a group.

1 (4) Direct supervisor contact shall occur within the same week  
2 as the hours claimed.

3 (5) Direct supervisor contact provided in a group shall be  
4 provided in a group of not more than eight supervisees and in  
5 segments lasting no less than one continuous hour.

6 (6) Notwithstanding paragraph (3), an intern working in a  
7 governmental entity, a school, a college, or a university, or an  
8 institution that is both nonprofit and charitable may obtain the  
9 required weekly direct supervisor contact via two-way, real-time  
10 videoconferencing. The supervisor shall be responsible for ensuring  
11 that client confidentiality is upheld.

12 (7) All experience gained by a trainee shall be monitored by the  
13 supervisor as specified by regulation.

14 (d) (1) A trainee may be credited with supervised experience  
15 completed in any setting that meets all of the following:

16 (A) Lawfully and regularly provides mental health counseling  
17 or psychotherapy.

18 (B) Provides oversight to ensure that the trainee's work at the  
19 setting meets the experience and supervision requirements set forth  
20 in this chapter and is within the scope of practice for the profession  
21 as defined in Section 4980.02.

22 (C) Is not a private practice owned by a licensed marriage and  
23 family therapist, a licensed psychologist, a licensed clinical social  
24 worker, a licensed physician and surgeon, or a professional  
25 corporation of any of those licensed professions.

26 (2) Experience may be gained by the trainee solely as part of  
27 the position for which the trainee volunteers or is employed.

28 (e) (1) An intern may be credited with supervised experience  
29 completed in any setting that meets both of the following:

30 (A) Lawfully and regularly provides mental health counseling  
31 or psychotherapy.

32 (B) Provides oversight to ensure that the intern's work at the  
33 setting meets the experience and supervision requirements set forth  
34 in this chapter and is within the scope of practice for the profession  
35 as defined in Section 4980.02.

36 (2) An applicant shall not be employed or volunteer in a private  
37 practice, as defined in subparagraph (C) of paragraph (1) of  
38 subdivision (d), until registered as an intern.

1 (3) While an intern may be either a paid employee or a  
2 volunteer, employers are encouraged to provide fair remuneration  
3 to interns.

4 (4) Except for periods of time during a supervisor's vacation or  
5 sick leave, an intern who is employed or volunteering in private  
6 practice shall be under the direct supervision of a licensee that has  
7 satisfied the requirements of subdivision (g) of Section 4980.03.  
8 The supervising licensee shall either be employed by and practice  
9 at the same site as the intern's employer, or shall be an owner or  
10 shareholder of the private practice. Alternative supervision may  
11 be arranged during a supervisor's vacation or sick leave if the  
12 supervision meets the requirements of this section.

13 (5) Experience may be gained by the intern solely as part of the  
14 position for which the intern volunteers or is employed.

15 (f) Except as provided in subdivision (g), all persons shall  
16 register with the board as an intern in order to be credited for  
17 postdegree hours of supervised experience gained toward licensure.

18 (g) Except when employed in a private practice setting, all  
19 postdegree hours of experience shall be credited toward licensure  
20 so long as the applicant applies for the intern registration within  
21 90 days of the granting of the qualifying master's or doctoral  
22 degree and is thereafter granted the intern registration by the board.

23 (h) Trainees, interns, and applicants shall not receive any  
24 remuneration from patients or clients, and shall only be paid by  
25 their employers.

26 (i) Trainees, interns, and applicants shall only perform services  
27 at the place where their employers regularly conduct business,  
28 which may include performing services at other locations, so long  
29 as the services are performed under the direction and control of  
30 their employer and supervisor, and in compliance with the laws  
31 and regulations pertaining to supervision. Trainees and interns  
32 shall have no proprietary interest in their employers' businesses  
33 and shall not lease or rent space, pay for furnishings, equipment,  
34 or supplies, or in any other way pay for the obligations of their  
35 employers.

36 (j) Trainees, interns, or applicants who provide volunteered  
37 services or other services, and who receive no more than a total,  
38 from all work settings, of five hundred dollars (\$500) per month  
39 as reimbursement for expenses actually incurred by those trainees,  
40 interns, or applicants for services rendered in any lawful work

1 setting other than a private practice shall be considered an  
2 employee and not an independent contractor. The board may audit  
3 applicants who receive reimbursement for expenses, and the  
4 applicants shall have the burden of demonstrating that the payments  
5 received were for reimbursement of expenses actually incurred.

6 (k) Each educational institution preparing applicants for  
7 licensure pursuant to this chapter shall consider requiring, and  
8 shall encourage, its students to undergo individual, marital or  
9 conjoint, family, or group counseling or psychotherapy, as  
10 appropriate. Each supervisor shall consider, advise, and encourage  
11 his or her interns and trainees regarding the advisability of  
12 undertaking individual, marital or conjoint, family, or group  
13 counseling or psychotherapy, as appropriate. Insofar as it is deemed  
14 appropriate and is desired by the applicant, the educational  
15 institution and supervisors are encouraged to assist the applicant  
16 in locating that counseling or psychotherapy at a reasonable cost.

17 SEC. 28. Section 4980.50 of the Business and Professions  
18 Code, as amended by Section 1 of Chapter 800 of the Statutes of  
19 2012, is amended to read:

20 4980.50. (a) Every applicant who meets the educational and  
21 experience requirements and applies for a license as a marriage  
22 and family therapist shall be examined by the board. The  
23 examinations shall be as set forth in subdivision (d) of Section  
24 4980.40. The examinations shall be given at least twice a year at  
25 a time and place and under supervision as the board may determine.  
26 The board shall examine the candidate with regard to his or her  
27 knowledge and professional skills and his or her judgment in the  
28 utilization of appropriate techniques and methods.

29 (b) The board shall not deny any applicant, who has submitted  
30 a complete application for examination, admission to the licensure  
31 examinations required by this section if the applicant meets the  
32 educational and experience requirements of this chapter, and has  
33 not committed any acts or engaged in any conduct that would  
34 constitute grounds to deny licensure.

35 (c) The board shall not deny any applicant, whose application  
36 for licensure is complete, admission to the standard written  
37 examination, nor shall the board postpone or delay any applicant's  
38 standard written examination or delay informing the candidate of  
39 the results of the standard written examination, solely upon the

1 receipt by the board of a complaint alleging acts or conduct that  
2 would constitute grounds to deny licensure.

3 (d) If an applicant for examination who has passed the standard  
4 written examination is the subject of a complaint or is under board  
5 investigation for acts or conduct that, if proven to be true, would  
6 constitute grounds for the board to deny licensure, the board shall  
7 permit the applicant to take the clinical vignette written  
8 examination for licensure, but may withhold the results of the  
9 examination or notify the applicant that licensure will not be  
10 granted pending completion of the investigation.

11 (e) Notwithstanding Section 135, the board may deny any  
12 applicant who has previously failed either the standard written or  
13 clinical vignette written examination permission to retake either  
14 examination pending completion of the investigation of any  
15 complaints against the applicant. Nothing in this section shall  
16 prohibit the board from denying an applicant admission to any  
17 examination, withholding the results, or refusing to issue a license  
18 to any applicant when an accusation or statement of issues has  
19 been filed against the applicant pursuant to Sections 11503 and  
20 11504 of the Government Code, respectively, or the applicant has  
21 been denied in accordance with subdivision (b) of Section 485.

22 (f) Notwithstanding any other provision of law, the board may  
23 destroy all examination materials two years following the date of  
24 an examination.

25 (g) On or after January 1, 2002, no applicant shall be eligible  
26 to participate in a clinical vignette written examination if his or  
27 her passing score on the standard written examination occurred  
28 more than seven years before.

29 (h) An applicant who has qualified pursuant to this chapter shall  
30 be issued a license as a marriage and family therapist in the form  
31 that the board may deem appropriate.

32 (i) This section shall remain in effect only until January 1, 2016,  
33 and as of that date is repealed, unless a later enacted statute, that  
34 is enacted before January 1, 2016, deletes or extends that date.

35 SEC. 29. Section 4980.50 of the Business and Professions  
36 Code, as amended by Section 2 of Chapter 800 of the Statutes of  
37 2012, is amended to read:

38 4980.50. Effective January 1, 2016, the following shall apply:

39 (a) Every applicant who meets the educational and experience  
40 requirements and applies for a license as a marriage and family

1 therapist shall be examined by the board. The examinations shall  
2 be as set forth in subdivision (d) of Section 4980.40. The  
3 examinations shall be given at least twice a year at a time and place  
4 and under supervision as the board may determine. The board shall  
5 examine the candidate with regard to his or her knowledge and  
6 professional skills and his or her judgment in the utilization of  
7 appropriate techniques and methods.

8 (b) The board shall not deny any applicant, who has submitted  
9 a complete application for examination, admission to the licensure  
10 examinations required by this section if the applicant meets the  
11 educational and experience requirements of this chapter, and has  
12 not committed any acts or engaged in any conduct that would  
13 constitute grounds to deny licensure.

14 (c) The board shall not deny any applicant, whose application  
15 for licensure is complete, admission to the clinical examination,  
16 nor shall the board postpone or delay any applicant's clinical  
17 examination or delay informing the candidate of the results of the  
18 clinical examination, solely upon the receipt by the board of a  
19 complaint alleging acts or conduct that would constitute grounds  
20 to deny licensure.

21 (d) If an applicant for examination who has passed the California  
22 law and ethics examination is the subject of a complaint or is under  
23 board investigation for acts or conduct that, if proven to be true,  
24 would constitute grounds for the board to deny licensure, the board  
25 shall permit the applicant to take the clinical examination for  
26 licensure, but may withhold the results of the examination or notify  
27 the applicant that licensure will not be granted pending completion  
28 of the investigation.

29 (e) Notwithstanding Section 135, the board may deny any  
30 applicant who has previously failed either the California law and  
31 ethics examination or the clinical examination permission to retake  
32 either examination pending completion of the investigation of any  
33 complaints against the applicant. Nothing in this section shall  
34 prohibit the board from denying an applicant admission to any  
35 examination, withholding the results, or refusing to issue a license  
36 to any applicant when an accusation or statement of issues has  
37 been filed against the applicant pursuant to Sections 11503 and  
38 11504 of the Government Code, respectively, or the applicant has  
39 been denied in accordance with subdivision (b) of Section 485.

1 (f) Notwithstanding any other provision of law, the board may  
2 destroy all examination materials two years following the date of  
3 an examination.

4 (g) Effective January 1, 2016, no applicant shall be eligible to  
5 participate in the clinical examination if he or she fails to obtain  
6 a passing score on the clinical examination within seven years  
7 from his or her initial attempt, unless he or she takes and obtains  
8 a passing score on the current version of the California law and  
9 ethics examination.

10 (h) A passing score on the clinical examination shall be accepted  
11 by the board for a period of seven years from the date the  
12 examination was taken.

13 (i) An applicant who has qualified pursuant to this chapter shall  
14 be issued a license as a marriage and family therapist in the form  
15 that the board may deem appropriate.

16 (j) This section shall become operative on January 1, 2016.

17 ~~SEC. 30. Section 4980.72 of the Business and Professions~~  
18 ~~Code is amended to read:~~

19 ~~4980.72. (a) This section applies to persons who are licensed~~  
20 ~~outside of California and apply for licensure on or after January~~  
21 ~~1, 2014.~~

22 ~~(b) The board may issue a license to a person who, at the time~~  
23 ~~of submitting an application for a license pursuant to this chapter,~~  
24 ~~holds a valid license in good standing issued by a board of marriage~~  
25 ~~counselor examiners, board of marriage and family therapists, or~~  
26 ~~corresponding authority, of any state or country, if all of the~~  
27 ~~following conditions are satisfied:~~

28 ~~(1) The applicant's education is substantially equivalent, as~~  
29 ~~defined in Section 4980.78. The applicant's degree title need not~~  
30 ~~be identical to that required by Section 4980.36 or 4980.37.~~

31 ~~(2) The applicant complies with Section 4980.76, if applicable.~~

32 ~~(3) The applicant's supervised experience is substantially~~  
33 ~~equivalent to that required for a license under this chapter. If the~~  
34 ~~applicant has less than 3,000 hours of qualifying supervised~~  
35 ~~experience, time actively licensed as a marriage and family~~  
36 ~~therapist shall be accepted at a rate of 100 hours per month up to~~  
37 ~~a maximum of 1,200 hours.~~

38 ~~(4) The applicant passes the California law and ethics~~  
39 ~~examination.~~

1     ~~(5) The applicant passes a clinical examination designated by~~  
2 ~~the board. An applicant who obtained his or her license or~~  
3 ~~registration under another jurisdiction may apply for licensure with~~  
4 ~~the board without taking the clinical examination if both of the~~  
5 ~~following conditions are met:~~

6     ~~(A) The applicant obtained a passing score on the licensing~~  
7 ~~examination set forth in regulation as accepted by the board.~~

8     ~~(B) The applicant's license or registration in that jurisdiction is~~  
9 ~~in good standing at the time of his or her application and has not~~  
10 ~~been revoked, suspended, surrendered, denied, or otherwise~~  
11 ~~restricted or encumbered as a result of any disciplinary proceeding~~  
12 ~~brought by the licensing authority of that jurisdiction.~~

13     ~~SEC. 31.~~

14     ~~SEC. 30.~~ Section 4984.01 of the Business and Professions  
15 Code, as amended by Section 38 of Chapter 799 of the Statutes of  
16 2012, is amended to read:

17     4984.01. (a) The marriage and family therapist intern  
18 registration shall expire one year from the last day of the month  
19 in which it was issued.

20     (b) To renew the registration, the registrant shall, on or before  
21 the expiration date of the registration, complete all of the following  
22 actions:

23         (1) Apply for renewal on a form prescribed by the board.

24         (2) Pay a renewal fee prescribed by the board.

25         (3) Notify the board whether he or she has been convicted, as  
26 defined in Section 490, of a misdemeanor or felony, and whether  
27 any disciplinary action has been taken against him or her by a  
28 regulatory or licensing board in this or any other state subsequent  
29 to the last renewal of the registration.

30     (c) The registration may be renewed a maximum of five times.  
31 No registration shall be renewed or reinstated beyond six years  
32 from the last day of the month during which it was issued,  
33 regardless of whether it has been revoked. When no further  
34 renewals are possible, an applicant may apply for and obtain a new  
35 intern registration if the applicant meets the educational  
36 requirements for registration in effect at the time of the application  
37 for a new intern registration. An applicant who is issued a  
38 subsequent intern registration pursuant to this subdivision may be  
39 employed or volunteer in any allowable work setting except private  
40 practice.

1 (d) This section shall remain in effect only until January 1, 2016,  
2 and as of that date is repealed, unless a later enacted statute, that  
3 is enacted before January 1, 2016, deletes or extends that date.

4 ~~SEC. 32.~~

5 *SEC. 31.* Section 4984.01 of the Business and Professions  
6 Code, as amended by Section 39 of Chapter 799 of the Statutes of  
7 2012, is amended to read:

8 4984.01. (a) The marriage and family therapist intern  
9 registration shall expire one year from the last day of the month  
10 in which it was issued.

11 (b) To renew the registration, the registrant shall, on or before  
12 the expiration date of the registration, complete all of the following  
13 actions:

14 (1) Apply for renewal on a form prescribed by the board.

15 (2) Pay a renewal fee prescribed by the board.

16 (3) Participate in the California law and ethics examination  
17 pursuant to Section 4980.399 each year until successful completion  
18 of this examination.

19 (4) Notify the board whether he or she has been convicted, as  
20 defined in Section 490, of a misdemeanor or felony, and whether  
21 any disciplinary action has been taken against him or her by a  
22 regulatory or licensing board in this or any other state subsequent  
23 to the last renewal of the registration.

24 (c) The registration may be renewed a maximum of five times.  
25 No registration shall be renewed or reinstated beyond six years  
26 from the last day of the month during which it was issued,  
27 regardless of whether it has been revoked. When no further  
28 renewals are possible, an applicant may apply for and obtain a new  
29 intern registration if the applicant meets the educational  
30 requirements for registration in effect at the time of the application  
31 for a new intern registration and has passed the California law and  
32 ethics examination described in Section 4980.399. An applicant  
33 who is issued a subsequent intern registration pursuant to this  
34 subdivision may be employed or volunteer in any allowable work  
35 setting except private practice.

36 (d) This section shall become operative on January 1, 2016.

37 ~~SEC. 33.~~

38 *SEC. 32.* Section 4984.7 of the Business and Professions Code,  
39 as amended by Section 41 of Chapter 799 of the Statutes of 2012,  
40 is amended to read:

- 1 4984.7. (a) The board shall assess the following fees relating  
2 to the licensure of marriage and family therapists:
- 3 (1) The application fee for an intern registration shall be  
4 seventy-five dollars (\$75).
- 5 (2) The renewal fee for an intern registration shall be  
6 seventy-five dollars (\$75).
- 7 (3) The fee for the application for examination eligibility shall  
8 be one hundred dollars (\$100).
- 9 (4) The fee for the standard written examination shall be one  
10 hundred dollars (\$100). The fee for the clinical vignette  
11 examination shall be one hundred dollars (\$100).
- 12 (A) An applicant who fails to appear for an examination, after  
13 having been scheduled to take the examination, shall forfeit the  
14 examination fee.
- 15 (B) The amount of the examination fees shall be based on the  
16 actual cost to the board of developing, purchasing, and grading  
17 each examination and the actual cost to the board of administering  
18 each examination. The examination fees shall be adjusted  
19 periodically by regulation to reflect the actual costs incurred by  
20 the board.
- 21 (5) The fee for rescoring an examination shall be twenty dollars  
22 (\$20).
- 23 (6) The fee for issuance of an initial license shall be a maximum  
24 of one hundred eighty dollars (\$180).
- 25 (7) The fee for license renewal shall be a maximum of one  
26 hundred eighty dollars (\$180).
- 27 (8) The fee for inactive license renewal shall be a maximum of  
28 ninety dollars (\$90).
- 29 (9) The renewal delinquency fee shall be a maximum of ninety  
30 dollars (\$90). A person who permits his or her license to expire is  
31 subject to the delinquency fee.
- 32 (10) The fee for issuance of a replacement registration, license,  
33 or certificate shall be twenty dollars (\$20).
- 34 (11) The fee for issuance of a certificate or letter of good  
35 standing shall be twenty-five dollars (\$25).
- 36 (12) The fee for issuance of a retired license shall be forty dollars  
37 (\$40).
- 38 (b) With regard to license, examination, and other fees, the  
39 board shall establish fee amounts at or below the maximum  
40 amounts specified in this chapter.

1 (c) This section shall remain in effect only until January 1, 2016,  
2 and as of that date is repealed, unless a later enacted statute, that  
3 is enacted before January 1, 2016, deletes or extends that date.

4 ~~SEC. 34.~~

5 *SEC. 33.* Section 4984.7 of the Business and Professions Code,  
6 as amended by Section 42 of Chapter 799 of the Statutes of 2012,  
7 is amended to read:

8 4984.7. (a) The board shall assess the following fees relating  
9 to the licensure of marriage and family therapists:

10 (1) The application fee for an intern registration shall be  
11 seventy-five dollars (\$75).

12 (2) The renewal fee for an intern registration shall be  
13 seventy-five dollars (\$75).

14 (3) The fee for the application for examination eligibility shall  
15 be one hundred dollars (\$100).

16 (4) The fee for the clinical examination shall be one hundred  
17 dollars (\$100). The fee for the California law and ethics  
18 examination shall be one hundred dollars (\$100).

19 (A) An applicant who fails to appear for an examination, after  
20 having been scheduled to take the examination, shall forfeit the  
21 examination fee.

22 (B) The amount of the examination fees shall be based on the  
23 actual cost to the board of developing, purchasing, and grading  
24 each examination and the actual cost to the board of administering  
25 each examination. The examination fees shall be adjusted  
26 periodically by regulation to reflect the actual costs incurred by  
27 the board.

28 (5) The fee for rescoring an examination shall be twenty dollars  
29 (\$20).

30 (6) The fee for issuance of an initial license shall be a maximum  
31 of one hundred eighty dollars (\$180).

32 (7) The fee for license renewal shall be a maximum of one  
33 hundred eighty dollars (\$180).

34 (8) The fee for inactive license renewal shall be a maximum of  
35 ninety dollars (\$90).

36 (9) The renewal delinquency fee shall be a maximum of ninety  
37 dollars (\$90). A person who permits his or her license to expire is  
38 subject to the delinquency fee.

39 (10) The fee for issuance of a replacement registration, license,  
40 or certificate shall be twenty dollars (\$20).

