



FULL BOARD MEETING
Friday, August 28, 2015



Hilton Arden West
2200 Harvard Street
Sacramento, CA 95815



BOARD MEETING AGENDA

August 28, 2015

Hilton Arden West

2200 Harvard Street

Sacramento, CA 95815

916-922-4700 (Hotel) or 916-263-2300 (Board Office)

Members of the Board

Fran Burton, MSW, Public Member, President

Bruce Witcher, DDS, Vice President

Judith Forsythe, RDA, Secretary

Steven Afriat, Public Member

Stephen Casagrande, DDS

Yvette Chappell-Ingram, Public Member

Katie Dawson, RDH

Luis Dominicis, DDS

Kathleen King, Public Member

Ross Lai, DDS

Huong Le, DDS, MA

Meredith McKenzie, Public Member

Steven Morrow, DDS, MS

Thomas Stewart, DDS

Debra Woo, 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. This Board meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

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

Friday, August 28, 2015

9:00 A.M. OPEN SESSION – FULL BOARD

8. Call to Order/Roll Call/Establishment of Quorum
9. Presentation on International Accreditation Programs by Dr. Sherin Tooks, EdD, MS, Director, Commission on Dental Accreditation (CODA)
10. Update Regarding the Review of the Dental School Application from the Republic of Moldova
11. Future Fee Increase Discussion
12. Legislation and Regulations
 - A. Update on 2015 Pending Regulatory Packages:
 - Abandonment of Applications (California Code of Regulations, Title 16, § 1004);
 - Delegation of Authority to the Executive Officer Regarding Stipulated Settlements to Revoke or Surrender a License;
 - Dental Assisting Educational Program and Course Requirements (California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2);
 - Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements (New Regulation);
 - Licensure By Credential Application Requirements;
 - Continuing Education Requirements (Cal. Code of Regs., Title 16, Sections 1016 and 1017)
 - B. Discussion and Possible Action Regarding AB 880 (Ridley-Thomas)
Dentistry: licensure: exemptions
 - C. Discussion and Possible Action Regarding Fiscal Year 2015/16 Regulatory Priorities
 - D. Discussion and Possible Action to Initiate a Rulemaking to Implement, Interpret, and Make Specific California Code of Regulations, Title 16, Section 1049 Relating to Mobile and Portable Dental Unit Registration Requirements
 - E. Discussion and Possible Action on the Following Legislation:
 - AB 85 (Wilk) Open meetings
 - AB 178 (Bonilla) Board of Vocational Nursing and Psychiatric Technicians of the State of California (Discussed in Joint Meeting)
 - AB 179 (Bonilla) Healing Arts (Discussed in Joint Meeting)
 - AB 483 (Patterson) Healing arts: initial license fees: proration.
 - AB 502 (Chau) Dental Hygiene
 - AB 507 (Olsen) Department of Consumer Affairs: BreEZe system: annual report
 - AB 611 (Dahle) Controlled substances: prescriptions: reporting.
 - AB 648 (Low) Community – Based services: Virtual Dental Home Program

- AB 880 (Ridley-Thomas) Dentistry: licensure: exempt
- SB 800 (Senate Committee on Business, Professions and Economic Development) Healing Arts

13. Examinations

- A. Update on the Portfolio Pathway to Licensure Implementation
- B. Update on Western Regional Examination Board (WREB) Activities and the Possibility of Including an Indirect Restoration on the WREB Examination

14. Enforcement

- A. Staff Update Regarding Enforcement Program Status
- B. Enforcement – Statistics and Trends
- C. Review of Third and Fourth Quarter Performance Measures from the Department of Consumer Affairs
- D. Diversion Program Report and Statistics

15. Prescription Drug Abuse

- A. Staff Update on California's Controlled Substance Review and Evaluation System (CURES)

16. Public Comment on Items Not on the Agenda

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

17. Board Member Comments on Items Not on the Agenda

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

18. Adjournment

OPEN SESSION FULL BOARD



MEMORANDUM

DATE	August 18, 2015
TO	Dental Board of California
FROM	Karen M. Fischer, Executive Officer
SUBJECT	Agenda Item 9: Presentation on International Accreditation Programs by Dr. Sherin Tooks, Ed.D, MS, Director, Commission on Dental Accreditation (CODA)

Effective January 1, 1998, the California Legislature recognized the need to ensure that graduates of foreign dental schools who have received an education that is equivalent to that of accredited institutions in the United States and who are adequately prepared for the practice of dentistry shall be subject to the same licensure requirements as graduates of approved dental schools or colleges. Assembly Bill 1116 (Chapter 792, Statutes of 1997) established requirements for the approval, registration and renewal of foreign dental programs.

Through this legislation, the Board was granted authority to conduct evaluations on its own or to contract with outside consultants or a national professional organization to survey and evaluate foreign dental schools. In developing prescribed standards and procedures to be utilized in the evaluation and approval process of foreign dental schools, the Board has relied significantly on standards of the Commission on Dental Accreditation (CODA) that existed in 1997. However, since the inception of this legislation, the Board has not updated its regulations to reflect changes that have been made to the CODA standards over the years.

Under the Board's authorization to approve foreign dental schools, Universidad De La Salle Bajio was approved in December 2004. At that time, no other entity had established policies, procedures or regulations that allowed for the approval of foreign dental programs. Since that time, the American Dental Association's Commission on Dental Accreditation (CODA) has developed and established an accreditation process for foreign dental programs.

Sherin Tooks, Ed.D., M.S. is the Director of the Commission on Dental Accreditation. Dr. Tooks will be giving the Board a presentation on CODA's International Accreditation Program.

Assembly Bill No. 1116

CHAPTER 792

An act to amend Section 1636.5 of, to amend and repeal Section 1636 of, to amend, repeal, and add Section 1628 of, and to add Sections 1636.4, 1636.6, and 1700.5 to, the Business and Professions Code, relating to dentistry, and making an appropriation therefor.

[Approved by Governor October 7, 1997. Filed
with Secretary of State October 8, 1997.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1116, Keeley. Dentistry: foreign dental school graduates.

Existing law provides for the licensure and regulation of the practice of dentistry and requires an applicant for licensure to have graduated from a dental college approved by the Board of Dental Examiners of California. Existing law provides that a person who has been issued a degree of doctor of dental medicine or doctor of dental surgery by a foreign dental school shall be eligible for the licensure examination if he or she has completed certain requirements.

This bill would, commencing January 1, 2003, revise the requirements for licensure of applicants who are graduates of foreign dental schools. The bill would require the board to be responsible for the approval of foreign dental schools based on prescribed standards, and would establish procedures regarding this approval process. It would require a school to pay a registration fee, not to exceed \$1,000, at the time of application for approval to pay all reasonable costs and expenses of the board related to the approval survey and process, and a fee not to exceed \$500 for renewal of the approval every 7 years. By providing for a new source of revenue to be deposited in the continuously appropriated State Dentistry Fund this bill would make an appropriation.

Existing law provides that an applicant who fails to pass the licensure examination after 3 attempts shall not be eligible for further reexamination until he or she has successfully completed at least 2 academic years of education at an approved dental school.

This bill would instead apply this requirement to any applicant who fails the licensure examination after 4 attempts, and would provide for the repeal of this provision on January 1, 2003. It would state that the Legislature urges all dental schools in California to provide in their curriculum a 2-year course of study that may be utilized by graduates of foreign dental schools to attain the prerequisites for licensure in California.

Existing law makes it a misdemeanor for any person, company, or association to assume the degree of "doctor of dental surgery,"

“doctor of dental science,” or “doctor of dental medicine” or to append the letters “D.D.S.,” “D.D.Sc.,” or “D.M.D.” to his or her name without having had the right to assume the title conferred on him or her by diploma from a recognized dental college or school authorized to do so.

This bill would notwithstanding this provision and would authorize any person who holds a valid, unrevoked, and unsuspended certificate as a dentist in California to append the letters “D.D.S.” to his or her name, regardless of the degree conferred upon him or her by the dental college from which the licensee graduated.

Appropriation: yes.

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

SECTION 1. Section 1628 of the Business and Professions Code is amended to read:

1628. Any person over 18 years of age is eligible to take an examination before the board upon making application therefor and meeting all of the following requirements:

(a) Paying the fee for applicants for examination provided by this chapter.

(b) Furnishing satisfactory evidence of having graduated from a reputable dental college, which shall have been approved by the board; provided, also, that applicants furnishing evidence of having graduated after 1921 shall also present satisfactory evidence of having completed at such dental school or schools the full number of academic years of undergraduate courses required for graduation.

(c) Furnishing the satisfactory evidence of financial responsibility or liability insurance for injuries sustained or claimed to be sustained by a dental patient in the course of the examination as a result of the applicant’s actions.

(d) This section shall remain in effect only until January 1, 2003, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2003, deletes or extends that date.

SEC. 2. Section 1628 is added to the Business and Professions Code, to read:

1628. Any person over 18 years of age is eligible to take an examination before the board upon making application therefor and meeting all of the following requirements:

(a) Paying the fee for applicants for examination provided by this chapter.

(b) Furnishing satisfactory evidence of having graduated from a reputable dental college, which shall have been approved by the board; provided, also, that applicants furnishing evidence of having graduated after 1921 shall also present satisfactory evidence of having completed at such dental school or schools the full number of academic years of undergraduate courses required for graduation.

(c) Furnishing the satisfactory evidence of financial responsibility or liability insurance for injuries sustained or claimed to be sustained by a dental patient in the course of the examination as a result of the applicant's actions.

(d) If the applicant has been issued a degree of doctor of dental medicine or doctor of dental surgery by a foreign dental school, he or she shall furnish all of the following documentary evidence to the board:

(1) That he or she has completed in a dental school or schools approved by the board pursuant to Section 1636.4, a resident course of professional instruction in dentistry for the full number of academic years of undergraduate courses required for graduation.

(2) Subsequent thereto, he or she has been issued by the approved dental school, a dental diploma or a dental degree, as evidence of the completion of the course of dental instruction required for graduation.

(e) Any applicant, who has been issued a dental diploma from a foreign dental school, which has not been approved by the board pursuant to Section 1636.4 at the time of his or her graduation from the school, shall not be eligible for examination until the applicant has successfully completed a minimum of two academic years of education at a dental college approved by the board pursuant to Article 1 (commencing with Section 1024) of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations. This subdivision shall not apply to applicants who have successfully completed the requirements of Section 1636 on or before December 31, 2002.

(f) This section shall become operative on January 1, 2003.

SEC. 3. Section 1636 of the Business and Professions Code is amended to read:

1636. (a) Notwithstanding subdivision (b) of Section 1628, a person who has been issued a degree of doctor of dental medicine or doctor of dental surgery by a foreign dental school shall be eligible for examination as provided in this section upon complying with subdivisions (a) and (c) of Section 1628 and furnishing all of the following documentary evidence satisfactory to the board, that:

(1) He or she has completed in a dental school or schools a resident course of professional instruction in dentistry for the full number of academic years of undergraduate courses required for graduation.

(2) Subsequent thereto, he or she has been issued by the dental school, a dental diploma or a dental degree, as evidence of the completion of the course of dental instruction required for graduation.

(b) An applicant who is a graduate of a foreign dental school accredited by a body which has a reciprocal accreditation agreement with any commission or accreditation agency whose findings are accepted by the board shall be exempt from the qualifying examination provided for in paragraph (2) of subdivision (c).

(c) Examination by the board of a foreign-trained dental applicant shall be a progressive examination given in the following sequence:

(1) Examination in writing which shall be comprehensive and sufficiently thorough to test the knowledge, skill, and competence of the applicant to practice dentistry, and both questions and answers shall be written in the English language.

The written examination may be the National Board of Dental Examiners' examination or other examination, but in no event shall the examination given to foreign-trained applicants be a different examination than that given to applicants who have met the requirements of subdivision (b) of Section 1628. A foreign-trained applicant who passes the written examination shall be permanently exempt from retaking the examination.

Those applicants who have passed the California written examination are permanently exempt from retaking any written examination, except any examination required for continuing education purposes.

(2) Demonstration of the applicant's skill in restorative technique. An applicant who obtains an overall average grade of 75 percent in the restorative technique examination and a grade of 75 percent or more in two of the three subsections shall be deemed to have passed the examination. However, an applicant who obtains a grade of 85 percent in any subsection of the examination is exempt from retaking the subsection for two years following the date of the examination in which a grade of 85 percent was obtained. Every applicant who passes the entire restorative technique examination is permanently exempt from retaking the examination.

(d) An applicant who has successfully completed the written examination and the restorative technique examination shall be eligible to take and shall pass the examinations in diagnosis-treatment planning, prosthetic dentistry, diagnosis and treatment of periodontics, and operative dentistry in the identical manner in which the examinations are taken by and administered to other dental applicants. Exemptions in the examinations shall be applied to foreign-trained applicants in the same manner as they are applied to other dental applicants.

(e) This section shall remain in effect only until January 1, 2003, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2003, deletes or extends that date.

SEC. 4. Section 1636.4 is added to the Business and Professions Code, to read:

1636.4. (a) The Legislature recognizes the need to ensure that graduates of foreign dental schools who have received an education that is equivalent to that of accredited institutions in the United States and that adequately prepares their students for the practice of dentistry shall be subject to the same licensure requirements as graduates of approved dental schools or colleges. It is the purpose of

this section to provide for the evaluation of foreign dental schools and the approval of those foreign dental schools that provide an education that is equivalent to that of similar accredited institutions in the United States and that adequately prepare their students for the practice of dentistry.

(b) The board shall be responsible for the approval of foreign dental schools based on standards established pursuant to subdivision (d). The board may contract with outside consultants or a national professional organization to survey and evaluate foreign dental schools. The consultant or organization shall report to the board regarding its findings in the survey and evaluation.

(c) The board shall establish a technical advisory group to review and comment upon the survey and evaluation of a foreign dental school contracted for pursuant to subdivision (b), prior to any final action by the board regarding certification of the foreign dental school. The technical advisory group shall be selected by the board and shall consist of four dentists, two of whom shall be selected from a list of five recognized United States dental educators recommended by the foreign school seeking approval. None of the members of the technical advisory group shall be affiliated with the school seeking certification.

(d) Any foreign dental school that wishes to be approved pursuant to this section shall make application to the board for this approval, which shall be based upon a finding that the educational program of the foreign dental school is equivalent to that of similar accredited institutions in the United States and adequately prepares its students for the practice of dentistry. Curriculum, faculty qualifications, student attendance, plant and facilities, and other relevant factors shall be reviewed and evaluated. The board, with the cooperation of the technical advisory group, shall identify by rule the standards and review procedures and methodology to be used in the approval process consistent with this subdivision. The board shall not grant approval if deficiencies found are of such magnitude as to prevent the students in the school from receiving an educational base suitable for the practice of dentistry.

(e) Periodic surveys and evaluations of all approved schools shall be made to ensure continued compliance with this section. Approval shall include provisional and full approval. The provisional form of approval shall be for a period determined by the board, not to exceed three years, and shall be granted to an institution, in accordance with rules established by the board, to provide reasonable time for the school seeking permanent approval to overcome deficiencies found by the board. Prior to the expiration of a provisional approval and before the full approval is granted, the school shall be required to submit evidence that deficiencies noted at the time of initial application have been remedied. A school granted full approval shall provide evidence of continued compliance with this section. In the

event that the board denies approval or reapproval, the board shall give the school a specific listing of the deficiencies that caused the denial and the requirements for remedying the deficiencies, and shall permit the school, upon request, to demonstrate by satisfactory evidence, within 90 days, that it has remedied the deficiencies listed by the board.

(f) A school shall pay a registration fee established by rule of the board, not to exceed one thousand dollars (\$1,000), at the time of application for approval and shall pay all reasonable costs and expenses the board incurs for the conduct of the approval survey.

(g) The board shall renew approval upon receipt of a renewal application, accompanied by a fee not to exceed five hundred dollars (\$500). Each fully approved institution shall submit a renewal application every seven years. Any approval that is not renewed shall automatically expire.

SEC. 5. Section 1636.5 of the Business and Professions Code is amended to read:

1636.5. (a) Notwithstanding Section 135, on and after January 1, 1993, an applicant who fails to pass the examination required by paragraph (2) of subdivision (c) of Section 1636 after four attempts shall not be eligible for further reexamination until the applicant has successfully completed a minimum of two academic years of education at a dental school approved by either the Commission on Dental Accreditation or a comparable organization approved by the board. When the applicant applies for reexamination, he or she shall furnish proof satisfactory to the board that he or she has successfully completed the requirements of this subdivision.

(b) This section shall remain in effect only until January 1, 2003, and as of that date is repealed, unless a later enacted statute, which is enacted before January 1, 2003, deletes or extends that date.

SEC. 6. Section 1636.6 is added to the Business and Professions Code, to read:

1636.6. The Legislature hereby finds and declares that in order to assure that the people of California receive the highest quality of dental care, dentists graduating from dental schools outside of the United States who apply for licensure in California must possess the same training and skills as applicants from schools that have been approved by the board. The Legislature further finds and declares that the current process for ensuring the adequacy of training of these applicants is deficient, that high numbers of foreign dental graduates are failing the restorative technique examination required in Section 1636, and that there are numerous repeat failures. The Legislature further finds and declares that while current law requires that a foreign dental graduate who fails the restorative technique examination is required to take a minimum of two years of additional training from a dental school approved by the board, only three of the

five dental schools operating in California offer a two-year course of study for graduates of foreign dental schools.

Therefore, the Legislature hereby urges all dental schools in this state to provide in their curriculum a two-year course of study that may be utilized by graduates of foreign dental schools to attain the prerequisites for licensure in California.

SEC. 7. Section 1700.5 is added to the Business and Professions Code, to read:

1700.5. Notwithstanding Section 1700, any person who holds a valid, unrevoked, and unsuspended certificate as a dentist under this chapter may append the letters "D.D.S." to his or her name, regardless of the degree conferred upon him or her by the dental college from which the licensee graduated.



MEMORANDUM

DATE	August 18, 2015
TO	Dental Board of California
FROM	Karen M. Fischer, Executive Officer
SUBJECT	Agenda Item 10: Update Regarding the Review of the Dental School Application from the Republic of Moldova

After the May, 2015 Board meeting, a letter was sent to Senator Richard Polanco (retired) who is representing the Republic of Moldova, indicating that twenty-seven deficiencies had been identified in the Moldova Dental School application; eight of which required translation into English. Senator Polanco responded and the subcommittee has been reviewing the additional documentation that was submitted.

Staff is recruiting potential candidates who will travel to Moldova to conduct the on-site evaluation. Candidates interested in being appointed to this team have been asked to submit a resume outlining their experience as dental educators. The Board will be asked to review the resumes and make appointments at a future meeting.

The school is responsible for paying for all costs associated with the evaluation of the dental school. In preparation for the on-site evaluation, and recognizing that the flight to Chisinau, Moldova is approximately 16 hours in duration, the school has agreed to cover costs for comfort/premium economy class tickets or business/first class.

The Governor's Office has been asked to approve the out-of-country travel. The Director of the Department of Consumer Affairs has scheduled a meeting on Friday, August 21 with the Undersecretary of the Business, Consumer Services, and Housing Agency to discuss this issue.

The subcommittee will give a verbal report at the meeting of where it is in the application review process.



MEMORANDUM

DATE	August 20, 2015
TO	Members of the Dental Board of California
FROM	Bruce Whitcher, DDS, Dental Board Member Kathleen King, Dental Board Member
SUBJECT	Agenda Item 11: Future Fee Increase Discussion

Background:

The Dental Assisting and Dentistry Fund are separately funded. (BPC 1721, 1721.5). Fees from dental assistants must be deposited into the Dental Assisting Fund and fees from dentists must be deposited into the State Dentistry Fund. The Dentistry Fund is currently projected to run at a deficit beginning FY 2016-17 necessitating fee increases.

Fees for the State Dentistry and Dental Assisting Funds had not been increased for 16 years until 2014 when licensing and renewal fees were raised to the statutory limit of \$450. The statutory limit was raised again last year through legislation to \$525, effective Jan 2015. As part of the Dental Board's sunset review legislation, increases to the statutory fee caps for all licensing, permit and certification categories are being proposed.

The Fee Audit Report:

The Fee Audit Report provided by Capital Accounting Partners provided detailed cost recovery projections for the DBC's fees for the next 10 years. The report recommends that the Board establish both a reserve policy and a cost recovery policy for each type or group of permits and certifications and that cost recovery policy should be based on values established by the board.

Reserve Policy:

Staff has suggested establishing a policy that would allow accumulation of 4 to 6 months reserves over a period of 5 years. We estimate that this will require annual revenue of approximately \$13.5M per year for Dentistry and \$2.3M per year for Dental Assisting. This estimate is based on the Fund Condition statements provided by the DCA Budget Office (attached). Current revenue for the Dentistry Fund is approximately \$10.7 million and \$1.7 million for Dental Assisting. Both funds are projected to begin running a deficit as early as 2016-17 for Dentistry and 2018-19 for Dental Assisting.

The Capital Partners recommended fee increases that would allow full cost recovery are provided on the attached Excel spreadsheet. In addition a fee increase proposal from the Subcommittee is included. The Subcommittee proposal includes an increase in license renewal fees to \$560 every two years as well as increases in other permit fees for Dentistry and Dental Assisting that would bring revenue to the level necessary to allow a balanced budget as well as reserves to be accumulated over 5 years.

Values to Aid in Establishing a Cost Recovery Policy:

The following values are provided for consideration in setting a cost recovery policy for licenses and permits. The holders of any license, permit or certification should pay a fair share of the associated costs; however some fee categories may need to be subsidized with revenue from others. This policy should be consistent with the Board's mission to protect and promote the oral health and safety of California consumers and to promote development of the dental workforce needed to serve all Californians.

The largest amount of revenue is derived from licensure renewal fees; however this should not be the sole source of income for the respective Funds.

Many of the fee increases recommended by Capital Partners are nominal and to achieve cost recovery would not be burdensome to the category. Other permit categories have large associated costs that may be difficult to recover. The values described in this report are related to fees that are likely to require a subsidy from other sources.

Exams:

Application fees for licensing exams such as portfolio, WREB and licensure by residency may require financial support to promote development of the dental workforce. Licensees entering the workforce usually have substantial accumulated debt making it difficult for them to assume additional financial obligation.

Licensure by Credential: practitioners applying for licensure in CA via LBC will have been licensed for approximately 5 years and should be able to afford fees that allow cost recovery.

Faculty permits: Initial special (faculty) permit applications will need financial support to promote dental education which is necessary for workforce development. In addition holders of special permits have limitations on private practice.

The Elective Facial Cosmetic Surgery Permit: Due to the high cost of application processing applications and relatively small number of applications this program will require financial support; however the fee should be increased to allow greater cost recovery.

The General Anesthesia and Conscious Sedation Onsite Inspection and Evaluation: The cost of this program is high due to its complexity and the relatively small number of dentists who undergo the inspection; however this is essential for public protection. Dentists and the public benefit from availability of this service. A fee increase is justified because the practitioners themselves benefit from providing this service.

Delinquency fees should be increased, however the number of delinquent licenses is relatively small so significant revenue will not be generated by the increase. There is no good reason for a licensee to allow their license to become delinquent and an increased delinquency fee would provide an incentive to maintain current status.

Dental Assisting:

The primary source of revenue for the Dental Assisting Fund is from licensure renewal fees. Program and course initial application fees are provided at significantly below cost. There are a relatively small number of initial applications each year.

Values:

Initial licensing fees: Dental assistants benefit from holding a professional license and should cover the cost of initial and renewal licensing.

Examinations: Recent graduates are unable to bear the entire cost of the RDA Practical and RDAEF clinical exams. These exams will require financial support.

Program and Course Application fees: The estimated cost of processing applications for educational programs and courses may exceed what the educational programs can support. This will require a subsidy from other fees.

Delinquency fees for dental assistants should be established at cost recovery levels.

Dentists benefit from the utilization of allied dental health professionals. The board should discuss a possible subsidy of the Dental Assisting Fund should this be necessary. The board presently provides investigative services and other enforcement functions to dental assistants. Capital Partners estimates this cost to be in the range of \$750,000 and suggests this may be appropriate because dentists are responsible for supervising dental assistants. (Capital Partners report, p.13).

Future Considerations for Dental Assisting:

One of the largest costs associated with Dental Assisting are the RDA and RDAEFF practical exams. An occupational analysis and exam development process have been initiated that will affect the future fees for these exams.

In addition, there have been discussions of fees for re-approval of educational programs and courses which is supposed to be done every 7 years. At present there is no charged fee for re-approval of programs and courses.