1 (11) The fee for issuance of a certificate or letter of good  
2 standing shall be twenty-five dollars (\$25).

3 (12) The fee for issuance of a retired license shall be forty dollars  
4 (\$40).

5 (b) With regard to license, examination, and other fees, the  
6 board shall establish fee amounts at or below the maximum  
7 amounts specified in this chapter.

8 (c) This section shall become operative on January 1, 2016.

9 ~~SEC. 35.~~

10 *SEC. 34.* Section 4984.72 of the Business and Professions  
11 Code, as amended by Section 43 of Chapter 799 of the Statutes of  
12 2012, is amended to read:

13 4984.72. (a) An applicant who fails a standard or clinical  
14 vignette written examination may, within one year from the  
15 notification date of that failure, retake the examination as regularly  
16 scheduled without further application upon payment of the fee for  
17 the examination. Thereafter, the applicant shall not be eligible for  
18 further examination until he or she files a new application, meets  
19 all requirements in effect on the date of application, and pays all  
20 required fees.

21 (b) This section shall remain in effect only until January 1, 2016,  
22 and as of that date is repealed, unless a later enacted statute, that  
23 is enacted before January 1, 2016, deletes or extends that date.

24 ~~SEC. 36.~~

25 *SEC. 35.* Section 4984.72 of the Business and Professions  
26 Code, as amended by Section 44 of Chapter 799 of the Statutes of  
27 2012, is amended to read:

28 4984.72. (a) Effective January 1, 2016, an applicant who fails  
29 the clinical examination may, within one year from the notification  
30 date of that failure, retake the examination as regularly scheduled  
31 without further application upon payment of the fee for the  
32 examination. Thereafter, the applicant shall not be eligible for  
33 further examination until he or she files a new application, meets  
34 all requirements in effect on the date of application, and pays all  
35 required fees.

36 (b) This section shall become operative on January 1, 2016.

37 ~~SEC. 37.~~

38 *SEC. 36.* Section 4989.68 of the Business and Professions Code  
39 is amended to read:

1 4989.68. (a) The board shall assess the following fees relating  
2 to the licensure of educational psychologists:

3 (1) The application fee for examination eligibility shall be one  
4 hundred dollars (\$100).

5 (2) The fee for issuance of the initial license shall be a maximum  
6 amount of one hundred fifty dollars (\$150).

7 (3) The fee for license renewal shall be a maximum amount of  
8 one hundred fifty dollars (\$150).

9 (4) The delinquency fee shall be a maximum amount of  
10 seventy-five dollars (\$75). A person who permits his or her license  
11 to become delinquent may have it restored only upon payment of  
12 all the fees that he or she would have paid if the license had not  
13 become delinquent, plus the payment of any and all delinquency  
14 fees.

15 (5) The written examination fee shall be one hundred dollars  
16 (\$100). An applicant who fails to appear for an examination, once  
17 having been scheduled, shall forfeit any examination fees he or  
18 she paid.

19 (6) The fee for rescoring a written examination shall be twenty  
20 dollars (\$20).

21 (7) The fee for issuance of a replacement registration, license,  
22 or certificate shall be twenty dollars (\$20).

23 (8) The fee for issuance of a certificate or letter of good standing  
24 shall be twenty-five dollars (\$25).

25 (9) The fee for issuance of a retired license shall be forty dollars  
26 (\$40).

27 (b) With regard to all license, examination, and other fees, the  
28 board shall establish fee amounts at or below the maximum  
29 amounts specified in this chapter.

30 ~~SEC. 38.~~

31 *SEC. 37.* Section 4992.05 of the Business and Professions Code  
32 is amended to read:

33 4992.05. (a) Effective January 1, 2016, an applicant for  
34 licensure as a clinical social worker shall pass the following two  
35 examinations as prescribed by the board:

36 (1) A California law and ethics examination.

37 (2) A clinical examination.

38 (b) Upon registration with the board, an associate social worker  
39 registrant shall, within the first year of registration, take an  
40 examination on California law and ethics.

1 (c) A registrant may take the clinical examination only upon  
2 meeting all of the following requirements:

- 3 (1) Completion of all education requirements.
- 4 (2) Passage of the California law and ethics examination.
- 5 (3) Completion of all required supervised work experience.
- 6 (d) This section shall become operative on January 1, 2016.

7 ~~SEC. 39.~~

8 *SEC. 38.* Section 4992.07 of the Business and Professions Code  
9 is amended to read:

10 4992.07. (a) An applicant who had previously taken and passed  
11 the standard written examination but had not passed the clinical  
12 vignette examination shall also obtain a passing score on the  
13 clinical examination in order to be eligible for licensure.

14 (b) An applicant who had previously failed to obtain a passing  
15 score on the standard written examination shall obtain a passing  
16 score on the California law and ethics examination and the clinical  
17 examination.

18 (c) An applicant who had obtained eligibility for the standard  
19 written examination shall take the California law and ethics  
20 examination and the clinical examination.

21 (d) This section shall become operative on January 1, 2016.

22 ~~SEC. 40.~~

23 *SEC. 39.* Section 4992.09 of the Business and Professions Code  
24 is amended to read:

25 4992.09. (a) Except as provided in subdivision (a) of Section  
26 4992.07, an applicant and registrant shall obtain a passing score  
27 on a board-administered California law and ethics examination in  
28 order to qualify for licensure.

29 (b) A registrant shall participate in a board-administered  
30 California law and ethics examination prior to his or her registration  
31 renewal.

32 (c) If an applicant fails the California law and ethics  
33 examination, he or she may retake the examination, upon payment  
34 of the required fees, without further application except for as  
35 provided in subdivision (d).

36 (d) If a registrant fails to obtain a passing score on the California  
37 law and ethics examination described in subdivision (a) within his  
38 or her first renewal period on or after the operative date of this  
39 section, he or she shall complete, at a minimum, a 12-hour course  
40 in California law and ethics in order to be eligible to participate

1 in the California law and ethics examination. Registrants shall only  
2 take the 12-hour California law and ethics course once during a  
3 renewal period. The 12-hour law and ethics course required by ~~the~~  
4 *this* section shall be taken through a board-approved continuing  
5 education provider, a county, state or governmental entity, or a  
6 college or university.

7 (e) The board shall not issue a subsequent registration number  
8 unless the registrant has passed the California law and ethics  
9 examination.

10 (f) This section shall become operative on January 1, 2016.

11 ~~SEC. 41.~~

12 *SEC. 40.* Section 4992.1 of the Business and Professions Code,  
13 as amended by Section 4 of Chapter 800 of the Statutes of 2012,  
14 is amended to read:

15 4992.1. (a) Only individuals who have the qualifications  
16 prescribed by the board under this chapter are eligible to take the  
17 examination.

18 (b) Every applicant who is issued a clinical social worker license  
19 shall be examined by the board.

20 (c) Notwithstanding any other provision of law, the board may  
21 destroy all examination materials two years following the date of  
22 an examination.

23 (d) The board shall not deny any applicant, whose application  
24 for licensure is complete, admission to the standard written  
25 examination, nor shall the board postpone or delay any applicant's  
26 standard written examination or delay informing the candidate of  
27 the results of the standard written examination, solely upon the  
28 receipt by the board of a complaint alleging acts or conduct that  
29 would constitute grounds to deny licensure.

30 (e) If an applicant for examination who has passed the standard  
31 written examination is the subject of a complaint or is under board  
32 investigation for acts or conduct that, if proven to be true, would  
33 constitute grounds for the board to deny licensure, the board shall  
34 permit the applicant to take the clinical vignette written  
35 examination for licensure, but may withhold the results of the  
36 examination or notify the applicant that licensure will not be  
37 granted pending completion of the investigation.

38 (f) Notwithstanding Section 135, the board may deny any  
39 applicant who has previously failed either the standard written or  
40 clinical vignette written examination permission to retake either

1 examination pending completion of the investigation of any  
2 complaint against the applicant. Nothing in this section shall  
3 prohibit the board from denying an applicant admission to any  
4 examination, withholding the results, or refusing to issue a license  
5 to any applicant when an accusation or statement of issues has  
6 been filed against the applicant pursuant to Section 11503 or 11504  
7 of the Government Code, or the applicant has been denied in  
8 accordance with subdivision (b) of Section 485.

9 (g) On or after January 1, 2002, no applicant shall be eligible  
10 to participate in a clinical vignette written examination if his or  
11 her passing score on the standard written examination occurred  
12 more than seven years before.

13 (h) This section shall remain in effect only until January 1, 2016,  
14 and as of that date is repealed, unless a later enacted statute, that  
15 is enacted before January 1, 2016, deletes or extends that date.

16 ~~SEC. 42.~~

17 *SEC. 41.* Section 4992.1 of the Business and Professions Code,  
18 as amended by Section 5 of Chapter 800 of the Statutes of 2012,  
19 is amended to read:

20 4992.1. (a) Only individuals who have the qualifications  
21 prescribed by the board under this chapter are eligible to take an  
22 examination under this chapter.

23 (b) Every applicant who is issued a clinical social worker license  
24 shall be examined by the board.

25 (c) Notwithstanding any other provision of law, the board may  
26 destroy all examination materials two years following the date of  
27 an examination.

28 (d) The board shall not deny any applicant, whose application  
29 for licensure is complete, admission to the clinical examination,  
30 nor shall the board postpone or delay any applicant's clinical  
31 examination or delay informing the candidate of the results of the  
32 clinical examination, solely upon the receipt by the board of a  
33 complaint alleging acts or conduct that would constitute grounds  
34 to deny licensure.

35 (e) If an applicant for examination who has passed the California  
36 law and ethics examination is the subject of a complaint or is under  
37 board investigation for acts or conduct that, if proven to be true,  
38 would constitute grounds for the board to deny licensure, the board  
39 shall permit the applicant to take the clinical examination for  
40 licensure, but may withhold the results of the examination or notify

1 the applicant that licensure will not be granted pending completion  
2 of the investigation.

3 (f) Notwithstanding Section 135, the board may deny any  
4 applicant who has previously failed either the California law and  
5 ethics examination or the clinical examination permission to retake  
6 either examination pending completion of the investigation of any  
7 complaint against the applicant. Nothing in this section shall  
8 prohibit the board from denying an applicant admission to any  
9 examination, withholding the results, or refusing to issue a license  
10 to any applicant when an accusation or statement of issues has  
11 been filed against the applicant pursuant to Section 11503 or 11504  
12 of the Government Code, or the applicant has been denied in  
13 accordance with subdivision (b) of Section 485.

14 (g) Effective January 1, 2016, no applicant shall be eligible to  
15 participate in the clinical examination if he or she fails to obtain  
16 a passing score on the clinical examination within seven years  
17 from his or her initial attempt, unless he or she takes and obtains  
18 a passing score on the current version of the California law and  
19 ethics examination.

20 (h) A passing score on the clinical examination shall be accepted  
21 by the board for a period of seven years from the date the  
22 examination was taken.

23 (i) This section shall become operative on January 1, 2016.

24 ~~SEC. 43.~~

25 *SEC. 42.* Section 4996.1 of the Business and Professions Code,  
26 as amended by Section 52 of Chapter 799 of the Statutes of 2012,  
27 is amended to read:

28 4996.1. (a) The board shall issue a clinical social worker  
29 license to each applicant who qualifies pursuant to this article and  
30 successfully passes a board-administered written or oral  
31 examination or both examinations. An applicant who has  
32 successfully passed a previously administered written examination  
33 may be subsequently required to take and pass another written  
34 examination.

35 (b) This section shall remain in effect only until January 1, 2016,  
36 and as of that date is repealed, unless a later enacted statute, that  
37 is enacted before January 1, 2016, deletes or extends that date.

1     ~~SEC. 44.~~

2     *SEC. 43.* Section 4996.1 of the Business and Professions Code,  
3 as amended by Section 53 of Chapter 799 of the Statutes of 2012,  
4 is amended to read:

5     4996.1. (a) Effective January 1, 2016, the board shall issue a  
6 clinical social worker license to each applicant who qualifies  
7 pursuant to this article and who successfully passes a California  
8 law and ethics examination and a clinical examination. An  
9 applicant who has successfully passed a previously administered  
10 written examination may be subsequently required to take and pass  
11 another written examination.

12     (b) This section shall become operative on January 1, 2016.

13     ~~SEC. 45.~~

14     *SEC. 44.* Section 4996.3 of the Business and Professions Code,  
15 as amended by Section 54 of Chapter 799 of the Statutes of 2012,  
16 is amended to read:

17     4996.3. (a) The board shall assess the following fees relating  
18 to the licensure of clinical social workers:

19     (1) The application fee for registration as an associate clinical  
20 social worker shall be seventy-five dollars (\$75).

21     (2) The fee for renewal of an associate clinical social worker  
22 registration shall be seventy-five dollars (\$75).

23     (3) The fee for application for examination eligibility shall be  
24 one hundred dollars (\$100).

25     (4) The fee for the standard written examination shall be a  
26 maximum of one hundred fifty dollars (\$150). The fee for the  
27 clinical vignette examination shall be one hundred dollars (\$100).

28     (A) An applicant who fails to appear for an examination, after  
29 having been scheduled to take the examination, shall forfeit the  
30 examination fees.

31     (B) The amount of the examination fees shall be based on the  
32 actual cost to the board of developing, purchasing, and grading  
33 each examination and the actual cost to the board of administering  
34 each examination. The written examination fees shall be adjusted  
35 periodically by regulation to reflect the actual costs incurred by  
36 the board.

37     (5) The fee for rescoring an examination shall be twenty dollars  
38 (\$20).

39     (6) The fee for issuance of an initial license shall be a maximum  
40 of one hundred fifty-five dollars (\$155).

1 (7) The fee for license renewal shall be a maximum of one  
2 hundred fifty-five dollars (\$155).

3 (8) The fee for inactive license renewal shall be a maximum of  
4 seventy-seven dollars and fifty cents (\$77.50).

5 (9) The renewal delinquency fee shall be a maximum of  
6 seventy-five dollars (\$75). A person who permits his or her license  
7 to expire is subject to the delinquency fee.

8 (10) The fee for issuance of a replacement registration, license,  
9 or certificate shall be twenty dollars (\$20).

10 (11) The fee for issuance of a certificate or letter of good  
11 standing shall be twenty-five dollars (\$25).

12 (12) The fee for issuance of a retired license shall be forty dollars  
13 (\$40).

14 (b) With regard to license, examination, and other fees, the  
15 board shall establish fee amounts at or below the maximum  
16 amounts specified in this chapter.

17 (c) This section shall remain in effect only until January 1, 2016,  
18 and as of that date is repealed, unless a later enacted statute, that  
19 is enacted before January 1, 2016, deletes or extends that date.

20 ~~SEC. 46.~~

21 *SEC. 45.* Section 4996.3 of the Business and Professions Code,  
22 as amended by Section 55 of Chapter 799 of the Statutes of 2012,  
23 is amended to read:

24 4996.3. (a) The board shall assess the following fees relating  
25 to the licensure of clinical social workers:

26 (1) The application fee for registration as an associate clinical  
27 social worker shall be seventy-five dollars (\$75).

28 (2) The fee for renewal of an associate clinical social worker  
29 registration shall be seventy-five dollars (\$75).

30 (3) The fee for application for examination eligibility shall be  
31 one hundred dollars (\$100).

32 (4) The fee for the clinical examination shall be one hundred  
33 dollars (\$100). The fee for the California law and ethics  
34 examination shall be one hundred dollars (\$100).

35 (A) An applicant who fails to appear for an examination, after  
36 having been scheduled to take the examination, shall forfeit the  
37 examination fees.

38 (B) The amount of the examination fees shall be based on the  
39 actual cost to the board of developing, purchasing, and grading  
40 each examination and the actual cost to the board of administering

1 each examination. The written examination fees shall be adjusted  
2 periodically by regulation to reflect the actual costs incurred by  
3 the board.

4 (5) The fee for rescoring an examination shall be twenty dollars  
5 (\$20).

6 (6) The fee for issuance of an initial license shall be a maximum  
7 of one hundred fifty-five dollars (\$155).

8 (7) The fee for license renewal shall be a maximum of one  
9 hundred fifty-five dollars (\$155).

10 (8) The fee for inactive license renewal shall be a maximum of  
11 seventy-seven dollars and fifty cents (\$77.50).

12 (9) The renewal delinquency fee shall be a maximum of  
13 seventy-five dollars (\$75). A person who permits his or her license  
14 to expire is subject to the delinquency fee.

15 (10) The fee for issuance of a replacement registration, license,  
16 or certificate shall be twenty dollars (\$20).

17 (11) The fee for issuance of a certificate or letter of good  
18 standing shall be twenty-five dollars (\$25).

19 (12) The fee for issuance of a retired license shall be forty dollars  
20 (\$40).

21 (b) With regard to license, examination, and other fees, the  
22 board shall establish fee amounts at or below the maximum  
23 amounts specified in this chapter.

24 (c) This section shall become operative on January 1, 2016.

25 ~~SEC. 47.~~

26 *SEC. 46.* Section 4996.4 of the Business and Professions Code,  
27 as amended by Section 56 of Chapter 799 of the Statutes of 2012,  
28 is amended to read:

29 4996.4. (a) An applicant who fails a standard or clinical  
30 vignette written examination may, within one year from the  
31 notification date of failure, retake that examination as regularly  
32 scheduled, without further application, upon payment of the  
33 required examination fees. Thereafter, the applicant shall not be  
34 eligible for further examination until he or she files a new  
35 application, meets all current requirements, and pays all required  
36 fees.

37 (b) This section shall remain in effect only until January 1, 2016,  
38 and as of that date is repealed, unless a later enacted statute, that  
39 is enacted before January 1, 2016, deletes or extends that date.

1     ~~SEC. 48.~~

2     *SEC. 47.* Section 4996.4 of the Business and Professions Code,  
3 as amended by Section 57 of Chapter 799 of the Statutes of 2012,  
4 is amended to read:

5     4996.4. (a) Effective January 1, 2016, an applicant who fails  
6 the clinical examination may, within one year from the notification  
7 date of failure, retake that examination as regularly scheduled,  
8 without further application, upon payment of the required  
9 examination fees. Thereafter, the applicant shall not be eligible  
10 for further examination until he or she files a new application,  
11 meets all current requirements, and pays all required fees.

12     (b) This section shall become operative on January 1, 2016.

13     ~~SEC. 49.~~

14     *SEC. 48.* Section 4996.9 of the Business and Professions Code  
15 is amended to read:

16     4996.9. The practice of clinical social work is defined as a  
17 service in which a special knowledge of social resources, human  
18 capabilities, and the part that unconscious motivation plays in  
19 determining behavior, is directed at helping people to achieve more  
20 adequate, satisfying, and productive social adjustments. The  
21 application of social work principles and methods includes, but is  
22 not restricted to, counseling and using applied psychotherapy of  
23 a nonmedical nature with individuals, families, or groups; providing  
24 information and referral services; providing or arranging for the  
25 provision of social services; explaining or interpreting the  
26 psychosocial aspects in the situations of individuals, families, or  
27 groups; helping communities to organize, to provide, or to improve  
28 social or health services; doing research related to social work;  
29 and the use, application, and integration of the coursework and  
30 experience required by Sections 4996.2 and 4996.23.

31     Psychotherapy, within the meaning of this chapter, is the use of  
32 psychosocial methods within a professional relationship, to assist  
33 the person or persons to achieve a better psychosocial adaptation,  
34 to acquire greater human realization of psychosocial potential and  
35 adaptation, and to modify internal and external conditions which  
36 affect individuals, groups, or communities in respect to behavior,  
37 emotions, and thinking, in respect to their intrapersonal and  
38 interpersonal processes.

1     ~~SEC. 50.~~

2     ~~SEC. 49.~~ Section 4996.17 of the Business and Professions Code  
3 is amended to read:

4     4996.17. (a) (1) Experience gained outside of California shall  
5 be accepted toward the licensure requirements if it is substantially  
6 the equivalent of the requirements of this chapter.

7     (2) Commencing January 1, 2014, an applicant with experience  
8 gained outside of California shall complete an 18-hour course in  
9 California law and professional ethics. The content of the course  
10 shall include, but not be limited to, the following: advertising,  
11 scope of practice, scope of competence, treatment of minors,  
12 confidentiality, dangerous patients, psychotherapist-patient  
13 privilege, recordkeeping, patient access to records, state and federal  
14 laws related to confidentiality of patient health information, dual  
15 relationships, child abuse, elder and dependent adult abuse, online  
16 therapy, insurance reimbursement, civil liability, disciplinary  
17 actions and unprofessional conduct, ethics complaints and ethical  
18 standards, termination of therapy, standards of care, relevant family  
19 law, therapist disclosures to patients, differences in legal and ethical  
20 standards in different types of work settings, and licensing law  
21 and process.

22     (b) The board may issue a license to any person who, at the time  
23 of application, holds a valid active clinical social work license  
24 issued by a board of clinical social work examiners or  
25 corresponding authority of any state, if the person passes, or has  
26 passed, the licensing examinations as specified in Section 4996.1  
27 and pays the required fees. Issuance of the license is conditioned  
28 upon all of the following:

29     (1) The applicant has supervised experience that is substantially  
30 the equivalent of that required by this chapter. If the applicant has  
31 less than 3,200 hours of qualifying supervised experience, time  
32 actively licensed as a clinical social worker shall be accepted at a  
33 rate of 100 hours per month up to a maximum of 1,200 hours.

34     (2) Completion of the following coursework or training in or  
35 out of this state:

36     (A) A minimum of seven contact hours of training or coursework  
37 in child abuse assessment and reporting as specified in Section 28,  
38 and any regulations promulgated thereunder.

1 (B) A minimum of 10 contact hours of training or coursework  
2 in human sexuality as specified in Section 25, and any regulations  
3 promulgated thereunder.

4 (C) A minimum of 15 contact hours of training or coursework  
5 in alcoholism and other chemical substance dependency, as  
6 specified by regulation.

7 (D) A minimum of 15 contact hours of coursework or training  
8 in spousal or partner abuse assessment, detection, and intervention  
9 strategies.

10 (3) Commencing January 1, 2014, completion of an 18-hour  
11 course in California law and professional ethics. The content of  
12 the course shall include, but not be limited to, the following:  
13 advertising, scope of practice, scope of competence, treatment of  
14 minors, confidentiality, dangerous patients, psychotherapist-patient  
15 privilege, recordkeeping, patient access to records, state and federal  
16 laws related to confidentiality of patient health information, dual  
17 relationships, child abuse, elder and dependent adult abuse, online  
18 therapy, insurance reimbursement, civil liability, disciplinary  
19 actions and unprofessional conduct, ethics complaints and ethical  
20 standards, termination of therapy, standards of care, relevant family  
21 law, therapist disclosures to patients, differences in legal and ethical  
22 standards in different types of work settings, and licensing law  
23 and process.

24 (4) The applicant's license is not suspended, revoked, restricted,  
25 sanctioned, or voluntarily surrendered in any state.

26 (5) The applicant is not currently under investigation in any  
27 other state, and has not been charged with an offense for any act  
28 substantially related to the practice of social work by any public  
29 agency, entered into any consent agreement or been subject to an  
30 administrative decision that contains conditions placed by an  
31 agency upon an applicant's professional conduct or practice,  
32 including any voluntary surrender of license, or been the subject  
33 of an adverse judgment resulting from the practice of social work  
34 that the board determines constitutes evidence of a pattern of  
35 incompetence or negligence.

36 (6) The applicant shall provide a certification from each state  
37 where he or she holds a license pertaining to licensure, disciplinary  
38 action, and complaints pending.

39 (7) The applicant is not subject to denial of licensure under  
40 Section 480, 4992.3, 4992.35, or 4992.36.

1 (c) The board may issue a license to any person who, at the time  
2 of application, holds a valid, active clinical social work license  
3 issued by a board of clinical social work examiners or a  
4 corresponding authority of any state, if the person has held that  
5 license for at least four years immediately preceding the date of  
6 application, the person passes, or has passed, the licensing  
7 examinations as specified in Section 4996.1, and the person pays  
8 the required fees. Issuance of the license is conditioned upon all  
9 of the following:

10 (1) Completion of the following coursework or training in or  
11 out of state:

12 (A) A minimum of seven contact hours of training or coursework  
13 in child abuse assessment and reporting as specified in Section 28,  
14 and any regulations promulgated thereunder.

15 (B) A minimum of 10 contact hours of training or coursework  
16 in human sexuality as specified in Section 25, and any regulations  
17 promulgated thereunder.

18 (C) A minimum of 15 contact hours of training or coursework  
19 in alcoholism and other chemical substance dependency, as  
20 specified by regulation.

21 (D) A minimum of 15 contact hours of coursework or training  
22 in spousal or partner abuse assessment, detection, and intervention  
23 strategies.

24 (2) Commencing January 1, 2014, completion of an 18-hour  
25 course in California law and professional ethics. The content of  
26 the course shall include, but not be limited to, the following:  
27 advertising, scope of practice, scope of competence, treatment of  
28 minors, confidentiality, dangerous patients, psychotherapist-patient  
29 privilege, recordkeeping, patient access to records, state and federal  
30 laws related to confidentiality of patient health information, dual  
31 relationships, child abuse, elder and dependent adult abuse, online  
32 therapy, insurance reimbursement, civil liability, disciplinary  
33 actions and unprofessional conduct, ethics complaints and ethical  
34 standards, termination of therapy, standards of care, relevant family  
35 law, therapist disclosures to patients, differences in legal and ethical  
36 standards in different types of work settings, and licensing law  
37 and process.

38 (3) The applicant has been licensed as a clinical social worker  
39 continuously for a minimum of four years prior to the date of  
40 application.

1 (4) The applicant's license is not suspended, revoked, restricted,  
2 sanctioned, or voluntarily surrendered in any state.

3 (5) The applicant is not currently under investigation in any  
4 other state, and has not been charged with an offense for any act  
5 substantially related to the practice of social work by any public  
6 agency, entered into any consent agreement or been subject to an  
7 administrative decision that contains conditions placed by an  
8 agency upon an applicant's professional conduct or practice,  
9 including any voluntary surrender of license, or been the subject  
10 of an adverse judgment resulting from the practice of social work  
11 that the board determines constitutes evidence of a pattern of  
12 incompetence or negligence.

13 (6) The applicant provides a certification from each state where  
14 he or she holds a license pertaining to licensure, disciplinary action,  
15 and complaints pending.

16 (7) The applicant is not subject to denial of licensure under  
17 Section 480, 4992.3, 4992.35, or 4992.36.

18 (d) Commencing January 1, 2016, an applicant who obtained  
19 his or her license or registration under another jurisdiction may  
20 apply for licensure with the board without taking the clinical  
21 examination specified in Section 4996.1 if the applicant obtained  
22 a passing score on the licensing examination set forth in regulation  
23 as accepted by the board.

24 ~~SEC. 51.~~

25 *SEC. 50.* Section 4996.18 of the Business and Professions Code  
26 is amended to read:

27 4996.18. (a) A person who wishes to be credited with  
28 experience toward licensure requirements shall register with the  
29 board as an associate clinical social worker prior to obtaining that  
30 experience. The application shall be made on a form prescribed  
31 by the board.

32 (b) An applicant for registration shall satisfy the following  
33 requirements:

34 (1) Possess a master's degree from an accredited school or  
35 department of social work.

36 (2) Have committed no crimes or acts constituting grounds for  
37 denial of licensure under Section 480.

38 (3) Commencing January 1, 2014, have completed training or  
39 coursework, which may be embedded within more than one course,

- 1 in California law and professional ethics for clinical social workers,  
2 including instruction in all of the following areas of study:
- 3 (A) Contemporary professional ethics and statutes, regulations,  
4 and court decisions that delineate the scope of practice of clinical  
5 social work.
- 6 (B) The therapeutic, clinical, and practical considerations  
7 involved in the legal and ethical practice of clinical social work,  
8 including, but not limited to, family law.
- 9 (C) The current legal patterns and trends in the mental health  
10 professions.
- 11 (D) The psychotherapist-patient privilege, confidentiality,  
12 dangerous patients, and the treatment of minors with and without  
13 parental consent.
- 14 (E) A recognition and exploration of the relationship between  
15 a practitioner's sense of self and human values, and his or her  
16 professional behavior and ethics.
- 17 (F) Differences in legal and ethical standards for different types  
18 of work settings.
- 19 (G) Licensing law and process.
- 20 (c) An applicant who possesses a master's degree from a school  
21 or department of social work that is a candidate for accreditation  
22 by the Commission on Accreditation of the Council on Social  
23 Work Education shall be eligible, and shall be required, to register  
24 as an associate clinical social worker in order to gain experience  
25 toward licensure if the applicant has not committed any crimes or  
26 acts that constitute grounds for denial of licensure under Section  
27 480. That applicant shall not, however, be eligible for examination  
28 until the school or department of social work has received  
29 accreditation by the Commission on Accreditation of the Council  
30 on Social Work Education.
- 31 (d) All applicants and registrants shall be at all times under the  
32 supervision of a supervisor who shall be responsible for ensuring  
33 that the extent, kind, and quality of counseling performed is  
34 consistent with the training and experience of the person being  
35 supervised, and who shall be responsible to the board for  
36 compliance with all laws, rules, and regulations governing the  
37 practice of clinical social work.
- 38 (e) Any experience obtained under the supervision of a spouse  
39 or relative by blood or marriage shall not be credited toward the  
40 required hours of supervised experience. Any experience obtained

1 under the supervision of a supervisor with whom the applicant has  
2 a personal relationship that undermines the authority or  
3 effectiveness of the supervision shall not be credited toward the  
4 required hours of supervised experience.

5 (f) An applicant who possesses a master's degree from an  
6 accredited school or department of social work shall be able to  
7 apply experience the applicant obtained during the time the  
8 accredited school or department was in candidacy status by the  
9 Commission on Accreditation of the Council on Social Work  
10 Education toward the licensure requirements, if the experience  
11 meets the requirements of Section 4996.23. This subdivision shall  
12 apply retroactively to persons who possess a master's degree from  
13 an accredited school or department of social work and who  
14 obtained experience during the time the accredited school or  
15 department was in candidacy status by the Commission on  
16 Accreditation of the Council on Social Work Education.

17 (g) An applicant for registration or licensure trained in an  
18 educational institution outside the United States shall demonstrate  
19 to the satisfaction of the board that he or she possesses a master's  
20 of social work degree that is equivalent to a master's degree issued  
21 from a school or department of social work that is accredited by  
22 the Commission on Accreditation of the Council on Social Work  
23 Education. These applicants shall provide the board with a  
24 comprehensive evaluation of the degree and shall provide any  
25 other documentation the board deems necessary. The board has  
26 the authority to make the final determination as to whether a degree  
27 meets all requirements, including, but not limited to, course  
28 requirements regardless of evaluation or accreditation.

29 (h) A registrant shall not provide clinical social work services  
30 to the public for a fee, monetary or otherwise, except as an  
31 employee.

32 (i) A registrant shall inform each client or patient prior to  
33 performing any professional services that he or she is unlicensed  
34 and is under the supervision of a licensed professional.

35 ~~SEC. 52.~~

36 *SEC. 51.* Section 4996.28 of the Business and Professions Code  
37 is amended to read:

38 4996.28. (a) Registration as an associate clinical social worker  
39 shall expire one year from the last day of the month during which  
40 it was issued. To renew a registration, the registrant shall, on or

1 before the expiration date of the registration, complete all of the  
2 following actions:

3 (1) Apply for renewal on a form prescribed by the board.

4 (2) Pay a renewal fee prescribed by the board.

5 (3) Notify the board whether he or she has been convicted, as  
6 defined in Section 490, of a misdemeanor or felony, and whether  
7 any disciplinary action has been taken by a regulatory or licensing  
8 board in this or any other state, subsequent to the last renewal of  
9 the registration.

10 (4) On and after January 1, 2016, obtain a passing score on the  
11 California law and ethics examination pursuant to Section 4992.09.

12 (b) A registration as an associate clinical social worker may be  
13 renewed a maximum of five times. When no further renewals are  
14 possible, an applicant may apply for and obtain a new associate  
15 clinical social worker registration if the applicant meets all  
16 requirements for registration in effect at the time of his or her  
17 application for a new associate clinical social worker registration.  
18 An applicant issued a subsequent associate registration pursuant  
19 to this subdivision may be employed or volunteer in any allowable  
20 work setting except private practice.

21 ~~SEC. 53.~~

22 *SEC. 52.* Section 4999.20 of the Business and Professions Code  
23 is amended to read:

24 4999.20. (a) (1) “Professional clinical counseling” means the  
25 application of counseling interventions and psychotherapeutic  
26 techniques to identify and remediate cognitive, mental, and  
27 emotional issues, including personal growth, adjustment to  
28 disability, crisis intervention, and psychosocial and environmental  
29 problems, and the use, application, and integration of the  
30 coursework and training required by Sections 4999.32 and 4999.33.  
31 “Professional clinical counseling” includes conducting assessments  
32 for the purpose of establishing counseling goals and objectives to  
33 empower individuals to deal adequately with life situations, reduce  
34 stress, experience growth, change behavior, and make  
35 well-informed, rational decisions.

36 (2) “Professional clinical counseling” is focused exclusively on  
37 the application of counseling interventions and psychotherapeutic  
38 techniques for the purposes of improving mental health, and is not  
39 intended to capture other, nonclinical forms of counseling for the

1 purposes of licensure. For purposes of this paragraph, “nonclinical”  
2 means nonmental health.

3 (3) “Professional clinical counseling” does not include the  
4 assessment or treatment of couples or families unless the  
5 professional clinical counselor has completed all of the following  
6 additional training and education, beyond the minimum training  
7 and education required for licensure:

8 (A) One of the following:

9 (i) Six semester units or nine quarter units specifically focused  
10 on the theory and application of marriage and family therapy.

11 (ii) A named specialization or emphasis area on the qualifying  
12 degree in marriage and family therapy; marital and family therapy;  
13 marriage, family, and child counseling; or couple and family  
14 therapy.

15 (B) No less than 500 hours of documented supervised experience  
16 working directly with couples, families, or children.

17 (C) A minimum of six hours of continuing education specific  
18 to marriage and family therapy, completed in each license renewal  
19 cycle.

20 (4) “Professional clinical counseling” does not include the  
21 provision of clinical social work services.

22 (b) “Counseling interventions and psychotherapeutic techniques”  
23 means the application of cognitive, affective, verbal or nonverbal,  
24 systemic or holistic counseling strategies that include principles  
25 of development, wellness, and maladjustment that reflect a  
26 pluralistic society. These interventions and techniques are  
27 specifically implemented in the context of a professional clinical  
28 counseling relationship and use a variety of counseling theories  
29 and approaches.

30 (c) “Assessment” means selecting, administering, scoring, and  
31 interpreting tests, instruments, and other tools and methods  
32 designed to measure an individual’s attitudes, abilities, aptitudes,  
33 achievements, interests, personal characteristics, disabilities, and  
34 mental, emotional, and behavioral concerns and development and  
35 the use of methods and techniques for understanding human  
36 behavior in relation to coping with, adapting to, or ameliorating  
37 changing life situations, as part of the counseling process.  
38 “Assessment” shall not include the use of projective techniques  
39 in the assessment of personality, individually administered  
40 intelligence tests, neuropsychological testing, or utilization of a

1 battery of three or more tests to determine the presence of  
2 psychosis, dementia, amnesia, cognitive impairment, or criminal  
3 behavior.

4 (d) Professional clinical counselors shall refer clients to other  
5 licensed health care professionals when they identify issues beyond  
6 their own scope of education, training, and experience.

7 ~~SEC. 54.~~

8 *SEC. 53.* Section 4999.33 of the Business and Professions Code  
9 is amended to read:

10 4999.33. (a) This section shall apply to the following:

11 (1) Applicants for examination eligibility or registration who  
12 begin graduate study before August 1, 2012, and do not complete  
13 that study on or before December 31, 2018.

14 (2) Applicants for examination eligibility or registration who  
15 begin graduate study before August 1, 2012, and who graduate  
16 from a degree program that meets the requirements of this section.

17 (3) Applicants for examination eligibility or registration who  
18 begin graduate study on or after August 1, 2012.

19 (b) To qualify for examination eligibility or registration,  
20 applicants shall possess a master’s or doctoral degree that is  
21 counseling or psychotherapy in content and that meets the  
22 requirements of this section, obtained from an accredited or  
23 approved institution, as defined in Section 4999.12. For purposes  
24 of this subdivision, a degree is “counseling or psychotherapy in  
25 content” if it contains the supervised practicum or field study  
26 experience described in paragraph (3) of subdivision (c) and, except  
27 as provided in subdivision (f), the coursework in the core content  
28 areas listed in subparagraphs (A) to (M), inclusive, of paragraph  
29 (1) of subdivision (c).

30 (c) The degree described in subdivision (b) shall contain not  
31 less than 60 graduate semester or 90 graduate quarter units of  
32 instruction, which shall, except as provided in subdivision (f),  
33 include all of the following:

34 (1) The equivalent of at least three semester units or four and  
35 one-half quarter units of graduate study in all of the following core  
36 content areas:

37 (A) Counseling and psychotherapeutic theories and techniques,  
38 including the counseling process in a multicultural society, an  
39 orientation to wellness and prevention, counseling theories to assist  
40 in selection of appropriate counseling interventions, models of

1 counseling consistent with current professional research and  
2 practice, development of a personal model of counseling, and  
3 multidisciplinary responses to crises, emergencies, and disasters.

4 (B) Human growth and development across the lifespan,  
5 including normal and abnormal behavior and an understanding of  
6 developmental crises, disability, psychopathology, and situational  
7 and environmental factors that affect both normal and abnormal  
8 behavior.

9 (C) Career development theories and techniques, including  
10 career development decisionmaking models and interrelationships  
11 among and between work, family, and other life roles and factors,  
12 including the role of multicultural issues in career development.

13 (D) Group counseling theories and techniques, including  
14 principles of group dynamics, group process components, group  
15 developmental stage theories, therapeutic factors of group work,  
16 group leadership styles and approaches, pertinent research and  
17 literature, group counseling methods, and evaluation of  
18 effectiveness.

19 (E) Assessment, appraisal, and testing of individuals, including  
20 basic concepts of standardized and nonstandardized testing and  
21 other assessment techniques, norm-referenced and  
22 criterion-referenced assessment, statistical concepts, social and  
23 cultural factors related to assessment and evaluation of individuals  
24 and groups, and ethical strategies for selecting, administering, and  
25 interpreting assessment instruments and techniques in counseling.

26 (F) Multicultural counseling theories and techniques, including  
27 counselors' roles in developing cultural self-awareness, identity  
28 development, promoting cultural social justice, individual and  
29 community strategies for working with and advocating for diverse  
30 populations, and counselors' roles in eliminating biases and  
31 prejudices, and processes of intentional and unintentional  
32 oppression and discrimination.

33 (G) Principles of the diagnostic process, including differential  
34 diagnosis, and the use of current diagnostic tools, such as the  
35 current edition of the Diagnostic and Statistical Manual, the impact  
36 of co-occurring substance use disorders or medical psychological  
37 disorders, established diagnostic criteria for mental or emotional  
38 disorders, and the treatment modalities and placement criteria  
39 within the continuum of care.

1 (H) Research and evaluation, including studies that provide an  
2 understanding of research methods, statistical analysis, the use of  
3 research to inform evidence-based practice, the importance of  
4 research in advancing the profession of counseling, and statistical  
5 methods used in conducting research, needs assessment, and  
6 program evaluation.

7 (I) Professional orientation, ethics, and law in counseling,  
8 including California law and professional ethics for professional  
9 clinical counselors, professional ethical standards and legal  
10 considerations, licensing law and process, regulatory laws that  
11 delineate the profession's scope of practice, counselor-client  
12 privilege, confidentiality, the client dangerous to self or others,  
13 treatment of minors with or without parental consent, relationship  
14 between practitioner's sense of self and human values, functions  
15 and relationships with other human service providers, strategies  
16 for collaboration, and advocacy processes needed to address  
17 institutional and social barriers that impede access, equity, and  
18 success for clients.

19 (J) Psychopharmacology, including the biological bases of  
20 behavior, basic classifications, indications, and contraindications  
21 of commonly prescribed psychopharmacological medications so  
22 that appropriate referrals can be made for medication evaluations  
23 and so that the side effects of those medications can be identified.

24 (K) Addictions counseling, including substance abuse,  
25 co-occurring disorders, and addiction, major approaches to  
26 identification, evaluation, treatment, and prevention of substance  
27 abuse and addiction, legal and medical aspects of substance abuse,  
28 populations at risk, the role of support persons, support systems,  
29 and community resources.

30 (L) Crisis or trauma counseling, including crisis theory;  
31 multidisciplinary responses to crises, emergencies, or disasters;  
32 cognitive, affective, behavioral, and neurological effects associated  
33 with trauma; brief, intermediate, and long-term approaches; and  
34 assessment strategies for clients in crisis and principles of  
35 intervention for individuals with mental or emotional disorders  
36 during times of crisis, emergency, or disaster.