Revenue Category	Workload According to Fee Audit	Current Fee Assessed As of Jan. 1, 2015	Estimated Revenue with Currently Assessed Fees	Capital Partners Recommended Increase	Capital Partners Estimated Revenue	Subcommittee Proposed Fee	Subcommittee Estimated Revenue
Initial Appl Elective Facial Cosmetic Surgery	4	\$ 500.00	\$ 2,000.00	\$ 3,627.00	\$ 14,508.00	\$ 1,500.00	\$ 6,000.00
Permit/Oral Maxillofacial	3	\$ 150.00	\$ 450.00	\$ 849.00	\$ 2,547.00	\$ 500.00	\$ 1,500.00
Initial Application Clinical Exam	0	\$ 450.00	\$ -	none	\$ -	\$ -	\$ -
Initial Application WREB (pathway)	794	\$ 100.00	\$ 79,400.00	\$ 745.00	\$ 591,530.00	\$ 400.00	\$ 317,600.00
Initial Application by Residency (pathway)	192	\$ 100.00	\$ 19,200.00	\$ 876.00	\$ 168,192.00	\$ 500.00	\$ 96,000.00
Initial Application Credential (pathway)	170	\$ 283.00	\$ 48,110.00	\$ 789.00	\$ 134,130.00	\$ 525.00	\$ 89,250.00
Initial Application Portfolio (pathway)	350	\$ 350.00	\$ 122,500.00	\$ 1,638.00	\$ 573,300.00	\$ 800.00	\$ 280,000.00
Initial License (prorated amount)	467	\$ 525.00	\$ 245,175.00	\$ 288.00	\$ 134,496.00	\$ 290.00	\$ 135,430.00
Fictitious Name Application	196	\$ 525.00	\$ 102,900.00	\$ 570.00	\$ 111,720.00	\$ 650.00	\$ 127,400.00
Special Permit Application	6	\$ 300.00	\$ 1,800.00	\$ 1,183.00	\$ 7,098.00	\$ 1,000.00	\$ 6,000.00
CE Registered Provider Application	124	\$ 250.00	\$ 31,000.00	\$ 827.00	\$ 102,548.00	\$ 410.00	\$ 50,840.00
Onsite Inspection - GA/CS Permit	188	\$ 250.00	\$ 47,000.00	\$ 3,982.00	\$ 748,616.00	\$ 2,000.00	\$ 376,000.00
Conscious Sedation Application	51	\$ 200.00	\$ 10,200.00	\$ 716.00	\$ 36,516.00	\$ 500.00	\$ 25,500.00
General Anesthesia Permit	43	\$ 250.00	\$ 10,750.00	\$ 716.00	\$ 30,788.00	\$ 500.00	\$ 21,500.00
Additional Office Application	311	\$ 100.00	\$ 31,100.00	\$ 437.00	\$ 135,907.00	\$ 350.00	\$ 108,850.00
Application for Clinical Re-Exam	0	\$ 75.00	\$ -	none	\$ -	\$ -	\$ -
License Certification	895	\$ 2.00	\$ 1,790.00	\$ 364.00	\$ 325,780.00	\$ 200.00	\$ 179,000.00
Fictitious Name 1/2	112	\$ 225.00	\$ 25,200.00	\$ 285.00	\$ 31,920.00	\$ 325.00	\$ 36,400.00
Oral Conscious Sedation Certification	213	\$ 200.00	\$ 42,600.00	\$ 368.00	\$ 78,384.00	\$ 500.00	\$ 106,500.00
Law & Ethics Exam	909	\$ -	\$ -	\$ 311.00	\$ 282,699.00	\$ 125.00	\$ 113,625.00
DDS Biennial Renewal	17121	\$ 525.00	\$ 8,988,525.00	\$ 405.00	\$ 6,934,005.00	\$ 560.00	\$ 9,587,760.00
Oral Maxillofacial Renewal	41	\$ 525.00	\$ 21,525.00	\$ 849.00	\$ 34,809.00	\$ 650.00	\$ 26,650.00
CE Registered Provider Renewal	555	\$ 250.00	\$ 138,750.00	\$ 355.00	\$ 197,025.00	\$ 325.00	\$ 180,375.00
General Anesthesia Permit Renewal	430	\$ 200.00	\$ 86,000.00	\$ 237.00	\$ 101,910.00	\$ 325.00	\$ 139,750.00
Conscious Sedation Renewal	231	\$ 200.00	\$ 46,200.00	\$ 237.00	\$ 54,747.00	\$ 325.00	\$ 75,075.00
DDS Biennial Renewal - Retired	517	\$ 225.00	\$ 116,325.00	\$ 237.00	\$ 122,529.00	\$ 200.00	\$ 103,400.00
Renewal Elective Facial Cosmetic Surgery	9	\$ 200.00	\$ 1,800.00	\$ 368.00	\$ 3,312.00	\$ 500.00	\$ 4,500.00
Special Permit Renewal	28	\$ 100.00	\$ 2,800.00	\$ 247.00	\$ 6,916.00	\$ 125.00	\$ 3,500.00
DDS Additional Office Permit Renewal	991	\$ 100.00	\$ 99,100.00	\$ 136.00	\$ 134,776.00	\$ 250.00	\$ 247,750.00
Mobile Dental Clinic License Renewal	11	\$ 100.00	\$ 1,100.00	\$ 136.00	\$ 1,496.00	\$ 100.00	\$ 1,100.00
Fictitious Name Permit Renewal	2619	\$ 150.00	\$ 392,850.00	\$ 136.00	\$ 356,184.00	\$ 325.00	\$ 851,175.00
Oral Conscious Sedation Renewal	1094	\$ 75.00	\$ 82,050.00	\$ 136.00	\$ 148,784.00	\$ 325.00	\$ 355,550.00
Change of Practice Late Fee	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DDS Delinquent	350	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Oral/Maxillofacial Delinquent	1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mobile Dental Clinic Renewal Delinquent	1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DDS Delinquent - Retired	9	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Special Permit Delinquent	1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fictitious Name Permit Delinquent	119	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Additional Office Permit Delinquent	59	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Prior Year Accrual Delinquent	5	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
GA Permit Renewal Delinquent	4	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CS/OCS Renewal Delinquent		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
RP/EFCS Renewal Delinquent		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Duplicate License		\$ 25.00	\$ -	\$ -	\$ -	\$ -	\$ -
License Certification		\$ 2.00	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ 10,798,200.00		\$ 11,607,172.00		\$ 13,653,980.00
			\$ -		\$ -		\$ -
Duplicate License/Certification Fee	653		\$ -	\$ -	\$ -	\$ 72.00	\$ 47,016.00
RDA Application	3621	\$ 20.00	\$ 72,420.00	\$ 72.00	\$ 260,712.00	\$ 72.00	\$ 260,712.00
RDAEF Application	91	\$ 20.00	\$ 1,820.00	\$ 87.00	\$ 7,917.00	\$ 72.00	\$ 6,552.00
Dental Sedation Assistant Permit Application	7	\$ 20.00	\$ 140.00	\$ 2,342.00	\$ 16,394.00	\$ 1,200.00	\$ 8,400.00
Orthodontic Assistant Permit Application	132	\$ 20.00	\$ 2,640.00	\$ 2,176.00	\$ 287,232.00	\$ 1,000.00	\$ 132,000.00
RDA Practical Exam	4098	\$ 60.00	\$ 245,880.00	\$ 355.00	\$ 1,454,790.00	\$ 100.00	\$ 409,800.00
RDAEF Exam	131	\$ 250.00	\$ 32,750.00	\$ 2,112.00	\$ 276,672.00	\$ 500.00	\$ 65,500.00
RDA Biennial Renewal	17135	\$ 70.00	\$ 1,199,450.00	\$ 50.00	\$ 856,750.00	\$ 72.00	\$ 1,233,720.00
RDAEF Biennial Renewal	641	\$ 70.00	\$ 44,870.00	\$ 50.00	\$ 32,050.00	\$ 72.00	\$ 46,152.00
Dental Sedation Assistant Permit Biennial Renewal	8	\$ 70.00	\$ 560.00	\$ 50.00	\$ 400.00	\$ 72.00	\$ 576.00
Orthodontic Assistant Permit Biennial Renewal	34	\$ 70.00	\$ 2,380.00	\$ 50.00	\$ 1,700.00	\$ 72.00	\$ 2,448.00
RDA Delinquent Renewal	1883	\$ 35.00	\$ 65,905.00	\$ 52.00	\$ 97,916.00	\$ 100.00	\$ 188,300.00
RDAEF Delinquent Renewal	59	\$ 35.00	\$ 2,065.00	\$ 52.00	\$ 3,068.00	\$ 100.00	\$ 5,900.00
Dental Sedation Assistant Permit Delinquent Renewal	0	\$ 35.00	\$ -	\$ 52.00	\$ -	\$ 100.00	\$ -
Orthodontic Assistant Permit Delinquent Renewal	1	\$ 35.00	\$ 35.00	\$ 52.00	\$ 52.00	\$ 72.00	\$ 72.00
RDA Program Application	3	\$ 1,400.00	\$ 4,200.00	\$ 7,486.00	\$ 22,458.00	\$ 1,400.00	\$ 4,200.00
RDAEF Program Application	0	\$ 1,400.00	\$ -	\$ 7,486.00	\$ -	\$ 1,400.00	\$ -
Orthodontic Assistant Permit Course Application	24	\$ 300.00	\$ 7,200.00	\$ 2,176.00	\$ 52,224.00	\$ 300.00	\$ 7,200.00
Dental Sedation Assistant Permit Course Application	2	\$ 300.00	\$ 600.00	\$ 2,342.00	\$ 4,684.00	\$ 300.00	\$ 600.00
Infection Control Course Application	7	\$ 300.00	\$ 2,100.00	\$ 2,866.00	\$ 20,062.00	\$ 300.00	\$ 2,100.00
Coronal Polish Course Application	19	\$ 300.00	\$ 5,700.00	\$ 2,866.00	\$ 54,454.00	\$ 300.00	\$ 5,700.00
Pit & Fissure Sealant Course Application	18	\$ 300.00	\$ 5,400.00	\$ 2,977.00	\$ 53,586.00	\$ 300.00	\$ 5,400.00
Radiation Safety Course Application	6	\$ 300.00	\$ 1,800.00	\$ 2,977.00	\$ 17,862.00	\$ 300.00	\$ 1,800.00
Ultrasonic Scaling Course Application			\$ -			\$ 300.00	\$ -
			\$ 1,697,915.00		\$ 3,520,983.00		\$ 2,434,148.00
			\$ 12,496,115.00		\$ 15,128,155.00		\$ 16,088,128.00

0741 - Dental Board of California

Analysis of Fund Condition

6/2/2015

(Dollars in Thousands)

2015-16 Governor's Budget w/ BreEZe SPR 3.1 (Assembly) + Project Extension (\$1.95 million one-time)

	Actual 2013-14	CY 2014-15	BY 2015-16	BY+1 2016-17	BY+2 2017-18	BY+3 2018-19
BEGINNING BALANCE	\$ 4,772	\$ 6,085	\$ 4,493	\$ 3,453	\$ 2,098	\$ 215
Prior Year Adjustment	\$ 191	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 4,963	\$ 6,085	\$ 4,493	\$ 3,453	\$ 2,098	\$ 215
REVENUES AND TRANSFERS						
Revenues:						
125600 Other regulatory fees	\$ 46	\$ 52	\$ 60	\$ 60	\$ 60	\$ 60
125700 Other regulatory licenses and permits	\$ 788	\$ 745	\$ 751	\$ 751	\$ 751	\$ 751
125800 Renewal fees	\$ 7,286	\$ 9,259	\$ 9,889	\$ 9,889	\$ 9,889	\$ 9,889
125900 Delinquent fees	\$ 74	\$ 67	\$ 66	\$ 66	\$ 66	\$ 66
131700 Misc. Revenue from Local Agencies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 9	\$ 11	\$ 5	\$ 6	\$ 1	\$ -
150500 Interest Income From Interfund Loans	\$ 384	\$ -	\$ -	\$ -	\$ -	\$ -
160400 Sale of fixed assets	\$ 3	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 5	\$ -	\$ -	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ 2	\$ -	\$ -	\$ -	\$ -	\$ -
164300 Penalty Assessments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 8,597	\$ 10,134	\$ 10,771	\$ 10,772	\$ 10,767	\$ 10,766
Transfers from Other Funds						
F00001 Repayment Per Item 1250-011-0741, Budget Act of 2003	\$ 2,700	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues and Transfers	\$ 11,297	\$ 10,134	\$ 10,771	\$ 10,772	\$ 10,767	\$ 10,766
Totals, Resources	\$ 16,260	\$ 16,219	\$ 15,264	\$ 14,225	\$ 12,865	\$ 10,981
EXPENDITURES						
Disbursements:						
0840 State Controller (State Operations)	\$ 1	\$ -	\$ -	\$ -	\$ -	\$ -
8880 Financial Information System of California (State Operations)	\$ 53	\$ 10	\$ 23	\$ 23	\$ 23	\$ 23
1110 Program Expenditures (State Operations)	\$ 10,121	\$ 12,704	\$ 12,135	\$ 12,378	\$ 12,626	\$ 12,879
2014-15 BreEZe CY Adj	\$ -	\$ 12	\$ -	\$ -	\$ -	\$ -
2015-16 BreEZe SFL (Assembly)	\$ -	\$ -	\$ 598	\$ 725	\$ -	\$ -
2015-16 BreEZe Project Extension	\$ -	\$ -	\$ 55	\$ -	\$ -	\$ -
Estimated Savings	\$ -	\$ -1,000	\$ -1,000	\$ -1,000	\$ -700	\$ -700
Total Disbursements	\$ 10,175	\$ 11,726	\$ 11,811	\$ 12,127	\$ 12,650	\$ 12,903
FUND BALANCE						
Reserve for economic uncertainties	\$ 6,085	\$ 4,493	\$ 3,453	\$ 2,098	\$ 215	\$ -1,922
Months in Reserve	6.2	4.6	3.4	2.0	0.2	-1.8

NOTES:

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED IN BY+1 AND ON-GOING.
- B. ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR BEGINNING IN BY+1
- C. ASSUMES INTEREST RATE AT 0.3%.

3142 - Dental Assisting Program

Analysis of Fund Condition

6/2/2015

(Dollars in Thousands)

2015-16 Governor's Budget w/ BreEZe SPR 3.1 (Assembly) + Project Extension (\$1.95 million one-time)

	Actual 2013-14	CY 2014-15	BY 2015-16	BY + 1 2016-17	BY + 2 2017-18	BY + 3 2018-19
BEGINNING BALANCE	\$ 2,724	\$ 2,826	\$ 2,544	\$ 1,724	\$ 865	\$ 394
Prior Year Adjustment	\$ 35	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 2,759	\$ 2,826	\$ 2,544	\$ 1,724	\$ 865	\$ 394
REVENUES AND TRANSFERS						
Revenues:						
125600 Other regulatory fees	\$ 18	\$ 16	\$ 16	\$ 16	\$ 16	\$ 16
125700 Other regulatory licenses and permits	\$ 345	\$ 356	\$ 373	\$ 373	\$ 373	\$ 373
125800 Renewal fees	\$ 1,256	\$ 1,242	\$ 1,247	\$ 1,247	\$ 1,247	\$ 1,247
125900 Delinquent fees	\$ 72	\$ 68	\$ 68	\$ 68	\$ 68	\$ 68
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 7	\$ 8	\$ 7	\$ 3	\$ 1	\$ -
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 1	\$ -	\$ -	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ 4	\$ -	\$ -	\$ -	\$ -	\$ -
164300 Penalty Assessments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 1,703	\$ 1,690	\$ 1,711	\$ 1,707	\$ 1,705	\$ 1,704
Totals, Revenues and Transfers	\$ 1,703	\$ 1,690	\$ 1,711	\$ 1,707	\$ 1,705	\$ 1,704
Totals, Resources	\$ 4,462	\$ 4,516	\$ 4,255	\$ 3,431	\$ 2,570	\$ 2,098
EXPENDITURES						
Disbursements:						
0840 State Controller (State Operations)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8880 Financial Information System for CA (State Operations)	\$ 8	\$ 2	\$ 3	\$ -	\$ -	\$ -
1110 Program Expenditures (State Operations)	\$ 1,628	\$ 1,917	\$ 2,092	\$ 2,134	\$ 2,177	\$ 2,220
2014-15 BreEZe CY Adj	\$ -	\$ 53	\$ -	\$ -	\$ -	\$ -
2015-16 BreEZe SFL (Assembly)	\$ -	\$ -	\$ 395	\$ 432	\$ -	\$ -
2015-16 BreEZe Project Extension	\$ -	\$ -	\$ 41	\$ -	\$ -	\$ -
Total Disbursements	\$ 1,636	\$ 1,972	\$ 2,531	\$ 2,566	\$ 2,177	\$ 2,220
FUND BALANCE						
Reserve for economic uncertainties	\$ 2,826	\$ 2,544	\$ 1,724	\$ 865	\$ 394	\$ (122)
Months in Reserve	17.2	12.1	8.1	4.8	2.1	-0.6



MEMORANDUM

DATE	August 18, 2015
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer
SUBJECT	Agenda Item 12(A): Update on 2015 Pending Regulatory Packages

Abandonment of Applications (California Code of Regulations, Title 16, Section 1004):

At its May 2013 meeting, the Dental Board of California (Board) approved proposed regulatory language relative to the abandonment of applications and directed staff to initiate the rulemaking. Board staff filed the initial rulemaking documents with the Office of Administrative Law (OAL) on July 23, 2015 and the proposal was published in the California Regulatory Notice Register on Friday, August 7, 2015. The 45-day public comment period began on August 7, 2015 and will end on September 21, 2015. A public regulatory hearing will be held in Sacramento on September 22, 2015.

Delegation of Authority to the Executive Officer (California Code of Regulations, Title 16, Section 1001):

At its May 2014 meeting, the Board approved proposed regulatory language to delegate authority to the Board's Executive Officer to approve settlement agreements for the revocation, surrender, or interim suspension of a license without requiring the Board to vote to adopt the settlement. Board staff filed the initial rulemaking documents with OAL on February 10, 2015 and the proposal was published in the California Regulatory Notice on February 20, 2015. The 45-day public comment period began on February 20, 2015 and ended on April 6, 2015. A regulatory hearing was held on April 7, 2015 in Sacramento. No public comments were received in response to the proposal.

Staff submitted the final rulemaking file to the Department of Consumer Affairs (Department) on June 17, 2015. Final rulemaking files are 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 OAL. The OAL 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 on 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 the final rulemaking file to the Office of Administrative Law for review and determination of approval is February 19, 2016.

Dental Assisting Comprehensive Regulatory Proposal:

The Dental Assisting Council (Council) held a regulatory development workshop on June 19, 2015 to work on the Radiation Safety Course Requirements as part of the Dental Assisting Comprehensive Regulatory Proposal. Board staff anticipates scheduling a series of workshops to develop proposed regulatory language to present to the Board at a future meeting. Once completed, this rulemaking will include educational program and course requirements, examination requirements, and licensure requirements relating to dental assisting.

Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal:

Regulations are necessary to interpret and specify the provisions contained in Business and Professions Code Section 1638.1 relating to the application and approval process requirements for the issuance of an Elective Facial Cosmetic Surgery permit. Board staff anticipates proposed language will be considered by the Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee at a future meeting

Licensure by Credential Application Requirements:

The Board added this rulemaking to its list of priorities for Fiscal Year (FY) 2014-15. Staff has been working with Board Legal Counsel to identify issues and develop regulatory language to implement, interpret, and specify the application requirements for the Licensure by Credential pathway to licensure. A subcommittee was appointed (Drs. Whitcher and Woo) to work with staff to draft regulatory language and to determine if statutory changes are also necessary. Staff will schedule a meeting with the subcommittee in the coming months.

Continuing Education Requirements and Basic Life Support Equivalency Standards:

In March 2013, the Board's 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.

Additionally, AB 836 (Skinner Chapter 299, statutes of 2013) restricted the continuing education requirement hours for active-retired dentists who provide only uncompensated care at a maximum of 60% of that required for non-retired active dentists, and requires the Board to report on the status of retired active dentists who provide only uncompensated care during its next sunset report. These new requirements will need to be implemented as part of this rulemaking proposal.

The Board deemed the development of a regulatory package relating to Continuing Education and Basic Life Support Equivalency Standards a priority for FY 2014-15. Board staff is working on the development of proposed language and will present it to the Board for consideration at a future meeting.

Action Requested:

No action necessary.



MEMORANDUM

DATE	August 18, 2015
TO	Dental Board of California
FROM	Karen M. Fischer, Executive Officer
SUBJECT	Agenda Item 12B: Discussion and Possible Action Regarding AB 880 (Ridley-Thomas) Dentistry: licensure: exemptions

At the May, 2015 meeting, the Board took an **Oppose Unless Amended** position on Assembly Bill 880, legislation which would allow final year students of Board-approved dental schools to practice dentistry at sponsored free health care events under the supervision of a licensed dentist with a faculty appointment without having to be licensed by the Board. The position letter, sent to the author in early June, indicated that while the Board recognizes the importance of exposing students to volunteerism and community outreach, it was concerned that protection of underinsured and uninsured citizens of California may be compromised by the unlicensed practice of dentistry by dental students unless the following safeguards were included in this proposed legislation. The Board recommended that:

- (1) the licensure exemption apply to “final year students” and students of advanced education dentistry programs;
- (2) dental school students be supervised by faculty members of the dental school where the student is enrolled. Additionally, faculty members should be responsible for the supervision and the quality of care the student provides patients;
- (3) the treatment provided by the dental students not exceed the dental school’s standards or protocol for patient care. It should be specified that the supervising faculty is ultimately responsible for the quality of care provided to patients and the dental school is responsible for the faculty member;
- (4) prior to treatment, patients should be provided informed consent notifying the patient they may be treated by a student of dentistry who would be supervised by faculty from their institution and that the patient may inquire if the care is being provided by a licensee or a student. Additionally, patients should be provided with a statement that specifies the number of students a faculty member is supervising;

- (5) the sponsors of sponsored free health care events be required to provide the Board with a list of the names of the dental school students accompanied with their school of enrollment and the name and license number of their faculty supervisor. This information would be utilized in the event there is a complaint filed with the Board and an investigation is warranted; and finally, that
- (6) students be required to wear conspicuous identification at sponsored free health care events to clearly convey to patients that they are students of dentistry rather than licensed dentists.

Assembly Member Ridley-Thomas accepted the Board's amendments. On July 6th, President Fran Burton appeared before the Senate Business, Professions, and Economic Development Committee to thank the author for taking the Board's recommended changes.

On July 14, 2014, I received an email from Dr. Paul Reggiardo, indicating that the California Society of Pediatric Dentistry (CSPD) continues to have ongoing concerns with the passage of AB 880. Specifically, CSPD believes further amendments are necessary to increase patient safety by more clearly defining dental faculty supervision of students, taking into account the procedures being performed and the age of the patient. Furthermore, CSPD believes there needs to be specific delineation of informed consent and the opt-out requirement for treatment of a minor patient by the child's parent or guardian, clarification of a qualified advanced education program, and assurance of student liability protection.

CSPD submitted a letter outlining its concerns to the author (July 13, 2015) and the bill was amended August 18, 2015. CSPD is seeking the Board's support of these amendments.

The status of AB 880 will be given at the Board meeting.

AMENDED IN SENATE AUGUST 18, 2015
AMENDED IN SENATE JULY 1, 2015
AMENDED IN SENATE JUNE 22, 2015
AMENDED IN ASSEMBLY APRIL 28, 2015
AMENDED IN ASSEMBLY MARCH 26, 2015
CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 880

Introduced by Assembly Member Ridley-Thomas
(Coauthor: Senator Hall)

February 26, 2015

An act to add Section 1626.6 to the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

AB 880, as amended, Ridley-Thomas. Dentistry: licensure: exemption.

The Dental Practice Act provides for the licensure and regulation of persons engaged in the practice of dentistry by the Dental Board of California, and prohibits the practice of dentistry by any person without a valid license, except in certain circumstances.

This bill would additionally exempt from that prohibition the practice of dentistry, as specified and as approved by the board, by a final year student, as defined, without compensation or expectation of compensation and under the supervision of a licensed dentist with a *clinical* faculty appointment at a sponsored event, as defined, if specified conditions are met. This bill would require the sponsoring entity of the

sponsored event to provide the Dental Board of California with a list of the names of the students practicing dentistry exempted pursuant to this bill at the sponsored event, the name of the school of enrollment of those students, and the name and license number of the supervising licensed dentist.

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 1626.6 is added to the Business and
2 Professions Code, to read:

3 1626.6. (a) (1) In addition to the exemptions set forth in
4 Section 1626, the practice of dentistry by a final year student
5 rendered or performed without compensation or expectation of
6 compensation under the supervision of a licensed dentist with a
7 *clinical* faculty appointment at a sponsored event, is exempt from
8 the operation of this chapter.

9 (2) The practice of dentistry exempted by paragraph (1) only
10 includes those operations, approved by the board, that are rendered
11 or performed under the same conditions as operations exempt
12 under subdivision (b) of Section 1626.

13 (b) For purposes of this section, all of the following shall apply:

14 (1) “Final year student” means a student of dentistry in his or
15 her final year of completion at a dental school approved by the
16 board. “Final year student” also includes a dental student enrolled
17 in an advanced *dental* program.

18 (2) “Licensed dentist” means a dentist licensed pursuant to this
19 chapter.

20 (3) “*Patient*” means a dental patient or, in the case of a minor,
21 the patient’s representative.

22 ~~(3)~~

23 (4) “Sponsored event” means an event, not to exceed 10 calendar
24 days, administered by a sponsoring entity or a local governmental
25 entity, or both, through which health care is provided to the public
26 without compensation, or expectation of compensation.

27 ~~(4)~~

28 (5) “*Sponsoring dental school*” means a dental school that
29 sanctions student and clinical faculty participation at a sponsored
30 event.

1 (6) “Sponsoring entity” means a nonprofit organization pursuant
2 to Section 501(c)(3) of the Internal Revenue Code, or a
3 community-based organization.

4 (c) The volunteer practice of dentistry by students pursuant to
5 this section shall comply with all of the following requirements:

6 (1) Each patient shall be sufficiently informed that a dental
7 student may be providing some of the treatment that he or she will
8 be receiving.

9 (2) Any information provided to the patient to give informed
10 consent shall offer the patient the option to decline to be treated
11 by the student.

12 (3) The volunteer practice of a student shall be supervised by
13 *clinical* faculty from the dental school in which the student is
14 enrolled.

15 (4) Each volunteer student shall wear an identification badge
16 that clearly identifies the student as a dental student. The
17 identification badge shall display the student’s name, the name of
18 the student’s dental school, and the name and the telephone number
19 of the Dental Board of California. That information shall be
20 displayed in 14-point font, at minimum.

21 ~~(5) Supervision ratios and student oversight shall be at least as~~
22 ~~stringent as required to meet the standards of the Commission on~~
23 ~~Dental Accreditation at each school’s clinical department,~~
24 ~~laboratory, or dental extension program operated pursuant to~~
25 ~~subdivision (b) of Section 1626.~~

26 ~~(6)~~

27 (5) Supervision ratios *and student oversight* shall be ~~appropriate~~
28 *at least as stringent as the standards set* for the procedure being
29 performed by the ~~student~~. *student and the age of the patient, in*
30 *accordance with the standards at the sponsoring dental school’s*
31 *clinical department, laboratory, or dental extension program*
32 *operated pursuant to subdivision (b) of Section 1626.*

33 ~~(7)~~

34 (6) The student shall perform only those procedures in which
35 he or she is credentialed or those procedures he or she is permitted
36 to perform in the school’s clinical department, laboratory, or dental
37 extension program operated pursuant to subdivision (b) of Section
38 1626.

39 (d) *The student or the student’s sponsoring dental school shall*
40 *ensure liability insurance coverage is obtained that covers all*

1 *services provided by the student, including diagnosis, treatment,*
2 *and evaluation.*

3 ~~(d)~~

4 (e) The sponsoring entity of the sponsored event shall provide
5 the Dental Board of California with a list of the names of the
6 students practicing dentistry exempted by this section at the
7 sponsored event, the name of the school of enrollment of those
8 students, and the name and license number of the supervising
9 licensed dentist.



CALIFORNIA SOCIETY OF PEDIATRIC DENTISTRY

July 13, 2015

The Honorable Sebastian Ridley-Thomas
State Capitol, Room 2176
Sacramento, CA 94249-0054

Delivered by Electronic Mail

**Re: AB 880 (Ridley-Thomas)
Request for Amendment**

Dear Assembly Member Ridley-Thomas:

The California Society of Pediatric Dentistry (CSPD) supports the intent of AB 880, which would permit the practice of dentistry by a final year student, without compensation or expectation of compensation, in a specified free clinic or health fair setting under the supervision of a licensed dentist with a dental school faculty appointment after meeting certain disclosure and supervision requirements. We appreciate the value of providing oral health services without cost to underserved populations and we support the increased clinical experience this legislation would provide for final year dental students enrolled in a California Dental School.

We have concerns, however, that additional safeguards must be included in the legislation regarding student supervision by clinical dental faculty, taking into account the procedures being performed and the age of the patient, which are at least as stringent as that which the school requires in its own clinics and satellite facilities. The reference to CODA requirements in the current legislative proposal falls far short of this standard. We feel there also needs to be specific delineation of informed consent and the opt-out requirement for treatment of a minor patient by the child's parent or guardian, clarification of a qualified advanced education program, and assurance of student liability protection by the sponsoring dental school.

In this regard we have developed the draft language enclosed by separate attachment which addresses these concerns and provides the additional patient and student protections that are needed for full support of the measure.

We have shared our unease about the legislation as currently drafted, and our proposed amendments, with the California Dental Association, which is in agreement with our recommendations and is in support of our efforts to improve the legislation before it is voted upon in the Senate.

Executive Director Andrew Soderstrom, DDS

1215 K Street, Suite 940, Sacramento, CA 95814 / p: 916.231.2142 / f: 916.231.2141 / admin@cspd.org



CALIFORNIA SOCIETY OF PEDIATRIC DENTISTRY

At this time, we are therefore asking that the bill be amended prior to being heard in the Senate. We are aware of the timing of our request, but are compelled to make this appeal in the interest of significantly improving legislation which will affect both the public and California dental students in educational training.

CSPD is the professional membership organization of California's over 700 pediatric dental providers, educators and researchers. Our members provide primary and specialty oral health care to infants, children and adolescents, with a mission of serving our members and the public by advocating for the optimal oral health of infants, children and adolescents. We are the state unit of the American Academy of Pediatric Dentistry and have been active in state oral health advocacy since our founding in 1975. Our members provide nearly a third of all pediatric oral health services in the state and are even more highly involved in services to the very young and to patients with disabilities and special health care needs.

Thank you, in advance, for your consideration of this request.

Sharine Thenard, DDS
President
California Society of Pediatric Dentistry

Paul Reggiardo, DDS
Public Policy Advocate
California Society of Pediatric Dentistry

cc: Oral and Facial Surgeons of California
California Dental Association
Dental Board of California
Officers and Directors, California Society of Pediatric Dentistry
Dr. Andrew Soderstrom, Executive Director, California Society of Pediatric Dentistry

Executive Director Andrew Soderstrom, DDS

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PROPOSED AMENDMENTS

AMENDED IN SENATE JUNE 22, 2015

AMENDED IN ASSEMBLY APRIL 28, 2015

AMENDED IN ASSEMBLY MARCH 26, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

Assembly Bill No. 880

Introduced by Assembly Member Ridley-Thomas
(Coauthor: Senator Hall)

February 26, 2015

An act to add Section 1626.6 to the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

AB 880, as amended, Ridley-Thomas. Dentistry: licensure: exemption.

The Dental Practice Act provides for the licensure and regulation of persons engaged in the practice of dentistry by the Dental Board of California, and prohibits the practice of dentistry by any person without a valid license, except in certain circumstances.

This bill would additionally exempt from that prohibition the practice of dentistry, as specified and as approved by the board, by a final year student, as defined, without compensation or expectation of compensation and under the supervision of a licensed dentist with a faculty appointment at a sponsored event, as defined, if specified conditions are met. This bill would require the administering entity of the sponsored event to provide the Dental Board of California with a list of the names of the students practicing dentistry exempted pursuant to this bill at the sponsored event, the name of the school of enrollment of those students, and the name and license number of the supervising licensed dentist.

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

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

SECTION 1.

Section 1626.6 is added to the *Business and Professions Code*, to read:

1626.6.

(a) (1) In addition to the exemptions set forth in Section 1626, the practice of dentistry by a final year student rendered or performed without compensation or expectation of compensation under the supervision of a licensed dentist with a [clinical](#) faculty appointment at a sponsored event, is exempt from the operation of this chapter.

(2) The practice of dentistry exempted by paragraph (1) only includes those operations, approved by the board, that are rendered or performed under the same conditions as operations exempt under subdivision (b) of Section 1626.

b) For purposes of this section, all of the following shall apply:

(1) "Final year student" means a student of dentistry in his or her final year of completion at a dental school approved by the board. "Final year student" also includes a dental student enrolled in an advanced [dental](#) program.

(2) "Licensed dentist" means a dentist licensed pursuant to this chapter.

(3) "Sponsored event" means an event, not to exceed 10 calendar days, administered by a sponsoring entity or a local governmental entity, or both, through which health care is provided to the public without compensation, or expectation of compensation.

(4) "Sponsoring entity" means a nonprofit organization pursuant to Section 501(c)(3) of the Internal Revenue Code, or a community-based organization.

[\(5\) "Sponsoring dental school" is the dental school that is sanctioning the student and clinical faculty participation at the sponsored event.](#)

[\(6\) "Patient" refers to the dental patient or patient's representative in the case of a minor.](#)

(c) The volunteer practice of dentistry by students pursuant to this section shall comply with all of the following requirements:

(1) Each patient shall be sufficiently informed that a dental student may be providing some of the treatment that he or she will be receiving.

(2) Any information provided to the patient to give informed consent shall offer the patient the option to decline to be treated by the student [and be treated by a licensed dentist](#).

(3) The volunteer practice of a student shall be supervised by [clinical](#) faculty from the dental school in which the student is enrolled.

(4) Each volunteer student shall wear an identification badge that clearly identifies the student as a dental student. The identification badge shall display the student's name, the name of the student's dental school, and the name and the telephone number

of the Dental Board of California. That information shall be displayed in 14-point font, at minimum.