37 (M) Advanced counseling and psychotherapeutic theories and  
38 techniques, including the application of counseling constructs,  
39 assessment and treatment planning, clinical interventions,  
40 therapeutic relationships, psychopathology, or other clinical topics.

- 1 (2) In addition to the course requirements described in paragraph  
2 (1), 15 semester units or 22.5 quarter units of advanced coursework  
3 to develop knowledge of specific treatment issues or special  
4 populations.
- 5 (3) Not less than six semester units or nine quarter units of  
6 supervised practicum or field study experience, or the equivalent,  
7 in a clinical setting that provides a range of professional clinical  
8 counseling experience, including the following:
- 9 (A) Applied psychotherapeutic techniques.  
10 (B) Assessment.  
11 (C) Diagnosis.  
12 (D) Prognosis.  
13 (E) Treatment.  
14 (F) Issues of development, adjustment, and maladjustment.  
15 (G) Health and wellness promotion.  
16 (H) Professional writing including documentation of services,  
17 treatment plans, and progress notes.  
18 (I) How to find and use resources.  
19 (J) Other recognized counseling interventions.  
20 (K) A minimum of 280 hours of face-to-face supervised clinical  
21 experience counseling individuals, families, or groups.
- 22 (d) The 60 graduate semester units or 90 graduate quarter units  
23 of instruction required pursuant to subdivision (c) shall, in addition  
24 to meeting the requirements of subdivision (c), include instruction  
25 in all of the following:
- 26 (1) The understanding of human behavior within the social  
27 context of socioeconomic status and other contextual issues  
28 affecting social position.
- 29 (2) The understanding of human behavior within the social  
30 context of a representative variety of the cultures found within  
31 California.
- 32 (3) Cultural competency and sensitivity, including a familiarity  
33 with the racial, cultural, linguistic, and ethnic backgrounds of  
34 persons living in California.
- 35 (4) An understanding of the effects of socioeconomic status on  
36 treatment and available resources.
- 37 (5) Multicultural development and cross-cultural interaction,  
38 including experiences of race, ethnicity, class, spirituality, sexual  
39 orientation, gender, and disability and their incorporation into the  
40 psychotherapeutic process.

- 1 (6) Case management, systems of care for the severely mentally  
2 ill, public and private services for the severely mentally ill,  
3 community resources for victims of abuse, disaster and trauma  
4 response, advocacy for the severely mentally ill, and collaborative  
5 treatment. The instruction required in this paragraph may be  
6 provided either in credit level coursework or through extension  
7 programs offered by the degree-granting institution.
- 8 (7) Human sexuality, including the study of the physiological,  
9 psychological, and social cultural variables associated with sexual  
10 behavior, gender identity, and the assessment and treatment of  
11 psychosexual dysfunction.
- 12 (8) Spousal or partner abuse assessment, detection, intervention  
13 strategies, and same gender abuse dynamics.
- 14 (9) A minimum of seven contact hours of training or coursework  
15 in child abuse assessment and reporting, as specified in Section  
16 28, and any regulations promulgated thereunder.
- 17 (10) Aging and long-term care, including biological, social,  
18 cognitive, and psychological aspects of aging. This coursework  
19 shall include instruction on the assessment and reporting of, as  
20 well as treatment related to, elder and dependent adult abuse and  
21 neglect.
- 22 (e) A degree program that qualifies for licensure under this  
23 section shall do all of the following:
- 24 (1) Integrate the principles of mental health recovery-oriented  
25 care and methods of service delivery in recovery-oriented practice  
26 environments.
- 27 (2) Integrate an understanding of various cultures and the social  
28 and psychological implications of socioeconomic position.
- 29 (3) Provide the opportunity for students to meet with various  
30 consumers and family members of consumers of mental health  
31 services to enhance understanding of their experience of mental  
32 illness, treatment, and recovery.
- 33 (f) (1) An applicant whose degree is deficient in no more than  
34 three of the required areas of study listed in subparagraphs (A) to  
35 (M), inclusive, of paragraph (1) of subdivision (c) may satisfy  
36 those deficiencies by successfully completing post-master's or  
37 postdoctoral degree coursework at an accredited or approved  
38 institution, as defined in Section 4999.12.
- 39 (2) Coursework taken to meet deficiencies in the required areas  
40 of study listed in subparagraphs (A) to (M), inclusive, of paragraph

1 (1) of subdivision (c) shall be the equivalent of three semester units  
2 or four and one-half quarter units of study.

3 (3) The board shall make the final determination as to whether  
4 a degree meets all requirements, including, but not limited to,  
5 course requirements, regardless of accreditation.

6 ~~SEC. 55.~~

7 *SEC. 54.* Section 4999.45 of the Business and Professions  
8 Code, as amended by Section 62 of Chapter 799 of the Statutes of  
9 2012, is amended to read:

10 4999.45. An intern employed under this chapter shall:

11 (a) Not perform any duties, except for those services provided  
12 as a clinical counselor trainee, until registered as an intern.

13 (b) Not be employed or volunteer in a private practice until  
14 registered as an intern.

15 (c) Inform each client prior to performing any professional  
16 services that he or she is unlicensed and under supervision.

17 (d) Renew annually for a maximum of five years after initial  
18 registration with the board.

19 (e) When no further renewals are possible, an applicant may  
20 apply for and obtain a new intern registration if the applicant meets  
21 the educational requirements for registration in effect at the time  
22 of the application for a new intern registration. An applicant issued  
23 a subsequent intern registration pursuant to this subdivision may  
24 be employed or volunteer in any allowable work setting except  
25 private practice.

26 (f) This section shall remain in effect only until January 1, 2016,  
27 and as of that date is repealed, unless a later enacted statute, that  
28 is enacted before January 1, 2016, deletes or extends that date.

29 ~~SEC. 56.~~

30 *SEC. 55.* Section 4999.45 of the Business and Professions  
31 Code, as amended by Section 63 of Chapter 799 of the Statutes of  
32 2012, is amended to read:

33 4999.45. (a) An intern employed under this chapter shall:

34 (1) Not perform any duties, except for those services provided  
35 as a clinical counselor trainee, until registered as an intern.

36 (2) Not be employed or volunteer in a private practice until  
37 registered as an intern.

38 (3) Inform each client prior to performing any professional  
39 services that he or she is unlicensed and under supervision.

1 (4) Renew annually for a maximum of five years after initial  
2 registration with the board.

3 (b) When no further renewals are possible, an applicant may  
4 apply for and obtain a new intern registration if the applicant meets  
5 the educational requirements for registration in effect at the time  
6 of the application for a new intern registration and has passed the  
7 California law and ethics examination described in Section  
8 4999.53. An applicant issued a subsequent intern registration  
9 pursuant to this subdivision may be employed or volunteer in any  
10 allowable work setting except private practice.

11 (c) This section shall become operative on January 1, 2016.

12 ~~SEC. 57.~~

13 *SEC. 56.* Section 4999.46 of the Business and Professions  
14 Code, as amended by Section 64 of Chapter 799 of the Statutes of  
15 2012, is amended to read:

16 4999.46. (a) To qualify for the licensure examinations specified  
17 in subdivision (c) of Section 4999.52, applicants shall complete  
18 clinical mental health experience under the general supervision of  
19 an approved supervisor as defined in Section 4999.12.

20 (b) The experience shall include a minimum of 3,000 postdegree  
21 hours of supervised clinical mental health experience related to  
22 the practice of professional clinical counseling, performed over a  
23 period of not less than two years (104 weeks), which shall include:

24 (1) Not more than 40 hours in any seven consecutive days.

25 (2) Not less than 1,750 hours of direct counseling with  
26 individuals or groups in a setting described in Section 4999.44  
27 using a variety of psychotherapeutic techniques and recognized  
28 counseling interventions within the scope of practice of licensed  
29 professional clinical counselors.

30 (3) Not more than 500 hours of experience providing group  
31 therapy or group counseling.

32 (4) Not more than 375 hours of experience providing personal  
33 psychotherapy, crisis counseling, or other counseling services via  
34 telehealth in accordance with Section 2290.5.

35 (5) Not less than 150 hours of clinical experience in a hospital  
36 or community mental health setting, as defined in Section 1820 of  
37 Title 16 of the California Code of Regulations.

38 (6) Not more than a combined total of 1,250 hours of experience  
39 in the following related activities:

40 (A) Direct supervisor contact.

1 (B) Client centered advocacy.

2 (C) Not more than 250 hours of experience administering tests  
3 and evaluating psychological tests of clients, writing clinical  
4 reports, writing progress notes, or writing process notes.

5 (D) Not more than 250 hours of verified attendance at  
6 workshops, seminars, training sessions, or conferences directly  
7 related to professional clinical counseling that are approved by the  
8 applicant's supervisor.

9 (c) No hours of clinical mental health experience may be gained  
10 more than six years prior to the date the application for examination  
11 eligibility was filed.

12 (d) An applicant shall register with the board as an intern in  
13 order to be credited for postdegree hours of experience toward  
14 licensure. Postdegree hours of experience shall be credited toward  
15 licensure, provided that the applicant applies for intern registration  
16 within 90 days of the granting of the qualifying degree and is  
17 registered as an intern by the board.

18 (e) All applicants and interns shall be at all times under the  
19 supervision of a supervisor who shall be responsible for ensuring  
20 that the extent, kind, and quality of counseling performed is  
21 consistent with the training and experience of the person being  
22 supervised, and who shall be responsible to the board for  
23 compliance with all laws, rules, and regulations governing the  
24 practice of professional clinical counseling.

25 (f) Experience obtained under the supervision of a spouse or  
26 relative by blood or marriage shall not be credited toward the  
27 required hours of supervised experience. Experience obtained  
28 under the supervision of a supervisor with whom the applicant has  
29 had or currently has a personal, professional, or business  
30 relationship that undermines the authority or effectiveness of the  
31 supervision shall not be credited toward the required hours of  
32 supervised experience.

33 (g) Except for experience gained pursuant to subparagraph (D)  
34 of paragraph (6) of subdivision (b), supervision shall include at  
35 least one hour of direct supervisor contact in each week for which  
36 experience is credited in each work setting.

37 (1) No more than five hours of supervision, whether individual  
38 or group, shall be credited during any single week.

39 (2) An intern shall receive at least one additional hour of direct  
40 supervisor contact for every week in which more than 10 hours of

1 face-to-face psychotherapy is performed in each setting in which  
2 experience is gained.

3 (3) For purposes of this section, “one hour of direct supervisor  
4 contact” means one hour of face-to-face contact on an individual  
5 basis or two hours of face-to-face contact in a group of not more  
6 than eight persons in segments lasting no less than one continuous  
7 hour.

8 (4) Notwithstanding paragraph (3), an intern working in a  
9 governmental entity, a school, a college, or a university, or an  
10 institution that is both nonprofit and charitable, may obtain the  
11 required weekly direct supervisor contact via two-way, real-time  
12 videoconferencing. The supervisor shall be responsible for ensuring  
13 that client confidentiality is upheld.

14 (h) This section shall remain in effect only until January 1, 2016,  
15 and as of that date is repealed, unless a later enacted statute, that  
16 is enacted before January 1, 2016, deletes or extends that date.

17 ~~SEC. 58:~~

18 *SEC. 57.* Section 4999.46 of the Business and Professions  
19 Code, as amended by Section 65 of Chapter 799 of the Statutes of  
20 2012, is amended to read:

21 4999.46. (a) To qualify for the licensure examination specified  
22 by paragraph (2) of subdivision (a) of Section 4999.53, applicants  
23 shall complete clinical mental health experience under the general  
24 supervision of an approved supervisor as defined in Section  
25 4999.12.

26 (b) The experience shall include a minimum of 3,000 postdegree  
27 hours of supervised clinical mental health experience related to  
28 the practice of professional clinical counseling, performed over a  
29 period of not less than two years (104 weeks), which shall include:

30 (1) Not more than 40 hours in any seven consecutive days.

31 (2) Not less than 1,750 hours of direct counseling with  
32 individuals or groups in a setting described in Section 4999.44  
33 using a variety of psychotherapeutic techniques and recognized  
34 counseling interventions within the scope of practice of licensed  
35 professional clinical counselors.

36 (3) Not more than 500 hours of experience providing group  
37 therapy or group counseling.

38 (4) Not more than 375 hours of experience providing personal  
39 psychotherapy, crisis counseling, or other counseling services via  
40 telehealth in accordance with Section 2290.5.

1 (5) Not less than 150 hours of clinical experience in a hospital  
2 or community mental health setting, as defined in Section 1820 of  
3 Title 16 of the California Code of Regulations.

4 (6) Not more than a combined total of 1,250 hours of experience  
5 in the following related activities:

6 (A) Direct supervisor contact.

7 (B) Client centered advocacy.

8 (C) Not more than 250 hours of experience administering tests  
9 and evaluating psychological tests of clients, writing clinical  
10 reports, writing progress notes, or writing process notes.

11 (D) Not more than 250 hours of verified attendance at  
12 workshops, seminars, training sessions, or conferences directly  
13 related to professional clinical counseling that are approved by the  
14 applicant's supervisor.

15 (c) No hours of clinical mental health experience may be gained  
16 more than six years prior to the date the application for examination  
17 eligibility was filed.

18 (d) An applicant shall register with the board as an intern in  
19 order to be credited for postdegree hours of experience toward  
20 licensure. Postdegree hours of experience shall be credited toward  
21 licensure, provided that the applicant applies for intern registration  
22 within 90 days of the granting of the qualifying degree and is  
23 registered as an intern by the board.

24 (e) All applicants and interns shall be at all times under the  
25 supervision of a supervisor who shall be responsible for ensuring  
26 that the extent, kind, and quality of counseling performed is  
27 consistent with the training and experience of the person being  
28 supervised, and who shall be responsible to the board for  
29 compliance with all laws, rules, and regulations governing the  
30 practice of professional clinical counseling.

31 (f) Experience obtained under the supervision of a spouse or  
32 relative by blood or marriage shall not be credited toward the  
33 required hours of supervised experience. Experience obtained  
34 under the supervision of a supervisor with whom the applicant has  
35 had or currently has a personal, professional, or business  
36 relationship that undermines the authority or effectiveness of the  
37 supervision shall not be credited toward the required hours of  
38 supervised experience.

39 (g) Except for experience gained pursuant to subparagraph (D)  
40 of paragraph (6) of subdivision (b), supervision shall include at

1 least one hour of direct supervisor contact in each week for which  
2 experience is credited in each work setting.

3 (1) No more than five hours of supervision, whether individual  
4 or group, shall be credited during any single week.

5 (2) An intern shall receive at least one additional hour of direct  
6 supervisor contact for every week in which more than 10 hours of  
7 face-to-face psychotherapy is performed in each setting in which  
8 experience is gained.

9 (3) For purposes of this section, “one hour of direct supervisor  
10 contact” means one hour of face-to-face contact on an individual  
11 basis or two hours of face-to-face contact in a group of not more  
12 than eight persons in segments lasting no less than one continuous  
13 hour.

14 (4) Notwithstanding paragraph (3), an intern working in a  
15 governmental entity, a school, a college, or a university, or an  
16 institution that is both nonprofit and charitable, may obtain the  
17 required weekly direct supervisor contact via two-way, real-time  
18 videoconferencing. The supervisor shall be responsible for ensuring  
19 that client confidentiality is upheld.

20 (h) This section shall become operative on January 1, 2016.

21 ~~SEC. 59.~~

22 *SEC. 58.* Section 4999.47 of the Business and Professions Code  
23 is amended to read:

24 4999.47. (a) Clinical counselor trainees, interns, and applicants  
25 shall perform services only as an employee or as a volunteer.

26 The requirements of this chapter regarding gaining hours of  
27 clinical mental health experience and supervision are applicable  
28 equally to employees and volunteers. Experience shall not be  
29 gained by interns or trainees as an independent contractor.

30 (1) If employed, a clinical counselor intern shall provide the  
31 board with copies of the corresponding W-2 tax forms for each  
32 year of experience claimed upon application for licensure as a  
33 professional clinical counselor.

34 (2) If volunteering, a clinical counselor intern shall provide the  
35 board with a letter from his or her employer verifying the intern’s  
36 employment as a volunteer upon application for licensure as a  
37 professional clinical counselor.

38 (b) Clinical counselor trainees, interns, and applicants shall not  
39 receive any remuneration from patients or clients, and shall only  
40 be paid by their employers.

1 (c) While an intern may be either a paid employee or a volunteer,  
2 employers are encouraged to provide fair remuneration.

3 (d) Clinical counselor trainees, interns, and applicants who  
4 provide voluntary services or other services, and who receive no  
5 more than a total, from all work settings, of five hundred dollars  
6 (\$500) per month as reimbursement for expenses actually incurred  
7 by those clinical counselor trainees, interns, and applicants for  
8 services rendered in any lawful work setting other than a private  
9 practice shall be considered an employee and not an independent  
10 contractor.

11 (e) The board may audit an intern or applicant who receives  
12 reimbursement for expenses and the intern or applicant shall have  
13 the burden of demonstrating that the payments received were for  
14 reimbursement of expenses actually incurred.

15 (f) Clinical counselor trainees, interns, and applicants shall only  
16 perform services at the place where their employer regularly  
17 conducts business and services, which may include other locations,  
18 as long as the services are performed under the direction and  
19 control of the employer and supervisor in compliance with the  
20 laws and regulations pertaining to supervision. Clinical counselor  
21 trainees, interns, and applicants shall have no proprietary interest  
22 in the employer's business.

23 (g) Each educational institution preparing applicants for  
24 licensure pursuant to this chapter shall consider requiring, and  
25 shall encourage, its students to undergo individual, marital or  
26 conjoint, family, or group counseling or psychotherapy, as  
27 appropriate. Each supervisor shall consider, advise, and encourage  
28 his or her interns and clinical counselor trainees regarding the  
29 advisability of undertaking individual, marital or conjoint, family,  
30 or group counseling or psychotherapy, as appropriate. Insofar as  
31 it is deemed appropriate and is desired by the applicant, the  
32 educational institution and supervisors are encouraged to assist  
33 the applicant in locating that counseling or psychotherapy at a  
34 reasonable cost.

35 ~~SEC. 60:~~

36 *SEC. 59.* Section 4999.50 of the Business and Professions  
37 Code, as amended by Section 66 of Chapter 799 of the Statutes of  
38 2012, is amended to read:

1 4999.50. (a) The board may issue a professional clinical  
2 counselor license to any person who meets all of the following  
3 requirements:

4 (1) He or she has received a master’s or doctoral degree  
5 described in Section 4999.32 or 4999.33, as applicable.

6 (2) He or she has completed at least 3,000 hours of supervised  
7 experience in the practice of professional clinical counseling as  
8 provided in Section 4999.46.

9 (3) He or she provides evidence of a passing score, as  
10 determined by the board, on examinations designated by the board  
11 pursuant to Section 4999.52.

12 (b) An applicant who has satisfied the requirements of this  
13 chapter shall be issued a license as a professional clinical counselor  
14 in the form that the board may deem appropriate.

15 (c) The board shall begin accepting applications for examination  
16 eligibility on January 1, 2012.

17 (d) This section shall remain in effect only until January 1, 2016,  
18 and as of that date is repealed, unless a later enacted statute, that  
19 is enacted before January 1, 2016, deletes or extends that date.

20 ~~SEC. 61:~~

21 *SEC. 60.* Section 4999.50 of the Business and Professions  
22 Code, as amended by Section 67 of Chapter 799 of the Statutes of  
23 2012, is amended to read:

24 4999.50. (a) The board may issue a professional clinical  
25 counselor license to any person who meets all of the following  
26 requirements:

27 (1) He or she has received a master’s or doctoral degree  
28 described in Section 4999.32 or 4999.33, as applicable.

29 (2) He or she has completed at least 3,000 hours of supervised  
30 experience in the practice of professional clinical counseling as  
31 provided in Section 4999.46.

32 (3) He or she provides evidence of a passing score, as  
33 determined by the board, on the examinations designated in Section  
34 4999.53.

35 (b) An applicant who has satisfied the requirements of this  
36 chapter shall be issued a license as a professional clinical counselor  
37 in the form that the board may deem appropriate.

38 (c) This section shall become operative on January 1, 2016.

1     ~~SEC. 62.~~

2     *SEC. 61.* Section 4999.52 of the Business and Professions  
3 Code, as amended by Section 10 of Chapter 800 of the Statutes of  
4 2012, is amended to read:

5     4999.52. (a) Except as provided in Section 4999.54, every  
6 applicant for a license as a professional clinical counselor shall be  
7 examined by the board. The board shall examine the candidate  
8 with regard to his or her knowledge and professional skills and his  
9 or her judgment in the utilization of appropriate techniques and  
10 methods.