~~(5) Supervision ratios and student oversight shall be at least as stringent as required to meet the standards of the Commission on Dental Accreditation at each school's clinical department, laboratory, or dental extension program operated pursuant to subdivision (b) of Section 1626.~~

(65) Supervision ratios and student oversight shall be appropriate at least as stringent as the standards set for the procedure being performed by the student and the age of the patient in accordance with the standards at the sponsoring dental school's clinical department, laboratory, or dental extension program.

(76) The student shall perform only those procedures in which he or she is credentialed or those procedures he or she is permitted to perform in the school's clinical department, laboratory, or dental extension program operated pursuant to subdivision (b) of Section 1626.

(d) The student or the student's sponsoring dental school shall ensure liability insurance coverage is obtained and covers all services including diagnosis, treatment and evaluation provided by the student.

(de) The administering entity of the sponsored event shall provide the Dental Board of California with a list of the names of the students practicing dentistry exempted by this section at the sponsored event, the name of the school of enrollment of those students, and the name and license number of the supervising licensed dentist.



MEMORANDUM

DATE	August 19, 2015
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer
SUBJECT	Agenda Item 12(C): Discussion and Possible Action Regarding Fiscal Year 2015-16 Regulatory Priorities

Background:

At the beginning of each Fiscal Year (FY), staff requests the Dental Board of California (Board) set its priorities for the promulgation of new regulatory proposals for the duration of the year so that staff may manage the workload associated with meeting the Board's goals accordingly. In 2014, the Board set the following priorities, in priority order, for FY 2014-15:

1. Delegation of Authority to the Board's Executive Officer;
2. Abandonment of Applications;
3. Dental Assisting Comprehensive Rulemaking
4. Licensure by Credential Application Requirements;
5. Continuing Education Requirements and Basic Life Support Equivalency Standards;
6. Mobile and Portable Dental Unit Registration Requirements;
7. Elective Facial Cosmetic Surgery (EFCS) Permit Requirements; and,

Over the last year, the Board and staff have been working to ensure that the regulatory proposals move forward to maintain maximum public protection. The following is a list of regulatory proposals that staff has been working on over the last year:

1. Delegation of Authority to the Executive Officer (California Code of Regulations, Title 16, Section 1001):

At its May 2014 meeting, the Board approved proposed regulatory language to delegate authority to the Board's Executive Officer to approve settlement agreements for the revocation, surrender, or interim suspension of a license without requiring the Board to vote to adopt the settlement. Board staff filed the initial rulemaking documents with OAL on February 10, 2015 and the proposal was published in the California Regulatory Notice on February 20, 2015. The 45-day public comment period began on February 20, 2015 and ended on April 6, 2015. A

regulatory hearing was held on April 7, 2015 in Sacramento. No public comments were received in response to the proposal.

Staff submitted the final rulemaking file to the Department of Consumer Affairs (Department) on June 17, 2015. Final rulemaking files are 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 OAL. The OAL will have thirty (30) working days to review the file. Once approved, the rulemaking will be filed with the Secretary of State. The deadline to submit the final rulemaking file to the Office of Administrative Law for review and determination of approval is February 19, 2016. **Status: Pending Final Review by the Department.**

2. Abandonment of Applications (California Code of Regulations, Title 16, Section 1004):

At its May 2013 meeting, the Dental Board of California (Board) approved proposed regulatory language relative to the abandonment of applications and directed staff to initiate the rulemaking. Board staff filed the initial rulemaking documents with the Office of Administrative Law (OAL) on July 23, 2015 and the proposal was published in the California Regulatory Notice Register on Friday, August 7, 2015. The 45-day public comment period began on August 7, 2015 and will end on September 21, 2015. A public regulatory hearing will be held in Sacramento on September 22, 2015. **Status: Initial rulemaking were published in California Regulatory Notice Register on August 7, 2015. The 45-day public comment period ends on September 21st. Any comments received will be considered by the Board at its next regularly scheduled meeting.**

3. Dental Assisting Comprehensive Regulatory Proposal:

The Dental Assisting Council (Council) held a regulatory development workshop on June 19, 2015 to work on the Radiation Safety Course Requirements as part of the Dental Assisting Comprehensive Regulatory Proposal. Board staff anticipates scheduling a series of workshops to develop proposed regulatory language to present to the Board at a future meeting. Once completed, this rulemaking will include educational program and course requirements, examination requirements, and licensure requirements relating to dental assisting. **Status: Pending further development of regulatory language by the Dental Assisting Council.**

4. Licensure by Credential Application Requirements:

The Board added this rulemaking to its list of priorities for Fiscal Year (FY) 2014-15. Staff has been working with Board Legal Counsel to identify issues and develop regulatory language to implement, interpret, and specify the application requirements for the Licensure by Credential pathway to licensure. A subcommittee was appointed (Drs. Witcher and Woo) to work with staff to draft regulatory language and to determine if statutory changes are also necessary. Staff will schedule a meeting with the subcommittee in the coming months. **Status: Pending additional language development by Board subcommittee, staff, and Legal Counsel.**

5. Continuing Education Requirements and Basic Life Support Equivalency Standards:

In March 2013, the Board's 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.

Additionally, AB 836 (Skinner Chapter 299, statutes of 2013) restricted the continuing education requirement hours for active-retired dentists who provide only uncompensated care at a maximum of 60% of that required for non-retired active dentists, and requires the Board to report on the status of retired active dentists who provide only uncompensated care during its next sunset report. These new requirements will need to be implemented as part of this rulemaking proposal.

The Board deemed the development of a regulatory package relating to Continuing Education and Basic Life Support Equivalency Standards a priority for FY 2014-15. Board staff is working on the development of proposed language and will present it to the Board for consideration at a future meeting. **Status: Pending development of proposed language for Board consideration.**

6. Mobile and Portable Dental Unit Registration Requirements:

Senate Bill 562 (Galgiani Chapter 562, Statutes of 2013) eliminated the one mobile dental clinic or unit limit and required a mobile dental unit or a dental practice that routinely uses portable dental units, as defined, to be registered and operated in accordance with the regulations of the Board. The bill required any regulations adopted by the board pertaining to these matters to require the registrant to identify a licensed dentist responsible for the mobile dental unit or portable practice, and to include requirements for availability of follow-up and emergency care, maintenance and availability of provider and patient records, and treatment information to be provided to patients and other appropriate parties. At its November 2014 meeting, the Board directed staff to add Mobile and Portable Dental Units to its list of regulatory priorities. **Status: Pending Board action to initiate a rulemaking.**

7. Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal:

Regulations are necessary to interpret and specify the provisions contained in Business and Professions Code Section 1638.1 relating to the application and approval process requirements for the issuance of an Elective Facial Cosmetic Surgery permit. Board staff anticipates proposed language will be considered by the

Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee at a future meeting. **Status: Pending further development of regulatory language by the EFCS Permit Credentialing Committee.**

Staff Recommendation:

Staff recommends the Board consider maintaining the same regulatory priorities it established in FY 2014-15 as the regulatory priorities for FY 2015-16 to allow the opportunity to complete what is currently pending.

Action Requested:

The Board may take action to establish the regulatory priorities for FY 2015-16.



MEMORANDUM

DATE	August 19, 2015
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer
SUBJECT	Agenda Item 12(D): Discussion and Possible Action to Initiate a Rulemaking to Implement, Interpret, and Make Specific California Code of Regulation, Title 16, Section 1049 Relating to Mobile and Portable Dental Unit Registration Requirements

Background:

Senate Bill 562 (Galgiani Chapter 562, Statutes of 2013) eliminated the one mobile dental clinic or unit limit and required a mobile dental unit or a dental practice that routinely uses portable dental units, as defined, to be registered and operated in accordance with the regulations of the Dental Board of California (Board). A copy of the bill is enclosed for reference. The bill required any regulations adopted by the Board pertaining to these matters to require the registrant to identify a licensed dentist responsible for the mobile dental unit or portable practice, and to include requirements for availability of follow-up and emergency care, maintenance and availability of provider and patient records, and treatment information to be provided to patients and other appropriate parties. At its November 2014 meeting, the Board directed staff to add Mobile and Portable Dental Units to its list of regulatory priorities.

The California Dental Association (CDA) submitted an initial rough draft of proposed regulatory language to Board staff to begin the process. Staff met with a representative of the CDA to discuss the proposed provisions and additionally consulted the Board's Legal Counsel. After evaluation of the requirements of the Administrative Procedures Act (APA) and the Board's statutory authority, staff has drafted the enclosed proposed regulatory language for the Board's consideration.

Please note there is terminology highlighted in gray in the proposed language that will require the development of a definition. Staff will be presenting possible definitions for "community facilities", "necessary parties", and "permanently established" for the Board's discussion and consideration.

Action Requested:

Consider and possibly accept the proposed regulatory language relative to the registration requirements for mobile and portable dental units, 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 authorize 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 adopt the proposed amendments to California Code of Regulations, Title 16, Section 1049 as noticed in the proposed text.

Senate Bill No. 562

CHAPTER 624

An act to amend Section 1657 of the Business and Professions Code, relating to dentists.

[Approved by Governor October 7, 2013. Filed with
Secretary of State October 7, 2013.]

LEGISLATIVE COUNSEL'S DIGEST

SB 562, 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 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 require a mobile dental unit or a dental practice that routinely uses portable dental units, as defined, to be registered and operated in accordance with the regulations of the board. The bill would require any regulations adopted by the board pertaining to these matters to require the registrant to identify a licensed dentist responsible for the mobile dental unit or portable practice, and to include 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.

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

SECTION 1. Section 1657 of the Business and Professions Code is amended to read:

1657. (a) For the purposes of this section, the following definitions shall apply:

(1) "Mobile dental unit" means a self-contained facility, which may include a trailer or van, in which dentistry is practiced that may be moved, towed, or transported from one location to another.

(2) “Portable dental unit” means a self-contained unit housing equipment used for providing dental treatment that is transported to, and used on a temporary basis at, nondental office locations.

(b) A mobile dental unit, or a dental practice that routinely uses portable dental units to provide treatment in nondental office locations, shall be registered and operated in accordance with regulations established by the board. These regulations shall not be designed to prevent or lessen competition in service areas. The regulations shall require the registrant to identify a licensed dentist responsible for the mobile dental unit or portable practice, and shall include, but shall 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. A mobile dental unit, or a dental practice using portable dental units, registered and operated in accordance with the board’s regulations and that has paid the fees established by the board, including a mobile dental unit registered for the purpose specified in subdivision (e), shall otherwise be exempt from this article and Article 3.5 (commencing with Section 1658).

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

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

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

(1) The licensed dentist’s registered place of practice has been rendered and remains unusable due to loss or calamity.

(2) The licensee’s insurer registers the mobile dental unit with the board in compliance with subdivision (b).

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

PROPOSED LANGUAGE

Amend Section 1049 of Division 10 of Title 16 of the California Code of Regulations to read:

§ 1049. Mobile Dental Clinics and Portable Dental Units.

(a) Definitions. For purposes of Section 1657 of the code, a ~~“mobile dental clinic” or “mobile dental unit” means any self-contained facility in which dentistry will be practiced which may be moved, towed, or transported from one location to another.~~ the following definitions shall apply:

(1) “Communication facilities” means...

(2) “Necessary parties” means...

(3) “Operator” means the person who has registered a mobile dental unit or portable dental practice with the Board pursuant to the registration requirements of this regulation.

(4) “Permanently established dentist” means...

(5) “Routinely” means a dental practice that provides dental treatment via mobile or portable means for more than thirty (30) days in any twelve (12) month time period.

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

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

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

(c) Requirements.

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

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

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

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

~~(C) The mobile dental clinic conforms to all applicable federal, state and local laws, regulations and ordinances dealing with radiographic equipment, flammability, construction, sanitation and zoning and the applicant possesses all applicable county and city licenses or permits to operate the unit.~~

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

~~(D)~~(E) The driver of the unit possesses a valid California driver's license.

(2) Official Place of Business and Maintenance of Records. The applicant shall maintain an official business or mailing address of record which shall be filed with the board.

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

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

(C) All dental and official records shall be maintained at the official place of business and available for inspection and copying upon request by representatives of the Board or other person as authorized by state or federal law.

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

(3) Each mobile dental ~~clinic~~unit shall:

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

(B) Have a properly functioning sterilization system.

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

(D) Have ready access to toilet facilities.

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

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

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

(H) Allow inspection by a representative of the Board prior to receiving approval to operate, at the Board's discretion.

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

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

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

(f) Exemptions.

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

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

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

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

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

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

(3) Each dentist, hygienist, registered dental assistant, and any other licensed individual providing dental services in the mobile or portable dental unit shall prominently display evidence of his or her California dental license in plain view of patients and notice of licensure as required by California Code of Regulations, Title 16, Section 1065.

(h) Identification of Location of Services.

(1) Each perator of a mobile or portable dental unit shall maintain a confidential written or electronic record detailing the following for each location where services are provided:

(A) Street address of the service location;

(B) Date of each treatment session;

(C) Names of patients served; and

(D) Types of dental services provided.

(2) The confidential written or electronic record shall be made available to a representative of the Board within ten (10) days of the Board's receipt of a request. Costs for such records shall be borne by the mobile or portable dental unit.

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

(j) Information for Patients.

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

(A) "Institutional facility" but is not limited to, a long-term care facility or school.

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

(A) Pertinent contact information for the mobile or portable dental unit;

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

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

(D) A description of any dental needs observed during a screening, assessment, or other form of visual inspection, or diagnosis during an exam.

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

(F) Language, including the Board's contact information, notifying patients of their right to contact the Dental Board should the patient have a

problem they are unable to resolve with the mobile or portable dental unit and/or the rendering dentist.

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

(l) Cessation of Operation.

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

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

(3) Upon choosing to discontinue practice or services in a community, the operator of a mobile or portable dental unit shall notify all patients of record and preserve all records.

(4) The operator shall make reasonable arrangements with the active patients of the mobile or portable dental unit for the transfer of the patient's records, including radiographs or copies thereof, to the succeeding practitioner or, at the written request of the patient, to the patient.

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

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

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

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

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



MEMORANDUM

DATE	August 20, 2015
TO	Dental Board of California
FROM	Linda Byers, Executive Assistant
SUBJECT	Agenda Item 12E: Discussion and Possible Action on Legislation

Background:

Board staff is currently tracking 10 bills, pertaining to health care coverage, regulations, Dental Board of California Sunset Review, controlled substances, healing arts, and enforcement. Currently, the only bills that will most likely impact the Dental Practice Act are as follows:

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

AB 85	Wilk	Open Meetings
AB 178	Bonilla	Board of Vocational Nursing and Psychiatric Technicians of the State of California
AB 179	Bonilla	Healing Arts
AB 483	Patterson	Healing Arts: initial license fees: proration
AB 502	Chau	Dental Hygiene
AB 507	Olsen	DCA: BreEZe system
AB 611	Dahle	Controlled Substances: prescriptions: reporting
AB 648	Low	Community – Based services: virtual dental home program
AB 880	Ridley – Thomas	Dentistry: licensure: exemption
SB 800	Sen. BP&ED	Healing arts

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

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS**

BILL NUMBER:	AB 85	SPONSOR:	
AUTHOR:	Wilk		
VERSION:	April 15, 2015 amended version	INTRODUCED:	02/06/2015
BILL STATUS:	Passed out of Senate Appropriations on August 18, 2015	BILL LOCATION:	Senate
SUBJECT:	Open Meetings	RELATED BILLS:	AB 2058 (Wilk) 2013-2014 Legislative Session – Vetoed by Gov. Brown

SUMMARY

This bill clarifies that, under the Bagley-Keene Act, a two-member advisory committee of a state body is a "state body" if a member of that state body sits on the advisory committee and the committee receives funds from the state body.

Potentially significant General Fund costs, in excess of \$750,000, to state agencies for complying with notice and open meeting requirements in instances currently not subject to those requirements.

ANALYSIS

According to the author, the current definition of "state body" in the Bagley-Keene Act contains an ambiguity with respect to whether standing committees composed of fewer than three members need to comply with the public notice and open meeting requirements of the Act. The author contends this ambiguity has been interpreted by certain state agencies to allow standing committees to hold closed-door meetings so long as those committees contain fewer than three members and do not vote on action items. AB 85 would clarify that all standing committees, including two-member advisory committees, are subject to the transparency of open meeting regulations.

The Government Code contains two parallel open meeting statutes, the Bagley-Keene Act for state government, and the Ralph M. Brown Act (the Brown Act) for local governments. The philosophy underpinning the two acts is that transparency and consensus should be favored over administrative efficiency in most cases. The acts explicitly mandate open meetings for state and local agencies, boards, and commissions, providing the public with the ability to monitor and participate in the decision-making process.

Prior to 1993, the Bagley-Keene Act and the Brown Act contained very similar definitions for "state body." Following an interpretation of that definition by a particular

local government to exempt two-member standing committees from the open meeting requirements of the Brown Act, the Legislature amended the definition of "state body" to clarify that advisory bodies with continuing subject matter jurisdiction or a regular meeting schedule fixed by formal action are legislative bodies (akin to state bodies). Last year, AB 2058 (Wilk) would have aligned the definitions and requirements for open meetings among standing committees between the Bagley-Keene Act and the Brown Act as amended in 1993. AB 2058 was vetoed by Governor Brown, who explained in his veto message:

"[a]n advisory committee...does not have authority to act on its own and must present any findings and recommendations to a larger body in a public setting for formal action,"

Governor Brown argued that current law should be sufficient for transparency purposes.

The legislative findings in the original version of AB 85 cited an unpublished decision of the Third District Court of Appeals as an accurate reflection of the legislative intent behind the Bagley-Keene Act. In general, unpublished court decisions may be used as persuasive precedent, but do not bind future courts, and decisions of district courts of appeals do not necessarily have statewide application. Furthermore, this bill was amended to delete those findings, further clouding the issue of legislative intent behind the Act. As a result, current law is unsettled. Should this bill fail to pass or attract another veto from the Governor, the result could be used to argue the legislature's intent is that the Bagley-Keene Act be interpreted in the opposite manner as the author proposed here.

REGISTERED SUPPORT/OPPOSITION

California Board of Accountancy (CBA)
Dental Board of California

BOARD POSITION

At the May 2015 meeting, the Board voted to send a letter of opposition to Assembly Member Wilk. A copy of the letter is attached. There have been no additional amendments to AB 85 and it passed out of the Senate Appropriations Committee on August 18, 2015.



DENTAL BOARD OF CALIFORNIA

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

June 15, 2015

The Honorable Scott Wilk
California State Assembly
California State Capitol, Room 4158
Sacramento, CA 95814

RE: AB 85 (Wilk), as amended April 15, 2015 (Open Meetings) **OPPOSE**

Dear Assembly Member Wilk:

The Dental Board of California (Board) has taken a position of **Oppose** on your bill, Assembly Bill 85, which would require two-member advisory committees or panels of a "state body" (as defined in the Bagley-Keene Open Meeting Act) to hold open, public meetings if at least one member of the advisory committee is a member of the larger state body and the advisory committee is supported, in whole or in part, by state funds.

This bill would prevent the Board, and its various committees, from asking fewer than three members to review a document, draft a letter, provide expert analysis, or work on legal language without public notice of these activities. Under current law, the activities of these two-member bodies are advisory and vetted and voted upon in a publically noticed meeting of the whole committee or Board. AB 85 would also prohibit two Board members from visiting Legislators to discuss important consumer protection issues related to the practice of dentistry, as it would be impractical, if not impossible, to publically notice legislative visits scheduled on short notice. In addition, making advisory activities of two members open to the public will greatly increase costs, as a staff member would need to travel to attend the meeting for the purpose of recording minutes. Agencies would also need to contract for meeting space that would be able to accommodate the public, thus incurring further costs. For these reasons, the Board has taken an oppose position on Assembly Bill 85.

The Board appreciates the goal of this bill to increase public participation and government transparency. The Board has taken several steps to increase its transparency and believes the advisory activities of two members are already given complete transparency and the chance for public input with they are fully vetted and voted upon in meetings that are already open to the public.

Thank you for the opportunity to provide comments regarding Assembly Bill 85. If you have any questions or concerns, please feel free to contact me at your convenience at (916) 263-2188 or Karen.Fischer@dca.ca.gov.

Respectfully,

Karen M. Fischer, MPA
Executive Officer

cc: Curtis Raulinaitis, Legislative Director, Assembly Member Scott Wilk
Members of the Senate Governmental Organization Committee
Members of the Dental Board of California
Awet Kidane, Director, Department of Consumer Affairs
Melinda McClain, Deputy Director of Legislation and Regulatory Review, Department of
Consumer Affairs

AMENDED IN ASSEMBLY APRIL 15, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 85

Introduced by Assembly Member Wilk

January 6, 2015

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

LEGISLATIVE COUNSEL'S DIGEST

AB 85, as amended, Wilk. Open meetings.

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

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

~~This bill would make legislative findings and declarations, including, but not limited to, a statement of the Legislature’s intent that this bill is declaratory of existing law.~~

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

Vote: 2/3. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

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

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

3 ~~(a) The unpublished decision of the Third District Court of~~
4 ~~Appeals in Funeral Security Plans v. State Board of Funeral~~
5 ~~Directors (1994) 28 Cal. App.4th 1470 is an accurate reflection of~~
6 ~~legislative intent with respect to the applicability of the~~
7 ~~Bagley-Keene Open Meeting Act (Article 9 (commencing with~~
8 ~~Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of~~
9 ~~the Government Code) to a two-member standing advisory~~
10 ~~committee of a state body.~~

11 ~~(b) A two-member committee of a state body, even if operating~~
12 ~~solely in an advisory capacity, already is a “state body,” as defined~~
13 ~~in subdivision (d) of Section 11121 of the Government Code, if a~~
14 ~~member of the state body sits on the committee and the committee~~
15 ~~receives funds from the state body.~~

16 ~~(c) It is the intent of the Legislature that this bill is declaratory~~
17 ~~of existing law.~~

18 ~~SEC. 2.~~

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

21 ~~11121. As used in this article, “state body” means each of the~~
22 ~~following:~~

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

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

30 ~~(c) An advisory board, advisory commission, advisory~~
31 ~~committee, advisory subcommittee, or similar multimember~~
32 ~~advisory body of a state body, if created by formal action of the~~
33 ~~state body or of any member of the state body, and if the advisory~~

1 body so created consists of three or more persons, except as in
2 subdivision (d).

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

10 ~~SEC. 3.~~

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

15 In order to avoid unnecessary litigation and ensure the people's
16 right to access the meetings of public bodies pursuant to Section
17 3 of Article 1 of the California Constitution, it is necessary that
18 *this act take effect ~~immediately~~ immediately.*

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS**

BILL NUMBER:	AB 483	SPONSOR:	
AUTHOR:	Patterson		
VERSION:	August 18, 2015 Amended not yet in print	INTRODUCED:	02/23/2015
BILL STATUS:	Passed out of Senate Appropriations on August 18, 2015	BILL LOCATION:	Senate
SUBJECT:	Pro-rated Initial Licensure Fees on a monthly basis	RELATED BILLS:	AB 1758 (Patterson) 2013-2014 Legislative Session Held in Senate Appropriations

SUMMARY

Prorates the initial license fee on a monthly basis for a dentist, registered dental hygienist, registered dental hygienist in alternative practice, registered dental hygienist in extended functions, osteopathic physician and surgeon, occupational therapist, physical therapist, registered veterinary technician, veterinarian, acupuncturist, and architect.

ANALYSIS

According to the Author's office, AB 483 prorates the initial license fee for various professions on a monthly basis to ensure that licensees are not overcharged for their licenses. By basing license expiration and renewal on a licensee's birth month, California law requires certain licensees to renew their license based on their date of birth rather than when they were first issued the license. While this policy was put in place to expedite license issuance, it can have an adverse financial effect on licensees who may have to pay the complete license issuance fee and then pay a full renewal fee once their birth month occurs after they are first licensed, even if only a few months have elapsed in between issuance and renewal. Because of this renewal policy, some licenses may last almost a full 2-year licensing term, while others may only last for a couple of months, yet the licensees in each case would pay the same initial license fee.

Regulatory boards have expressed concern with this legislation indicating that changing to a prorated system would be problematic logistically and financially. For example, the DHCC indicates that it would have to reprogram its licensing system, Breeze, at substantial cost, and it would lose revenue currently relied upon due to the birth date system.

The Dental Board already prorates its initial licensure fees on a monthly basis. Therefore, if this legislation passes, it should have no effect on how the Board currently conducts business.

Prior Related Legislation. AB 1758 (Patterson) of 2014 would have required the initial license fee for the following licensing categories to be prorated on a monthly basis: dentists; dental hygienists; physicians and surgeons; hearing aid dispensers; occupational therapists; physical therapists; psychologists; veterinary technicians; veterinarians; acupuncturists; and architects. (Status: *This bill was held in the Senate Appropriations Committee.*)

REGISTERED SUPPORT/OPPOSITION

Support:

California Association for Health Services at Home
California Physical Therapy Association
California Veterinary Medical Association
Fresno Chamber of Commerce
Numerous Individuals

Oppose:

Dental Hygiene Committee of California (DHCC)

BOARD POSITION

The Board has not taken a position on the bill.

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

AMENDED IN SENATE JUNE 22, 2015
AMENDED IN ASSEMBLY MAY 28, 2015
AMENDED IN ASSEMBLY APRIL 9, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 483

**Introduced by Assembly Member Patterson
(Principal coauthor: Assembly Member Gordon)
(Coauthors: Assembly Members Chang, Chávez, Grove, Obernolte,
Waldron, and Wilk)
(Coauthor: Senator Anderson)**

February 23, 2015

An act to amend Sections 1724, 1944, 2456.1, ~~2538.57~~, 2570.16, 2688, 4842.5, 4905, 4970, and 5604 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 483, as amended, Patterson. Healing arts: initial license fees: proration.

Existing law provides for the regulation and licensure of various professions and vocations by boards within the Department of Consumer Affairs. Existing law establishes fees for initial licenses, initial temporary and permanent licenses, and original licenses for those various professions and vocations. Existing law requires that licenses issued to certain licensees, including, among others, architects, acupuncturists, dental hygienists, dentists, ~~hearing aid dispensers~~, occupational therapists, osteopathic physicians and surgeons, physical therapists, and veterinarians, expire at 12 a.m. on either the last day of the birth month

of the licensee or at 12 a.m. of the legal birth date of the licensee during the 2nd year of a 2-year term, if not renewed.

This bill would require that the fees imposed on these licensees for an initial ~~license, an initial temporary or permanent license, license~~ or an original license be prorated on a monthly basis. The bill would require that the fee assessed an osteopathic physician and surgeon for license renewal be prorated on a monthly basis.

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 1724 of the Business and Professions
- 2 Code is amended to read:
- 3 1724. The amount of charges and fees for dentists licensed
- 4 pursuant to this chapter shall be established by the board as is
- 5 necessary for the purpose of carrying out the responsibilities
- 6 required by this chapter as it relates to dentists, subject to the
- 7 following limitations:
- 8 (a) The fee for application for examination shall not exceed five
- 9 hundred dollars (\$500).
- 10 (b) The fee for application for reexamination shall not exceed
- 11 one hundred dollars (\$100).
- 12 (c) The fee for examination and for reexamination shall not
- 13 exceed eight hundred dollars (\$800). Applicants who are found to
- 14 be ineligible to take the examination shall be entitled to a refund
- 15 in an amount fixed by the board.
- 16 (d) The fee for an initial license and for the renewal of a license
- 17 is five hundred twenty-five dollars (\$525). The fee for an initial
- 18 license fee shall be prorated on a monthly basis.
- 19 (e) The fee for a special permit shall not exceed three hundred
- 20 dollars (\$300), and the renewal fee for a special permit shall not
- 21 exceed one hundred dollars (\$100).
- 22 (f) The delinquency fee shall be the amount prescribed by
- 23 Section 163.5.
- 24 (g) The penalty for late registration of change of place of
- 25 practice shall not exceed seventy-five dollars (\$75).
- 26 (h) The application fee for permission to conduct an additional
- 27 place of practice shall not exceed two hundred dollars (\$200).

1 (i) The renewal fee for an additional place of practice shall not
2 exceed one hundred dollars (\$100).

3 (j) The fee for issuance of a substitute certificate shall not exceed
4 one hundred twenty-five dollars (\$125).

5 (k) The fee for a provider of continuing education shall not
6 exceed two hundred fifty dollars (\$250) per year.

7 (l) The fee for application for a referral service permit and for
8 renewal of that permit shall not exceed twenty-five dollars (\$25).

9 (m) The fee for application for an extramural facility permit
10 and for the renewal of a permit shall not exceed twenty-five dollars
11 (\$25).

12 The board shall report to the appropriate fiscal committees of
13 each house of the Legislature whenever the board increases any
14 fee pursuant to this section and shall specify the rationale and
15 justification for that increase.

16 SEC. 2. Section 1944 of the Business and Professions Code is
17 amended to read:

18 1944. (a) The committee shall establish by resolution the
19 amount of the fees that relate to the licensing of a registered dental
20 hygienist, a registered dental hygienist in alternative practice, and
21 a registered dental hygienist in extended functions. The fees
22 established by board resolution in effect on June 30, 2009, as they
23 relate to the licensure of registered dental hygienists, registered
24 dental hygienists in alternative practice, and registered dental
25 hygienists in extended functions, shall remain in effect until
26 modified by the committee. The fees are subject to the following
27 limitations:

28 (1) The application fee for an original license and the fee for
29 the issuance of an original license shall not exceed two hundred
30 fifty dollars (\$250). The fee for the issuance of an original license
31 shall be prorated on a monthly basis.

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

34 (3) For third- and fourth-year dental students, the fee for
35 examination for licensure as a registered dental hygienist shall not
36 exceed the actual cost of the examination.

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

- 1 (5) The fee for examination for licensure as a registered dental
2 hygienist in alternative practice shall not exceed the actual cost of
3 administering the examination.
- 4 (6) The biennial renewal fee shall not exceed one hundred sixty
5 dollars (\$160).
- 6 (7) The delinquency fee shall not exceed one-half of the renewal
7 fee. Any delinquent license may be restored only upon payment
8 of all fees, including the delinquency fee, and compliance with all
9 other applicable requirements of this article.
- 10 (8) The fee for issuance of a duplicate license to replace one
11 that is lost or destroyed, or in the event of a name change, shall
12 not exceed twenty-five dollars (\$25) or one-half of the renewal
13 fee, whichever is greater.
- 14 (9) The fee for certification of licensure shall not exceed one-half
15 of the renewal fee.
- 16 (10) The fee for each curriculum review and site evaluation for
17 educational programs for dental hygienists who are not accredited
18 by a committee-approved agency shall not exceed two thousand
19 one hundred dollars (\$2,100).
- 20 (11) The fee for each review or approval of course requirements
21 for licensure or procedures that require additional training shall
22 not exceed seven hundred fifty dollars (\$750).
- 23 (12) The initial application and biennial fee for a provider of
24 continuing education shall not exceed five hundred dollars (\$500).
- 25 (13) The amount of fees payable in connection with permits
26 issued under Section 1962 is as follows:
- 27 (A) The initial permit fee is an amount equal to the renewal fee
28 for the applicant's license to practice dental hygiene in effect on
29 the last regular renewal date before the date on which the permit
30 is issued.
- 31 (B) If the permit will expire less than one year after its issuance,
32 then the initial permit fee is an amount equal to 50 percent of the
33 renewal fee in effect on the last regular renewal date before the
34 date on which the permit is issued.
- 35 (b) The renewal and delinquency fees shall be fixed by the
36 committee by resolution at not more than the current amount of
37 the renewal fee for a license to practice under this article nor less
38 than five dollars (\$5).

1 (c) Fees fixed by the committee by resolution pursuant to this
2 section shall not be subject to the approval of the Office of
3 Administrative Law.

4 (d) Fees collected pursuant to this section shall be collected by
5 the committee and deposited into the State Dental Hygiene Fund,
6 which is hereby created. All money in this fund shall, upon
7 appropriation by the Legislature in the annual Budget Act, be used
8 to implement this article.

9 (e) No fees or charges other than those listed in this section shall
10 be levied by the committee in connection with the licensure of
11 registered dental hygienists, registered dental hygienists in
12 alternative practice, or registered dental hygienists in extended
13 functions.

14 (f) The fee for registration of an extramural dental facility shall
15 not exceed two hundred fifty dollars (\$250).

16 (g) The fee for registration of a mobile dental hygiene unit shall
17 not exceed one hundred fifty dollars (\$150).

18 (h) The biennial renewal fee for a mobile dental hygiene unit
19 shall not exceed two hundred fifty dollars (\$250).

20 (i) The fee for an additional office permit shall not exceed two
21 hundred fifty dollars (\$250).

22 (j) The biennial renewal fee for an additional office as described
23 in Section 1926.4 shall not exceed two hundred fifty dollars (\$250).

24 (k) The initial application and biennial special permit fee is an
25 amount equal to the biennial renewal fee specified in paragraph
26 (6) of subdivision (a).

27 (l) The fees in this section shall not exceed an amount sufficient
28 to cover the reasonable regulatory cost of carrying out this article.

29 SEC. 3. Section 2456.1 of the Business and Professions Code
30 is amended to read:

31 2456.1. (a) All osteopathic physician's and surgeon's
32 certificates shall expire at 12 midnight on the last day of the birth
33 month of the licensee during the second year of a two-year term
34 if not renewed on or before that day.

35 (b) The board shall establish by regulation procedures for the
36 administration of a birth date renewal program, including, but not
37 limited to, the establishment of a system of staggered license
38 expiration dates such that a relatively equal number of licenses
39 expire monthly.

1 (c) To renew an unexpired license, the licensee shall, on or
2 before the dates on which it would otherwise expire, apply for
3 renewal on a form prescribed by the board and pay the prescribed
4 renewal fee.

5 (d) The fee assessed pursuant to this section shall be prorated
6 on a monthly basis.

7 ~~SEC. 4. Section 2538.57 of the Business and Professions Code~~
8 ~~is amended to read:~~

9 ~~2538.57. The amount of fees and penalties prescribed by this~~
10 ~~article shall be those set forth in this section unless a lower fee is~~
11 ~~fixed by the board:~~

12 ~~(a) The fee for applicants applying for the first time for a license~~
13 ~~is seventy-five dollars (\$75), which shall not be refunded, except~~
14 ~~to applicants who are found to be ineligible to take an examination~~
15 ~~for a license. Those applicants are entitled to a refund of fifty~~
16 ~~dollars (\$50):~~

17 ~~(b) The fees for taking or retaking the written and practical~~
18 ~~examinations shall be amounts fixed by the board, which shall be~~
19 ~~equal to the actual cost of preparing, grading, analyzing, and~~
20 ~~administering the examinations.~~

21 ~~(c) The initial temporary license fee is one hundred dollars~~
22 ~~(\$100). The fee for an initial temporary license shall be prorated~~
23 ~~on a monthly basis. The fee for renewal of a temporary license is~~
24 ~~one hundred dollars (\$100) for each renewal.~~

25 ~~(d) The initial permanent license fee is two hundred eighty~~
26 ~~dollars (\$280). The fee for an initial permanent license shall be~~
27 ~~prorated on a monthly basis. The fee for renewal of a permanent~~
28 ~~license is not more than two hundred eighty dollars (\$280) for each~~
29 ~~renewal.~~

30 ~~(e) The initial branch office license fee is twenty-five dollars~~
31 ~~(\$25). The fee for renewal of a branch office license is twenty-five~~
32 ~~dollars (\$25) for each renewal.~~

33 ~~(f) The delinquency fee is twenty-five dollars (\$25).~~

34 ~~(g) The fee for issuance of a replacement license is twenty-five~~
35 ~~dollars (\$25).~~

36 ~~(h) The continuing education course approval application fee~~
37 ~~is fifty dollars (\$50).~~

38 ~~(i) The fee for official certification of licensure is fifteen dollars~~
39 ~~(\$15).~~

1 ~~SEC. 5.~~

2 ~~SEC. 4.~~ Section 2570.16 of the Business and Professions Code
3 is amended to read:

4 2570.16. Initial license and renewal fees shall be established
5 by the board in an amount that does not exceed a ceiling of one
6 hundred fifty dollars (\$150) per year. The initial license fee shall
7 be prorated on a monthly basis. The board shall establish the
8 following additional fees:

9 (a) An application fee not to exceed fifty dollars (\$50).

10 (b) A late renewal fee as provided for in Section 2570.10.

11 (c) A limited permit fee.

12 (d) A fee to collect fingerprints for criminal history record
13 checks.

14 ~~SEC. 6.~~

15 ~~SEC. 5.~~ Section 2688 of the Business and Professions Code is
16 amended to read:

17 2688. The amount of fees assessed in connection with licenses
18 issued under this chapter is as follows:

19 (a) (1) The fee for an application for licensure as a physical
20 therapist submitted to the board prior to March 1, 2009, shall be
21 seventy-five dollars (\$75). The fee for an application submitted
22 under Section 2653 to the board prior to March 1, 2009, shall be
23 one hundred twenty-five dollars (\$125).

24 (2) The fee for an application for licensure as a physical therapist
25 submitted to the board on or after March 1, 2009, shall be one
26 hundred twenty-five dollars (\$125). The fee for an application
27 submitted under Section 2653 to the board on or after March 1,
28 2009, shall be two hundred dollars (\$200).

29 (3) Notwithstanding paragraphs (1) and (2), the board may
30 decrease or increase the amount of an application fee under this
31 subdivision to an amount that does not exceed the cost of
32 administering the application process, but in no event shall the
33 application fee amount exceed three hundred dollars (\$300).

34 (b) The examination and reexamination fees for the physical
35 therapist examination, physical therapist assistant examination,
36 and the examination to demonstrate knowledge of the California
37 rules and regulations related to the practice of physical therapy
38 shall be the actual cost to the board of the development and writing
39 of, or purchase of the examination, and grading of each written
40 examination, plus the actual cost of administering each

1 examination. The board, at its discretion, may require the licensure
2 applicant to pay the fee for the examinations required by Section
3 2636 directly to the organization conducting the examination.

4 (c) (1) The fee for a physical therapist license issued prior to
5 March 1, 2009, shall be seventy-five dollars (\$75).

6 (2) The fee for a physical therapist license issued on or after
7 March 1, 2009, shall be one hundred dollars (\$100).

8 (3) Notwithstanding paragraphs (1) and (2), the board may
9 decrease or increase the amount of the fee under this subdivision
10 to an amount that does not exceed the cost of administering the
11 process to issue the license, but in no event shall the fee to issue
12 the license exceed one hundred fifty dollars (\$150).

13 (4) The fee assessed pursuant to this subdivision for an initial
14 physical therapist license issued on or after January 1, 2016, shall
15 be prorated on a monthly basis.

16 (d) (1) The fee to renew a physical therapist license that expires
17 prior to April 1, 2009, shall be one hundred fifty dollars (\$150).

18 (2) The fee to renew a physical therapist license that expires on
19 or after April 1, 2009, shall be two hundred dollars (\$200).

20 (3) Notwithstanding paragraphs (1) and (2), the board may
21 decrease or increase the amount of the renewal fee under this
22 subdivision to an amount that does not exceed the cost of the
23 renewal process, but in no event shall the renewal fee amount
24 exceed three hundred dollars (\$300).

25 (e) (1) The fee for application and for issuance of a physical
26 therapist assistant license shall be seventy-five dollars (\$75) for
27 an application submitted to the board prior to March 1, 2009.

28 (2) The fee for application and for issuance of a physical
29 therapist assistant license shall be one hundred twenty-five dollars
30 (\$125) for an application submitted to the board on or after March
31 1, 2009. The fee for an application submitted under Section 2653
32 to the board on or after March 1, 2009, shall be two hundred dollars
33 (\$200).

34 (3) Notwithstanding paragraphs (1) and (2), the board may
35 decrease or increase the amount of the fee under this subdivision
36 to an amount that does not exceed the cost of administering the
37 application process, but in no event shall the application fee amount
38 exceed three hundred dollars (\$300).

1 (f) (1) The fee to renew a physical therapist assistant license
2 that expires prior to April 1, 2009, shall be one hundred fifty dollars
3 (\$150).

4 (2) The fee to renew a physical therapist assistant license that
5 expires on or after April 1, 2009, shall be two hundred dollars
6 (\$200).

7 (3) Notwithstanding paragraphs (1) and (2), the board may
8 decrease or increase the amount of the renewal fee under this
9 subdivision to an amount that does not exceed the cost of the
10 renewal process, but in no event shall the renewal fee amount
11 exceed three hundred dollars (\$300).

12 (g) Notwithstanding Section 163.5, the delinquency fee shall
13 be 50 percent of the renewal fee in effect.

14 (h) (1) The duplicate wall certificate fee shall be fifty dollars
15 (\$50). The duplicate renewal receipt fee amount shall be fifty
16 dollars (\$50).

17 (2) Notwithstanding paragraph (1), the board may decrease or
18 increase the amount of the fee under this subdivision to an amount
19 that does not exceed the cost of issuing duplicates, but in no event
20 shall that fee exceed one hundred dollars (\$100).

21 (i) (1) The endorsement or letter of good standing fee shall be
22 sixty dollars (\$60).

23 (2) Notwithstanding paragraph (1), the board may decrease or
24 increase the amount of the fee under this subdivision to an amount
25 that does not exceed the cost of issuing an endorsement or letter,
26 but in no event shall the fee amount exceed one hundred dollars
27 (\$100).

28 ~~SEC. 7.~~

29 *SEC. 6.* Section 4842.5 of the Business and Professions Code
30 is amended to read:

31 4842.5. The amount of fees prescribed by this article is fixed
32 by the following schedule:

33 (a) The fee for filing an application for examination shall be set
34 by the board in an amount it determines is reasonably necessary
35 to provide sufficient funds to carry out the purposes of this chapter,
36 not to exceed three hundred fifty dollars (\$350).

37 (b) The fee for the California registered veterinary technician
38 examination shall be set by the board in an amount it determines
39 is reasonably necessary to provide sufficient funds to carry out the
40 purposes of this chapter, not to exceed three hundred dollars (\$300).

1 (c) The initial registration fee shall be set by the board at not
2 more than three hundred fifty dollars (\$350) and shall be prorated
3 on a monthly basis. The board may adopt regulations to provide
4 for the waiver or refund of the initial registration fee when the
5 registration is issued less than 45 days before the date on which it
6 will expire.

7 (d) The biennial renewal fee shall be set by the board at not
8 more than three hundred fifty dollars (\$350).

9 (e) The delinquency fee shall be set by the board at not more
10 than fifty dollars (\$50).

11 (f) Any charge made for duplication or other services shall be
12 set at the cost of rendering the services.

13 (g) The fee for filing an application for approval of a school or
14 institution offering a curriculum for training registered veterinary
15 technicians pursuant to Section 4843 shall be set by the board at
16 an amount not to exceed three hundred dollars (\$300). The school
17 or institution shall also pay for the actual costs of an onsite
18 inspection conducted by the board pursuant to Section 2065.6 of
19 Title 16 of the California Code of Regulations, including, but not
20 limited to, the travel, food, and lodging expenses incurred by an
21 inspection team sent by the board.

22 (h) The fee for failure to report a change in the mailing address
23 is twenty-five dollars (\$25).

24 ~~SEC. 8.~~

25 *SEC. 7.* Section 4905 of the Business and Professions Code is
26 amended to read:

27 4905. The following fees shall be collected by the board and
28 shall be credited to the Veterinary Medical Board Contingent Fund:

29 (a) The fee for filing an application for examination shall be set
30 by the board in an amount it determines is reasonably necessary
31 to provide sufficient funds to carry out the purpose of this chapter,
32 not to exceed three hundred fifty dollars (\$350).

33 (b) The fee for the California state board examination shall be
34 set by the board in an amount it determines is reasonably necessary
35 to provide sufficient funds to carry out the purpose of this chapter,
36 not to exceed three hundred fifty dollars (\$350).

37 (c) The fee for the Veterinary Medicine Practice Act
38 examination shall be set by the board in an amount it determines
39 reasonably necessary to provide sufficient funds to carry out the
40 purpose of this chapter, not to exceed one hundred dollars (\$100).

1 (d) The initial license fee shall be set by the board not to exceed
2 five hundred dollars (\$500) and shall be prorated on a monthly
3 basis. The board, by appropriate regulation, may provide for the
4 waiver or refund of the initial license fee when the license is issued
5 less than 45 days before the date on which it will expire.

6 (e) The renewal fee shall be set by the board for each biennial
7 renewal period in an amount it determines is reasonably necessary
8 to provide sufficient funds to carry out the purpose of this chapter,
9 not to exceed five hundred dollars (\$500).

10 (f) The temporary license fee shall be set by the board in an
11 amount it determines is reasonably necessary to provide sufficient
12 funds to carry out the purpose of this chapter, not to exceed two
13 hundred fifty dollars (\$250).

14 (g) The delinquency fee shall be set by the board, not to exceed
15 fifty dollars (\$50).

16 (h) The fee for issuance of a duplicate license is twenty-five
17 dollars (\$25).

18 (i) Any charge made for duplication or other services shall be
19 set at the cost of rendering the service, except as specified in
20 subdivision (h).

21 (j) The fee for failure to report a change in the mailing address
22 is twenty-five dollars (\$25).

23 (k) The initial and annual renewal fees for registration of
24 veterinary premises shall be set by the board in an amount not to
25 exceed four hundred dollars (\$400) annually.

26 (l) If the money transferred from the Veterinary Medical Board
27 Contingent Fund to the General Fund pursuant to the Budget Act
28 of 1991 is redeposited into the Veterinary Medical Board
29 Contingent Fund, the fees assessed by the board shall be reduced
30 correspondingly. However, the reduction shall not be so great as
31 to cause the Veterinary Medical Board Contingent Fund to have
32 a reserve of less than three months of annual authorized board
33 expenditures. The fees set by the board shall not result in a
34 Veterinary Medical Board Contingent Fund reserve of more than
35 10 months of annual authorized board expenditures.

36 ~~SEC. 9.~~

37 *SEC. 8.* Section 4970 of the Business and Professions Code is
38 amended to read:

1 4970. The amount of fees prescribed for licensed acupuncturists
2 shall be those set forth in this section unless a lower fee is fixed
3 by the board in accordance with Section 4972.

4 (a) The application fee shall be seventy-five dollars (\$75).

5 (b) The examination and reexamination fees shall be the actual
6 cost to the Acupuncture Board for the development and writing
7 of, grading, and administering of each examination.

8 (c) The initial license fee shall be three hundred twenty-five
9 dollars (\$325) and shall be prorated on a monthly basis.

10 (d) The renewal fee shall be three hundred twenty-five dollars
11 (\$325) and in the event a lower fee is fixed by the board, shall be
12 an amount sufficient to support the functions of the board in the
13 administration of this chapter. The renewal fee shall be assessed
14 on an annual basis until January 1, 1996, and on and after that date
15 the board shall assess the renewal fee biennially.

16 (e) The delinquency fee shall be set in accordance with Section
17 163.5.

18 (f) The application fee for the approval of a school or college
19 under Section 4939 shall be three thousand dollars (\$3,000). This
20 subdivision shall become inoperative on January 1, 2017.

21 (g) The duplicate wall license fee is an amount equal to the cost
22 to the board for the issuance of the duplicate license.

23 (h) The duplicate renewal receipt fee is ten dollars (\$10).

24 (i) The endorsement fee is ten dollars (\$10).

25 (j) The fee for a duplicate license for an additional office
26 location as required under Section 4961 shall be fifteen dollars
27 (\$15).

28 ~~SEC. 10.~~

29 *SEC. 9.* Section 5604 of the Business and Professions Code is
30 amended to read:

31 5604. The fees prescribed by this chapter for architect
32 applicants or architect licenseholders shall be fixed by the board
33 as follows:

34 (a) The application fee for reviewing a candidate's eligibility
35 to take any section of the examination shall not exceed one hundred
36 dollars (\$100).

37 (b) The fee for any section of the examination administered by
38 the board shall not exceed one hundred dollars (\$100).

39 (c) The fee for an original license at an amount equal to the
40 renewal fee in effect at the time the license is issued. The fee for

1 an original license shall be prorated on a monthly basis. The board,
2 by appropriate regulation, may provide for the waiver or refund
3 of the fee for an original license if the license is issued less than
4 45 days before the date on which it will expire.

5 (d) The fee for an application for reciprocity shall not exceed
6 one hundred dollars (\$100).

7 (e) The fee for a duplicate license shall not exceed twenty-five
8 dollars (\$25).

9 (f) The renewal fee shall not exceed four hundred dollars (\$400).

10 (g) The delinquency fee shall not exceed 50 percent of the
11 renewal fee.

12 (h) The fee for a retired license shall not exceed the fee
13 prescribed in subdivision (c).

O

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS**

BILL NUMBER:	AB 502	SPONSOR:	California Dental Hygiene Association
AUTHOR:	Assembly Member Ed Chau		
VERSION:	Amended on 07/16/2015	INTRODUCED:	02/23/2015
BILL STATUS:	8/18/2015 Ordered to consent calendar	BILL LOCATION:	Senate
SUBJECT:	Dental Hygiene	RELATED BILLS:	

SUMMARY

Allows alternative dental hygiene practices to continue to operate and provide care within a certified shortage area, as specified, regardless of whether or not that area maintains a designation as a dental health professional shortage area (DHPSA) in the future. Allows registered dental hygienists in alternative practice (RDHAPs) to submit claims for dental hygiene services and requires health plans and insurers to provide reimbursement, as specified.

Specifically, **this bill**:

- 1) Authorizes a RDHAP to practice as an employee of a professional corporation under the Moscone-Knox Act.
- 2) States that a RDHAP corporation is a professional corporation that is authorized to render professional services, as specified, so long as that professional corporation and its shareholders, officers, directors, and professional employees rendering professional services are in compliance with the Moscone-Knox Act and other applicable laws and regulations.
- 3) Declares the violation of, attempt to violate, directly or indirectly, assist in or abet the violation of, or conspire to violate any provision or term laws and regulations relating to the practice of a RDHAP to be unprofessional conduct.
- 4) Prohibits a RDHAP from doing or failing to do anything that would constitute unprofessional conduct, as specified.
- 5) Prohibits a shareholder who is disqualified from providing professional services from deriving benefit from a RDHAP corporation attributable to professional services rendered while a shareholder is a disqualified person.

- 6) Requires the bylaws of a RDHAP corporation to include a provision whereby the capital stock owned by a disqualified person or a deceased person be sold to the professional corporation or to the remaining shareholders of the professional corporation not later than 90 days after disqualification, if the shareholder becomes a disqualified person, or not later than six months after death, if the shareholder becomes deceased.
- 7) Requires a RDHAP to provide adequate security by insurance or otherwise for claims against it by its patients arising out of the rendering of professional services.
- 8) Exempts a professional corporation rendering professional services by persons licensed by the DHCC from any requirement to obtain a certificate of registration in order to render those professional services.
- 9) Authorizes the creation of a RDHAP professional corporation and states that a dental assistant, licensed dentist, registered dental hygienist, or registered dental hygienist in extended functions may be a shareholder, officer, director, or professional employee of the professional corporations so long as the sum of all shares owned by those licensed persons does not exceed 49 percent of the total number of shares of the professional corporation, and so long as the number of those licensed persons owning shares in the professional corporation does not exceed the number of persons licensed by the governmental agency regulating the designated professional corporation.
- 10) Makes clarifying and technical amendments.

Background (Taken from the Senate Rules Committee, Office of Senate Floor Analyses 7/17/15)

RDHAP. Dental hygienists clean teeth, examine patients for signs of oral diseases such as gingivitis, and provide other preventative dental care. They also educate patients on ways to improve and maintain good oral health.

An RDHAP is dental hygienist who has a baccalaureate degree, completed a DBC-approved continuing education course and passed a state licensure examination to practice independently in underserved settings. These settings are defined as Dental Health Professional Shortage Areas, residences of the homebound, nursing homes, hospitals, residential care facilities, and other public health settings. RDHAPs may independently provide all services that, as a registered dental hygienist, they are licensed to provide under general supervision. RDHAPs must have a “dentist of record” on file with the Dental Hygiene Committee of California to gain licensure. This documented relationship is for referral, consultation, and emergency services.

RDHAPs can provide dental hygiene services to patients for 18 months without involvement of a dentist or physician. If an RDHAP continues to provide services to that patient, he or she is required to obtain written verification that the patient has been examined by a dentist or physician licensed to practice in the state and a prescription for further services. There are currently 508 licensed RDHAPs in California.

Professional corporations. Although existing law appears to authorize RDHAPs to incorporate, DHCC's Web site explicitly states that they may not because they are not included in the Moscone-Knox Professional Corporations Act of 1968.

A professional corporation is an organization made up of individuals of the same trade or profession. The Moscone-Knox Act authorized the formation of professional corporations to obtain certain benefits of the corporate form of doing business, such as limited legal liability. At that time, only medical, law and dental professional corporations were envisioned. There are now 16 authorized healing arts professional corporations. Existing law specifies which healing arts licensees may be shareholders, officers, directors or professional employees of professional corporations controlled by a differing profession so long as the sum of all shares owned by those licensed persons does not exceed 49% of the total number of shares of the professional corporation.

This bill authorizes the creation of a RDHAP corporation and permits a dental assistant, licensed dentist, registered dental hygienist, or registered dental hygienist in extended functions to be a shareholder, officer, director or professional employee of the professional corporation, as specified.

SUPPORT: (Verified in Senate Floor Analysis 8/17/15)
California Dental Hygienists' Association (source)
California Dental Association
Dental Hygiene Committee of California

OPPOSITION: (Verified in Senate Floor Analysis 8/17/15)
None received

BOARD POSITION

The Board has not taken a position on the bill.

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

Staff Recommendation

Staff recommends a neutral position on this bill.

AMENDED IN SENATE JULY 16, 2015

AMENDED IN SENATE JUNE 29, 2015

AMENDED IN ASSEMBLY JUNE 2, 2015

AMENDED IN ASSEMBLY APRIL 30, 2015

AMENDED IN ASSEMBLY APRIL 22, 2015

AMENDED IN ASSEMBLY APRIL 16, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 502

Introduced by Assembly Member Chau

February 23, 2015

An act to amend Section 1925 of, and to add Article 9.1 (commencing with Section 1967) to Chapter 4 of Division 2 of, the Business and Professions Code, and to amend Sections 13401 and 13401.5 of the Corporations Code, relating to dental hygiene.

LEGISLATIVE COUNSEL'S DIGEST

AB 502, as amended, Chau. Dental hygiene.

Existing law, the Dental Practice Act, provides for the licensure and regulation of registered dental hygienists, registered dental hygienists in extended functions, and registered dental hygienists in alternative practice by the Dental Hygiene Committee of California. Existing law authorizes a registered dental hygienist in alternative practice to practice pursuant to specified provisions of law as, among other things, an independent contractor or an employee of a specified clinic. Existing law, the Moscone-Knox Professional Corporation Act, prohibits a professional corporation from rendering professional services in this

state without a currently effective certificate of registration issued by the governmental agency regulating the profession in which the corporation is or proposes to be engaged and excepts any professional corporation rendering professional services by persons duly licensed by specified state entities from that requirement. Existing law authorizes specified healing arts licensees to be shareholders, officers, directors, or professional employees of a designated professional corporation, subject to certain limitations relating to ownership of shares. However, existing law specifies that it does not limit employment by a designated professional corporation to only those healing arts licensees and authorizes any healing arts licensee to be employed to render professional services by a designated professional corporation.

This bill would additionally except any professional corporation rendering professional services by persons duly licensed by the Dental Hygiene Committee of California from the certificate of registration requirement. The bill would authorize dental ~~assistants and~~ *assistants*, licensed ~~dentists~~ *dentists*, *registered dental hygienists*, and *registered dental hygienists in extended functions* to be shareholders, officers, directors, or professional employees of a registered dental hygienist in alternative practice corporation. The bill would, in the Dental Practice Act, authorize a registered dental hygienist in alternative practice to practice as an employee of a professional corporation, as specified. The bill would make it unprofessional conduct to violate, attempt to violate, assist in or abet the violation of, or conspire to violate, specified provisions regarding registered dental hygienists in alternative practice corporations, the Moscone-Knox Professional Corporation Act, or any regulations adopted under those laws. The bill would require the bylaws of a registered dental hygienist in alternative practice corporation to include a provision requiring the capital stock of a disqualified or deceased person to be sold to specified parties within a specified period of time. The bill would also require such a corporation to provide security for claims by patients.

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 1925 of the Business and Professions
- 2 Code is amended to read:

1 1925. A registered dental hygienist in alternative practice may
2 practice, pursuant to subdivision (a) of Section 1907, subdivision
3 (a) of Section 1908, subdivisions (a) and (b) of Section 1910,
4 Section 1910.5, and Section 1926.05 as an employee of a dentist
5 or of another registered dental hygienist in alternative practice, as
6 an independent contractor, as a sole proprietor of an alternative
7 dental hygiene practice, as an employee of a primary care clinic
8 or specialty clinic that is licensed pursuant to Section 1204 of the
9 Health and Safety Code, as an employee of a primary care clinic
10 exempt from licensure pursuant to subdivision (c) of Section 1206
11 of the Health and Safety Code, as an employee of a clinic owned
12 or operated by a public hospital or health system, as an employee
13 of a clinic owned and operated by a hospital that maintains the
14 primary contract with a county government to fill the county's role
15 under Section 17000 of the Welfare and Institutions Code, or as
16 an employee of a professional corporation under the
17 Moscone-Knox Professional Corporation Act (commencing with
18 Section 13400) of Part 4 of Division 3 of Title 1 of the
19 Corporations Code.

20 SEC. 2. Article 9.1 (commencing with Section 1967) is added
21 to Chapter 4 of Division 2 of the Business and Professions Code,
22 to read:

23

24 Article 9.1. Registered Dental Hygienist in Alternative Practice
25 Corporations
26

27 1967. A registered dental hygienist in alternative practice
28 corporation is a professional corporation that is authorized to render
29 professional services, as defined in Section 13401 of the
30 Corporations Code, so long as that professional corporation and
31 its shareholders, officers, directors, and professional employees
32 rendering professional services are in compliance with the
33 Moscone-Knox Professional Corporation Act (commencing with
34 Section 13400) of Part 4 of Division 3 of Title 1 of the
35 Corporations Code, this article, and all other statutes and
36 regulations now or hereafter adopted pertaining to the professional
37 corporation and the conduct of its affairs. With respect to a
38 registered dental hygienist in alternative practice corporation, the
39 governmental agency referred to in the Moscone-Knox Professional
40 Corporation Act is the Dental Hygiene Committee of California.

1 1967.1. It shall constitute unprofessional conduct and a
2 violation of this article for any person licensed under this article
3 to violate, attempt to violate, directly or indirectly, assist in or abet
4 the violation of, or conspire to violate any provision or term of
5 this article, the Moscone-Knox Professional Corporation Act, or
6 any regulations duly adopted under those laws.

7 1967.2. A registered dental hygienist in alternative practice
8 corporation shall not do or fail to do any act the doing of which
9 or the failure to do would constitute unprofessional conduct under
10 any statute or regulation, now or hereafter adopted. In the conduct
11 of its practice, it shall observe and be bound by such statutes and
12 regulations to the same extent as a person holding a license under
13 Article 9 (commencing with Section 1900).