11     (b) The examinations shall be given at least twice a year at a  
12 time and place and under supervision as the board may determine.

13     (c) (1) It is the intent of the Legislature that national licensing  
14 examinations, such as the National Counselor Examination for  
15 Licensure and Certification (NCE) and the National Clinical Mental  
16 Health Counselor Examination (NCMHCE), be evaluated by the  
17 board as requirements for licensure as a professional clinical  
18 counselor.

19     (2) The board shall evaluate various national examinations in  
20 order to determine whether they meet the prevailing standards for  
21 the validation and use of licensing and certification tests in  
22 California.

23     (3) The Department of Consumer Affairs' Office of Professional  
24 Examination Services shall review the occupational analysis that  
25 was used for developing the national examinations in order to  
26 determine if it adequately describes the licensing group and  
27 adequately determines the tasks, knowledge, skills, and abilities  
28 the licensed professional clinical counselor would need to perform  
29 the functions under this chapter.

30     (4) Examinations shall measure knowledge and abilities  
31 demonstrably important to the safe, effective practice of the  
32 profession.

33     (5) If national examinations do not meet the standards specified  
34 in paragraph (2), the board may require a passing score on either  
35 of the following:

36     (A) The national examinations plus one or more  
37 board-developed examinations.

38     (B) One or more board-developed examinations.

39     (6) If the board decides to require a national examination  
40 specified in paragraph (1), a passing score on this examination

1 shall be accepted by the board for a period of seven years from  
2 the date the examination was taken.

3 (7) If the board decides to require the examinations specified  
4 in paragraph (5), a passing score on these examinations shall be  
5 accepted by the board for a period of seven years from the date  
6 the examination was taken.

7 (8) The licensing examinations shall also incorporate a  
8 California law and ethics examination element that is acceptable  
9 to the board, or, as an alternative, the board may develop a separate  
10 California law and ethics examination.

11 (d) The board shall not deny any applicant who has submitted  
12 a complete application for examination admission to the licensure  
13 examinations required by this section if the applicant meets the  
14 educational and experience requirements of this chapter, and has  
15 not committed any acts or engaged in any conduct that would  
16 constitute grounds to deny licensure.

17 (e) The board shall not deny any applicant whose application  
18 for licensure is complete admission to the examinations, nor shall  
19 the board postpone or delay any applicant's examinations or delay  
20 informing the candidate of the results of the examinations, solely  
21 upon the receipt by the board of a complaint alleging acts or  
22 conduct that would constitute grounds to deny licensure.

23 (f) If an applicant for examination is the subject of a complaint  
24 or is under board investigation for acts or conduct that, if proven  
25 to be true, would constitute grounds for the board to deny licensure,  
26 the board shall permit the applicant to take the examinations, but  
27 may notify the applicant that licensure will not be granted pending  
28 completion of the investigation.

29 (g) Notwithstanding Section 135, the board may deny any  
30 applicant who has previously failed an examination permission to  
31 retake that examination pending completion of the investigation  
32 of any complaints against the applicant.

33 (h) Nothing in this section shall prohibit the board from denying  
34 an applicant admission to any examination, withholding the results,  
35 or refusing to issue a license to any applicant when an accusation  
36 or statement of issues has been filed against the applicant pursuant  
37 to Section 11503 or 11504 of the Government Code, respectively,  
38 or the application has been denied in accordance with subdivision  
39 (b) of Section 485.

1 (i) Notwithstanding any other provision of law, the board may  
2 destroy all examination materials two years following the date of  
3 an examination.

4 (j) This section shall remain in effect only until January 1, 2016,  
5 and as of that date is repealed, unless a later enacted statute, that  
6 is enacted before January 1, 2016, deletes or extends that date.

7 ~~SEC. 63.~~

8 *SEC. 62.* Section 4999.52 of the Business and Professions  
9 Code, as amended by Section 11 of Chapter 800 of the Statutes of  
10 2012, is amended to read:

11 4999.52. (a) Except as provided in Section 4999.54, every  
12 applicant for a license as a professional clinical counselor shall be  
13 examined by the board. The board shall examine the candidate  
14 with regard to his or her knowledge and professional skills and his  
15 or her judgment in the utilization of appropriate techniques and  
16 methods.

17 (b) The examinations shall be given at least twice a year at a  
18 time and place and under supervision as the board may determine.

19 (c) The board shall not deny any applicant who has submitted  
20 a complete application for examination admission to the licensure  
21 examinations required by this section if the applicant meets the  
22 educational and experience requirements of this chapter, and has  
23 not committed any acts or engaged in any conduct that would  
24 constitute grounds to deny licensure.

25 (d) The board shall not deny any applicant whose application  
26 for licensure is complete admission to the examinations specified  
27 by paragraph (2) of subdivision (a) of Section 4999.53, nor shall  
28 the board postpone or delay this examination for any applicant or  
29 delay informing the candidate of the results of this examination,  
30 solely upon the receipt by the board of a complaint alleging acts  
31 or conduct that would constitute grounds to deny licensure.

32 (e) If an applicant for the examination specified by paragraph  
33 (2) of subdivision (a) of Section 4999.53, who has passed the  
34 California law and ethics examination, is the subject of a complaint  
35 or is under board investigation for acts or conduct that, if proven  
36 to be true, would constitute grounds for the board to deny licensure,  
37 the board shall permit the applicant to take this examination, but  
38 may notify the applicant that licensure will not be granted pending  
39 completion of the investigation.

1 (f) Notwithstanding Section 135, the board may deny any  
2 applicant who has previously failed either the California law and  
3 ethics examination, or the examination specified by paragraph (2)  
4 of subdivision (a) of Section 4999.53, permission to retake either  
5 examination pending completion of the investigation of any  
6 complaints against the applicant.

7 (g) Nothing in this section shall prohibit the board from denying  
8 an applicant admission to any examination, withholding the results,  
9 or refusing to issue a license to any applicant when an accusation  
10 or statement of issues has been filed against the applicant pursuant  
11 to Section 11503 or 11504 of the Government Code, respectively,  
12 or the application has been denied in accordance with subdivision  
13 (b) of Section 485.

14 (h) Notwithstanding any other provision of law, the board may  
15 destroy all examination materials two years following the date of  
16 an examination.

17 (i) On and after January 1, 2016, the examination specified by  
18 paragraph (2) of subdivision (a) of Section 4999.53 shall be passed  
19 within seven years of an applicant's initial attempt.

20 (j) A passing score on the clinical examination shall be accepted  
21 by the board for a period of seven years from the date the  
22 examination was taken.

23 (k) No applicant shall be eligible to participate in the  
24 examination specified by paragraph (2) of subdivision (a) of  
25 Section 4999.53, if he or she fails to obtain a passing score on this  
26 examination within seven years from his or her initial attempt. If  
27 the applicant fails to obtain a passing score within seven years of  
28 initial attempt, he or she shall obtain a passing score on the current  
29 version of the California law and ethics examination in order to  
30 be eligible to retake this examination.

31 (l) This section shall become operative on January 1, 2016.

32 ~~SEC. 64.~~

33 *SEC. 63.* Section 4999.53 of the Business and Professions Code  
34 is amended to read:

35 4999.53. (a) Effective January 1, 2016, a clinical counselor  
36 intern applying for licensure as a clinical counselor shall pass the  
37 following examinations as prescribed by the board:

38 (1) A California law and ethics examination.

39 (2) A clinical examination administered by the board, or the  
40 National Clinical Mental Health Counselor Examination if the

1 board finds that this examination meets the prevailing standards  
2 for validation and use of the licensing and certification tests in  
3 California.

4 (b) Upon registration with the board, a clinical counselor intern  
5 shall, within the first year of registration, take an examination on  
6 California law and ethics.

7 (c) A registrant may take the clinical examination or the National  
8 Clinical Mental Health Counselor Examination, as established by  
9 the board through regulation, only upon meeting all of the  
10 following requirements:

11 (1) Completion of all required supervised work experience.

12 (2) Completion of all education requirements.

13 (3) Passage of the California law and ethics examination.

14 (d) This section shall become operative on January 1, 2016.

15 ~~SEC. 65.~~

16 *SEC. 64.* Section 4999.55 of the Business and Professions Code  
17 is amended to read:

18 4999.55. (a) Each applicant and registrant shall obtain a  
19 passing score on a board-administered California law and ethics  
20 examination in order to qualify for licensure.

21 (b) A registrant shall participate in a board-administered  
22 California law and ethics examination prior to his or her registration  
23 renewal.

24 (c) If an applicant fails the California law and ethics ~~exam,~~  
25 *examination*, he or she may retake the examination, upon payment  
26 of the required fees, without further application, except as provided  
27 in subdivision (d).

28 (d) If a registrant fails to obtain a passing score on the California  
29 law and ethics examination described in subdivision (a) within his  
30 or her first renewal period on or after the operative date of this  
31 section, he or she shall complete, at minimum, a 12-hour course  
32 in California law and ethics in order to be eligible to participate  
33 in the California law and ethics examination. Registrants shall only  
34 take the 12-hour California law and ethics course once during a  
35 renewal period. The 12-hour law and ethics course required by  
36 this section shall be taken through a board-approved continuing  
37 education provider, a county, state, or governmental entity, or a  
38 college or university.

1 (e) The board shall not issue a subsequent registration number  
2 unless the registrant has passed the California law and ethics  
3 examination.

4 (f) This section shall become operative January 1, 2016.

5 ~~SEC. 66. Section 4999.60 of the Business and Professions~~  
6 ~~Code is amended to read:~~

7 ~~4999.60. (a) This section applies to persons who are licensed~~  
8 ~~outside of California and apply for examination eligibility on or~~  
9 ~~after January 1, 2014.~~

10 ~~(b) The board may issue a license to a person who, at the time~~  
11 ~~of submitting an application for a license pursuant to this chapter,~~  
12 ~~holds a valid license as a professional clinical counselor, or other~~  
13 ~~counseling license that allows the applicant to independently~~  
14 ~~provide clinical mental health services, in another jurisdiction of~~  
15 ~~the United States if all of the following conditions are satisfied:~~

16 ~~(1) The applicant's education is substantially equivalent, as~~  
17 ~~defined in Section 4999.62.~~

18 ~~(2) The applicant complies with subdivision (b) of Section~~  
19 ~~4999.40, if applicable.~~

20 ~~(3) The applicant's supervised experience is substantially~~  
21 ~~equivalent to that required for a license under this chapter. If the~~  
22 ~~applicant has less than 3,000 hours of qualifying supervised~~  
23 ~~experience, time actively licensed as a professional clinical~~  
24 ~~counselor shall be accepted at a rate of 100 hours per month up to~~  
25 ~~a maximum of 1,200 hours.~~

26 ~~(4) The applicant passes the examinations required to obtain a~~  
27 ~~license under this chapter. An applicant who obtained his or her~~  
28 ~~license or registration under another jurisdiction may apply for~~  
29 ~~licensure with the board without taking the clinical examination~~  
30 ~~if both of the following conditions are met:~~

31 ~~(A) The applicant obtained a passing score on the licensing~~  
32 ~~examination set forth in regulation as accepted by the board.~~

33 ~~(B) The applicant's license or registration in that jurisdiction is~~  
34 ~~in good standing at the time of his or her application and has not~~  
35 ~~been revoked, suspended, surrendered, denied, or otherwise~~  
36 ~~restricted or enumerated as a result of any disciplinary proceeding~~  
37 ~~brought by the licensing authority of that jurisdiction.~~

38 ~~SEC. 67:~~

39 ~~SEC. 65. Section 4999.64 of the Business and Professions Code~~  
40 ~~is amended to read:~~

1 4999.64. (a) Effective January 1, 2016, an applicant who fails  
2 the examination specified in paragraph (2) of subdivision (a) of  
3 Section 4999.53 may, within one year from the notification date  
4 of that failure, retake the examination as regularly scheduled  
5 without further application upon payment of the fee for the  
6 examination. Thereafter, the applicant shall not be eligible for  
7 further examination until he or she files a new application, meets  
8 all requirements in effect on the date of application, and pays all  
9 required fees.

10 (b) This section shall become operative on January 1, 2016.

11 ~~SEC. 68.~~

12 *SEC. 66.* Section 4999.100 of the Business and Professions  
13 Code, as amended by Section 80 of Chapter 799 of the Statutes of  
14 2012, is amended to read:

15 4999.100. (a) An intern registration shall expire one year from  
16 the last day of the month in which it was issued.

17 (b) To renew a registration, the registrant shall, on or before the  
18 expiration date of the registration, do the following:

19 (1) Apply for a renewal on a form prescribed by the board.

20 (2) Pay a renewal fee prescribed by the board.

21 (3) Notify the board whether he or she has been convicted, as  
22 defined in Section 490, of a misdemeanor or felony, or whether  
23 any disciplinary action has been taken by any regulatory or  
24 licensing board in this or any other state, subsequent to the  
25 registrant's last renewal.

26 (c) This section shall remain in effect only until January 1, 2016,  
27 and as of that date is repealed, unless a later enacted statute, that  
28 is enacted before January 1, 2016, deletes or extends that date.

29 ~~SEC. 69.~~

30 *SEC. 67.* Section 4999.100 of the Business and Professions  
31 Code, as amended by Section 81 of Chapter 799 of the Statutes of  
32 2012, is amended to read:

33 4999.100. (a) An intern registration shall expire one year from  
34 the last day of the month in which it was issued.

35 (b) To renew a registration, the registrant shall, on or before the  
36 expiration date of the registration, do the following:

37 (1) Apply for a renewal on a form prescribed by the board.

38 (2) Pay a renewal fee prescribed by the board.

39 (3) Notify the board whether he or she has been convicted, as  
40 defined in Section 490, of a misdemeanor or felony, or whether

1 any disciplinary action has been taken by any regulatory or  
2 licensing board in this or any other state, subsequent to the  
3 registrant's last renewal.

4 (4) Participate in the California law and ethics examination  
5 pursuant to Section 4999.53 each year until successful completion  
6 of this examination.

7 (c) The intern registration may be renewed a maximum of five  
8 times. No registration shall be renewed or reinstated beyond six  
9 years from the last day of the month during which it was issued,  
10 regardless of whether it has been revoked. When no further  
11 renewals are possible, an applicant may apply for and obtain a new  
12 intern registration if the applicant meets the educational  
13 requirements for registration in effect at the time of the application  
14 for a new intern registration and has passed the California law and  
15 ethics examination described in Section 4999.53. An applicant  
16 who is issued a subsequent intern registration pursuant to this  
17 subdivision may be employed or volunteer in any allowable work  
18 setting except private practice.

19 (d) This section shall become operative on January 1, 2016.

20 ~~SEC. 70:~~

21 *SEC. 68.* Section 14132 of the Welfare and Institutions Code  
22 is amended to read:

23 14132. The following is the schedule of benefits under this  
24 chapter:

25 (a) Outpatient services are covered as follows:

26 Physician, hospital or clinic outpatient, surgical center,  
27 respiratory care, optometric, chiropractic, psychology, podiatric,  
28 occupational therapy, physical therapy, speech therapy, audiology,  
29 acupuncture to the extent federal matching funds are provided for  
30 acupuncture, and services of persons rendering treatment by prayer  
31 or healing by spiritual means in the practice of any church or  
32 religious denomination insofar as these can be encompassed by  
33 federal participation under an approved plan, subject to utilization  
34 controls.

35 (b) (1) Inpatient hospital services, including, but not limited  
36 to, physician and podiatric services, physical therapy and  
37 occupational therapy, are covered subject to utilization controls.

38 (2) For Medi-Cal fee-for-service beneficiaries, emergency  
39 services and care that are necessary for the treatment of an  
40 emergency medical condition and medical care directly related to

1 the emergency medical condition. This paragraph shall not be  
2 construed to change the obligation of Medi-Cal managed care  
3 plans to provide emergency services and care. For the purposes of  
4 this paragraph, “emergency services and care” and “emergency  
5 medical condition” shall have the same meanings as those terms  
6 are defined in Section 1317.1 of the Health and Safety Code.

7 (c) Nursing facility services, subacute care services, and services  
8 provided by any category of intermediate care facility for the  
9 developmentally disabled, including podiatry, physician, nurse  
10 practitioner services, and prescribed drugs, as described in  
11 subdivision (d), are covered subject to utilization controls.  
12 Respiratory care, physical therapy, occupational therapy, speech  
13 therapy, and audiology services for patients in nursing facilities  
14 and any category of intermediate care facility for the  
15 developmentally disabled are covered subject to utilization controls.

16 (d) (1) Purchase of prescribed drugs is covered subject to the  
17 Medi-Cal List of Contract Drugs and utilization controls.

18 (2) Purchase of drugs used to treat erectile dysfunction or any  
19 off-label uses of those drugs are covered only to the extent that  
20 federal financial participation is available.

21 (3) (A) To the extent required by federal law, the purchase of  
22 outpatient prescribed drugs, for which the prescription is executed  
23 by a prescriber in written, nonelectronic form on or after April 1,  
24 2008, is covered only when executed on a tamper resistant  
25 prescription form. The implementation of this paragraph shall  
26 conform to the guidance issued by the federal Centers for Medicare  
27 and Medicaid Services but shall not conflict with state statutes on  
28 the characteristics of tamper resistant prescriptions for controlled  
29 substances, including Section 11162.1 of the Health and Safety  
30 Code. The department shall provide providers and beneficiaries  
31 with as much flexibility in implementing these rules as allowed  
32 by the federal government. The department shall notify and consult  
33 with appropriate stakeholders in implementing, interpreting, or  
34 making specific this paragraph.

35 (B) Notwithstanding Chapter 3.5 (commencing with Section  
36 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
37 the department may take the actions specified in subparagraph (A)  
38 by means of a provider bulletin or notice, policy letter, or other  
39 similar instructions without taking regulatory action.

- 1 (4) (A) (i) For the purposes of this paragraph, nonlegend has  
2 the same meaning as defined in subdivision (a) of Section  
3 14105.45.
- 4 (ii) Nonlegend acetaminophen-containing products, with the  
5 exception of children's acetaminophen-containing products,  
6 selected by the department are not covered benefits.
- 7 (iii) Nonlegend cough and cold products selected by the  
8 department are not covered benefits. This clause shall be  
9 implemented on the first day of the first calendar month following  
10 90 days after the effective date of the act that added this clause,  
11 or on the first day of the first calendar month following 60 days  
12 after the date the department secures all necessary federal approvals  
13 to implement this section, whichever is later.
- 14 (iv) Beneficiaries under the Early and Periodic Screening,  
15 Diagnosis, and Treatment Program shall be exempt from clauses  
16 (ii) and (iii).
- 17 (B) Notwithstanding Chapter 3.5 (commencing with Section  
18 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
19 the department may take the actions specified in subparagraph (A)  
20 by means of a provider bulletin or notice, policy letter, or other  
21 similar instruction without taking regulatory action.
- 22 (e) Outpatient dialysis services and home hemodialysis services,  
23 including physician services, medical supplies, drugs and  
24 equipment required for dialysis, are covered, subject to utilization  
25 controls.
- 26 (f) Anesthesiologist services when provided as part of an  
27 outpatient medical procedure, nurse anesthetist services when  
28 rendered in an inpatient or outpatient setting under conditions set  
29 forth by the director, outpatient laboratory services, and X-ray  
30 services are covered, subject to utilization controls. Nothing in  
31 this subdivision shall be construed to require prior authorization  
32 for anesthesiologist services provided as part of an outpatient  
33 medical procedure or for portable X-ray services in a nursing  
34 facility or any category of intermediate care facility for the  
35 developmentally disabled.
- 36 (g) Blood and blood derivatives are covered.
- 37 (h) (1) Emergency and essential diagnostic and restorative  
38 dental services, except for orthodontic, fixed bridgework, and  
39 partial dentures that are not necessary for balance of a complete  
40 artificial denture, are covered, subject to utilization controls. The

1 utilization controls shall allow emergency and essential diagnostic  
2 and restorative dental services and prostheses that are necessary  
3 to prevent a significant disability or to replace previously furnished  
4 prostheses which are lost or destroyed due to circumstances beyond  
5 the beneficiary's control. Notwithstanding the foregoing, the  
6 director may by regulation provide for certain fixed artificial  
7 dentures necessary for obtaining employment or for medical  
8 conditions that preclude the use of removable dental prostheses,  
9 and for orthodontic services in cleft palate deformities administered  
10 by the department's California Children Services Program.

11 (2) For persons 21 years of age or older, the services specified  
12 in paragraph (1) shall be provided subject to the following  
13 conditions:

14 (A) Periodontal treatment is not a benefit.

15 (B) Endodontic therapy is not a benefit except for vital  
16 pulpotomy.

17 (C) Laboratory processed crowns are not a benefit.

18 (D) Removable prosthetics shall be a benefit only for patients  
19 as a requirement for employment.

20 (E) The director may, by regulation, provide for the provision  
21 of fixed artificial dentures that are necessary for medical conditions  
22 that preclude the use of removable dental prostheses.

23 (F) Notwithstanding the conditions specified in subparagraphs  
24 (A) to (E), inclusive, the department may approve services for  
25 persons with special medical disorders subject to utilization review.

26 (3) Paragraph (2) shall become inoperative July 1, 1995.

27 (i) Medical transportation is covered, subject to utilization  
28 controls.

29 (j) Home health care services are covered, subject to utilization  
30 controls.

31 (k) Prosthetic and orthotic devices and eyeglasses are covered,  
32 subject to utilization controls. Utilization controls shall allow  
33 replacement of prosthetic and orthotic devices and eyeglasses  
34 necessary because of loss or destruction due to circumstances  
35 beyond the beneficiary's control. Frame styles for eyeglasses  
36 replaced pursuant to this subdivision shall not change more than  
37 once every two years, unless the department so directs.

38 Orthopedic and conventional shoes are covered when provided  
39 by a prosthetic and orthotic supplier on the prescription of a  
40 physician and when at least one of the shoes will be attached to a

1 prosthesis or brace, subject to utilization controls. Modification  
2 of stock conventional or orthopedic shoes when medically  
3 indicated, is covered subject to utilization controls. When there is  
4 a clearly established medical need that cannot be satisfied by the  
5 modification of stock conventional or orthopedic shoes,  
6 custom-made orthopedic shoes are covered, subject to utilization  
7 controls.

8 Therapeutic shoes and inserts are covered when provided to  
9 beneficiaries with a diagnosis of diabetes, subject to utilization  
10 controls, to the extent that federal financial participation is  
11 available.

12 (l) Hearing aids are covered, subject to utilization controls.  
13 Utilization controls shall allow replacement of hearing aids  
14 necessary because of loss or destruction due to circumstances  
15 beyond the beneficiary's control.

16 (m) Durable medical equipment and medical supplies are  
17 covered, subject to utilization controls. The utilization controls  
18 shall allow the replacement of durable medical equipment and  
19 medical supplies when necessary because of loss or destruction  
20 due to circumstances beyond the beneficiary's control. The  
21 utilization controls shall allow authorization of durable medical  
22 equipment needed to assist a disabled beneficiary in caring for a  
23 child for whom the disabled beneficiary is a parent, stepparent,  
24 foster parent, or legal guardian, subject to the availability of federal  
25 financial participation. The department shall adopt emergency  
26 regulations to define and establish criteria for assistive durable  
27 medical equipment in accordance with the rulemaking provisions  
28 of the Administrative Procedure Act (Chapter 3.5 (commencing  
29 with Section 11340) of Part 1 of Division 3 of Title 2 of the  
30 Government Code).

31 (n) Family planning services are covered, subject to utilization  
32 controls.

33 (o) Inpatient intensive rehabilitation hospital services, including  
34 respiratory rehabilitation services, in a general acute care hospital  
35 are covered, subject to utilization controls, when either of the  
36 following criteria are met:

37 (1) A patient with a permanent disability or severe impairment  
38 requires an inpatient intensive rehabilitation hospital program as  
39 described in Section 14064 to develop function beyond the limited  
40 amount that would occur in the normal course of recovery.

1 (2) A patient with a chronic or progressive disease requires an  
2 inpatient intensive rehabilitation hospital program as described in  
3 Section 14064 to maintain the patient's present functional level as  
4 long as possible.

5 (p) (1) Adult day health care is covered in accordance with  
6 Chapter 8.7 (commencing with Section 14520).

7 (2) Commencing 30 days after the effective date of the act that  
8 added this paragraph, and notwithstanding the number of days  
9 previously approved through a treatment authorization request,  
10 adult day health care is covered for a maximum of three days per  
11 week.

12 (3) As provided in accordance with paragraph (4), adult day  
13 health care is covered for a maximum of five days per week.

14 (4) As of the date that the director makes the declaration  
15 described in subdivision (g) of Section 14525.1, paragraph (2)  
16 shall become inoperative and paragraph (3) shall become operative.

17 (q) (1) Application of fluoride, or other appropriate fluoride  
18 treatment as defined by the department, and other prophylaxis  
19 treatment for children 17 years of age and under are covered.

20 (2) All dental hygiene services provided by a registered dental  
21 hygienist, registered dental hygienist in extended functions, and  
22 registered dental hygienist in alternative practice licensed pursuant  
23 to Sections 1753, 1917, 1918, and 1922 of the Business and  
24 Professions Code may be covered as long as they are within the  
25 scope of Denti-Cal benefits and they are necessary services  
26 provided by a registered dental hygienist, registered dental  
27 hygienist in extended functions, or registered dental hygienist in  
28 alternative practice.

29 (r) (1) Paramedic services performed by a city, county, or  
30 special district, or pursuant to a contract with a city, county, or  
31 special district, and pursuant to a program established under Article  
32 3 (commencing with Section 1480) of Chapter 2.5 of Division 2  
33 of the Health and Safety Code by a paramedic certified pursuant  
34 to that article, and consisting of defibrillation and those services  
35 specified in subdivision (3) of Section 1482 of the article.

36 (2) All providers enrolled under this subdivision shall satisfy  
37 all applicable statutory and regulatory requirements for becoming  
38 a Medi-Cal provider.

39 (3) This subdivision shall be implemented only to the extent  
40 funding is available under Section 14106.6.

1 (s) In-home medical care services are covered when medically  
2 appropriate and subject to utilization controls, for beneficiaries  
3 who would otherwise require care for an extended period of time  
4 in an acute care hospital at a cost higher than in-home medical  
5 care services. The director shall have the authority under this  
6 section to contract with organizations qualified to provide in-home  
7 medical care services to those persons. These services may be  
8 provided to patients placed in shared or congregate living  
9 arrangements, if a home setting is not medically appropriate or  
10 available to the beneficiary. As used in this section, “in-home  
11 medical care service” includes utility bills directly attributable to  
12 continuous, 24-hour operation of life-sustaining medical equipment,  
13 to the extent that federal financial participation is available.

14 As used in this subdivision, in-home medical care services  
15 include, but are not limited to:

16 (1) Level of care and cost of care evaluations.

17 (2) Expenses, directly attributable to home care activities, for  
18 materials.

19 (3) Physician fees for home visits.

20 (4) Expenses directly attributable to home care activities for  
21 shelter and modification to shelter.

22 (5) Expenses directly attributable to additional costs of special  
23 diets, including tube feeding.

24 (6) Medically related personal services.

25 (7) Home nursing education.

26 (8) Emergency maintenance repair.

27 (9) Home health agency personnel benefits which permit  
28 coverage of care during periods when regular personnel are on  
29 vacation or using sick leave.

30 (10) All services needed to maintain antiseptic conditions at  
31 stoma or shunt sites on the body.

32 (11) Emergency and nonemergency medical transportation.

33 (12) Medical supplies.

34 (13) Medical equipment, including, but not limited to, scales,  
35 gurneys, and equipment racks suitable for paralyzed patients.

36 (14) Utility use directly attributable to the requirements of home  
37 care activities which are in addition to normal utility use.

38 (15) Special drugs and medications.

1 (16) Home health agency supervision of visiting staff which is  
2 medically necessary, but not included in the home health agency  
3 rate.

4 (17) Therapy services.

5 (18) Household appliances and household utensil costs directly  
6 attributable to home care activities.

7 (19) Modification of medical equipment for home use.

8 (20) Training and orientation for use of life-support systems,  
9 including, but not limited to, support of respiratory functions.

10 (21) Respiratory care practitioner services as defined in Sections  
11 3702 and 3703 of the Business and Professions Code, subject to  
12 prescription by a physician and surgeon.

13 Beneficiaries receiving in-home medical care services are entitled  
14 to the full range of services within the Medi-Cal scope of benefits  
15 as defined by this section, subject to medical necessity and  
16 applicable utilization control. Services provided pursuant to this  
17 subdivision, which are not otherwise included in the Medi-Cal  
18 schedule of benefits, shall be available only to the extent that  
19 federal financial participation for these services is available in  
20 accordance with a home- and community-based services waiver.

21 (t) Home- and community-based services approved by the  
22 United States Department of Health and Human Services ~~may be~~  
23 *are* covered to the extent that federal financial participation is  
24 available for those services under *the state plan or* waivers granted  
25 in accordance with Section *1315 or* 1396n of Title 42 of the United  
26 States Code. The director may seek waivers for any or all home-  
27 and community-based services approvable under Section *1315 or*  
28 1396n of Title 42 of the United States Code. Coverage for those  
29 services shall be limited by the terms, conditions, and duration of  
30 the federal waivers.

31 (u) Comprehensive perinatal services, as provided through an  
32 agreement with a health care provider designated in Section  
33 14134.5 and meeting the standards developed by the department  
34 pursuant to Section 14134.5, subject to utilization controls.

35 The department shall seek any federal waivers necessary to  
36 implement the provisions of this subdivision. The provisions for  
37 which appropriate federal waivers cannot be obtained shall not be  
38 implemented. Provisions for which waivers are obtained or for  
39 which waivers are not required shall be implemented  
40 notwithstanding any inability to obtain federal waivers for the

1 other provisions. No provision of this subdivision shall be  
2 implemented unless matching funds from Subchapter XIX  
3 (commencing with Section 1396) of Chapter 7 of Title 42 of the  
4 United States Code are available.

5 (v) Early and periodic screening, diagnosis, and treatment for  
6 any individual under 21 years of age is covered, consistent with  
7 the requirements of Subchapter XIX (commencing with Section  
8 1396) of Chapter 7 of Title 42 of the United States Code.

9 (w) Hospice service which is Medicare-certified hospice service  
10 is covered, subject to utilization controls. Coverage shall be  
11 available only to the extent that no additional net program costs  
12 are incurred.

13 (x) When a claim for treatment provided to a beneficiary  
14 includes both services which are authorized and reimbursable  
15 under this chapter, and services which are not reimbursable under  
16 this chapter, that portion of the claim for the treatment and services  
17 authorized and reimbursable under this chapter shall be payable.

18 (y) Home- and community-based services approved by the  
19 United States Department of Health and Human Services for  
20 beneficiaries with a diagnosis of AIDS or ARC, who require  
21 intermediate care or a higher level of care.

22 Services provided pursuant to a waiver obtained from the  
23 Secretary of the United States Department of Health and Human  
24 Services pursuant to this subdivision, and which are not otherwise  
25 included in the Medi-Cal schedule of benefits, shall be available  
26 only to the extent that federal financial participation for these  
27 services is available in accordance with the waiver, and subject to  
28 the terms, conditions, and duration of the waiver. These services  
29 shall be provided to individual beneficiaries in accordance with  
30 the client's needs as identified in the plan of care, and subject to  
31 medical necessity and applicable utilization control.

32 The director may under this section contract with organizations  
33 qualified to provide, directly or by subcontract, services provided  
34 for in this subdivision to eligible beneficiaries. Contracts or  
35 agreements entered into pursuant to this division shall not be  
36 subject to the Public Contract Code.

37 (z) Respiratory care when provided in organized health care  
38 systems as defined in Section 3701 of the Business and Professions  
39 Code, and as an in-home medical service as outlined in subdivision  
40 (s).

1 (aa) (1) There is hereby established in the department, a  
2 program to provide comprehensive clinical family planning  
3 services to any person who has a family income at or below 200  
4 percent of the federal poverty level, as revised annually, and who  
5 is eligible to receive these services pursuant to the waiver identified  
6 in paragraph (2). This program shall be known as the Family  
7 Planning, Access, Care, and Treatment (Family PACT) Program.  
8 (2) The department shall seek a waiver in accordance with  
9 Section 1315 of Title 42 of the United States Code, or a state plan  
10 amendment adopted in accordance with Section  
11 ~~1396a(a)(10)(A)(ii)(XXI)(ii)(2)~~ *1396a(a)(10)(A)(ii)(XXI)* of Title  
12 42 of the United States Code, which was added to Section 1396a  
13 of Title 42 of the United States Code by Section 2303(a)(2) of the  
14 federal Patient Protection and Affordable Care Act (PPACA)  
15 (Public Law 111-148), for a program to provide comprehensive  
16 clinical family planning services as described in paragraph (8).  
17 Under the waiver, the program shall be operated only in accordance  
18 with the waiver and the statutes and regulations in paragraph (4)  
19 and subject to the terms, conditions, and duration of the waiver.  
20 Under the state plan amendment, which shall replace the waiver  
21 and shall be known as the Family PACT successor state plan  
22 amendment, the program shall be operated only in accordance with  
23 this subdivision and the statutes and regulations in paragraph (4).  
24 The state shall use the standards and processes imposed by the  
25 state on January 1, 2007, including the application of an eligibility  
26 discount factor to the extent required by the federal Centers for  
27 Medicare and Medicaid Services, for purposes of determining  
28 eligibility as permitted under Section  
29 ~~1396a(a)(10)(A)(ii)(XXI)(ii)(2)~~ *1396a(a)(10)(A)(ii)(XXI)* of Title  
30 42 of the United States Code. To the extent that federal financial  
31 participation is available, the program shall continue to conduct  
32 education, outreach, enrollment, service delivery, and evaluation  
33 services as specified under the waiver. The services shall be  
34 provided under the program only if the waiver and, when  
35 applicable, the successor state plan amendment are approved by  
36 the federal Centers for Medicare and Medicaid Services and only  
37 to the extent that federal financial participation is available for the  
38 services. Nothing in this section shall prohibit the department from  
39 seeking the Family PACT successor state plan amendment during  
40 the operation of the waiver.

1 (3) Solely for the purposes of the waiver or Family PACT  
2 successor state plan amendment and notwithstanding any other  
3 provision of law, the collection and use of an individual's social  
4 security number shall be necessary only to the extent required by  
5 federal law.

6 (4) Sections 14105.3 to 14105.39, inclusive, 14107.11, 24005,  
7 and 24013, and any regulations adopted under these statutes shall  
8 apply to the program provided for under this subdivision. No other  
9 provision of law under the Medi-Cal program or the State-Only  
10 Family Planning Program shall apply to the program provided for  
11 under this subdivision.

12 (5) Notwithstanding Chapter 3.5 (commencing with Section  
13 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
14 the department may implement, without taking regulatory action,  
15 the provisions of the waiver after its approval by the federal Health  
16 Care Financing Administration and the provisions of this section  
17 by means of an all-county letter or similar instruction to providers.  
18 Thereafter, the department shall adopt regulations to implement  
19 this section and the approved waiver in accordance with the  
20 requirements of Chapter 3.5 (commencing with Section 11340) of  
21 Part 1 of Division 3 of Title 2 of the Government Code. Beginning  
22 six months after the effective date of the act adding this  
23 subdivision, the department shall provide a status report to the  
24 Legislature on a semiannual basis until regulations have been  
25 adopted.

26 (6) In the event that the Department of Finance determines that  
27 the program operated under the authority of the waiver described  
28 in paragraph (2) or the Family PACT successor state plan  
29 amendment is no longer cost effective, this subdivision shall  
30 become inoperative on the first day of the first month following  
31 the issuance of a 30-day notification of that determination in  
32 writing by the Department of Finance to the chairperson in each  
33 house that considers appropriations, the chairpersons of the  
34 committees, and the appropriate subcommittees in each house that  
35 considers the State Budget, and the Chairperson of the Joint  
36 Legislative Budget Committee.

37 (7) If this subdivision ceases to be operative, all persons who  
38 have received or are eligible to receive comprehensive clinical  
39 family planning services pursuant to the waiver described in  
40 paragraph (2) shall receive family planning services under the

1 Medi-Cal program pursuant to subdivision (n) if they are otherwise  
2 eligible for Medi-Cal with no share of cost, or shall receive  
3 comprehensive clinical family planning services under the program  
4 established in Division 24 (commencing with Section 24000) either  
5 if they are eligible for Medi-Cal with a share of cost or if they are  
6 otherwise eligible under Section 24003.

7 (8) For purposes of this subdivision, “comprehensive clinical  
8 family planning services” means the process of establishing  
9 objectives for the number and spacing of children, and selecting  
10 the means by which those objectives may be achieved. These  
11 means include a broad range of acceptable and effective methods  
12 and services to limit or enhance fertility, including contraceptive  
13 methods, federal Food and Drug Administration approved  
14 contraceptive drugs, devices, and supplies, natural family planning,  
15 abstinence methods, and basic, limited fertility management.  
16 Comprehensive clinical family planning services include, but are  
17 not limited to, preconception counseling, maternal and fetal health  
18 counseling, general reproductive health care, including diagnosis  
19 and treatment of infections and conditions, including cancer, that  
20 threaten reproductive capability, medical family planning treatment  
21 and procedures, including supplies and followup, and  
22 informational, counseling, and educational services.  
23 Comprehensive clinical family planning services shall not include  
24 abortion, pregnancy testing solely for the purposes of referral for  
25 abortion or services ancillary to abortions, or pregnancy care that  
26 is not incident to the diagnosis of pregnancy. Comprehensive  
27 clinical family planning services shall be subject to utilization  
28 control and include all of the following:

29 (A) Family planning related services and male and female  
30 sterilization. Family planning services for men and women shall  
31 include emergency services and services for complications directly  
32 related to the contraceptive method, federal Food and Drug  
33 Administration approved contraceptive drugs, devices, and  
34 supplies, and followup, consultation, and referral services, as  
35 indicated, which may require treatment authorization requests.

36 (B) All United States Department of Agriculture, federal Food  
37 and Drug Administration approved contraceptive drugs, devices,  
38 and supplies that are in keeping with current standards of practice  
39 and from which the individual may choose.

- 1 (C) Culturally and linguistically appropriate health education
- 2 and counseling services, including informed consent, that include
- 3 all of the following:
  - 4 (i) Psychosocial and medical aspects of contraception.
  - 5 (ii) Sexuality.
  - 6 (iii) Fertility.
  - 7 (iv) Pregnancy.
  - 8 (v) Parenthood.
  - 9 (vi) Infertility.
  - 10 (vii) Reproductive health care.
  - 11 (viii) Preconception and nutrition counseling.
  - 12 (ix) Prevention and treatment of sexually transmitted infection.
  - 13 (x) Use of contraceptive methods, federal Food and Drug
  - 14 Administration approved contraceptive drugs, devices, and
  - 15 supplies.
  - 16 (xi) Possible contraceptive consequences and followup.
  - 17 (xii) Interpersonal communication and negotiation of
  - 18 relationships to assist individuals and couples in effective
  - 19 contraceptive method use and planning families.
- 20 (D) A comprehensive health history, updated at the next periodic
- 21 visit (between 11 and 24 months after initial examination) that
- 22 includes a complete obstetrical history, gynecological history,
- 23 contraceptive history, personal medical history, health risk factors,
- 24 and family health history, including genetic or hereditary
- 25 conditions.
- 26 (E) A complete physical examination on initial and subsequent
- 27 periodic visits.
- 28 (F) Services, drugs, devices, and supplies deemed by the federal
- 29 Centers for Medicare and Medicaid Services to be appropriate for
- 30 inclusion in the program.
- 31 (9) In order to maximize the availability of federal financial
- 32 participation under this subdivision, the director shall have the
- 33 discretion to implement the Family PACT successor state plan
- 34 amendment retroactively to July 1, 2010.
- 35 (ab) (1) Purchase of prescribed enteral nutrition products is
- 36 covered, subject to the Medi-Cal list of enteral nutrition products
- 37 and utilization controls.
- 38 (2) Purchase of enteral nutrition products is limited to those
- 39 products to be administered through a feeding tube, including, but
- 40 not limited to, a gastric, nasogastric, or jejunostomy tube.

1 Beneficiaries under the Early and Periodic Screening, Diagnosis,  
2 and Treatment Program shall be exempt from this paragraph.

3 (3) Notwithstanding paragraph (2), the department may deem  
4 an enteral nutrition product, not administered through a feeding  
5 tube, including, but not limited to, a gastric, nasogastric, or  
6 jejunostomy tube, a benefit for patients with diagnoses, including,  
7 but not limited to, malabsorption and inborn errors of metabolism,  
8 if the product has been shown to be neither investigational nor  
9 experimental when used as part of a therapeutic regimen to prevent  
10 serious disability or death.