14 1967.3. The income of a registered dental hygienist in
15 alternative practice corporation attributable to professional services
16 rendered while a shareholder is a disqualified person, as defined
17 in subdivision (e) of Section 13401 of the Corporations Code, shall
18 not in any manner accrue to the benefit of such shareholder or his
19 or her shares in the registered dental hygienist in alternative
20 practice corporation.

21 1967.4. (a) The bylaws of a registered dental hygienist in
22 alternative practice corporation shall include a provision whereby
23 the capital stock of the professional corporation owned by a
24 disqualified person, as defined in subdivision (e) of Section 13401
25 of the Corporations Code, or a deceased person, shall be sold to
26 the professional corporation or to the remaining shareholders of
27 the professional corporation not later than 90 days after
28 disqualification, if the shareholder becomes a disqualified person,
29 or not later than six months after death, if the shareholder becomes
30 deceased.

31 (b) A registered dental hygienist in alternative practice
32 corporation shall provide adequate security by insurance or
33 otherwise for claims against it by its patients arising out of the
34 rendering of professional services.

35 SEC. 3. Section 13401 of the Corporations Code is amended
36 to read:

37 13401. As used in this part:

38 (a) "Professional services" means any type of professional
39 services that may be lawfully rendered only pursuant to a license,

1 certification, or registration authorized by the Business and
2 Professions Code, the Chiropractic Act, or the Osteopathic Act.

3 (b) “Professional corporation” means a corporation organized
4 under the General Corporation Law or pursuant to subdivision (b)
5 of Section 13406 that is engaged in rendering professional services
6 in a single profession, except as otherwise authorized in Section
7 13401.5, pursuant to a certificate of registration issued by the
8 governmental agency regulating the profession as herein provided
9 and that in its practice or business designates itself as a professional
10 or other corporation as may be required by statute. However, any
11 professional corporation or foreign professional corporation
12 rendering professional services by persons duly licensed by the
13 Medical Board of California or any examining committee under
14 the jurisdiction of the board, the Osteopathic Medical Board of
15 California, the Dental Board of California, the Dental Hygiene
16 Committee of California, the California State Board of Pharmacy,
17 the Veterinary Medical Board, the California Architects Board,
18 the Court Reporters Board of California, the Board of Behavioral
19 Sciences, the Speech-Language Pathology and Audiology Board,
20 the Board of Registered Nursing, or the State Board of Optometry
21 shall not be required to obtain a certificate of registration in order
22 to render those professional services.

23 (c) “Foreign professional corporation” means a corporation
24 organized under the laws of a state of the United States other than
25 this state that is engaged in a profession of a type for which there
26 is authorization in the Business and Professions Code for the
27 performance of professional services by a foreign professional
28 corporation.

29 (d) “Licensed person” means any natural person who is duly
30 licensed under the provisions of the Business and Professions
31 Code, the Chiropractic Act, or the Osteopathic Act to render the
32 same professional services as are or will be rendered by the
33 professional corporation or foreign professional corporation of
34 which he or she is, or intends to become, an officer, director,
35 shareholder, or employee.

36 (e) “Disqualified person” means a licensed person who for any
37 reason becomes legally disqualified (temporarily or permanently)
38 to render the professional services that the particular professional
39 corporation or foreign professional corporation of which he or she
40 is an officer, director, shareholder, or employee is or was rendering.

1 SEC. 4. Section 13401.5 of the Corporations Code is amended
2 to read:

3 13401.5. Notwithstanding subdivision (d) of Section 13401
4 and any other provision of law, the following licensed persons
5 may be shareholders, officers, directors, or professional employees
6 of the professional corporations designated in this section so long
7 as the sum of all shares owned by those licensed persons does not
8 exceed 49 percent of the total number of shares of the professional
9 corporation so designated herein, and so long as the number of
10 those licensed persons owning shares in the professional
11 corporation so designated herein does not exceed the number of
12 persons licensed by the governmental agency regulating the
13 designated professional corporation. This section does not limit
14 employment by a professional corporation designated in this section
15 to only those licensed professionals listed under each subdivision.
16 Any person duly licensed under Division 2 (commencing with
17 Section 500) of the Business and Professions Code, the
18 Chiropractic Act, or the Osteopathic Act may be employed to
19 render professional services by a professional corporation
20 designated in this section.

21 (a) Medical corporation.

- 22 (1) Licensed doctors of podiatric medicine.
- 23 (2) Licensed psychologists.
- 24 (3) Registered nurses.
- 25 (4) Licensed optometrists.
- 26 (5) Licensed marriage and family therapists.
- 27 (6) Licensed clinical social workers.
- 28 (7) Licensed physician assistants.
- 29 (8) Licensed chiropractors.
- 30 (9) Licensed acupuncturists.
- 31 (10) Naturopathic doctors.
- 32 (11) Licensed professional clinical counselors.
- 33 (12) Licensed physical therapists.

34 (b) Podiatric medical corporation.

- 35 (1) Licensed physicians and surgeons.
- 36 (2) Licensed psychologists.
- 37 (3) Registered nurses.
- 38 (4) Licensed optometrists.
- 39 (5) Licensed chiropractors.
- 40 (6) Licensed acupuncturists.

- 1 (7) Naturopathic doctors.
- 2 (8) Licensed physical therapists.
- 3 (c) Psychological corporation.
- 4 (1) Licensed physicians and surgeons.
- 5 (2) Licensed doctors of podiatric medicine.
- 6 (3) Registered nurses.
- 7 (4) Licensed optometrists.
- 8 (5) Licensed marriage and family therapists.
- 9 (6) Licensed clinical social workers.
- 10 (7) Licensed chiropractors.
- 11 (8) Licensed acupuncturists.
- 12 (9) Naturopathic doctors.
- 13 (10) Licensed professional clinical counselors.
- 14 (d) Speech-language pathology corporation.
- 15 (1) Licensed audiologists.
- 16 (e) Audiology corporation.
- 17 (1) Licensed speech-language pathologists.
- 18 (f) Nursing corporation.
- 19 (1) Licensed physicians and surgeons.
- 20 (2) Licensed doctors of podiatric medicine.
- 21 (3) Licensed psychologists.
- 22 (4) Licensed optometrists.
- 23 (5) Licensed marriage and family therapists.
- 24 (6) Licensed clinical social workers.
- 25 (7) Licensed physician assistants.
- 26 (8) Licensed chiropractors.
- 27 (9) Licensed acupuncturists.
- 28 (10) Naturopathic doctors.
- 29 (11) Licensed professional clinical counselors.
- 30 (g) Marriage and family therapist corporation.
- 31 (1) Licensed physicians and surgeons.
- 32 (2) Licensed psychologists.
- 33 (3) Licensed clinical social workers.
- 34 (4) Registered nurses.
- 35 (5) Licensed chiropractors.
- 36 (6) Licensed acupuncturists.
- 37 (7) Naturopathic doctors.
- 38 (8) Licensed professional clinical counselors.
- 39 (h) Licensed clinical social worker corporation.
- 40 (1) Licensed physicians and surgeons.

- 1 (2) Licensed psychologists.
- 2 (3) Licensed marriage and family therapists.
- 3 (4) Registered nurses.
- 4 (5) Licensed chiropractors.
- 5 (6) Licensed acupuncturists.
- 6 (7) Naturopathic doctors.
- 7 (8) Licensed professional clinical counselors.
- 8 (i) Physician assistants corporation.
- 9 (1) Licensed physicians and surgeons.
- 10 (2) Registered nurses.
- 11 (3) Licensed acupuncturists.
- 12 (4) Naturopathic doctors.
- 13 (j) Optometric corporation.
- 14 (1) Licensed physicians and surgeons.
- 15 (2) Licensed doctors of podiatric medicine.
- 16 (3) Licensed psychologists.
- 17 (4) Registered nurses.
- 18 (5) Licensed chiropractors.
- 19 (6) Licensed acupuncturists.
- 20 (7) Naturopathic doctors.
- 21 (k) Chiropractic corporation.
- 22 (1) Licensed physicians and surgeons.
- 23 (2) Licensed doctors of podiatric medicine.
- 24 (3) Licensed psychologists.
- 25 (4) Registered nurses.
- 26 (5) Licensed optometrists.
- 27 (6) Licensed marriage and family therapists.
- 28 (7) Licensed clinical social workers.
- 29 (8) Licensed acupuncturists.
- 30 (9) Naturopathic doctors.
- 31 (10) Licensed professional clinical counselors.
- 32 (l) Acupuncture corporation.
- 33 (1) Licensed physicians and surgeons.
- 34 (2) Licensed doctors of podiatric medicine.
- 35 (3) Licensed psychologists.
- 36 (4) Registered nurses.
- 37 (5) Licensed optometrists.
- 38 (6) Licensed marriage and family therapists.
- 39 (7) Licensed clinical social workers.
- 40 (8) Licensed physician assistants.

- 1 (9) Licensed chiropractors.
- 2 (10) Naturopathic doctors.
- 3 (11) Licensed professional clinical counselors.
- 4 (m) Naturopathic doctor corporation.
- 5 (1) Licensed physicians and surgeons.
- 6 (2) Licensed psychologists.
- 7 (3) Registered nurses.
- 8 (4) Licensed physician assistants.
- 9 (5) Licensed chiropractors.
- 10 (6) Licensed acupuncturists.
- 11 (7) Licensed physical therapists.
- 12 (8) Licensed doctors of podiatric medicine.
- 13 (9) Licensed marriage and family therapists.
- 14 (10) Licensed clinical social workers.
- 15 (11) Licensed optometrists.
- 16 (12) Licensed professional clinical counselors.
- 17 (n) Dental corporation.
- 18 (1) Licensed physicians and surgeons.
- 19 (2) Dental assistants.
- 20 (3) Registered dental assistants.
- 21 (4) Registered dental assistants in extended functions.
- 22 (5) Registered dental hygienists.
- 23 (6) Registered dental hygienists in extended functions.
- 24 (7) Registered dental hygienists in alternative practice.
- 25 (o) Professional clinical counselor corporation.
- 26 (1) Licensed physicians and surgeons.
- 27 (2) Licensed psychologists.
- 28 (3) Licensed clinical social workers.
- 29 (4) Licensed marriage and family therapists.
- 30 (5) Registered nurses.
- 31 (6) Licensed chiropractors.
- 32 (7) Licensed acupuncturists.
- 33 (8) Naturopathic doctors.
- 34 (p) Physical therapy corporation.
- 35 (1) Licensed physicians and surgeons.
- 36 (2) Licensed doctors of podiatric medicine.
- 37 (3) Licensed acupuncturists.
- 38 (4) Naturopathic doctors.
- 39 (5) Licensed occupational therapists.
- 40 (6) Licensed speech-language therapists.

- 1 (7) Licensed audiologists.
- 2 (8) Registered nurses.
- 3 (9) Licensed psychologists.
- 4 (10) Licensed physician assistants.
- 5 (q) Registered dental hygienist in alternative practice
- 6 corporation.
- 7 (1) Dental assistants.
- 8 (2) Licensed dentists.
- 9 (3) *Registered dental hygienists.*
- 10 (4) *Registered dental hygienists in extended functions.*

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**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS**

BILL NUMBER: AB 507
AUTHOR: Assembly Member Olsen **SPONSOR:**

VERSION: Amended in Senate on July 9, 2015 **INTRODUCED:** 02/23/2015

BILL STATUS: 8/17/2015 Senate BPE Committee Hearing canceled at the authors request **BILL LOCATION:** Senate

SUBJECT: Department of Consumer Affairs: BreEZe system: annual report **RELATED BILLS:**

SUMMARY

This bill requires the Department of Consumer Affairs (DCA) to submit an annual report to the Legislature and the Department of Finance that includes an implementation plan for phase three of the “BreEZe” computer system. Specifically, this bill:

- 1) Requires the DCA, on or after January 31, 2016, to submit an annual report to the Legislature and the Department of Finance that includes the following:
 - a) The DCA’s plan for implementing the BreEZe system for the regulatory entities in the third phase of the implementation project, including a timeline for implementation.
 - b) The total estimated costs of implementation of the system for the regulatory entities in the third phase of implementation along with the results of any cost-benefit analysis DCA conducted for the third phase.
 - c) A description of whether the BreEZe system will achieve any operational efficiencies after being implemented by boards and regulatory entities.
- 2) Lists the 19 regulatory entities to be included in the DCA’s third phase of the implementation project.

The amendments that have been made to this bill since May 2015 include extending out the Department’s reporting date to March 1, 2016.

FISCAL EFFECT:

On-going minor and absorbable costs to DCA (GF) to complete the annual report.

COMMENTS:

1) **Purpose.** According to the author, “In order to ensure that Californians can rely on the services they depend on in a timely and efficient manner – even after implementing new technology – the Legislature and Department of Finance need to keep a close eye on the negotiation, planning, development and implementation processes for the boards that we entrust with licensing professionals.”

2) **Background.** In 2009, DCA proposed the BreEZe information technology system and the California Department of Technology (CalTech) approved the proposal. BreEZe was envisioned to replace DCA’s out of date Legacy technology system and would provide needed applicant tracking of licensing, renewal, enforcement monitoring and cashiering support for 37 of the 40 boards, bureaus, committees and one commission housed within DCA. The project began in 2011, and BreEZe was launched for ten of the regulatory entities (release 1) in 2013. BreEZe is intended to be launched for another eight entities (release 2) in March, 2016.

In the midst of BreEZe implementation for the regulatory entities in releases 1 and 2, the DCA’s management of the project came under public scrutiny, and the Joint Legislative Audit Committee (JLAC) approved an audit of the policies and procedures used in the planning, development and implementation of BreEZe. On February 12, 2015, the State Auditor released a report indicating that: a) DCA did not adequately plan, staff and manage the project for developing BreEZe; b) CalTech did not ensure oversight for BreEZe until more than one year after the project’s commencement; and c) the three contracts that DCA awarded and the Department of General Services approved for the BreEZe project did not adequately protect the State. The State Auditor also provided the recommendations contained in this bill.

REGISTERED SUPPORT/OPPOSITION

None on file.

BOARD POSITION

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

STAFF COMMENT

This bill does not apply to the Dental Board.

AMENDED IN SENATE JULY 9, 2015
AMENDED IN ASSEMBLY JUNE 1, 2015
AMENDED IN ASSEMBLY MARCH 26, 2015
CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 507

Introduced by Assembly Member Olsen
(Principal coauthor: Assembly Member Gray)
(Coauthors: Assembly Members ~~Chang and Dodd~~ Chang, Dodd,
***Obernolte, and Waldron*)**
(Coauthor: Senator Bates)

February 23, 2015

An act to add Section 210.5 to the Business and Professions Code, relating to the Department of Consumer Affairs, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 507, as amended, Olsen. Department of Consumer Affairs: BreEZe system: annual report.

Existing law authorizes the Department of Consumer Affairs to enter into a contract with a vendor for the licensing and enforcement of the BreEZe system, which is a specified integrated, enterprisewide enforcement case management and licensing system, no sooner than 30 days after written notification to certain committees of the Legislature. Existing law requires the amount of contract funds for the system to be consistent with costs approved by the office of the State Chief Information Officer, based on information provided by the department in a specified manner.

This bill would, ~~on and after October 1, 2015,~~ *or before March 1, 2016, or thereafter when available,* require the department to submit an annual report to the Legislature and the Department of Finance that includes, among other things, the department’s plans for implementing the BreEZe system at specified regulatory entities included in the department’s 3rd phase of the BreEZe implementation project, *when available,* including, but not limited to, a timeline for the implementation. *The bill would also require the department to post on its Internet Web site the name of each regulatory entity that is utilizing the BreEZe system once the regulatory entity begins using the BreEZe system.*

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

Vote: $\frac{2}{3}$. 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 210.5 is added to the Business and
- 2 Professions Code, immediately following Section 210, to read:
- 3 210.5. (a) ~~On and after October 1, 2015,~~ *or before March 1,*
- 4 *2016, or thereafter when available,* the department shall submit
- 5 an annual report to the Legislature and the Department of Finance
- 6 that includes ~~all of~~ the following:
- 7 (1) The department’s plan for implementing the BreEZe system
- 8 at the regulatory entities in the department’s third phase of the
- 9 implementation project, including, but not limited to, a timeline
- 10 for implementation.
- 11 (2) The total estimated costs of implementation of the BreEZe
- 12 system at the regulatory entities in the department’s third phase
- 13 of the implementation project and the results of any *related*
- 14 cost-benefit analysis the department ~~conducted for the third phase~~
- 15 ~~of the implementation project.~~ *conducts.*
- 16 (3) A description of ~~whether and to what extent the BreEZe~~
- 17 ~~system will achieve any operational efficiencies resulting from~~
- 18 *achieved as a result of BreEZe* implementation by the ~~boards and~~
- 19 regulatory entities within the department’s ~~jurisdiction.~~ *jurisdiction,*
- 20 *if available.*
- 21 (b) The report described in subdivision (a) shall be submitted
- 22 in compliance with Section 9795 of the Government Code.

1 (c) *The department shall post on its Internet Web site the name*
2 *of each regulatory entity that is utilizing the BreEZe system once*
3 *the regulatory entity begins using the BreEZe system.*

4 (e)

5 (d) For purposes of this section, “the regulatory entities in the
6 department’s third phase of the implementation project” includes
7 all of the following:

8 (1) Acupuncture Board.

9 (2) Board for Professional Engineers, Land Surveyors, and
10 Geologists.

11 (3) Bureau of Automotive Repair.

12 (4) Bureau of Electronic and Appliance Repair, Home
13 Furnishings, and Thermal Insulation.

14 (5) Bureau for Private Postsecondary Education.

15 (6) California Architects Board.

16 (7) California Board of Accountancy.

17 (8) California State Board of Pharmacy.

18 (9) Cemetery and Funeral Bureau.

19 (10) Contractors’ State License Board.

20 (11) Court Reporters Board of California.

21 (12) Landscape Architects Technical Committee.

22 (13) Professional Fiduciaries Bureau.

23 (14) Speech-Language Pathology and Audiology and Hearing
24 Aid Dispensers Board.

25 (15) State Athletic Commission.

26 (16) State Board of Chiropractic Examiners.

27 (17) State Board of Guide Dogs for the Blind.

28 (18) Structural Pest Control Board.

29 (19) Telephone Medical Advice Services Bureau.

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

34 Because of the circumstances surrounding the implementation
35 of the BreEZe system, and in order to ensure that healing arts and
36 other professionals are licensed in a timely and efficient manner,
37 it is necessary that this act take effect immediately.

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**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS**

BILL NUMBER: AB 611

AUTHOR: Assembly Member Dahle

SPONSOR:

VERSION: Amended on 04/15/2015

INTRODUCED: 02/24/2015

BILL STATUS: 04/21/2015 Hearing canceled
at the request of the Author

BILL LOCATION: Assembly
Committee on
Business and
Professions

SUBJECT: Controlled substances:
prescriptions: reporting

**RELATED
BILLS:**

SUMMARY

This bill authorizes an individual designated to investigate a holder of a professional license to apply to the Department of Justice to obtain approval to access information contained in the Controlled Substance Utilization Review and Evaluation System Prescription Drug Monitoring Program (CURES PDMP) regarding the controlled substance history of an applicant or a licensee for the purpose of investigating the alleged licensee substance abuse. This bill also relates to reasons for disapproval of access.

Specifically, this bill: does not pose significant changes to the current business operations of the enforcement division at the Dental Board of California.

ANALYSIS

The April 15, 2015 effectively excludes the Dental Board of California from having to comply with a specific application process that will be administered by the Department of Justice.

This bill did not get out of its house of origin before the June 5th deadline.

BOARD POSITION

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

STAFF RECOMMENDATION

Staff recommends supporting this bill because it appears to add a level of security to the CURES PMDP database. This bill will not impact how the Dental Board of California conducts investigations on substance abuse licensees.

AMENDED IN ASSEMBLY APRIL 15, 2015
AMENDED IN ASSEMBLY APRIL 13, 2015
AMENDED IN ASSEMBLY MARCH 24, 2015
CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 611

Introduced by Assembly Member Dahle

February 24, 2015

An act to amend Section 11165.1 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

AB 611, as amended, Dahle. Controlled substances: prescriptions: reporting.

Existing law requires certain health care practitioners and pharmacists to apply to the Department of Justice to obtain approval to access information contained in the Controlled Substance Utilization Review and Evaluation System (CURES) Prescription Drug Monitoring Program (PDMP) regarding the controlled substance history of a patient under his or her care. Existing law requires the Department of Justice, upon approval of an application, to provide the approved health care practitioner or pharmacist the history of controlled substances dispensed to an individual under his or her care. Existing law authorizes an application to be denied, or a subscriber to be suspended, for specified reasons, including, among others, a subscriber accessing information for any reason other than caring for his or her patients.

This bill would also authorize an individual designated to investigate a holder of a professional license to apply to the Department of Justice to obtain approval to access information contained in the CURES PDMP

regarding the controlled substance history of an applicant or a licensee for the purpose of investigating the alleged substance abuse of a licensee. The bill would, upon approval of an application, require the department to provide to the approved individual the history of controlled substances dispensed to the licensee. The bill would clarify that only a subscriber who is a health care practitioner or a pharmacist may have an application denied or be suspended for accessing subscriber information for any reason other than caring for his or her patients. The bill would also specify that an application may be denied, or a subscriber may be suspended, if a subscriber who has been designated to investigate the holder of a professional license accesses information for any reason other than investigating the holder of a professional license.

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 11165.1 of the Health and Safety Code
 2 is amended to read:
 3 11165.1. (a) (1) (A) (i) A health care practitioner authorized
 4 to prescribe, order, administer, furnish, or dispense Schedule II,
 5 Schedule III, or Schedule IV controlled substances pursuant to
 6 Section 11150 shall, before January 1, 2016, or upon receipt of a
 7 federal Drug Enforcement Administration (DEA) registration,
 8 whichever occurs later, submit an application developed by the
 9 Department of Justice to obtain approval to access information
 10 online regarding the controlled substance history of a patient that
 11 is stored on the Internet and maintained within the Department of
 12 Justice, and, upon approval, the department shall release to that
 13 practitioner the electronic history of controlled substances
 14 dispensed to an individual under his or her care based on data
 15 contained in the CURES Prescription Drug Monitoring Program
 16 (PDMP).
 17 (ii) A pharmacist shall, before January 1, 2016, or upon
 18 licensure, whichever occurs later, submit an application developed
 19 by the Department of Justice to obtain approval to access
 20 information online regarding the controlled substance history of
 21 a patient that is stored on the Internet and maintained within the
 22 Department of Justice, and, upon approval, the department shall
 23 release to that pharmacist the electronic history of controlled

1 substances dispensed to an individual under his or her care based
2 on data contained in the CURES PDMP.

3 (iii) (I) An individual designated by a board, bureau, or
4 program within the Department of Consumer Affairs to investigate
5 a holder of a professional license may, for the purpose of
6 investigating the alleged substance abuse of a licensee, submit an
7 application developed by the Department of Justice to obtain
8 approval to access information online regarding the controlled
9 substance history of a licensee that is stored on the Internet and
10 maintained within the Department of Justice, and, upon approval,
11 the department shall release to that individual the electronic history
12 of controlled substances dispensed to the licensee based on data
13 contained in the CURES PDMP. ~~An application for an individual
14 designated by a board, bureau, or program that does not regulate
15 health care practitioners authorized to prescribe, order, administer,
16 furnish, or dispense Schedule II, Schedule III, or Schedule IV
17 controlled substances pursuant to Section 11150~~ The application
18 shall contain facts demonstrating the probable cause to believe the
19 licensee has violated a law governing controlled substances.

20 (II) *This clause does not require an individual designated by a
21 board, bureau, or program within the Department of Consumer
22 Affairs that regulates health care practitioners to submit an
23 application to access the information stored within the CURES
24 PDMP.*

25 (B) An application may be denied, or a subscriber may be
26 suspended, for reasons which include, but are not limited to, the
27 following:

28 (i) Materially falsifying an application for a subscriber.

29 (ii) Failure to maintain effective controls for access to the patient
30 activity report.

31 (iii) Suspended or revoked federal DEA registration.

32 (iv) Any subscriber who is arrested for a violation of law
33 governing controlled substances or any other law for which the
34 possession or use of a controlled substance is an element of the
35 crime.

36 (v) Any subscriber described in clause (i) or (ii) of subparagraph
37 (A) accessing information for any other reason than caring for his
38 or her patients.

- 1 (vi) Any subscriber described in clause (iii) of subparagraph
- 2 (A) accessing information for any other reason than investigating
- 3 the holder of a professional license.
- 4 (C) Any authorized subscriber shall notify the Department of
- 5 Justice within 30 days of any changes to the subscriber account.
- 6 (2) A health care practitioner authorized to prescribe, order,
- 7 administer, furnish, or dispense Schedule II, Schedule III, or
- 8 Schedule IV controlled substances pursuant to Section 11150 or
- 9 a pharmacist shall be deemed to have complied with paragraph
- 10 (1) if the licensed health care practitioner or pharmacist has been
- 11 approved to access the CURES database through the process
- 12 developed pursuant to subdivision (a) of Section 209 of the
- 13 Business and Professions Code.
- 14 (b) Any request for, or release of, a controlled substance history
- 15 pursuant to this section shall be made in accordance with guidelines
- 16 developed by the Department of Justice.
- 17 (c) In order to prevent the inappropriate, improper, or illegal
- 18 use of Schedule II, Schedule III, or Schedule IV controlled
- 19 substances, the Department of Justice may initiate the referral of
- 20 the history of controlled substances dispensed to an individual
- 21 based on data contained in CURES to licensed health care
- 22 practitioners, pharmacists, or both, providing care or services to
- 23 the individual.
- 24 (d) The history of controlled substances dispensed to an
- 25 individual based on data contained in CURES that is received by
- 26 an authorized subscriber from the Department of Justice pursuant
- 27 to this section shall be considered medical information subject to
- 28 the provisions of the Confidentiality of Medical Information Act
- 29 contained in Part 2.6 (commencing with Section 56) of Division
- 30 1 of the Civil Code.
- 31 (e) Information concerning a patient's controlled substance
- 32 history provided to an authorized subscriber pursuant to this section
- 33 shall include prescriptions for controlled substances listed in
- 34 Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code
- 35 of Federal Regulations.

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS**

BILL NUMBER: AB 648

AUTHOR: Low

SPONSOR: California Dental Association; and The Children's Partnership

VERSION: June 29, 2015 amended in Senate Health Committee

INTRODUCED: 2/24/2015

BILL STATUS: In suspense in Senate Appropriations Committee

BILL LOCATION: Senate Committee on Appropriations 7/13/15

SUBJECT: Community Based – Services: Virtual Dental Home Program

RELATED BILLS: AB 1174 (Chapter 662, Statutes of 2014)

SUMMARY

This bill appropriates \$4 million to the Department of Public Health (DPH) to establish the Virtual Dental Home (VDH) program, and specifies administrative requirements and program goals. **The bill was amended June 29, 2015 to require the program administrator to evaluate the grant program's progress toward meeting the objective to expand the virtual dental home model of the community-based delivery of dental care and to post the evaluation and a summary of the evaluation as specified.**

FISCAL EFFECT:

1) \$4 million GF to DPH to establish the program. DPH would scale the effort, including number of sites, individuals trained, and individuals served, to the available funding. The bill's supporters, who are familiar with the VDH model, project the funding could be used to support training and equipment in 20 communities over a three-year grant period.

2) To the extent this model is successful in promoting access to preventive and diagnostic dental services and more children are able to receive such services through its widespread adoption, there could be commensurate cost pressure on Medi-Cal dental services to reimburse for additional services (GF/federal funds). However, any increased costs would likely be offset to some extent by reductions in emergency dental procedures or complications from untreated dental disease. The magnitude and likelihood of such costs or savings is unknown.

COMMENTS:

1) **Purpose.** The author states VDH has the potential to become a sustainable and scalable model for dental care delivery, but needs an upfront investment in training, equipment, technical assistance, and other support to develop the critical mass needed to spread statewide and truly be integrated into California's dental delivery system. The bill is co-sponsored by the California Dental Association and The Children's Partnership.

2) **Background.** VDH is a community-based oral health delivery system in which people receive preventive and simple therapeutic services in community settings. It uses telehealth technology to link dental hygienists and dental assistants in the community with dentists in dental offices and clinics, enabling care in places like Head Start sites and schools. VDH was developed and evaluated through the state Office of Statewide Health Planning and Development's Health Workforce Pilot Program (HWPP#172). AB 1174 (Bocanegra), Chapter 662, Statutes of 2014, provided a statutory framework for VDH and authorized scope of practice changes, as well as Medi-Cal reimbursement for VDH-provided services.

REGISTERED SUPPORT/OPPOSITION

Support:

California Dental Association
The Children's Partnership

Opposition:

Non on file

BOARD POSITION

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

STAFF RECOMMENDATION

Staff recommends taking a neutral position on this bill.

AMENDED IN SENATE JUNE 29, 2015

AMENDED IN SENATE JUNE 11, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 648

Introduced by Assembly Member Low

(Coauthor: Senator Nguyen)

February 24, 2015

An act to add Section 104755.5 to the Health and Safety Code, relating to oral health, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 648, as amended, Low. Community-based services: Virtual Dental Home program.

Existing law establishes the State Department of Public Health and sets forth its powers and duties, including, but not limited to, the administration of a state oral health program known as the Office of Oral Health for the purposes of, among other things, establishing community dental disease prevention programs for schoolaged children.

This bill would establish the Virtual Dental Home grant program to expand the virtual dental home model of community-based delivery of dental care to the residents of this state who are in greatest need, as prescribed. The bill would require the program to facilitate, coordinate, and encourage development and expansion of the delivery of dental health services through use of the Virtual Dental Home model by providing grants to, among other things, develop training modules and establish community-based learning collaboratives, as prescribed. *The bill would require the program administrator to evaluate the grant program's progress toward meeting the objective to expand the virtual*

dental home model of the community-based delivery of dental care and to post the evaluation and a summary of the evaluation, as specified.

The bill would appropriate \$4,000,000 to the department for the purposes of this program.

Vote: $\frac{2}{3}$. Appropriation: yes. Fiscal committee: yes.

State-mandated local program: no.

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

1 SECTION 1. Section 104755.5 is added to the Health and
2 Safety Code, to read:

3 104755.5. (a) The Virtual Dental Home (VDH) grant program
4 is hereby established to expand the virtual dental home model of
5 community-based delivery of dental care to the residents of this
6 state who are in greatest need.

7 (b) The grant program shall be administered by the dentist
8 appointed to the State Department of Public Health, Oral Health
9 Unit, by the director pursuant to Section 104755.

10 (c) The VDH grant program shall facilitate, coordinate, and
11 encourage development and expansion of the delivery of dental
12 health services through the use of the Virtual Dental Home model
13 by providing grants to do all of the following:

14 (1) Develop training modules and Web-based technical
15 assistance.

16 (2) Establish community-based learning collaboratives.

17 (3) Fund essential VDH technology and equipment.

18 (4) Develop and fund other services, as determined by the grant
19 administrator, as required to meet the requirements of this section.

20 (d) The program administrator may seek additional private or
21 public funds to expand access to the VDH program.

22 (e) The VDH program shall be focused on providing needed
23 services in geographic areas of highest need, as determined by the
24 program administrator.

25 (f) The program administrator may grant funds directly to public
26 and private educational institutions or nonprofit entities as required
27 to meet the requirements of this section.

28 (g) *The program administrator shall evaluate the grant
29 program's progress toward meeting the objective to expand the
30 virtual dental home model of the community-based delivery of
31 dental care to residents in geographic areas of highest need. Upon*

1 *completion of the evaluation, the program administrator shall post*
2 *the evaluation and a summary of the evaluation on the State*
3 *Department of Public Health's Internet Web site.*

4 SEC. 2. The sum of four million dollars (\$4,000,000) is hereby
5 appropriated from the General Fund to the State Department of
6 Public Health for the purposes of the Virtual Dental Home (VDH)
7 program established pursuant to Section 104755.5 of the Health
8 and Safety Code.

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**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS**

BILL NUMBER: SB 800

AUTHOR: Senate Committee on
Business, Professions, and
Economic Development

SPONSOR:

VERSION: Amended on 7/16/2015

INTRODUCED: April 20, 2015

BILL STATUS: Senate Committee on
Appropriations 07/16/2015

BILL LOCATION: Senate Committee
on Appropriations

SUBJECT: Healing Arts

**RELATED
BILLS:**

SUMMARY

This bill makes 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. This bill has been amended three times since the May 2015 Board meeting, however none of the amendments were to the sections of law relating to the Dental Board.

Existing law:

1) Provides for the licensing and regulation of various professions and businesses by the 26 boards, 9 bureaus, 3 committees, 2 programs, and 1 commission within the Department of Consumer Affairs (DCA) under various licensing acts within the Business and Professions Code (BPC).

2) Contains the following provisions relating to the **Dental Board of California (DBC):**

a) The Dental Practice Act (Act) provides for the licensure and regulation of dentists by the DBC. The Act refers to the Board as the "Board of Dental Examiners". (Business & Professions Code (BPC) §§ 500, 650.2(f), 6650.2(g), 650.2(i), 1603(a), 1618.5(a), 1640.1(c), 1648.10(b), 1648.10(c), 1650, 1695, and 1695.1(a))

This bill:

1) Makes the following changes relating to the **Dental Board of California (DBC):**

a) Updates language to replace the "Board of Dental Examiners" with the "Dental Board of California" for consistency on how the Board is referenced.

REGISTERED SUPPORT/OPPOSITION

None on file.

BOARD POSITION

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

STAFF RECOMMENDATION:

At the May 2015 meeting, Staff recommended a support position on those amendments that amend the Dental Practice Act. See attached letter.

DENTAL BOARD OF CALIFORNIA

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



June 15, 2015

The Honorable Jerry Hill
California State Senate
California State Capitol, Room 5035
Sacramento, CA 95814

RE: SB 800 (Hill), as amended April 20, 2015 (Healing Arts) **SUPPORT**

Dear Senator Hill:

The Dental Board of California (Board) is pleased to support Senate Bill 800. This bill makes several non-controversial, non-substantive, or technical changes pertaining to various provisions of the Department of Consumer Affairs' boards, commissions and committees. This bill would, in part, delete existing references to the "Board of Dental Examiners" and, instead, refer to the "Dental Board of California" within the Dental Practice Act.

Thank you for providing this opportunity to update these references. If you have any questions or concerns, please feel free to contact me at your convenience at (916) 263-2188 or Karen.Fischer@dca.ca.gov.

Respectfully,

Karen M. Fischer, MPA
Executive Officer

cc: Meegan Murray, Legislative Director, Senator Jerry Hill
Members of the Senate Business, Professions & Economic Development Committee
Sarah Huchel, Consultant, Senate Business, Professions & Economic Development Committee
Members of the Dental Board of California
Awet Kidane, Director, Department of Consumer Affairs
Melinda McClain, Deputy Director of Legislation and Regulatory Review, Department of Consumer Affairs

AMENDED IN ASSEMBLY JULY 16, 2015

AMENDED IN ASSEMBLY JULY 13, 2015

AMENDED IN ASSEMBLY JUNE 8, 2015

AMENDED IN SENATE APRIL 20, 2015

SENATE BILL

No. 800

Introduced by Committee on Business, Professions and Economic Development (Senators Hill (Chair), Bates, Berryhill, Block, Galgiani, Hernandez, Jackson, Mendoza, and Wieckowski)

March 18, 2015

An act to amend Sections 28, 146, 500, 650.2, 800, 1603a, 1618.5, 1640.1, 1648.10, 1650, 1695, 1695.1, 1905.1, 1944, 2054, 2401, 2428, 2529, 2650, 2770, 2770.1, 2770.2, 2770.7, 2770.8, 2770.10, 2770.11, 2770.12, 2770.13, 2835.5, ~~2914~~, 3057, 3509.5, 4836.2, 4887, 4938, 4939, 4980.399, 4980.43, 4980.54, 4984.01, 4989.34, 4992.09, 4996.2, 4996.22, 4996.28, 4999.1, 4999.2, 4999.3, 4999.4, 4999.5, 4999.7, 4999.45, 4999.46, 4999.55, 4999.76, and 4999.100 of, to amend the heading of Article 3.1 (commencing with Section 2770) of Chapter 6 of Division 2 of, and to repeal Section 1917.2 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 800, as amended, Committee on Business, Professions and Economic Development. Healing arts.

Under existing law, the Department of Consumer Affairs is comprised of various boards, bureaus, commissions, committees, and similarly constituted agencies that license and regulate the practice of various professions and vocations, including those relating to the healing arts:

(1) Existing law requires persons applying for initial licensure or renewal of a license as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist to have completed prescribed coursework or training in child abuse assessment and reporting. Existing law requires the training to have been obtained from an accredited or approved educational institution, a continuing education provider approved by the responsible board, or a course sponsored or offered by a professional association or a local, county, or state department of health or mental health for continuing education and approved by the responsible board.

This bill would require the responsible board to specify a continuing education provider for child abuse assessment and reporting coursework by regulation, and would permit the responsible board to approve or accept a sponsored or offered course.

(2) Existing law relating to unlicensed activity enforcement lists specified provisions that require registration, licensure, certification, or other authorization in order to engage in certain businesses or professions regulated by the department and, notwithstanding any other law, makes a violation of a listed provision punishable as an infraction under specified circumstances.

This bill would include in those listed provisions an existing requirement for the registration of individuals as certified polysomnographic technologists, polysomnographic technicians, and polysomnographic trainees.

The bill would also include in those listed provisions a provision of the Educational Psychologist Practice Act that makes it unlawful for any person to practice educational psychology or use any title or letters that imply that he or she is a licensed educational psychologist unless, at the time of so doing, he or she holds a valid, unexpired, and unrevoked license under that act, the violation of which is a misdemeanor. The bill would further include in those listed provisions existing requirements of the Licensed Professional Clinical Counselor Act that a person not practice or advertise the performance of professional clinical counseling services without a license issued by the board, and pay the license fee, as required by that act, the violation of which is a misdemeanor.

By creating new infractions, this bill would impose a state-mandated local program.

(3) The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California. For purposes of the act,

any reference to the Board of Dental Examiners is deemed a reference to the Dental Board of California.

This bill would delete certain existing references to the Board of Dental Examiners and, instead, refer to the Dental Board of California.

(4) Existing law provides for the regulation of dental hygienists by the Dental Hygiene Committee of California, within the jurisdiction of the Dental Board of California. Existing law authorizes the committee, until January 1, 2010, to contract with the dental board to carry out any of specified provisions relating to the regulation of dental hygienists, and, on and after January 1, 2010, to contract with the dental board to perform investigations of applicants and licensees under those provisions. Existing law requires the committee to establish fees that relate to the licensing of a registered dental hygienist, subject to specified limitations, including fees for curriculum review and site evaluation for accreditation of educational programs.

This bill would require the Dental Hygiene Committee of California to create and maintain a central file of the names of licensees, to provide an individual historical record with information on acts of licensee misconduct and discipline. The bill would remove the limiting dates from the contracting provisions, thereby authorizing the committee to contract with the dental board to carry out any of specified provisions relating to the regulation of dental hygienists, including performing investigations of applicants and licensees. This bill, with regard to fees for accreditation of educational programs, would add a maximum fee for feasibility study review.

(5) The Medical Practice Act provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under existing law, the board issues a physician and surgeon's certificate to a licensed physician surgeon. The act prohibits a person who fails to renew his or her license within 5 years after its expiration from renewing it, and prohibits the license from being reissued, reinstated, or restored thereafter, although the act authorizes a person to apply for and obtain a new license under specified circumstances.

This bill would recast that renewal provision to prohibit renewal by a person who voluntarily cancels his or her license or who fails to renew it as described, and would authorize that person to apply for and obtain a license under those specified circumstances, without regard to reissuance, reinstatement, or restoration.

(6) Existing law relating to research psychoanalysts authorizes certain students and graduates in psychoanalysis to engage in psychoanalysis

under prescribed circumstances if they register with the Medical Board of California and present evidence of their student or graduate status. Existing law authorizes that board to suspend or revoke the exemption of those persons from licensure for unprofessional conduct for, among other things, repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, use of diagnostic procedures, or use of diagnostic or treatment facilities.

This bill would substitute, for those described bases for suspension or revocation of the exemption, the commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer.

(7) The Physical Therapy Practice Act provides for the licensure, approval, and regulation of physical therapists and physical therapist assistants by the Physical Therapy Board of California. The act establishes education requirements for a physical therapist assistant, including subject matter instruction through a combination of didactic and clinical experiences, and requires the clinical experience to include at least 18 weeks of full-time experience with a variety of patients.

This bill would delete that 18-week full-time experience requirement for physical therapist assistant education.

(8) The Nursing Practice Act provides for the licensure and regulation of nurse practitioners by the Board of Registered Nursing. The act, on and after January 1, 2008, requires an applicant for initial qualification or certification as a nurse practitioner under the act who has not been qualified or certified as a nurse practitioner to meet specified requirements. Certain provisions allow the board to find other persons in practice qualified to use the title of “nurse practitioner.”

This bill would delete those title provisions.

(9) The Nursing Practice Act provides for a diversion program to identify and rehabilitate registered nurses whose competency may be impaired due to abuse of alcohol and other drugs, or due to mental illness.

This bill would instead refer to the program as an intervention program.

(10) The Optometry Practice Act provides for the licensure and regulation of optometrists by the State Board of Optometry. The act prescribes license eligibility requirements, including, but not limited to, submitting proof that the person is licensed in good standing as of the date of application in every state where he or she holds a license, including compliance with continuing education requirements, submitting proof that the person has been in active practice in a state

in which he or she is licensed for a total of at least 5,000 hours in 5 of the 7 consecutive years immediately preceding the date of his or her application, and has never had his or her license to practice optometry revoked or suspended. For purposes of those provisions, “in good standing” includes the requirement that the person has not been found mentally incompetent by a physician so that the person is unable to undertake the practice of optometry in a manner consistent with the safety of a patient or the public.

This bill would delete that active practice requirement and would require that the license have never been revoked or suspended in any state where the person holds a license. The bill, with regard to making such a finding of mental incompetence, would replace a finding by a physician with a finding by a licensed psychologist or licensed psychiatrist.

(11) The Physician Assistant Practice Act requires the Physician Assistant Board to annually elect a chairperson and vice chairperson from among its members.

This bill would require the annual election of a president and vice president.

(12) Existing law relating to veterinary medicine requires a veterinary assistant to obtain a controlled substance permit from the Veterinary Medical Board in order to administer a controlled substance, and authorizes the board to deny, revoke, or suspend the permit, after notice and hearing, for any of specified causes. Existing law authorizes the board to revoke or suspend a permit for the same.

This bill would, instead, authorize the board to suspend or revoke the controlled substance permit of a veterinary assistant, after notice and hearing, for any of specified causes, and to deny, revoke, or suspend a permit for the same.

(13) The Acupuncture Licensure Act provides for the licensure and regulation of the practice of acupuncture by the Acupuncture Board. The act requires the board to issue a license to practice acupuncture to a person who meets prescribed requirements. The act requires, in the case of an applicant who has completed education and training outside the United States and Canada, documented educational training and clinical experience that meets certain standards established by the board. Existing law, commencing January 1, 2017, specifically requires the board to establish standards for the approval of educational training and clinical experience received outside the United States and Canada.

This bill would remove Canada from those provisions, thereby applying the same standards to all training and clinical experience completed outside the United States.

(14) The Licensed Marriage and Family Therapist Act provides for the licensure and regulation of marriage and family therapists by the Board of Behavioral Sciences. The act sets forth the educational and training requirements for licensure as a marriage and family therapist, including certain supervised-experience requirements whereby a prospective licensee is required to work a specified number of hours in a clinical setting under the supervision of experienced professionals. The act requires all persons to register with the board as an intern in order to be credited for postdegree hours of supervised experience gained toward licensure. The act, with regard to interns, requires all postdegree hours of experience to be credited toward licensure, except when employed in a private practice setting, if certain conditions are met.

This bill would require postdegree hours of experience to be credited toward licensure if certain conditions are met. The bill would prohibit an applicant for licensure as a marriage and family therapist from being employed or volunteering in a private practice until registered as an intern by the board. The bill would similarly prohibit an applicant for professional clinical counselor under the Licensed Professional Clinical Counselor Act from being employed or volunteering in a private practice until registered as an intern by the board.

(15) The Licensed Marriage and Family Therapist Act, the Educational Psychologist Practice Act, the Clinical Social Worker Practice Act, and the Licensed Professional Clinical Counselor Act require the Board of Behavioral Sciences to approve continuing education providers for specified educational courses relating to licensure for marriage and family therapists, educational psychologists, clinical social workers, and professional clinical counselors.

This bill would modify those acts to require the Board of Behavioral Sciences to identify, by regulation, acceptable continuing education providers.

(16) The Licensed Marriage and Family Therapist Act and the Licensed Professional Clinical Counselor Act provide for the registration of interns and allow a maximum of possible renewals after initial registration, after which a new registration number is required to be obtained. The Clinical Social Worker Practice Act provides similarly for the registration and renewal of registration of associate clinical social

workers. An applicant who is issued a subsequent number is barred from employment or volunteering in a private practice.

This bill would revise those provisions to refer throughout to subsequent registration numbers.

(17) Existing law provides for the registration of telephone medical advice services. Existing law imposes requirements for obtaining and maintaining registration, including a requirement that medical advice services be provided by specified licensed, registered, or certified health care professionals.

This bill would expand the specified health care professionals to include naturopathic doctors and licensed professional clinical counselors. The bill would require a service to notify the department of certain business changes, and to submit quarterly reports.

(18) This bill would additionally delete or update obsolete provisions and make conforming or nonsubstantive changes.

(19) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

1 SECTION 1. Section 28 of the Business and Professions Code
2 is amended to read:

3 28. (a) The Legislature finds that there is a need to ensure that
4 professionals of the healing arts who have demonstrable contact
5 with victims and potential victims of child, elder, and dependent
6 adult abuse, and abusers and potential abusers of children, elders,
7 and dependent adults are provided with adequate and appropriate
8 training regarding the assessment and reporting of child, elder,
9 and dependent adult abuse that will ameliorate, reduce, and
10 eliminate the trauma of abuse and neglect and ensure the reporting
11 of abuse in a timely manner to prevent additional occurrences.

12 (b) The Board of Psychology and the Board of Behavioral
13 Sciences shall establish required training in the area of child abuse
14 assessment and reporting for all persons applying for initial
15 licensure and renewal of a license as a psychologist, clinical social

1 worker, professional clinical counselor, or marriage and family
2 therapist. This training shall be required one time only for all
3 persons applying for initial licensure or for licensure renewal.

4 (c) All persons applying for initial licensure or renewal of a
5 license as a psychologist, clinical social worker, professional
6 clinical counselor, or marriage and family therapist shall, in
7 addition to all other requirements for licensure or renewal, have
8 completed coursework or training in child abuse assessment and
9 reporting that meets the requirements of this section, including
10 detailed knowledge of the Child Abuse and Neglect Reporting Act
11 (Article 2.5 (commencing with Section 11164) of Chapter 2 of
12 Title 1 of Part 4 of the Penal Code). The training shall meet all of
13 the following requirements:

14 (1) Be obtained from one of the following sources:

15 (A) An accredited or approved educational institution, as defined
16 in Sections 2902, 4980.36, 4980.37, 4996.18, and 4999.12,
17 including extension courses offered by those institutions.

18 (B) A continuing education provider as specified by the
19 responsible board by regulation.

20 (C) A course sponsored or offered by a professional association
21 or a local, county, or state department of health or mental health
22 for continuing education and approved or accepted by the
23 responsible board.

24 (2) Have a minimum of seven contact hours.

25 (3) Include the study of the assessment and method of reporting
26 of sexual assault, neglect, severe neglect, general neglect, willful
27 cruelty or unjustifiable punishment, corporal punishment or injury,
28 and abuse in out-of-home care. The training shall also include
29 physical and behavioral indicators of abuse, crisis counseling
30 techniques, community resources, rights and responsibilities of
31 reporting, consequences of failure to report, caring for a child's
32 needs after a report is made, sensitivity to previously abused
33 children and adults, and implications and methods of treatment
34 for children and adults.

35 (4) An applicant shall provide the appropriate board with
36 documentation of completion of the required child abuse training.

37 (d) The Board of Psychology and the Board of Behavioral
38 Sciences shall exempt an applicant who applies for an exemption
39 from this section and who shows to the satisfaction of the board

1 that there would be no need for the training in his or her practice
2 because of the nature of that practice.

3 (e) It is the intent of the Legislature that a person licensed as a
4 psychologist, clinical social worker, professional clinical counselor,
5 or marriage and family therapist have minimal but appropriate
6 training in the areas of child, elder, and dependent adult abuse
7 assessment and reporting. It is not intended that, by solely
8 complying with this section, a practitioner is fully trained in the
9 subject of treatment of child, elder, and dependent adult abuse
10 victims and abusers.

11 (f) The Board of Psychology and the Board of Behavioral
12 Sciences are encouraged to include coursework regarding the
13 assessment and reporting of elder and dependent adult abuse in
14 the required training on aging and long-term care issues prior to
15 licensure or license renewal.

16 SEC. 2. Section 146 of the Business and Professions Code is
17 amended to read:

18 146. (a) Notwithstanding any other provision of law, a
19 violation of any code section listed in subdivision (c) is an
20 infraction subject to the procedures described in Sections 19.6 and
21 19.7 of the Penal Code when either of the following applies:

22 (1) A complaint or a written notice to appear in court pursuant
23 to Chapter 5c (commencing with Section 853.5) of Title 3 of Part
24 2 of the Penal Code is filed in court charging the offense as an
25 infraction unless the defendant, at the time he or she is arraigned,
26 after being advised of his or her rights, elects to have the case
27 proceed as a misdemeanor.

28 (2) The court, with the consent of the defendant and the
29 prosecution, determines that the offense is an infraction in which
30 event the case shall proceed as if the defendant has been arraigned
31 on an infraction complaint.

32 (b) Subdivision (a) does not apply to a violation of the code
33 sections listed in subdivision (c) if the defendant has had his or
34 her license, registration, or certificate previously revoked or
35 suspended.

36 (c) The following sections require registration, licensure,
37 certification, or other authorization in order to engage in certain
38 businesses or professions regulated by this code:

39 (1) Sections 2052 and 2054.

40 (2) Section 2630.

- 1 (3) Section 2903.
- 2 (4) Section 3575.
- 3 (5) Section 3660.
- 4 (6) Sections 3760 and 3761.
- 5 (7) Section 4080.
- 6 (8) Section 4825.
- 7 (9) Section 4935.
- 8 (10) Section 4980.
- 9 (11) Section 4989.50.
- 10 (12) Section 4996.
- 11 (13) Section 4999.30.
- 12 (14) Section 5536.
- 13 (15) Section 6704.
- 14 (16) Section 6980.10.
- 15 (17) Section 7317.
- 16 (18) Section 7502 or 7592.
- 17 (19) Section 7520.
- 18 (20) Section 7617 or 7641.
- 19 (21) Subdivision (a) of Section 7872.
- 20 (22) Section 8016.
- 21 (23) Section 8505.
- 22 (24) Section 8725.
- 23 (25) Section 9681.
- 24 (26) Section 9840.
- 25 (27) Subdivision (c) of Section 9891.24.
- 26 (28) Section 19049.

27 (d) Notwithstanding any other law, a violation of any of the
 28 sections listed in subdivision (c), which is an infraction, is
 29 punishable by a fine of not less than two hundred fifty dollars
 30 (\$250) and not more than one thousand dollars (\$1,000). No portion
 31 of the minimum fine may be suspended by the court unless as a
 32 condition of that suspension the defendant is required to submit
 33 proof of a current valid license, registration, or certificate for the
 34 profession or vocation that was the basis for his or her conviction.

35 SEC. 3. Section 500 of the Business and Professions Code is
 36 amended to read:

37 500. If the register or book of registration of the Medical Board
 38 of California, the Dental Board of California, or the California
 39 State Board of Pharmacy is destroyed by fire or other public
 40 calamity, the board, whose duty it is to keep the register or book,

1 may reproduce it so that there may be shown as nearly as possible
2 the record existing in the original at the time of destruction.

3 SEC. 4. Section 650.2 of the Business and Professions Code
4 is amended to read:

5 650.2. (a) Notwithstanding Section 650 or any other provision
6 of law, it shall not be unlawful for a person licensed pursuant to
7 Chapter 4 (commencing with Section 1600) of Division 2 or any
8 other person, to participate in or operate a group advertising and
9 referral service for dentists if all of the following conditions are
10 met:

11 (1) The patient referrals by the service result from
12 patient-initiated responses to service advertising.

13 (2) The service advertises, if at all, in conformity with Section
14 651 and subdivisions (i) and (l) of Section 1680.

15 (3) The service does not employ a solicitor within the meaning
16 of subdivision (j) of Section 1680.

17 (4) The service does not impose a fee on the member dentists
18 dependent upon the number of referrals or amount of professional
19 fees paid by the patient to the dentist.

20 (5) Participating dentists charge no more than their usual and
21 customary fees to any patient referred.

22 (6) The service registers with the Dental Board of California,
23 providing its name and address.

24 (7) The service files with the Dental Board of California a copy
25 of the standard form contract that regulates its relationship with
26 member dentists, which contract shall be confidential and not open
27 to public inspection.

28 (8) If more than 50 percent of its referrals are made to one
29 individual, association, partnership, corporation, or group of three
30 or more dentists, the service discloses that fact in all public
31 communications, including, but not limited to, communication by
32 means of television, radio, motion picture, newspaper, book, or
33 list or directory of healing arts practitioners.

34 (9) When member dentists pay any fee to the service, any
35 advertisement by the service shall clearly and conspicuously
36 disclose that fact by including a statement as follows: "Paid for
37 by participating dentists." In print advertisements, the required
38 statement shall be in at least 9-point type. In radio advertisements,
39 the required statement shall be articulated so as to be clearly
40 audible and understandable by the radio audience. In television

1 advertisements, the required statement shall be either clearly
2 audible and understandable to the television audience, or displayed
3 in a written form that remains clearly visible for at least five
4 seconds to the television audience. This subdivision shall be
5 operative on and after July 1, 1994.

6 (b) The Dental Board of California may adopt regulations
7 necessary to enforce and administer this section.

8 (c) The Dental Board of California may suspend or revoke the
9 registration of any service that fails to comply with paragraph (9)
10 of subdivision (a). No service may reregister with the board if it
11 has a registration that is currently under suspension for a violation
12 of paragraph (9) of subdivision (a), nor may a service reregister
13 with the board if it had a registration revoked by the board for a
14 violation of paragraph (9) of subdivision (a) less than one year
15 after that revocation.

16 (d) The Dental Board of California may petition the superior
17 court of any county for the issuance of an injunction restraining
18 any conduct that constitutes a violation of this section.

19 (e) It is unlawful and shall constitute a misdemeanor for a person
20 to operate a group advertising and referral service for dentists
21 without providing its name and address to the Dental Board of
22 California.

23 (f) It is the intent of the Legislature in enacting this section not
24 to otherwise affect the prohibitions provided in Section 650. The
25 Legislature intends to allow the pooling of resources by dentists
26 for the purposes of advertising.

27 (g) This section shall not be construed to authorize a referral
28 service to engage in the practice of dentistry.

29 SEC. 5. Section 800 of the Business and Professions Code is
30 amended to read:

31 800. (a) The Medical Board of California, the Board of
32 Psychology, the Dental Board of California, the Dental Hygiene
33 Committee of California, the Osteopathic Medical Board of
34 California, the State Board of Chiropractic Examiners, the Board
35 of Registered Nursing, the Board of Vocational Nursing and
36 Psychiatric Technicians of the State of California, the State Board
37 of Optometry, the Veterinary Medical Board, the Board of
38 Behavioral Sciences, the Physical Therapy Board of California,
39 the California State Board of Pharmacy, the Speech-Language
40 Pathology and Audiology and Hearing Aid Dispensers Board, the

1 California Board of Occupational Therapy, the Acupuncture Board,
2 and the Physician Assistant Board shall each separately create and
3 maintain a central file of the names of all persons who hold a
4 license, certificate, or similar authority from that board. Each
5 central file shall be created and maintained to provide an individual
6 historical record for each licensee with respect to the following
7 information:

8 (1) Any conviction of a crime in this or any other state that
9 constitutes unprofessional conduct pursuant to the reporting
10 requirements of Section 803.

11 (2) Any judgment or settlement requiring the licensee or his or
12 her insurer to pay any amount of damages in excess of three
13 thousand dollars (\$3,000) for any claim that injury or death was
14 proximately caused by the licensee's negligence, error or omission
15 in practice, or by rendering unauthorized professional services,
16 pursuant to the reporting requirements of Section 801 or 802.

17 (3) Any public complaints for which provision is made pursuant
18 to subdivision (b).

19 (4) Disciplinary information reported pursuant to Section 805,
20 including any additional exculpatory or explanatory statements
21 submitted by the licentiate pursuant to subdivision (f) of Section
22 805. If a court finds, in a final judgment, that the peer review
23 resulting in the 805 report was conducted in bad faith and the
24 licensee who is the subject of the report notifies the board of that
25 finding, the board shall include that finding in the central file. For
26 purposes of this paragraph, "peer review" has the same meaning
27 as defined in Section 805.

28 (5) Information reported pursuant to Section 805.01, including
29 any explanatory or exculpatory information submitted by the
30 licensee pursuant to subdivision (b) of that section.

31 (b) (1) Each board shall prescribe and promulgate forms on
32 which members of the public and other licensees or certificate
33 holders may file written complaints to the board alleging any act
34 of misconduct in, or connected with, the performance of
35 professional services by the licensee.

36 (2) If a board, or division thereof, a committee, or a panel has
37 failed to act upon a complaint or report within five years, or has
38 found that the complaint or report is without merit, the central file
39 shall be purged of information relating to the complaint or report.

1 (3) Notwithstanding this subdivision, the Board of Psychology,
2 the Board of Behavioral Sciences, and the Respiratory Care Board
3 of California shall maintain complaints or reports as long as each
4 board deems necessary.

5 (c) (1) The contents of any central file that are not public
6 records under any other provision of law shall be confidential
7 except that the licensee involved, or his or her counsel or
8 representative, shall have the right to inspect and have copies made
9 of his or her complete file except for the provision that may
10 disclose the identity of an information source. For the purposes of
11 this section, a board may protect an information source by
12 providing a copy of the material with only those deletions necessary
13 to protect the identity of the source or by providing a
14 comprehensive summary of the substance of the material.
15 Whichever method is used, the board shall ensure that full
16 disclosure is made to the subject of any personal information that
17 could reasonably in any way reflect or convey anything detrimental,
18 disparaging, or threatening to a licensee’s reputation, rights,
19 benefits, privileges, or qualifications, or be used by a board to
20 make a determination that would affect a licensee’s rights, benefits,
21 privileges, or qualifications. The information required to be
22 disclosed pursuant to Section 803.1 shall not be considered among
23 the contents of a central file for the purposes of this subdivision.