11 (4) Notwithstanding Chapter 3.5 (commencing with Section  
12 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
13 the department may implement the amendments to this subdivision  
14 made by the act that added this paragraph by means of all-county  
15 letters, provider bulletins, or similar instructions, without taking  
16 regulatory action.

17 (5) The amendments made to this subdivision by the act that  
18 added this paragraph shall be implemented June 1, 2011, or on the  
19 first day of the first calendar month following 60 days after the  
20 date the department secures all necessary federal approvals to  
21 implement this section, whichever is later.

22 (ac) Diabetic testing supplies are covered when provided by a  
23 pharmacy, subject to utilization controls.



## **Agenda Item 7C**

**Discussion and Possible Action to  
Consider Request from the Dental  
Hygiene Committee of California to  
Consider Review of Requirement  
for Annual Review of Infection  
Control Guidelines**



## MEMORANDUM

<b>DATE</b>	August 15, 2013
<b>TO</b>	Dental Board Members
<b>FROM</b>	Sarah Wallace, Legislative & Regulatory Analyst
<b>SUBJECT</b>	<b>Agenda Item 7(C):</b> Discussion and Possible Action to Consider Request from the Dental Hygiene Committee of California to Consider Review of Requirement for Annual Review of Infection Control Guidelines

### **Background:**

At the May 2013 Dental Board of California (Board) meeting, Michelle Hurlbutt, RDH, President of the Dental Hygiene Committee of California (Committee), reported that the Committee would like to collaborate with the Board in discussing the possibility of amending Business and Professions Code (Code) Section 1680(ad) to require review of the minimum standards for infection control (California Code of Regulations, Title 16, Section 1005 (Section 1005)) on a biennial basis rather than annually.

Section 1005 was last amended in 2011 and has been effective since August 20, 2011. In the fall of 2012, the Board and the Committee appointed the following representatives to a subcommittee to conduct the required annual review of Section 1005:

- Huong Le, DDS (Dental Board of California)
- Noel Kelsch, RDHAP (Dental Hygiene Committee of California)
- Denise Romero, RDA (Dental Assisting Council)

These three subcommittee members were selected to represent each of the licensing categories within the dental health care community of California and to establish a consensus on findings to bring forward to the Board and Committee for consideration. Additionally, the Executive Officers of the Board and the Committee worked to form a consensus on staff recommendations regarding the subcommittee's findings. In February 2013 and May 2013, the subcommittee and staff reported to the Board and the Committee, respectively, that no issues had been identified that would necessitate the need for promulgating a rulemaking to amend Section 1005. Staff has maintained records of the subcommittee's review findings for consideration by the Board and the Committee during future annual reviews.

**Existing Review Requirements:**

Code Section 1680(ad) requires the Board and the Committee to review infection control guidelines on an annual basis, if necessary. Section 1005 requires the Board and the Committee to review the requirements of Section 1005 annually. Since statute (Code Section 1680(ad)) supersedes regulation (Section 1005) the Board and the Committee have the discretion to review the regulation annually, if deemed necessary.

**Action Requested:**

The Board may take one of the following actions:

1. Make a determination that a legislative proposal is necessary to amend Code Section 1680(ad) to require a biennial review of Section 1005 in replacement of an annual review of Section 1005, if necessary; or
2. Make a determination that moving forward it would make a decision, in collaboration with the Committee, on an annual basis if a review of Section 1005 is warranted. If the Board and Committee make such a determination, the subcommittee would then be directed to conduct the review of Section 1005.

## **Business and Professions Code**

### **§ 1680(ad) [Excerpt].**

Unprofessional conduct by a person licensed under this chapter is defined as, but is not limited to, any one of the following:

(ad) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of bloodborne infectious diseases from dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to patient, from patient to patient, and from patient to dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, guidelines, and regulations pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other blood-borne pathogens in health care settings. The board shall review infection control guidelines, if necessary, on an annual basis and proposed changes shall be reviewed by the Dental Hygiene Committee of California to establish a consensus. The committee shall submit any recommended changes to the infection control guidelines for review to establish a consensus. As necessary, the board shall consult with the Medical Board of California, the California Board of Podiatric Medicine, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians, to encourage appropriate consistency in the implementation of this subdivision. The board shall seek to ensure that all appropriate dental personnel are informed of the responsibility to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of bloodborne infectious diseases.

## **California Code of Regulations, Title 16**

### **§ 1005. Minimum Standards for Infection Control.**

(a) Definitions of terms used in this section:

(1) "Standard precautions" are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe handling of sharps. Standard precautions shall be used for care of all patients regardless of their diagnoses or personal infectious status.

(2) “Critical items” confer a high risk for infection if they are contaminated with any microorganism. These include all instruments, devices, and other items used to penetrate soft tissue or bone.

(3) “Semi-critical items” are instruments, devices and other items that are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-intact skin or other potentially infectious materials (OPIM).

(4) “Non-critical items” are instruments, devices, equipment, and surfaces that come in contact with soil, debris, saliva, blood, OPIM and intact skin, but not oral mucous membranes.

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

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

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

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

(9) “Sterilization” is a validated process used to render a product free of all forms of viable microorganisms.

(10) “Cleaning” is the removal of visible soil (e.g., organic and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products.

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

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

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

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

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

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

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

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

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

(2) A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office.

(3) A copy of this regulation shall be conspicuously posted in each dental office.

Personal Protective Equipment:

(4) All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. Chemical-resistant utility gloves and appropriate,

task specific PPE shall be worn when handling hazardous chemicals. After each patient treatment, masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed.

(5) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, OPIM, or chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).

#### Hand Hygiene:

(6) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from providing direct patient care if hand conditions are present that may render DHCP or patients more susceptible to opportunistic infection or exposure.

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

#### Gloves:

(8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use.

#### Needle and Sharps Safety:

(9) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal. Disposable needles, syringes, scalpel blades, or other sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state, and federal regulations.

#### Sterilization and Disinfection:

(10) All germicides must be used in accordance with intended use and label instructions.

(11) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions.

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

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

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

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

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

(17) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months.

#### Irrigation:

(18) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system.

#### Facilities:

(19) If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection, they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients.

(20) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal/EPA) registered, hospital grade low- to intermediate-level germicide after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and DHCP shall follow all material safety data sheet (MSDS) handling and storage instructions.

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

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

#### Lab Areas:

(23) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new rag-wheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices

shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be recleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination.

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

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

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<sup>1</sup>Cal/EPA contacts: WEBSITE [www.cdpr.ca.gov](http://www.cdpr.ca.gov) or Main Information Center (916) 324-0419.

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

#### **HISTORY**

1. New section filed 6-29-94; operative 7-29-94 (Register 94, No. 26).
2. Repealer and new section filed 7-8-96; operative 8-7-96 (Register 96, No. 28).
3. Repealer of subsection (a)(5) and subsection renumbering, amendment of subsections (b)(7), (b)(10), (b)(18)-(19) and (b)(23) and repealer of subsection (c) and subsection relettering filed 10-23-97; operative 11-22-97 (Register 97, No. 43).
4. Change without regulatory effect amending subsection (b)(4) filed 12-7-98 pursuant to section 100, title 1, California Code of Regulations (Register 98, No. 50).
5. Amendment of subsections (b)(11), (b)(13) and (b)(15) filed 6-30-99; operative 7-30-99 (Register 99, No. 27).
6. Amendment filed 3-1-2005; operative 3-31-2005 (Register 2005, No. 9).
7. Amendment filed 7-21-2011; operative 8-20-2011 (Register 2011, No. 29).



## **Agenda Item 7D**

### **Discussion of Prospective Legislative Proposals**



## MEMORANDUM

<b>DATE</b>	August 12, 2013
<b>TO</b>	Dental Board Members
<b>FROM</b>	Sarah Wallace, Legislative & Regulatory Analyst
<b>SUBJECT</b>	<b>Agenda Item 7(D):</b> 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.



## **Agenda Item 7E**

# **Update on Pending Regulatory Packages**



## MEMORANDUM

<b>DATE</b>	August 12, 2013
<b>TO</b>	Dental Board Members
<b>FROM</b>	Sarah Wallace, Legislative & Regulatory Analyst
<b>SUBJECT</b>	<b>Agenda Item 7(E): Update on Pending Regulatory Packages</b>

### **i. Uniform Standards for Substance Abusing Licensees (California Code of Regulations, Title 16, §§ 1018 and 1018.01):**

At its February 28, 2012 meeting, the Board reconsidered approval of new proposed regulatory language relative to uniform standards for substance abusing licenses. At the meeting, the Board directed staff to initiate a rulemaking. Board staff filed the initial rulemaking documents with the Office of Administrative Law (OAL) on Tuesday, March 5<sup>th</sup>. The rulemaking was published in the California Regulatory Notice Register on Friday, March 15<sup>th</sup> and was noticed on the Board's web site and mailed to interested parties. The 45-day public comment period began on March 15<sup>th</sup> and ended on April 29<sup>th</sup>. The Board held a regulatory hearing in Sacramento on Monday, April 29<sup>th</sup>. The Board received one comment from the California Dental Association (CDA) seeking clarification. The Board responded to the comment from CDA at its May 2013 meeting. Since the comment was not considered adverse the Board adopted the proposed language and directed staff to finalize the rulemaking file.

Staff submitted the final rulemaking file to the Department of Consumer Affairs (Department) on June 28, 2013. The final rulemaking file is required to be approved by the Director of the Department, the Secretary of the Business, Consumer Services and Housing Agency (Agency), and the Director of the Department of Finance (Finance). Once approval signatures are obtained, the final rulemaking file will be submitted to the Office of Administrative Law. The Office of Administrative Law will have thirty (30) working days to review the file. Once approved, the rulemaking will be filed with the Secretary of State. Beginning January 1, 2013, new quarterly effective dates for regulations will be dependent upon the timeframe an OAL approved rulemaking is filed with the Secretary of State, as follows:

- The regulation would take effect on January 1 if the OAL approved rulemaking is filed with the Secretary of State on September 1 to November 30, inclusive.
- The regulation would take effect on April 1 if the OAL approved rulemaking is filed with the Secretary of State on December 1 to February 29, inclusive.

- The regulation would take effect on July 1 if the OAL approved rulemaking is filed with the Secretary of State on March 1 to May 31, inclusive.
- The regulation would take effect on October 1 if the OAL approved regulation is filed on June 1 to August 31, inclusive.

The deadline to submit this final rulemaking file to the Office of Administrative Law review and determination of approval is March 15, 2014.

**ii. Dentistry Fee Increase (California Code of Regulations, Title 16, § 1021):**

At its March 1, 2013 meeting, the Board discussed and approved proposed regulatory language relative to a fee increase for dentists. The Board directed staff to initiate a rulemaking. Board staff filed the initial rulemaking documents with the Office of Administrative Law (OAL) on Tuesday, July 30<sup>th</sup>. The rulemaking was published in the California Regulatory Notice Register on Friday, August 9<sup>th</sup> and was noticed on the Board's web site and mailed to interested parties. The 45-day public comment period began on August 9<sup>th</sup> and will end on September 23<sup>rd</sup>. A regulatory hearing has been scheduled in Sacramento on Monday, September 23<sup>rd</sup> to receive verbal and written testimony. The Board will need to respond to any adverse comments received during the 45-day public comment period or during the regulatory hearing.

If no adverse comments are received, then the proposal would be adopted by the Board and the rulemaking may be finalized. The final rulemaking file is required to be approved by the Director of the Department, the Secretary of the Agency, and the Director of the Finance. Once approval signatures are obtained, the final rulemaking file will be submitted to the Office of Administrative Law. The Office of Administrative Law will have thirty (30) working days to review the file. Once approved, the rulemaking will be filed with the Secretary of State. Beginning January 1, 2013, new quarterly effective dates for regulations will be dependent upon the timeframe an OAL approved rulemaking is filed with the Secretary of State, as follows:

- The regulation would take effect on January 1 if the OAL approved rulemaking is filed with the Secretary of State on September 1 to November 30, inclusive.
- The regulation would take effect on April 1 if the OAL approved rulemaking is filed with the Secretary of State on December 1 to February 29, inclusive.
- The regulation would take effect on July 1 if the OAL approved rulemaking is filed with the Secretary of State on March 1 to May 31, inclusive.
- The regulation would take effect on October 1 if the OAL approved regulation is filed on June 1 to August 31, inclusive.

The deadline to submit this final rulemaking file to the Office of Administrative Law review and determination of approval is August 9, 2014.

**iii. Abandonment of Applications (California Code of Regulations, Title 16, §1004):**

At its May 18, 2012 meeting, the Board discussed and approved proposed regulatory language relative to the abandonment of applications. The Board directed staff to initiate a rulemaking. At its December meeting, the Board deemed three other regulatory packages as top priority; those regulatory packages were relative to the fee increase, the Uniform Standards for Substance Abusing Licensees, and the Portfolio

Examination Requirements. Staff will continue working on the initial rulemaking documents in priority order.

**Action Requested:**

No action necessary.



## **Agenda Item 7F**

**Discussion and Possible Action  
Regarding a Special Meeting in  
October to Consider Any Adverse  
Comments Received Regarding  
the Board's Proposed Dentistry  
Fee Increase Rulemaking**



## MEMORANDUM

<b>DATE</b>	August 13, 2013
<b>TO</b>	Dental Board Members
<b>FROM</b>	Sarah Wallace, Legislative & Regulatory Analyst
<b>SUBJECT</b>	<b>Agenda Item 7(F):</b> Discussion and Possible Action Regarding a Special Meeting in October to Consider Any Adverse Comments Received Regarding the Board's Proposed Dentistry Fee Increase Rulemaking

### **Background:**

The Dental Board of California's (Board) proposed rulemaking to raise the initial licensure and biennial renewal fees for dentists to \$450 was filed with the Office of Administrative Law (OAL) on Tuesday, July 30<sup>th</sup>. The rulemaking was published in the California Regulatory Notice Register on Friday, August 9<sup>th</sup> and was noticed on the Board's web site and mailed to interested parties. The 45-day public comment period began on August 9<sup>th</sup> and will end on September 23<sup>rd</sup>; a regulatory hearing will be held in Sacramento on Monday, September 23<sup>rd</sup>. Pursuant to the Administrative Procedure Act (Government Code Section 11340 et seq.), the Board is required to respond to any adverse comments received in response to the proposed language during the public comment period or during the scheduled regulatory hearing.

### **Action Requested:**

In the event the Board receives adverse comments in response to the proposed language, and in an effort to keep the rulemaking moving expeditiously, the Board would need to hold a special teleconference meeting in October to consider and respond to adverse comments. Although no adverse comments have been received to date, staff recommends setting a date for a special teleconference meeting with the expectation that adverse comments will be received. This will allow Board members, staff, and stakeholders adequate time make preparations for attending a special teleconference meeting. Staff proposes the following possible meeting dates for the Board's consideration:

- Monday, October 7<sup>th</sup>
- Tuesday, October 8<sup>th</sup>
- Wednesday, October 9<sup>th</sup>
- Thursday, October 10<sup>th</sup>
- Monday, October 14<sup>th</sup>
- Wednesday, October 16<sup>th</sup>
- Thursday, October 17<sup>th</sup>
- Friday, October 18<sup>th</sup>

In the event no adverse comments are received during the 45-day public comment period or during the regulatory hearing, the special teleconference meeting would be cancelled. Staff would be able to make the determination of cancellation by Tuesday, September 24<sup>th</sup>. If no adverse comments are received, staff will move forward with finalizing the rulemaking and filing with the Office of Administrative Law as directed by the Board at the initiation of the rulemaking.



## **Agenda Item 7G**

**Discussion and Possible Action  
Regarding the Health and Safety  
Institutes Request to Amend CCR, Title  
16, §§ 1016 and 1017 such that a Basic  
Life Support Certification Issued by the  
American Safety and Health Institute  
Would Satisfy the Mandatory  
Certification Requirement for License  
Renewal**



## MEMORANDUM

<b>DATE</b>	August 15, 2013
<b>TO</b>	Dental Board Members
<b>FROM</b>	Sarah Wallace, Legislative & Regulatory Analyst
<b>SUBJECT</b>	<b>Agenda Item 7(G):</b> Discussion and Possible Action Regarding the Health and Safety Institute’s Request to Amend California Code of Regulations, Title 16, Sections 1016 and 1017 such that a Basic Life Support Certification Issued by the American Safety and Health Institute Would Satisfy the Mandatory Certification Requirement for License Renewal

**Background:**

In March 2013, the Dental Board of California’s (Board) Executive Officer received a letter from Mr. Ralph Shenefelt, Senior Vice President of the Health and Safety Institute, petitioning the Board to amend California Code of Regulations, Title 16, Sections 1016(b)(1)(C) and 1017(d) such that a Basic Life Support (BLS) certification issued by the American Safety and Health Institute (ASHI), which is a brand of the Health and Safety Institute, would satisfy the mandatory BLS certification requirement for license renewal, and the required advanced cardiac life support course required for the renewal of a general anesthesia permit. Additionally, the letter requested an amendment to Section 1017(d) to specify that an advanced cardiac life support course which is approved by the American Heart Association or the ASHI include an examination on the materials presented in the course or any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the most recent “American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care” published by the American Heart Association.

Existing law, California Code of Regulations, Title 16, Section 1016(b)(1)(C) requires that a BLS certificate be issued by the American Heart Association or American Red Cross. The requested proposed amendment would specify that a BLS certificate issued by ASHI would also satisfy the mandatory certification requirement for license renewal.

Existing law, California Code of Regulations, Title 16, Section 1017(d) requires each dentist who holds a general anesthesia permit to complete, as a condition of permit renewal, continuing education requirements pursuant to Section 1646.5 of the Business and Professions Code at least once every two years, and either (1) an advanced

cardiac life support course which is approved by the American Heart Association and which includes an examination on the materials presented in the course or (2) any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the course entitled "2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" published by the American Heart Association. The requested proposed amendment would specify that an advanced cardiac life support course which is approved by the ASHI would also satisfy the advanced cardiac life support continuing education requirement for general anesthesia permit holders. Additionally, the proposed amendment would remove the date reference to the "American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" (Guidelines) and instead specify that the most recent version of the Guidelines be used.

Mr. Shenefelt was notified that the petition requesting the amendments had not be received in time for consideration at the Board's May 2013 meeting, and that it would be placed on the agenda for the Board's August 2013 meeting for consideration.

In 2009, the Board promulgated a rulemaking to amend its CE requirements. The 45-day public comment period began on January 9, 2009 and ended on March 4, 2009. The proposal made a number of changes to the existing requirements for CE courses, most notably the requirements for BLS. During the 45-day comment period the Board received public comment regarding the standards for registration as an approved provider; however, the Board did not receive public comment in relation to the BLS requirements. The Board voted to modify the text in response to the comments received and noticed the modified text for 15-day public comment. During the 15-day public comment, the Board received comments from Mr. Ralph Shenefelt from the Health and Safety Institute requesting amendments to sections 1016 and 1017 to include ASHI as part of the proposed BLS language. Because Mr. Shenefelt's comments were not relevant to the amendments contained in the modified text, the comments were rejected and the Board was not required to respond to the comments. This information was recorded as part of the rulemaking and the new CE requirements became effective on March 9, 2010.

A copy of the letter from the Health and Safety Institute and a copy of the current continuing education requirements for California licensees is attached for the Board's reference.

**Board Response to Request:**

Pursuant to section 11340.7 of the Government Code, the Board may grant or deny the request in whole or in part or may grant other relief. If the petition is granted, the Board would commence the rulemaking process at some time in the future.

If the Board grants the Health and Safety Institute's petition to amend CCR sections 1016(b)(1)(C) and 1017(d), the amended language would be as follows:

**Section 1016(b)(1)(C):**

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

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

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

**Section 1017(d):**

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

**Action Requested:**

Upon initial review, staff has determined that the certification criteria used by the ASHI is sufficiently adequate so that there would be no loss of consumer protection if the petition is granted. Staff recommends that the petition to amend California Code of Regulations, Title 16, Sections 1016 and 1017 be considered when the Board establishes its rulemaking priorities. Once prioritized, staff recommends a final review of the ASHI, American Red Cross, and American Heart Association certification requirements for BLS courses prior to promulgation of a proposed rulemaking in the interest of consumer protection.