24 (2) The licensee may, but is not required to, submit any
25 additional exculpatory or explanatory statement or other
26 information that the board shall include in the central file.

27 (3) Each board may permit any law enforcement or regulatory
28 agency when required for an investigation of unlawful activity or
29 for licensing, certification, or regulatory purposes to inspect and
30 have copies made of that licensee’s file, unless the disclosure is
31 otherwise prohibited by law.

32 (4) These disclosures shall effect no change in the confidential
33 status of these records.

34 SEC. 6. Section 1603a of the Business and Professions Code
35 is amended to read:

36 1603a. A member of the Dental Board of California who has
37 served two terms shall not be eligible for reappointment to the
38 board. In computing two terms hereunder, that portion of an
39 unexpired term that a member fills as a result of a vacancy shall
40 be excluded.

1 SEC. 7. Section 1618.5 of the Business and Professions Code
2 is amended to read:

3 1618.5. (a) The board shall provide to the Director of the
4 Department of Managed Health Care a copy of any accusation
5 filed with the Office of Administrative Hearings pursuant to
6 Chapter 5 (commencing with Section 11500) of Part 1 of Division
7 3 of Title 2 of the Government Code, when the accusation is filed,
8 for a violation of this chapter relating to the quality of care of any
9 dental provider of a health care service plan, as defined in Section
10 1345 of the Health and Safety Code. There shall be no liability on
11 the part of, and no cause of action shall arise against, the State of
12 California, the Dental Board of California, the Department of
13 Managed Health Care, the director of that department, or any
14 officer, agent, employee, consultant, or contractor of the state or
15 the board or the department for the release of any false or
16 unauthorized information pursuant to this section, unless the release
17 is made with knowledge and malice.

18 (b) The board and its executive officer and staff shall maintain
19 the confidentiality of any nonpublic reports provided by the
20 Director of the Department of Managed Health Care pursuant to
21 subdivision (i) of Section 1380 of the Health and Safety Code.

22 SEC. 8. Section 1640.1 of the Business and Professions Code
23 is amended to read:

24 1640.1. As used in this article, the following definitions shall
25 apply:

26 (a) “Specialty” means an area of dental practice approved by
27 the American Dental Association and recognized by the board.

28 (b) “Discipline” means an advanced dental educational program
29 in an area of dental practice not approved as a specialty by the
30 American Dental Association; but offered from a dental college
31 approved by the board.

32 (c) “Dental college approved by the board” means a dental
33 school or college that is approved by the Commission on Dental
34 Accreditation of the American Dental Association, that is
35 accredited by a body that has a reciprocal accreditation agreement
36 with that commission, or that has been approved by the Dental
37 Board of California through its own approval process.

38 SEC. 9. Section 1648.10 of the Business and Professions Code
39 is amended to read:

1 1648.10. (a) The Dental Board of California shall develop and
2 distribute a fact sheet describing and comparing the risks and
3 efficacy of the various types of dental restorative materials that
4 may be used to repair a dental patient’s oral condition or defect.
5 The fact sheet shall include:
6 (1) A description of the groups of materials that are available
7 to the profession for restoration of an oral condition or defect.
8 (2) A comparison of the relative benefits and detriments of each
9 group of materials.
10 (3) A comparison of the cost considerations associated with
11 each group of materials.
12 (4) A reference to encourage discussion between patient and
13 dentist regarding materials and to inform the patient of his or her
14 options.
15 (b) The fact sheet shall be made available by the Dental Board
16 of California to all licensed dentists.
17 (c) The Dental Board of California shall update the fact sheet
18 described in subdivision (a) as determined necessary by the board.
19 SEC. 10. Section 1650 of the Business and Professions Code
20 is amended to read:
21 1650. Every person who is now or hereafter licensed to practice
22 dentistry in this state shall register on forms prescribed by the
23 board, his or her place of practice with the executive officer of the
24 Dental Board of California, or, if he or she has more than one place
25 of practice, all of the places of practice, or, if he or she has no place
26 of practice, to so notify the executive officer of the board. A person
27 licensed by the board shall register with the executive officer within
28 30 days after the date of his or her license.
29 SEC. 11. Section 1695 of the Business and Professions Code
30 is amended to read:
31 1695. It is the intent of the Legislature that the Dental Board
32 of California seek ways and means to identify and rehabilitate
33 licentiates whose competency may be impaired due to abuse of
34 dangerous drugs or alcohol, so that licentiates so afflicted may be
35 treated and returned to the practice of dentistry in a manner that
36 will not endanger the public health and safety. It is also the intent
37 of the Legislature that the Dental Board of California shall
38 implement this legislation in part by establishing a diversion
39 program as a voluntary alternative approach to traditional
40 disciplinary actions.

1 SEC. 12. Section 1695.1 of the Business and Professions Code
2 is amended to read:

3 1695.1. As used in this article:

4 (a) “Board” means the Dental Board of California.

5 (b) “Committee” means a diversion evaluation committee
6 created by this article.

7 (c) “Program manager” means the staff manager of the diversion
8 program, as designated by the executive officer of the board. The
9 program manager shall have background experience in dealing
10 with substance abuse issues.

11 SEC. 13. Section 1905.1 of the Business and Professions Code
12 is amended to read:

13 1905.1. The committee may contract with the dental board to
14 carry out this article. The committee may contract with the dental
15 board to perform investigations of applicants and licensees under
16 this article.

17 SEC. 14. Section 1917.2 of the Business and Professions Code
18 is repealed.

19 SEC. 15. Section 1944 of the Business and Professions Code
20 is amended to read:

21 1944. (a) The committee shall establish by resolution the
22 amount of the fees that relate to the licensing of a registered dental
23 hygienist, a registered dental hygienist in alternative practice, and
24 a registered dental hygienist in extended functions. The fees
25 established by board resolution in effect on June 30, 2009, as they
26 relate to the licensure of registered dental hygienists, registered
27 dental hygienists in alternative practice, and registered dental
28 hygienists in extended functions, shall remain in effect until
29 modified by the committee. The fees are subject to the following
30 limitations:

31 (1) The application fee for an original license and the fee for
32 issuance of an original license shall not exceed two hundred fifty
33 dollars (\$250).

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

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

- 1 (4) The fee for examination for licensure as a registered dental
2 hygienist in alternative practice shall not exceed the actual cost of
3 administering the examination.
- 4 (5) The biennial renewal fee shall not exceed one hundred sixty
5 dollars (\$160).
- 6 (6) The delinquency fee shall not exceed one-half of the renewal
7 fee. Any delinquent license may be restored only upon payment
8 of all fees, including the delinquency fee, and compliance with all
9 other applicable requirements of this article.
- 10 (7) The fee for issuance of a duplicate license to replace one
11 that is lost or destroyed, or in the event of a name change, shall
12 not exceed twenty-five dollars (\$25) or one-half of the renewal
13 fee, whichever is greater.
- 14 (8) The fee for certification of licensure shall not exceed one-half
15 of the renewal fee.
- 16 (9) The fee for each curriculum review, feasibility study review,
17 and site evaluation for educational programs for dental hygienists
18 who are not accredited by a committee-approved agency shall not
19 exceed two thousand one hundred dollars (\$2,100).
- 20 (10) The fee for each review or approval of course requirements
21 for licensure or procedures that require additional training shall
22 not exceed seven hundred fifty dollars (\$750).
- 23 (11) The initial application and biennial fee for a provider of
24 continuing education shall not exceed five hundred dollars (\$500).
- 25 (12) The amount of fees payable in connection with permits
26 issued under Section 1962 is as follows:
 - 27 (A) The initial permit fee is an amount equal to the renewal fee
28 for the applicant’s license to practice dental hygiene in effect on
29 the last regular renewal date before the date on which the permit
30 is issued.
 - 31 (B) If the permit will expire less than one year after its issuance,
32 then the initial permit fee is an amount equal to 50 percent of the
33 renewal fee in effect on the last regular renewal date before the
34 date on which the permit is issued.
 - 35 (b) The renewal and delinquency fees shall be fixed by the
36 committee by resolution at not more than the current amount of
37 the renewal fee for a license to practice under this article nor less
38 than five dollars (\$5).

1 (c) Fees fixed by the committee by resolution pursuant to this
2 section shall not be subject to the approval of the Office of
3 Administrative Law.

4 (d) Fees collected pursuant to this section shall be collected by
5 the committee and deposited into the State Dental Hygiene Fund,
6 which is hereby created. All money in this fund shall, upon
7 appropriation by the Legislature in the annual Budget Act, be used
8 to implement this article.

9 (e) No fees or charges other than those listed in this section shall
10 be levied by the committee in connection with the licensure of
11 registered dental hygienists, registered dental hygienists in
12 alternative practice, or registered dental hygienists in extended
13 functions.

14 (f) The fee for registration of an extramural dental facility shall
15 not exceed two hundred fifty dollars (\$250).

16 (g) The fee for registration of a mobile dental hygiene unit shall
17 not exceed one hundred fifty dollars (\$150).

18 (h) The biennial renewal fee for a mobile dental hygiene unit
19 shall not exceed two hundred fifty dollars (\$250).

20 (i) The fee for an additional office permit shall not exceed two
21 hundred fifty dollars (\$250).

22 (j) The biennial renewal fee for an additional office as described
23 in Section 1926.4 shall not exceed two hundred fifty dollars (\$250).

24 (k) The initial application and biennial special permit fee is an
25 amount equal to the biennial renewal fee specified in paragraph
26 (6) of subdivision (a).

27 (l) The fees in this section shall not exceed an amount sufficient
28 to cover the reasonable regulatory cost of carrying out this article.

29 SEC. 16. Section 2054 of the Business and Professions Code
30 is amended to read:

31 2054. (a) Any person who uses in any sign, business card, or
32 letterhead, or, in an advertisement, the words “doctor” or
33 “physician,” the letters or prefix “Dr.,” the initials “M.D.,” or any
34 other terms or letters indicating or implying that he or she is a
35 physician and surgeon, physician, surgeon, or practitioner under
36 the terms of this or any other law, or that he or she is entitled to
37 practice hereunder, or who represents or holds himself or herself
38 out as a physician and surgeon, physician, surgeon, or practitioner
39 under the terms of this or any other law, without having at the time
40 of so doing a valid, unrevoked, and unsuspended certificate as a

1 physician and surgeon under this chapter, is guilty of a
2 misdemeanor.

3 (b) A holder of a valid, unrevoked, and unsuspended certificate
4 to practice podiatric medicine may use the phrases “doctor of
5 podiatric medicine,” “doctor of podiatry,” and “podiatric doctor,”
6 or the initials “D.P.M.,” and shall not be in violation of subdivision

7 (a).

8 (c) Notwithstanding subdivision (a), any of the following
9 persons may use the words “doctor” or “physician,” the letters or
10 prefix “Dr.,” or the initials “M.D.”:

11 (1) A graduate of a medical school approved or recognized by
12 the board while enrolled in a postgraduate training program
13 approved by the board.

14 (2) A graduate of a medical school who does not have a
15 certificate as a physician and surgeon under this chapter if he or
16 she meets all of the following requirements:

17 (A) If issued a license to practice medicine in any jurisdiction,
18 has not had that license revoked or suspended by that jurisdiction.

19 (B) Does not otherwise hold himself or herself out as a physician
20 and surgeon entitled to practice medicine in this state except to
21 the extent authorized by this chapter.

22 (C) Does not engage in any of the acts prohibited by Section
23 2060.

24 (3) A person authorized to practice medicine under Section 2111
25 or 2113 subject to the limitations set forth in those sections.

26 SEC. 17. Section 2401 of the Business and Professions Code
27 is amended to read:

28 2401. (a) Notwithstanding Section 2400, a clinic operated
29 primarily for the purpose of medical education by a public or
30 private nonprofit university medical school, which is approved by
31 the board or the Osteopathic Medical Board of California, may
32 charge for professional services rendered to teaching patients by
33 licensees who hold academic appointments on the faculty of the
34 university, if the charges are approved by the physician and surgeon
35 in whose name the charges are made.

36 (b) Notwithstanding Section 2400, a clinic operated under
37 subdivision (p) of Section 1206 of the Health and Safety Code
38 may employ licensees and charge for professional services rendered
39 by those licensees. However, the clinic shall not interfere with,
40 control, or otherwise direct the professional judgment of a

1 physician and surgeon in a manner prohibited by Section 2400 or
2 any other provision of law.

3 (c) Notwithstanding Section 2400, a narcotic treatment program
4 operated under Section 11876 of the Health and Safety Code and
5 regulated by the State Department of Health Care Services, may
6 employ licensees and charge for professional services rendered by
7 those licensees. However, the narcotic treatment program shall
8 not interfere with, control, or otherwise direct the professional
9 judgment of a physician and surgeon in a manner prohibited by
10 Section 2400 or any other provision of law.

11 (d) Notwithstanding Section 2400, a hospital that is owned and
12 operated by a licensed charitable organization, that offers only
13 pediatric subspecialty care, that, prior to January 1, 2013, employed
14 licensees on a salary basis, and that has not charged for professional
15 services rendered to patients may, commencing January 1, 2013,
16 charge for professional services rendered to patients, provided the
17 following conditions are met:

18 (1) The hospital does not increase the number of salaried
19 licensees by more than five licensees each year.

20 (2) The hospital does not expand its scope of services beyond
21 pediatric subspecialty care.

22 (3) The hospital accepts each patient needing its scope of
23 services regardless of his or her ability to pay, including whether
24 the patient has any form of health care coverage.

25 (4) The medical staff concur by an affirmative vote that the
26 licensee's employment is in the best interest of the communities
27 served by the hospital.

28 (5) The hospital does not interfere with, control, or otherwise
29 direct a physician and surgeon's professional judgment in a manner
30 prohibited by Section 2400 or any other provision of law.

31 SEC. 18. Section 2428 of the Business and Professions Code
32 is amended to read:

33 2428. (a) A person who voluntarily cancels his or her license
34 or who fails to renew his or her license within five years after its
35 expiration shall not renew it, but that person may apply for and
36 obtain a new license if he or she:

37 (1) Has not committed any acts or crimes constituting grounds
38 for denial of licensure under Division 1.5 (commencing with
39 Section 475).

1 (2) Takes and passes the examination, if any, which would be
2 required of him or her if application for licensure was being made
3 for the first time, or otherwise establishes to the satisfaction of the
4 licensing authority that passes on the qualifications of applicants
5 for the license that, with due regard for the public interest, he or
6 she is qualified to practice the profession or activity for which the
7 applicant was originally licensed.

8 (3) Pays all of the fees that would be required if application for
9 licensure was being made for the first time.

10 The licensing authority may provide for the waiver or refund of
11 all or any part of an examination fee in those cases in which a
12 license is issued without an examination pursuant to this section.

13 Nothing in this section shall be construed to authorize the
14 issuance of a license for a professional activity or system or mode
15 of healing for which licenses are no longer required.

16 (b) In addition to the requirements set forth in subdivision (a),
17 an applicant shall establish that he or she meets one of the
18 following requirements: (1) satisfactory completion of at least two
19 years of approved postgraduate training; (2) certification by a
20 specialty board approved by the American Board of Medical
21 Specialties or approved by the board pursuant to subdivision (h)
22 of Section 651; or (3) passing of the clinical competency written
23 examination.

24 (c) Subdivision (a) shall apply to persons who held licenses to
25 practice podiatric medicine except that those persons who failed
26 to renew their licenses within three years after its expiration may
27 not renew it, and it may not be reissued, reinstated, or restored,
28 except in accordance with subdivision (a).

29 SEC. 19. Section 2529 of the Business and Professions Code
30 is amended to read:

31 2529. (a) Graduates of the Southern California Psychoanalytic
32 Institute, the Los Angeles Psychoanalytic Society and Institute,
33 the San Francisco Psychoanalytic Institute, the San Diego
34 Psychoanalytic Center, or institutes deemed equivalent by the
35 Medical Board of California who have completed clinical training
36 in psychoanalysis may engage in psychoanalysis as an adjunct to
37 teaching, training, or research and hold themselves out to the public
38 as psychoanalysts, and students in those institutes may engage in
39 psychoanalysis under supervision, if the students and graduates
40 do not hold themselves out to the public by any title or description

1 of services incorporating the words “psychological,”
2 “psychologist,” “psychology,” “psychometrists,” “psychometrics,”
3 or “psychometry,” or that they do not state or imply that they are
4 licensed to practice psychology.

5 (b) Those students and graduates seeking to engage in
6 psychoanalysis under this chapter shall register with the Medical
7 Board of California, presenting evidence of their student or
8 graduate status. The board may suspend or revoke the exemption
9 of those persons for unprofessional conduct as defined in Sections
10 726, 2234, and 2235.

11 SEC. 20. Section 2650 of the Business and Professions Code
12 is amended to read:

13 2650. (a) The physical therapist education requirements are
14 as follows:

15 (1) Except as otherwise provided in this chapter, each applicant
16 for a license as a physical therapist shall be a graduate of a
17 professional degree program of an accredited postsecondary
18 institution or institutions approved by the board and shall have
19 completed a professional education program including academic
20 course work and clinical internship in physical therapy.

21 (2) Unless otherwise specified by the board by regulation, the
22 educational requirements shall include instruction in the subjects
23 prescribed by the Commission on Accreditation in Physical
24 Therapy Education (CAPTE) of the American Physical Therapy
25 Association or Physiotherapy Education Accreditation Canada and
26 shall include a combination of didactic and clinical experiences.
27 The clinical experience shall include at least 18 weeks of full-time
28 experience with a variety of patients.

29 (b) The physical therapist assistant educational requirements
30 are as follows:

31 (1) Except as otherwise provided in this chapter, each applicant
32 for a license as a physical therapist assistant shall be a graduate of
33 a physical therapist assistant program of an accredited
34 postsecondary institution or institutions approved by the board,
35 and shall have completed both the academic and clinical experience
36 required by the physical therapist assistant program, and have been
37 awarded an associate degree.

38 (2) Unless otherwise specified by the board by regulation, the
39 educational requirements shall include instruction in the subjects
40 prescribed by the CAPTE of the American Physical Therapy

1 Association or Physiotherapy Education Accreditation Canada or
2 another body as may be approved by the board by regulation and
3 shall include a combination of didactic and clinical experiences.

4 SEC. 21. The heading of Article 3.1 (commencing with Section
5 2770) of Chapter 6 of Division 2 of the Business and Professions
6 Code is amended to read:

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8
9

Article 3.1. Intervention Program

10 SEC. 22. Section 2770 of the Business and Professions Code
11 is amended to read:

12 2770. It is the intent of the Legislature that the Board of
13 Registered Nursing seek ways and means to identify and
14 rehabilitate registered nurses whose competency may be impaired
15 due to abuse of alcohol and other drugs, or due to mental illness
16 so that registered nurses so afflicted may be rehabilitated and
17 returned to the practice of nursing in a manner that will not
18 endanger the public health and safety. It is also the intent of the
19 Legislature that the Board of Registered Nursing shall implement
20 this legislation by establishing an intervention program as a
21 voluntary alternative to traditional disciplinary actions.

22 SEC. 23. Section 2770.1 of the Business and Professions Code
23 is amended to read:

24 2770.1. As used in this article:

- 25 (a) “Board” means the Board of Registered Nursing.
- 26 (b) “Committee” means an intervention evaluation committee
27 created by this article.
- 28 (c) “Program manager” means the staff manager of the
29 intervention program, as designated by the executive officer of the
30 board. The program manager shall have background experience
31 in dealing with substance abuse issues.

32 SEC. 24. Section 2770.2 of the Business and Professions Code
33 is amended to read:

34 2770.2. (a) One or more intervention evaluation committees
35 is hereby created in the state to be established by the board. Each
36 committee shall be composed of five persons appointed by the
37 board. No board member shall serve on any committee.

38 (b) Each committee shall have the following composition:

1 (1) Three registered nurses, holding active California licenses,
2 who have demonstrated expertise in the field of chemical
3 dependency or psychiatric nursing.

4 (2) One physician, holding an active California license, who
5 specializes in the diagnosis and treatment of addictive diseases or
6 mental illness.

7 (3) One public member who is knowledgeable in the field of
8 chemical dependency or mental illness.

9 (c) It shall require a majority vote of the board to appoint a
10 person to a committee. Each appointment shall be at the pleasure
11 of the board for a term not to exceed four years. In its discretion
12 the board may stagger the terms of the initial members appointed.

13 SEC. 25. Section 2770.7 of the Business and Professions Code
14 is amended to read:

15 2770.7. (a) The board shall establish criteria for the acceptance,
16 denial, or termination of registered nurses in the intervention
17 program. Only those registered nurses who have voluntarily
18 requested to participate in the intervention program shall participate
19 in the program.

20 (b) A registered nurse under current investigation by the board
21 may request entry into the intervention program by contacting the
22 board. Prior to authorizing a registered nurse to enter into the
23 intervention program, the board may require the registered nurse
24 under current investigation for any violations of this chapter or
25 any other provision of this code to execute a statement of
26 understanding that states that the registered nurse understands that
27 his or her violations that would otherwise be the basis for discipline
28 may still be investigated and may be the subject of disciplinary
29 action.

30 (c) If the reasons for a current investigation of a registered nurse
31 are based primarily on the self-administration of any controlled
32 substance or dangerous drug or alcohol under Section 2762, or the
33 illegal possession, prescription, or nonviolent procurement of any
34 controlled substance or dangerous drug for self-administration that
35 does not involve actual, direct harm to the public, the board shall
36 close the investigation without further action if the registered nurse
37 is accepted into the board's intervention program and successfully
38 completes the program. If the registered nurse withdraws or is
39 terminated from the program by an intervention evaluation
40 committee, and the termination is approved by the program

1 manager, the investigation shall be reopened and disciplinary action
2 imposed, if warranted, as determined by the board.

3 (d) Neither acceptance nor participation in the intervention
4 program shall preclude the board from investigating or continuing
5 to investigate, or taking disciplinary action or continuing to take
6 disciplinary action against, any registered nurse for any
7 unprofessional conduct committed before, during, or after
8 participation in the intervention program.

9 (e) All registered nurses shall sign an agreement of
10 understanding that the withdrawal or termination from the
11 intervention program at a time when the program manager or
12 intervention evaluation committee determines the licentiate presents
13 a threat to the public’s health and safety shall result in the
14 utilization by the board of intervention program treatment records
15 in disciplinary or criminal proceedings.

16 (f) Any registered nurse terminated from the intervention
17 program for failure to comply with program requirements is subject
18 to disciplinary action by the board for acts committed before,
19 during, and after participation in the intervention program. A
20 registered nurse who has been under investigation by the board
21 and has been terminated from the intervention program by an
22 intervention evaluation committee shall be reported by the
23 intervention evaluation committee to the board.

24 SEC. 26. Section 2770.8 of the Business and Professions Code
25 is amended to read:

26 2770.8. A committee created under this article operates under
27 the direction of the intervention program manager. The program
28 manager has the primary responsibility to review and evaluate
29 recommendations of the committee. Each committee shall have
30 the following duties and responsibilities:

31 (a) To evaluate those registered nurses who request participation
32 in the program according to the guidelines prescribed by the board,
33 and to make recommendations.

34 (b) To review and designate those treatment services to which
35 registered nurses in an intervention program may be referred.

36 (c) To receive and review information concerning a registered
37 nurse participating in the program.

38 (d) To consider in the case of each registered nurse participating
39 in a program whether he or she may with safety continue or resume
40 the practice of nursing.

1 (e) To call meetings as necessary to consider the requests of
2 registered nurses to participate in an intervention program, and to
3 consider reports regarding registered nurses participating in a
4 program.

5 (f) To make recommendations to the program manager regarding
6 the terms and conditions of the intervention agreement for each
7 registered nurse participating in the program, including treatment,
8 supervision, and monitoring requirements.

9 SEC. 27. Section 2770.10 of the Business and Professions
10 Code is amended to read:

11 2770.10. Notwithstanding Article 9 (commencing with Section
12 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the
13 Government Code, relating to public meetings, a committee may
14 convene in closed session to consider reports pertaining to any
15 registered nurse requesting or participating in an intervention
16 program. A committee shall only convene in closed session to the
17 extent that it is necessary to protect the privacy of such a licentiate.

18 SEC. 28. Section 2770.11 of the Business and Professions
19 Code is amended to read:

20 2770.11. (a) Each registered nurse who requests participation
21 in an intervention program shall agree to cooperate with the
22 rehabilitation program designed by the committee and approved
23 by the program manager. Any failure to comply with a
24 rehabilitation program may result in termination of the registered
25 nurse's participation in a program. The name and license number
26 of a registered nurse who is terminated for any reason, other than
27 successful completion, shall be reported to the board's enforcement
28 program.

29 (b) If the program manager determines that a registered nurse,
30 who is denied admission into the program or terminated from the
31 program, presents a threat to the public or his or her own health
32 and safety, the program manager shall report the name and license
33 number, along with a copy of all intervention program records for
34 that registered nurse, to the board's enforcement program. The
35 board may use any of the records it receives under this subdivision
36 in any disciplinary proceeding.

37 SEC. 29. Section 2770.12 of the Business and Professions
38 Code is amended to read:

39 2770.12. (a) After the committee and the program manager
40 in their discretion have determined that a registered nurse has

1 successfully completed the intervention program, all records
2 pertaining to the registered nurse’s participation in the intervention
3 program shall be purged.

4 (b) All board and committee records and records of a proceeding
5 pertaining to the participation of a registered nurse in the
6 intervention program shall be kept confidential and are not subject
7 to discovery or subpoena, except as specified in subdivision (b)
8 of Section 2770.11 and subdivision (c).

9 (c) A registered nurse shall be deemed to have waived any rights
10 granted by any laws and regulations relating to confidentiality of
11 the intervention program, if he or she does any of the following:

12 (1) Presents information relating to any aspect of the intervention
13 program during any stage of the disciplinary process subsequent
14 to the filing of an accusation, statement of issues, or petition to
15 compel an examination pursuant to Article 12.5 (commencing with
16 Section 820) of Chapter 1. The waiver shall be limited to
17 information necessary to verify or refute any information disclosed
18 by the registered nurse.

19 (2) Files a lawsuit against the board relating to any aspect of
20 the intervention program.

21 (3) Claims in defense to a disciplinary action, based on a
22 complaint that led to the registered nurse’s participation in the
23 intervention program, that he or she was prejudiced by the length
24 of time that passed between the alleged violation and the filing of
25 the accusation. The waiver shall be limited to information necessary
26 to document the length of time the registered nurse participated in
27 the intervention program.

28 SEC. 30. Section 2770.13 of the Business and Professions
29 Code is amended to read:

30 2770.13. The board shall provide for the legal representation
31 of any person making reports under this article to a committee or
32 the board in any action for defamation directly resulting from those
33 reports regarding a registered nurse’s participation in an
34 intervention program.

35 SEC. 31. Section 2835.5 of the Business and Professions Code
36 is amended to read:

37 2835.5. On and after January 1, 2008, an applicant for initial
38 qualification or certification as a nurse practitioner under this article
39 who has not been qualified or certified as a nurse practitioner in
40 California or any other state shall meet the following requirements:

1 (a) Hold a valid and active registered nursing license issued
2 under this chapter.

3 (b) Possess a master's degree in nursing, a master's degree in
4 a clinical field related to nursing, or a graduate degree in nursing.

5 (c) Satisfactorily complete a nurse practitioner program
6 approved by the board.

7 ~~SEC. 32.—Section 2914 of the Business and Professions Code~~
8 ~~is amended to read:~~

9 ~~2914. Each applicant for licensure shall comply with all of the~~
10 ~~following requirements:~~

11 ~~(a) Is not subject to denial of licensure under Division 1.5~~
12 ~~(commencing with Section 475).~~

13 ~~(b) (1) Possess an earned doctorate degree (1) in psychology,~~
14 ~~(2) in educational psychology, or (3) in education with the field~~
15 ~~of specialization in counseling psychology or educational~~
16 ~~psychology. Except as provided in subdivision (g), this degree or~~
17 ~~training shall be obtained from an accredited university, college,~~
18 ~~or professional school. The board shall make the final~~
19 ~~determination as to whether a degree meets the requirements of~~
20 ~~this section.~~

21 ~~(2) No educational institution shall be denied recognition as an~~
22 ~~accredited academic institution solely because its program is not~~
23 ~~accredited by any professional organization of psychologists, and~~
24 ~~nothing in this chapter or in the administration of this chapter shall~~
25 ~~require the registration with the board by educational institutions~~
26 ~~of their departments of psychology or their doctoral programs in~~
27 ~~psychology.~~

28 ~~(3) An applicant for licensure trained in an educational~~
29 ~~institution outside the United States or Canada shall demonstrate~~
30 ~~to the satisfaction of the board that he or she possesses a doctorate~~
31 ~~degree in psychology that is equivalent to a degree earned from a~~
32 ~~regionally accredited university in the United States or Canada.~~
33 ~~These applicants shall provide the board with a comprehensive~~
34 ~~evaluation of the degree performed by a foreign credential~~
35 ~~evaluation service that is a member of the National Association~~
36 ~~of Credential Evaluation Services (NACES), and any other~~
37 ~~documentation the board deems necessary.~~

38 ~~(c) (1) Have engaged for at least two years in supervised~~
39 ~~professional experience under the direction of a licensed~~
40 ~~psychologist, the specific requirements of which shall be defined~~

1 by the board in its regulations, or under suitable alternative
2 supervision as determined by the board in regulations duly adopted
3 under this chapter, at least one year of which shall be after being
4 awarded the doctorate in psychology. If the supervising licensed
5 psychologist fails to provide verification to the board of the
6 experience required by this subdivision within 30 days after being
7 so requested by the applicant, the applicant may provide written
8 verification directly to the board.