*We Make Learning to Save Lives Easy®*

**VIA CERTIFIED MAIL AND EMAIL**

March 13, 2013

Karen Fischer  
Interim Executive Officer  
Dental Board of California  
2005 Evergreen Street, Suite 1550  
Sacramento, CA 95815

**RE: Petition to Amend Regulations**

**RECEIVED**

**MAR 18 2013**

**DENTAL BOARD  
OF CALIFORNIA**

Dear Ms. Fischer:

The purpose of this petition is to request that, pursuant to Government Code Sections 11340.6 and 11340.7, the Dental Board of California ("Board") amend its regulations to add the American Safety and Health Institute (ASHI); stop its unfair practices restraining competition; and stop requiring the instruction of outdated advanced cardiac life support practices ("ACLS").

**Current Regulations**

1. 16 CCR § 1016. (b)(1)(C). The mandatory requirement for certification in Basic Life Support shall be met by completion of either: (i) An American Heart Association (AHA) or American Red Cross (ARC) course in Basic Life Support (BLS) or, (ii) A BLS course taught by a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE)."

2. 16 CCR § 1017.(d). Each dentist licensee who holds a general anesthesia permit shall complete, as a condition of permit renewal, continuing education requirements pursuant to Section 1646.5 of the Business and Professions Code at least once every two years, and either (1) an advanced cardiac life support course which is approved by the American Heart Association and which includes an examination on the materials presented in the course or (2) any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the course entitled "2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" published by the American Heart Association December 13, 2005 which is incorporated herein by reference.

#### **Amendments Requested**

1. ~~116 CCR § 1016. (b)(1)(C). The mandatory requirement for certification in Basic Life Support shall be met by completion of either: (i) An American Heart Association (AHA), American Safety and Health Institute (ASHI) or American Red Cross (ARC) course in Basic Life Support (BLS) or, (ii) A BLS course taught by a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE)."~~
2. 16 CCR § 1017. (d). Each dentist licensee who holds a general anesthesia permit shall complete, as a condition of permit renewal, continuing education requirements pursuant to Section 1646.5 of the Business and Professions Code at least once every two years, and either (1) an advanced cardiac life support course which is approved by the American Heart Association or the American Safety and Health Institute (ASHI) and which includes an examination on the materials presented in the course or (2) any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to ~~course entitled "2005 the most recent~~ most recent American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" published by the American Heart Association ~~December 13, 2005~~ which is incorporated herein by reference.

## Reasons

1. 16 CCR § 1016. (b)(1)(C)(i) and 16 CCR § 1017.(d) Unreasonably excludes an equivalent ASHI BLS and ACLS course.

a. Facts Demonstrating Equivalency

- i. The ASHI BLS (“CPR Pro for the Professional Rescuer”) and ACLS (“ASHI ACLS”) programs have been accepted as meeting the training, continuing education, and licensing requirements of EMTs and paramedics in California since 2000 (**EXHIBIT A**).
- ii. Like the AHA, HSI is a nationally accredited organization of the Continuing Education Coordinating Board for Emergency Medical Services (**CECBEMS**) (**EXHIBIT B**). CECBEMS is the national accrediting body for Emergency Medical Services (EMS) continuing education courses and course providers. CECBEMS accreditation requires an evidence-based peer-review process for continuing education programs comparable to all healthcare accreditors.
- iii. The ASHI BLS and ACLS programs are CECBEMS approved. Courses and/or continuing education providers approved by CECBEMS are approved for use by health care providers (EMS Personnel) in California for the purposes of maintaining certification/licensure and need no further approval (**EXHIBIT C**).
- iv. Like CECBEMS, the approval mechanism of the American Dental Association (“ADA”) Continuing Education Recognition Program (“CERP”) and the Academy of General Dentistry (“AGD”) Program Approval for Continuing Education (“PACE”) is an evaluation of the educational processes used in designing, planning, and implementing continuing education. Approval is recognition of meeting certain basic standards of educational quality. AGD PACE, ADA CERP, and CECBEMS do not endorse the course content of approved providers.<sup>1, 2</sup>

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<sup>1</sup> ADA CERP Recognition Standards and Procedures, Information on ADA CERP Governance and Objectives, pg. 26, Available: [http://www.ada.org/sections/educationAndCareers/pdfs/cerp\\_standards.pdf](http://www.ada.org/sections/educationAndCareers/pdfs/cerp_standards.pdf) [Retrieved 2/5/13].

<sup>2</sup> Pace Program Guidelines, Revised April 2012. Available: <http://www.agd.org/media/55580/guidelines.pdf>, pg. 3 [Retrieved 2/5/13]

- v. HSI's CECBEMS organizational accreditation as a nationally approved EMS continuing education course provider is equivalent to approval as an AGD PACE or ADA CERP recognized provider of dental continuing education.
- vi. ASHI resuscitation programs are approved by the Medical Board of California (rule promulgation in progress, **EXHIBIT D**), the Texas Medical Board (**EXHIBIT E**), and the Florida Board of Medicine (**EXHIBIT F**).
- vii. The ASHI BLS program is accepted by the California Department of Veterans Affairs (**EXHIBIT G**).
- viii. ASHI and MEDIC First Aid BLS and ACLS training programs have been approved, accepted, or verified as meeting the requirements of Dental Boards in numerous states for many years (**EXHIBIT H**) and are an accepted CPR certification of the Dental Assisting National Board, Inc. (**EXHIBIT I**).
- ix. ASHI ACLS is approved for continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation, the Florida Board of Nursing and the California Board of Registered Nursing. Continuing medical education for physicians is approved through the Accreditation Council for Continuing Medical Education. Continuing Respiratory Care Education for respiratory therapists is approved through the American Association for Respiratory Care (**EXHIBIT J**).<sup>3</sup>
- x. ASHI BLS and ACLS programs meet the standards of the Joint Commission (**EXHIBIT K**), are accepted as equivalent to the AHA by the Commission on Accreditation of Medical Transport Systems (**EXHIBIT L**), the American Academy of Sleep Medicine (**EXHIBIT M**), the National Registry of Emergency Medical Technicians (**EXHIBIT N**), and the United States Coast Guard Health Services Program (**EXHIBIT O**).
- xi. The ASHI BLS program is nationally approved by the YMCA of the USA Lifeguard Program (**EXHIBIT P**).
- xii. The ARC accepts ASHI and MEDIC First Aid Authorized Instructors for reciprocity in the same manner as instructors from the AHA and others (**EXHIBIT Q**).

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<sup>3</sup> All via a co-accreditation provider agreement between ASHI and Elsevier/ Mosby for ACLS blended learning.

2. 116 CCR § 1016. (b)(1)(C) Restrains competition, violates principles of fairness, and has an adverse economic impact on small business.
  - a. Facts Demonstrating Adverse Economic Impact
    - i. There are currently more than 1,200 ASHI and MEDIC First Aid Training Centers in the State of California, many of which are small or micro businesses employing or independently contracting with more than 3500 approved Instructors.
    - ii. By excluding the equivalent BLS course taught by an instructor approved by ASHI or MEDIC First Aid, the Board has erected an unjust and economically burdensome barrier to these small training businesses, damaged their existing business (**EXHIBIT R**), and discouraged the expansion of new small training businesses in California.
3. 16 CCR § 1016. (b)(1)(C)(i) and 16 CCR § 1017.(d) has an adverse impact on licentiates who present valid ASHI certification
  - a. By direct penalties including denial, suspension, or revocation of license (**EXHIBIT S**), or by indirect penalties such as the time and cost of superfluous AHA or ARC BLS training and certification; and
  - b. By unjustly denying a greater choice in BLS training program availability, price, selection, and service.
4. 16 CCR § 1017. (d) Illogically and arbitrarily prescribes the instruction of outdated clinical practice.
  - a. This practice is in conflict with the intent of Section 1601.2 Business & Professions Code (protection of the public).
  - b. The AHA has periodically published CPR guidelines since 1966. New science and treatment recommendations were published in 2010 and are due again in 2015.
  - c. To ensure licentiate education in ACLS is consistent with current clinical practice guidelines, "most current" should be used in reference to AHA *Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care* instead of a specific dated reference (**EXHIBIT T**).

### Board Authority to Take Requested Action

1. Sections 1614 Business and Professions Code permits the Board to adopt, amend, or repeal “*reasonably necessary rules not inconsistent with the provisions of this chapter*” including the “*manner of issuance and reissuance of licenses*”.
2. Section 1645 (b) Business & Professions Code gives the Board authority to require all licentiates successfully complete continuing education hours in specific areas adopted in regulations by the board and to prescribe mandatory coursework.
3. Sections 1750 and 1752, Business & Professions Code gives the Board authority to determine the equivalency of any BLS course to the BLS course offered by an instructor approved by the American Red Cross or the American Heart Association. This authority extends specifically to dental assistants (1750.(c)(3)), orthodontic assistants (1750.2.(a)(3)), dental sedation assistants (1750.4.(a)(3)), and registered dental assistants 1752.1.(e)(3)).

### Additional Facts

1. Neither the AHA, nor the ARC is a recognized as an accrediting organization (**EXHIBIT U**).
2. Neither the AHA, nor the ARC is a recognized regulatory standards developing organization (**EXHIBIT V**).
3. The AHA has previously established that it does not review or sanction the CPR training programs or materials of other organizations. It directs such approval to appropriate regulatory authorities (**EXHIBIT W**).
4. As a profit-making, non-tax paying entities, and the dominant competitors in the business, the AHA, the ARC, and their Approved Training Centers and Licensed Training Providers<sup>4</sup> have a vested economic interest in BLS and ACLS training, particularly where required for occupational licensing and credentialing.
5. Though organizational structures differ (HSI is a tax-paying corporation), the business units of HSI, the AHA, and the ARC are similar (**EXHIBIT X**).

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<sup>4</sup>In February 2013, HSI became a Licensed Training Provider of the ARC. This permits HSI’s National Training Solutions (NTS) division to contract with ARC instructors to provide ARC courses to large corporate customers that desire it. The national partnership agreement also allows the ARC to deploy HSI’s web-based Online Training and Information System (OTIS) nationwide to manage and deliver ARC training.

- a. Each organization develops and markets commercially available, proprietary training programs, products, and services to Training Centers and Licensed Training Providers, either directly or via distributors.
  - b. The business structures of Training Centers and Licensed Training Providers include; sole proprietorships, partnerships, corporations, LLCs, government agencies, and non-profits.
  - c. Instructors affiliated with Training Centers and Licensed Training Providers are authorized to certify course participants.
  - d. Certification of health care providers requires successful completion of a written exam and performance and evaluation of hands-on skills to verify provider skill competency.
6. The Health and Safety Institute (HSI) is a large privately held emergency care and response training organization, joining together the training programs of the American Safety and Health Institute (ASHI), MEDIC First Aid, 24-7 EMS, 24-7 Fire, First Safety Institute, GotoAID, EMP Canada, and Summit Training Source.
  7. Like the AHA and ARC, HSI publishes and administers a set of quality assurance standards designed to monitor and improve the performance of HSI, its approved Training Centers and Authorized Instructors so that the products and services provided meet or exceed the requirements of regulatory authorities and other approvers.
  8. An ASHI and MEDIC First Aid representative participated in the *International Committee on Resuscitation 2005 and 2010 International Conference on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations*, hosted by the AHA.
  9. An ASHI and MEDIC First Aid representative was a volunteer member of the AHA and American Red Cross 2005 *National* and 2010 *International First Aid Science Advisory Board* and were contributors to the 2005 and 2010 *Consensus on First Aid Science and Treatment Recommendations* (EXHIBIT Y).
  10. ASHI BLS and ACLS conform to the ILCOR 2010 Consensus on Science and the 2010 American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science.

11. HSI is a member of the American National Standards Institute (ANSI) and ASTM International (ASTM) – both globally recognized leaders in the development and delivery of international voluntary consensus standards.
12. HSI is a member of the Council on Licensure, Enforcement and Regulation (CLEAR), the premiere international resource for professional regulation stakeholders.
13. Nearly 2000 state and federal government agencies currently use ASHI and MEDIC First Aid training programs to train their employees, including the United States Coast Guard, Veterans Administration, Department of Agriculture, Air Force, Army Corps of Engineers, Army National Guard, Marshals Service, Administration Office of the U.S. Courts, Forest Service, Bureau of Alcohol, Tobacco, Firearms and Explosives, Bureau of Land Management, Customs and Border Protection, and the Internal Revenue Service.
14. On whole, ASHI training programs are currently endorsed, accepted, approved, or meet the requirements of nearly 1600 state and provincial regulatory agencies, occupational licensing boards, national associations, commissions, and councils.

### **Background Facts**

1. ASHI and MEDIC First Aid have been expressing opposition to the prescription of discriminatory language promulgated by the Board since 2003 (**EXHIBIT Z**).
2. In April 2005, the Board accepted the MEDIC First Aid BLS program as fulfilling its continuing education requirements (**EXHIBIT AA**).
3. In March 2006, the Board issued MEDIC First Aid a Continuing Education Registered Provider Permit valid until March 2008 (**EXHIBIT BB**).
4. In February 2008, the Board issued MEDIC First Aid a renewed Continuing Education Registered Provider permit valid until March 2010 (**EXHIBIT CC**).<sup>5</sup>
5. In March 2008, the Board issued ASHI a Continuing Education Registered Provider valid until September of 2010 (**EXHIBIT DD**).
6. In March 2008, the Board confirmed that both MEDIC First Aid and ASHI had been given approval to offer continuing education to California licensees *“inclusive of the BLS/CPR curriculum that you provide”* (**EXHIBIT EE**).

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<sup>5</sup> The MEDIC First Aid BLS Program has since been discontinued.

7. In May 2008, California AB 2637 introduced prescriptive language limiting the approval of a BLS course to that *“offered by an approved instructor of the American Red Cross or the American Heart Association”*. HSI expressed strong opposition to this bill eight days following its first reading (**EXHIBIT FF**).
8. This language remained in the bill until at least the third reading. However, by the time the bill was chaptered in September of 2008, the Legislature had justly altered the bill language to allow for *“any other”* BLS course *“approved by the board as equivalent.”*
9. The Board drafted rules to implement the statute, published its required notification, and scheduled a hearing in March 2009. The Board’s initial statement of the reasons for the proposed action regarding BLS clearly expressed the statutory requirement to allow equivalent courses:
  - a. *“1016(b)(1)(C)(iii) – This section is added to specify the components that a course in BLS must contain in order to meet the requirements for license renewal. This allows a provider who is not affiliated with the American Red Cross, American Heart Association, CERP or PACE to provide such courses if the course meets the same instructional standards. This allows licensees in remote areas to take equivalent courses that meet the standards, but may not be affiliated with any of the recognized associations.”* (**EXHIBIT GG**).
10. In April of 2009, despite striking language prescribing a BLS course *“approved by American Red Cross or American Heart Association”*, and regardless of its statutory authority to determine the equivalency of any BLS course, the Board eliminated language BLS equivalency altogether, mandating the AHA, ARC, or a BLS course taught by an AGD PACE or ADA CERP approved provider (**EXHIBIT HH**).
11. Also in April of 2009, despite the fact it had issued a permit for ASHI to offer continuing education to California licensees until September of 2010 *“inclusive of the BLS/CPR curriculum”*, the Board began refusing to accept ASHI BLS certification (**EXHIBIT II**).
12. Concerned about its direct adverse impact on business, HSI submitted formal comments within the prescribed comment period, provided evidence of equivalency, sent a copy of ASHI BLS course materials for review by each Board member, and requested to be added to the rule (**EXHIBIT JJ**).

13. The Board ignored this request and proceeded to complete the rulemaking (**EXHIBIT KK**).  
The regulation became operative on March 9, 2010.
14. Since then, the Board has continued to reject ASHI BLS certification stating that it *“only accepts BLS certification through the AHA or the ARC”* (**EXHIBIT LL**) and *“Current Regulations, update [sic] in April 2010, no longer allow any entity who is not a direct provider through the American Heart Association or a chapter of the American Red Cross to provide the BLS/CPR certification to the California dental licensee.”* (**EXHIBIT MM**).
  - a. As it contradicts the Board's statutory authority to determine the equivalency of *any* BLS course, this position is insupportable.
  - b. As it restrains trade without a countervailing rationale sufficient to justify its harmful effect, this position is unreasonable.
  - c. As it prevents lawful, free, and open competition, this position is unfair.
15. The Board's anticompetitive position regarding BLS courses is reinforced in its current licensing applications (**EXHIBIT NN**).

## Conclusions

1. The Board is preventing lawful, free, and open competition by unfairly prescribing the private sector commercial products and services of the AHA and ARC and their affiliated instructors, training centers, and licensed training providers.
2. The Board has abandoned its statutory responsibility to determine the equivalency of any BLS course and in so doing has unjustly excluded the ASHI BLS course.
3. The Board is imposing a prescriptive standard that is causing an adverse economic impact on small business and an unnecessary burden on California citizens.
4. The Board is denying licensees the benefits of competition, including the potential for lower prices and greater choice by unreasonably prohibiting the use of an equivalent BLS program for regulatory compliance.
5. The Board is requiring the instruction outdated of advanced cardiac life support practices in conflict with its statutory requirement to protect the public.

Substantial evidence demonstrates that the ASHI BLS and ACLS training program is equivalent to the commercial training products offered by the AHA and ARC. As it will save or create jobs statewide and increase consumer protection, we implore the Board to promptly amend its regulations as requested.

We value, believe in, and promote successful completion of a legitimate BLS or ACLS course as an important component in protecting patient safety and health. We value, believe in, and promote free and fair competition that does not adversely affect health and safety. We look forward to helping the Board protect the health and safety of the citizens of California.

Respectfully,



Digitally signed by Ralph Shenefelt  
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**Enclosures: Exhibits A-NN**

**CALIFORNIA CODE OF REGULATIONS  
TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS  
DIVISION 10. DENTAL BOARD OF CALIFORNIA**

**§ 1016. Continuing Education Courses and Providers.**

(a) Definition of Terms:

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

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

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

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

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

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

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

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

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

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

1. Instruction in both adult and pediatric CPR, including 2-rescuer scenarios;
2. Instruction in foreign-body airway obstruction;
3. Instruction in relief of choking for adults, child and infant;
4. Instruction in the use of automated external defibrillation with CPR; and;
5. A live, in-person skills practice session, a skills test and a written examination;

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

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

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

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

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

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

(E) Courses that pertain to the legal requirement governing the licensee in the areas of auxiliary employment and delegation of responsibilities; the

Health Insurance Portability and Accountability Act (HIPAA); actual delivery of care.

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

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

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

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

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

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

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

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

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

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

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

(B) Courses in organization and management of the dental practice including office computerization and design, ergonomics, and the improvement of practice administration and office operations.

(C) Courses in leadership development and team development.

(D) Coursework in teaching methodology and curricula development.

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

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

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

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

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

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

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

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

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

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

(c) Registered Provider Application and Renewal

(1) An applicant for registration as a provider shall submit an "Application for Continuing Education Provider (Rev. 05/09)" that is hereby incorporated by reference. The application shall be accompanied by the fee required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that he or she will only offer courses and issue certificates for courses that meet the requirements in this section.

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

(d) Standards for Registration as an Approved Provider

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

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

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

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

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

(2) Providers must possess and maintain the following:

- (A) Speaker curriculum vitae;
- (B) Course content outline;
- (C) Educational objectives or outcomes;
- (D) Teaching methods utilized;
- (E) Evidence of registration numbers and units issued to each course;
- (F) Attendance records and rosters

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

- (A) Speaker curriculum vitae;
- (B) Course content outline;
- (C) Educational objectives or outcomes;
- (D) Teaching methods utilized;
- (E) Evidence of registration numbers and units issued to each course; and
- (F) Attendance records and rosters.

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

(f) Withdrawal of Provider Registration

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

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

(g) Provider Issuance of Units of Credit for Attendance

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

(h) Additional Provider Responsibilities

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

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

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

(C) A statement on each certification that reads: "Completion of this course does not constitute authorization for the attendee to perform any

services that he or she is not legally authorized to perform based on his or her license or permit type.”

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Dentists: 50 units.

(2) Registered dental hygienists: 25 units.

- (3) Registered dental assistants: 25 units.
- (4) Dental Sedation Assistant Permit Holders: 25 units.
- (5) Orthodontic Assistant Permit Holders: 25 units.
- (6) Registered dental hygienists in extended functions: 25 units.
- (7) Registered dental assistants in extended functions: 25 units.
- (8) Registered dental hygienists in alternative practice: 35 units.

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

(e) Each dentist licensee who holds a conscious sedation permit shall complete at least once every two years a minimum of 15 total units of coursework related to the administration of conscious sedation and to medical emergencies, as a condition of permit renewal, in continuing education requirements pursuant to Section 1647.5 of the of the Business and Professions Code. Refusal to execute the required assurance shall result in non-renewal of the permit.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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