9 (2) If the applicant sends verification directly to the board, the
10 applicant shall file with the board a declaration of proof of service,
11 under penalty of perjury, of the request for verification. A copy of
12 the completed verification forms shall be provided to the
13 supervising psychologist and the applicant shall prove to the board
14 that a copy has been sent to the supervising psychologist by filing
15 a declaration of proof of service under penalty of perjury, and shall
16 file this declaration with the board when the verification forms are
17 submitted.

18 (3) Upon receipt by the board of the applicant's verification and
19 declarations, a rebuttable presumption affecting the burden of
20 producing evidence is created that the supervised, professional
21 experience requirements of this subdivision have been satisfied.
22 The supervising psychologist shall have 20 days from the day the
23 board receives the verification and declaration to file a rebuttal
24 with the board.

25 (4) The authority provided by this subdivision for an applicant
26 to file written verification directly shall apply only to an applicant
27 who has acquired the experience required by this subdivision in
28 the United States.

29 (5) The board shall establish qualifications by regulation for
30 supervising psychologists and shall review and approve applicants
31 for this position on a case-by-case basis.

32 (d) Take and pass the examination required by Section 2941
33 unless otherwise exempted by the board under this chapter.

34 (e) Show by evidence satisfactory to the board that he or she
35 has completed training in the detection and treatment of alcohol
36 and other chemical substance dependency. This requirement applies
37 only to applicants who matriculate on or after September 1, 1985.

38 (f) (1) Show by evidence satisfactory to the board that he or
39 she has completed coursework in spousal or partner abuse
40 assessment, detection, and intervention. This requirement applies

1 to applicants who began graduate training during the period
2 commencing on January 1, 1995, and ending on December 31,
3 2003.

4 (2) An applicant who began graduate training on or after January
5 1, 2004, shall show by evidence satisfactory to the board that he
6 or she has completed a minimum of 15 contact hours of coursework
7 in spousal or partner abuse assessment, detection, and intervention
8 strategies, including knowledge of community resources, cultural
9 factors, and same gender abuse dynamics. An applicant may request
10 an exemption from this requirement if he or she intends to practice
11 in an area that does not include the direct provision of mental health
12 services.

13 (3) Coursework required under this subdivision may be
14 satisfactory if taken either in fulfillment of other educational
15 requirements for licensure or in a separate course. This requirement
16 for coursework shall be satisfied by, and the board shall accept in
17 satisfaction of the requirement, a certification from the chief
18 academic officer of the educational institution from which the
19 applicant graduated that the required coursework is included within
20 the institution's required curriculum for graduation.

21 (g) An applicant holding a doctoral degree in psychology from
22 an approved institution is deemed to meet the requirements of this
23 section if both of the following are true:

24 (1) The approved institution offered a doctoral degree in
25 psychology designed to prepare students for a license to practice
26 psychology and was approved by the former Bureau for Private
27 Postsecondary and Vocational Education on or before July 1, 1999.

28 (2) The approved institution has not, since July 1, 1999, had a
29 new location, as described in Section 94823.5 of the Education
30 Code.

31 ~~SEC. 33.~~

32 *SEC. 32.* Section 3057 of the Business and Professions Code
33 is amended to read:

34 3057. (a) The board may issue a license to practice optometry
35 to a person who meets all of the following requirements:

36 (1) Has a degree as a doctor of optometry issued by an accredited
37 school or college of optometry.

38 (2) Has successfully passed the licensing examination for an
39 optometric license in another state.

- 1 (3) Submits proof that he or she is licensed in good standing as
2 of the date of application in every state where he or she holds a
3 license, including compliance with continuing education
4 requirements.
- 5 (4) Is not subject to disciplinary action as set forth in subdivision
6 (h) of Section 3110. If the person has been subject to disciplinary
7 action, the board shall review that action to determine if it presents
8 sufficient evidence of a violation of this chapter to warrant the
9 submission of additional information from the person or the denial
10 of the application for licensure.
- 11 (5) Has furnished a signed release allowing the disclosure of
12 information from the National Practitioner Database and, if
13 applicable, the verification of registration status with the federal
14 Drug Enforcement Administration. The board shall review this
15 information to determine if it presents sufficient evidence of a
16 violation of this chapter to warrant the submission of additional
17 information from the person or the denial of the application for
18 licensure.
- 19 (6) Has never had his or her license to practice optometry
20 revoked or suspended in any state where the person holds a license.
- 21 (7) (A) Is not subject to denial of an application for licensure
22 based on any of the grounds listed in Section 480.
- 23 (B) Is not currently required to register as a sex offender
24 pursuant to Section 290 of the Penal Code.
- 25 (8) Has met the minimum continuing education requirements
26 set forth in Section 3059 for the current and preceding year.
- 27 (9) Has met the certification requirements of Section 3041.3 to
28 use therapeutic pharmaceutical agents under subdivision (e) of
29 Section 3041.
- 30 (10) Submits any other information as specified by the board
31 to the extent it is required for licensure by examination under this
32 chapter.
- 33 (11) Files an application on a form prescribed by the board,
34 with an acknowledgment by the person executed under penalty of
35 perjury and automatic forfeiture of license, of the following:
- 36 (A) That the information provided by the person to the board
37 is true and correct, to the best of his or her knowledge and belief.
- 38 (B) That the person has not been convicted of an offense
39 involving conduct that would violate Section 810.

1 (12) Pays an application fee in an amount equal to the
2 application fee prescribed pursuant to subdivision (a) of Section
3 3152.

4 (13) Has successfully passed the board’s jurisprudence
5 examination.

6 (b) If the board finds that the competency of a candidate for
7 licensure pursuant to this section is in question, the board may
8 require the passage of a written, practical, or clinical examination
9 or completion of additional continuing education or coursework.

10 (c) In cases where the person establishes, to the board’s
11 satisfaction, that he or she has been displaced by a federally
12 declared emergency and cannot relocate to his or her state of
13 practice within a reasonable time without economic hardship, the
14 board may reduce or waive the fees required by paragraph (12) of
15 subdivision (a).

16 (d) Any license issued pursuant to this section shall expire as
17 provided in Section 3146, and may be renewed as provided in this
18 chapter, subject to the same conditions as other licenses issued
19 under this chapter.

20 (e) The term “in good standing,” as used in this section, means
21 that a person under this section:

22 (1) Is not currently under investigation nor has been charged
23 with an offense for any act substantially related to the practice of
24 optometry by any public agency, nor entered into any consent
25 agreement or subject to an administrative decision that contains
26 conditions placed by an agency upon a person’s professional
27 conduct or practice, including any voluntary surrender of license,
28 nor been the subject of an adverse judgment resulting from the
29 practice of optometry that the board determines constitutes
30 evidence of a pattern of incompetence or negligence.

31 (2) Has no physical or mental impairment related to drugs or
32 alcohol, and has not been found mentally incompetent by a licensed
33 psychologist or licensed psychiatrist so that the person is unable
34 to undertake the practice of optometry in a manner consistent with
35 the safety of a patient or the public.

36 ~~SEC. 34.~~

37 *SEC. 33.* Section 3509.5 of the Business and Professions Code
38 is amended to read:

39 3509.5. The board shall elect annually a president and a vice
40 president from among its members.

1 ~~SEC. 35.~~

2 *SEC. 34.* Section 4836.2 of the Business and Professions Code
3 is amended to read:

4 4836.2. (a) Applications for a veterinary assistant controlled
5 substance permit shall be upon a form furnished by the board.

6 (b) The fee for filing an application for a veterinary assistant
7 controlled substance permit shall be set by the board in an amount
8 the board determines is reasonably necessary to provide sufficient
9 funds to carry out the purposes of this section, not to exceed one
10 hundred dollars (\$100).

11 (c) The board may suspend or revoke the controlled substance
12 permit of a veterinary assistant after notice and hearing for any
13 cause provided in this subdivision. The proceedings under this
14 section shall be conducted in accordance with the provisions for
15 administrative adjudication in Chapter 5 (commencing with Section
16 11500) of Part 1 of Division 3 of Title 2 of the Government Code,
17 and the board shall have all the powers granted therein. The board
18 may deny, revoke, or suspend a veterinary assistant controlled
19 substance permit for any of the following reasons:

20 (1) The employment of fraud, misrepresentation, or deception
21 in obtaining a veterinary assistant controlled substance permit.

22 (2) Chronic inebriety or habitual use of controlled substances.

23 (3) The veterinary assistant to whom the permit is issued has
24 been convicted of a state or federal felony controlled substance
25 violation.

26 (4) Violating or attempts to violate, directly or indirectly, or
27 assisting in or abetting the violation of, or conspiring to violate,
28 any provision of this chapter, or of the regulations adopted under
29 this chapter.

30 (d) The board shall not issue a veterinary assistant controlled
31 substance permit to any applicant with a state or federal felony
32 controlled substance conviction.

33 (e) (1) As part of the application for a veterinary assistant
34 controlled substance permit, the applicant shall submit to the
35 Department of Justice fingerprint images and related information,
36 as required by the Department of Justice for all veterinary assistant
37 applicants, for the purposes of obtaining information as to the
38 existence and content of a record of state or federal convictions
39 and state or federal arrests and information as to the existence and
40 content of a record of state or federal arrests for which the

1 Department of Justice establishes that the person is free on bail or
2 on his or her own recognizance pending trial or appeal.

3 (2) When received, the Department of Justice shall forward to
4 the Federal Bureau of Investigation requests for federal summary
5 criminal history information that it receives pursuant to this section.
6 The Department of Justice shall review any information returned
7 to it from the Federal Bureau of Investigation and compile and
8 disseminate a response to the board summarizing that information.

9 (3) The Department of Justice shall provide a state or federal
10 level response to the board pursuant to paragraph (1) of subdivision
11 (p) of Section 11105 of the Penal Code.

12 (4) The Department of Justice shall charge a reasonable fee
13 sufficient to cover the cost of processing the request described in
14 this subdivision.

15 (f) The board shall request from the Department of Justice
16 subsequent notification service, as provided pursuant to Section
17 11105.2 of the Penal Code, for persons described in paragraph (1)
18 of subdivision (e).

19 (g) This section shall become operative on July 1, 2015.

20 ~~SEC. 36.~~

21 *SEC. 35.* Section 4887 of the Business and Professions Code
22 is amended to read:

23 4887. (a) A person whose license or registration has been
24 revoked or who has been placed on probation may petition the
25 board for reinstatement or modification of penalty including
26 modification or termination of probation after a period of not less
27 than one year has elapsed from the effective date of the decision
28 ordering the disciplinary action. The petition shall state such facts
29 as may be required by the board.

30 (b) The petition shall be accompanied by at least two verified
31 recommendations from veterinarians licensed by the board who
32 have personal knowledge of the activities of the petitioner since
33 the disciplinary penalty was imposed. The petition shall be heard
34 by the board. The board may consider all activities of the petitioner
35 since the disciplinary action was taken, the offense for which the
36 petitioner was disciplined, the petitioner's activities since the
37 license or registration was in good standing, and the petitioner's
38 rehabilitation efforts, general reputation for truth, and professional
39 ability. The hearing may be continued from time to time as the
40 board finds necessary.

1 (c) The board reinstating the license or registration or modifying
 2 a penalty may impose terms and conditions as it determines
 3 necessary. To reinstate a revoked license or registration or to
 4 otherwise reduce a penalty or modify probation shall require a
 5 vote of five of the members of the board.

6 (d) The petition shall not be considered while the petitioner is
 7 under sentence for any criminal offense, including any period
 8 during which the petitioner is on court-imposed probation or parole.
 9 The board may deny without a hearing or argument any petition
 10 filed pursuant to this section within a period of two years from the
 11 effective date of the prior decision following a hearing under this
 12 section.

13 ~~SEC. 37.~~

14 *SEC. 36.* Section 4938 of the Business and Professions Code
 15 is amended to read:

16 4938. The board shall issue a license to practice acupuncture
 17 to any person who makes an application and meets the following
 18 requirements:

- 19 (a) Is at least 18 years of age.
- 20 (b) Furnishes satisfactory evidence of completion of one of the
 21 following:
 - 22 (1) (A) An approved educational and training program.
 - 23 (B) If an applicant began his or her educational and training
 24 program at a school or college that submitted a letter of intent to
 25 pursue accreditation to, or attained candidacy status from, the
 26 Accreditation Commission for Acupuncture and Oriental Medicine,
 27 but the commission subsequently denied the school or college
 28 candidacy status or accreditation, respectively, the board may
 29 review and evaluate the educational training and clinical experience
 30 to determine whether to waive the requirements set forth in this
 31 subdivision with respect to that applicant.
 - 32 (2) Satisfactory completion of a tutorial program in the practice
 33 of an acupuncturist that is approved by the board.
 - 34 (3) In the case of an applicant who has completed education
 35 and training outside the United States, documented educational
 36 training and clinical experience that meets the standards established
 37 pursuant to Sections 4939 and 4941.
 - 38 (c) Passes a written examination administered by the board that
 39 tests the applicant’s ability, competency, and knowledge in the
 40 practice of an acupuncturist. The written examination shall be

1 developed by the Office of Professional Examination Services of
2 the Department of Consumer Affairs.

3 (d) Is not subject to denial pursuant to Division 1.5 (commencing
4 with Section 475).

5 (e) Completes a clinical internship training program approved
6 by the board. The clinical internship training program shall not
7 exceed nine months in duration and shall be located in a clinic in
8 this state that is an approved educational and training program.
9 The length of the clinical internship shall depend upon the grades
10 received in the examination and the clinical training already
11 satisfactorily completed by the individual prior to taking the
12 examination. On and after January 1, 1987, individuals with 800
13 or more hours of documented clinical training shall be deemed to
14 have met this requirement. The purpose of the clinical internship
15 training program shall be to ensure a minimum level of clinical
16 competence.

17 Each applicant who qualifies for a license shall pay, as a
18 condition precedent to its issuance and in addition to other fees
19 required, the initial licensure fee.

20 ~~SEC. 38:~~

21 *SEC. 37.* Section 4939 of the Business and Professions Code,
22 as added by Section 9 of Chapter 397 of the Statutes of 2014, is
23 amended to read:

24 4939. (a) The board shall establish standards for the approval
25 of educational training and clinical experience received outside
26 the United States.

27 (b) This section shall become operative on January 1, 2017.

28 ~~SEC. 39:~~

29 *SEC. 38.* Section 4980.399 of the Business and Professions
30 Code is amended to read:

31 4980.399. (a) Except as provided in subdivision (a) of Section
32 4980.398, each applicant and registrant shall obtain a passing score
33 on a board-administered California law and ethics examination in
34 order to qualify for licensure.

35 (b) A registrant shall participate in a board-administered
36 California law and ethics examination prior to his or her registration
37 renewal.

38 (c) Notwithstanding subdivision (b), an applicant who holds a
39 registration eligible for renewal, with an expiration date no later
40 than June 30, 2016, and who applies for renewal of that registration

1 between January 1, 2016, and June 30, 2016, shall, if eligible, be
2 allowed to renew the registration without first participating in the
3 California law and ethics examination. These applicants shall
4 participate in the California law and ethics examination in the next
5 renewal cycle, and shall pass the examination prior to licensure or
6 issuance of a subsequent registration number, as specified in this
7 section.

8 (d) If an applicant fails the California law and ethics
9 examination, he or she may retake the examination, upon payment
10 of the required fees, without further application except as provided
11 in subdivision (e).

12 (e) If a registrant fails to obtain a passing score on the California
13 law and ethics examination described in subdivision (a) within his
14 or her renewal period on or after the operative date of this section,
15 he or she shall complete, at a minimum, a 12-hour course in
16 California law and ethics in order to be eligible to participate in
17 the California law and ethics examination. Registrants shall only
18 take the 12-hour California law and ethics course once during a
19 renewal period. The 12-hour law and ethics course required by
20 this section shall be taken through a continuing education provider
21 as specified by the board by regulation, a county, state or
22 governmental entity, or a college or university.

23 (f) The board shall not issue a subsequent registration number
24 unless the registrant has passed the California law and ethics
25 examination.

26 (g) Notwithstanding subdivision (f), an applicant who holds or
27 has held a registration, with an expiration date no later than January
28 1, 2017, and who applies for a subsequent registration number
29 between January 1, 2016, and January 1, 2017, shall, if eligible,
30 be allowed to obtain the subsequent registration number without
31 first passing the California law and ethics examination. These
32 applicants shall pass the California law and ethics examination
33 during the next renewal period or prior to licensure, whichever
34 occurs first.

35 (h) This section shall become operative on January 1, 2016.

36 ~~SEC. 40.~~

37 *SEC. 39.* Section 4980.43 of the Business and Professions Code
38 is amended to read:

1 4980.43. (a) Prior to applying for licensure examinations, each
2 applicant shall complete experience that shall comply with the
3 following:

4 (1) A minimum of 3,000 hours completed during a period of at
5 least 104 weeks.

6 (2) Not more than 40 hours in any seven consecutive days.

7 (3) Not less than 1,700 hours of supervised experience
8 completed subsequent to the granting of the qualifying master's
9 or doctoral degree.

10 (4) Not more than 1,300 hours of supervised experience obtained
11 prior to completing a master's or doctoral degree.

12 The applicant shall not be credited with more than 750 hours of
13 counseling and direct supervisor contact prior to completing the
14 master's or doctoral degree.

15 (5) No hours of experience may be gained prior to completing
16 either 12 semester units or 18 quarter units of graduate instruction
17 and becoming a trainee except for personal psychotherapy.

18 (6) No hours of experience may be gained more than six years
19 prior to the date the application for examination eligibility was
20 filed, except that up to 500 hours of clinical experience gained in
21 the supervised practicum required by subdivision (c) of Section
22 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d)
23 of Section 4980.36 shall be exempt from this six-year requirement.

24 (7) Not more than a combined total of 1,000 hours of experience
25 in the following:

26 (A) Direct supervisor contact.

27 (B) Professional enrichment activities. For purposes of this
28 chapter, "professional enrichment activities" include the following:

29 (i) Workshops, seminars, training sessions, or conferences
30 directly related to marriage and family therapy attended by the
31 applicant that are approved by the applicant's supervisor. An
32 applicant shall have no more than 250 hours of verified attendance
33 at these workshops, seminars, training sessions, or conferences.

34 (ii) Participation by the applicant in personal psychotherapy,
35 which includes group, marital or conjoint, family, or individual
36 psychotherapy by an appropriately licensed professional. An
37 applicant shall have no more than 100 hours of participation in
38 personal psychotherapy. The applicant shall be credited with three
39 hours of experience for each hour of personal psychotherapy.

1 (8) Not more than 500 hours of experience providing group
2 therapy or group counseling.

3 (9) For all hours gained on or after January 1, 2012, not more
4 than 500 hours of experience in the following:

5 (A) Experience administering and evaluating psychological
6 tests, writing clinical reports, writing progress notes, or writing
7 process notes.

8 (B) Client centered advocacy.

9 (10) Not less than 500 total hours of experience in diagnosing
10 and treating couples, families, and children. For up to 150 hours
11 of treating couples and families in conjoint therapy, the applicant
12 shall be credited with two hours of experience for each hour of
13 therapy provided.

14 (11) Not more than 375 hours of experience providing personal
15 psychotherapy, crisis counseling, or other counseling services via
16 telehealth in accordance with Section 2290.5.

17 (12) It is anticipated and encouraged that hours of experience
18 will include working with elders and dependent adults who have
19 physical or mental limitations that restrict their ability to carry out
20 normal activities or protect their rights.

21 This subdivision shall only apply to hours gained on and after
22 January 1, 2010.

23 (b) All applicants, trainees, and registrants shall be at all times
24 under the supervision of a supervisor who shall be responsible for
25 ensuring that the extent, kind, and quality of counseling performed
26 is consistent with the training and experience of the person being
27 supervised, and who shall be responsible to the board for
28 compliance with all laws, rules, and regulations governing the
29 practice of marriage and family therapy. Supervised experience
30 shall be gained by interns and trainees only as an employee or as
31 a volunteer. The requirements of this chapter regarding gaining
32 hours of experience and supervision are applicable equally to
33 employees and volunteers. Experience shall not be gained by
34 interns or trainees as an independent contractor.

35 (1) If employed, an intern shall provide the board with copies
36 of the corresponding W-2 tax forms for each year of experience
37 claimed upon application for licensure.

38 (2) If volunteering, an intern shall provide the board with a letter
39 from his or her employer verifying the intern's employment as a
40 volunteer upon application for licensure.

1 (c) Except for experience gained pursuant to subparagraph (B)
2 of paragraph (7) of subdivision (a), supervision shall include at
3 least one hour of direct supervisor contact in each week for which
4 experience is credited in each work setting, as specified:

5 (1) A trainee shall receive an average of at least one hour of
6 direct supervisor contact for every five hours of client contact in
7 each setting. No more than six hours of supervision, whether
8 individual or group, shall be credited during any single week.

9 (2) An individual supervised after being granted a qualifying
10 degree shall receive at least one additional hour of direct supervisor
11 contact for every week in which more than 10 hours of client
12 contact is gained in each setting. No more than six hours of
13 supervision, whether individual or group, shall be credited during
14 any single week.

15 (3) For purposes of this section, “one hour of direct supervisor
16 contact” means one hour per week of face-to-face contact on an
17 individual basis or two hours per week of face-to-face contact in
18 a group.

19 (4) Direct supervisor contact shall occur within the same week
20 as the hours claimed.

21 (5) Direct supervisor contact provided in a group shall be
22 provided in a group of not more than eight supervisees and in
23 segments lasting no less than one continuous hour.

24 (6) Notwithstanding paragraph (3), an intern working in a
25 governmental entity, a school, a college, or a university, or an
26 institution that is both nonprofit and charitable may obtain the
27 required weekly direct supervisor contact via two-way, real-time
28 videoconferencing. The supervisor shall be responsible for ensuring
29 that client confidentiality is upheld.

30 (7) All experience gained by a trainee shall be monitored by the
31 supervisor as specified by regulation.

32 (8) The six hours of supervision that may be credited during
33 any single week pursuant to paragraphs (1) and (2) shall apply to
34 supervision hours gained on or after January 1, 2009.

35 (d) (1) A trainee may be credited with supervised experience
36 completed in any setting that meets all of the following:

37 (A) Lawfully and regularly provides mental health counseling
38 or psychotherapy.

39 (B) Provides oversight to ensure that the trainee’s work at the
40 setting meets the experience and supervision requirements set forth

1 in this chapter and is within the scope of practice for the profession
2 as defined in Section 4980.02.

3 (C) Is not a private practice owned by a licensed marriage and
4 family therapist, a licensed professional clinical counselor, a
5 licensed psychologist, a licensed clinical social worker, a licensed
6 physician and surgeon, or a professional corporation of any of
7 those licensed professions.

8 (2) Experience may be gained by the trainee solely as part of
9 the position for which the trainee volunteers or is employed.

10 (e) (1) An intern may be credited with supervised experience
11 completed in any setting that meets both of the following:

12 (A) Lawfully and regularly provides mental health counseling
13 or psychotherapy.

14 (B) Provides oversight to ensure that the intern's work at the
15 setting meets the experience and supervision requirements set forth
16 in this chapter and is within the scope of practice for the profession
17 as defined in Section 4980.02.

18 (2) An applicant shall not be employed or volunteer in a private
19 practice, as defined in subparagraph (C) of paragraph (1) of
20 subdivision (d), until registered as an intern.

21 (3) While an intern may be either a paid employee or a
22 volunteer, employers are encouraged to provide fair remuneration
23 to interns.

24 (4) Except for periods of time during a supervisor's vacation or
25 sick leave, an intern who is employed or volunteering in private
26 practice shall be under the direct supervision of a licensee that has
27 satisfied subdivision (g) of Section 4980.03. The supervising
28 licensee shall either be employed by and practice at the same site
29 as the intern's employer, or shall be an owner or shareholder of
30 the private practice. Alternative supervision may be arranged during
31 a supervisor's vacation or sick leave if the supervision meets the
32 requirements of this section.

33 (5) Experience may be gained by the intern solely as part of the
34 position for which the intern volunteers or is employed.

35 (f) Except as provided in subdivision (g), all persons shall
36 register with the board as an intern to be credited for postdegree
37 hours of supervised experience gained toward licensure.

38 (g) Postdegree hours of experience shall be credited toward
39 licensure so long as the applicant applies for the intern registration
40 within 90 days of the granting of the qualifying master's or doctoral

1 degree and is thereafter granted the intern registration by the board.
2 An applicant shall not be employed or volunteer in a private
3 practice until registered as an intern by the board.

4 (h) Trainees, interns, and applicants shall not receive any
5 remuneration from patients or clients, and shall only be paid by
6 their employers.

7 (i) Trainees, interns, and applicants shall only perform services
8 at the place where their employers regularly conduct business,
9 which may include performing services at other locations, so long
10 as the services are performed under the direction and control of
11 their employer and supervisor, and in compliance with the laws
12 and regulations pertaining to supervision. Trainees and interns
13 shall have no proprietary interest in their employers' businesses
14 and shall not lease or rent space, pay for furnishings, equipment,
15 or supplies, or in any other way pay for the obligations of their
16 employers.

17 (j) Trainees, interns, or applicants who provide volunteered
18 services or other services, and who receive no more than a total,
19 from all work settings, of five hundred dollars (\$500) per month
20 as reimbursement for expenses actually incurred by those trainees,
21 interns, or applicants for services rendered in any lawful work
22 setting other than a private practice shall be considered an
23 employee and not an independent contractor. The board may audit
24 applicants who receive reimbursement for expenses, and the
25 applicants shall have the burden of demonstrating that the payments
26 received were for reimbursement of expenses actually incurred.

27 (k) Each educational institution preparing applicants for
28 licensure pursuant to this chapter shall consider requiring, and
29 shall encourage, its students to undergo individual, marital or
30 conjoint, family, or group counseling or psychotherapy, as
31 appropriate. Each supervisor shall consider, advise, and encourage
32 his or her interns and trainees regarding the advisability of
33 undertaking individual, marital or conjoint, family, or group
34 counseling or psychotherapy, as appropriate. Insofar as it is deemed
35 appropriate and is desired by the applicant, the educational
36 institution and supervisors are encouraged to assist the applicant
37 in locating that counseling or psychotherapy at a reasonable cost.

38 ~~SEC. 41.~~

39 *SEC. 40.* Section 4980.54 of the Business and Professions Code
40 is amended to read:

1 4980.54. (a) The Legislature recognizes that the education and
2 experience requirements in this chapter constitute only minimal
3 requirements to ensure that an applicant is prepared and qualified
4 to take the licensure examinations as specified in subdivision (d)
5 of Section 4980.40 and, if he or she passes those examinations, to
6 begin practice.

7 (b) In order to continuously improve the competence of licensed
8 marriage and family therapists and as a model for all
9 psychotherapeutic professions, the Legislature encourages all
10 licensees to regularly engage in continuing education related to
11 the profession or scope of practice as defined in this chapter.

12 (c) Except as provided in subdivision (e), the board shall not
13 renew any license pursuant to this chapter unless the applicant
14 certifies to the board, on a form prescribed by the board, that he
15 or she has completed not less than 36 hours of approved continuing
16 education in or relevant to the field of marriage and family therapy
17 in the preceding two years, as determined by the board.

18 (d) The board shall have the right to audit the records of any
19 applicant to verify the completion of the continuing education
20 requirement. Applicants shall maintain records of completion of
21 required continuing education coursework for a minimum of two
22 years and shall make these records available to the board for
23 auditing purposes upon request.

24 (e) The board may establish exceptions from the continuing
25 education requirements of this section for good cause, as defined
26 by the board.

27 (f) The continuing education shall be obtained from one of the
28 following sources:

29 (1) An accredited school or state-approved school that meets
30 the requirements set forth in Section 4980.36 or 4980.37. Nothing
31 in this paragraph shall be construed as requiring coursework to be
32 offered as part of a regular degree program.

33 (2) Other continuing education providers, as specified by the
34 board by regulation.

35 (g) The board shall establish, by regulation, a procedure for
36 identifying acceptable providers of continuing education courses,
37 and all providers of continuing education, as described in
38 paragraphs (1) and (2) of subdivision (f), shall adhere to procedures
39 established by the board. The board may revoke or deny the right
40 of a provider to offer continuing education coursework pursuant

1 to this section for failure to comply with this section or any
2 regulation adopted pursuant to this section.

3 (h) Training, education, and coursework by approved providers
4 shall incorporate one or more of the following:

5 (1) Aspects of the discipline that are fundamental to the
6 understanding or the practice of marriage and family therapy.

7 (2) Aspects of the discipline of marriage and family therapy in
8 which significant recent developments have occurred.

9 (3) Aspects of other disciplines that enhance the understanding
10 or the practice of marriage and family therapy.

11 (i) A system of continuing education for licensed marriage and
12 family therapists shall include courses directly related to the
13 diagnosis, assessment, and treatment of the client population being
14 served.

15 (j) The board shall, by regulation, fund the administration of
16 this section through continuing education provider fees to be
17 deposited in the Behavioral Sciences Fund. The fees related to the
18 administration of this section shall be sufficient to meet, but shall
19 not exceed, the costs of administering the corresponding provisions
20 of this section. For purposes of this subdivision, a provider of
21 continuing education as described in paragraph (1) of subdivision
22 (f) shall be deemed to be an approved provider.

23 (k) The continuing education requirements of this section shall
24 comply fully with the guidelines for mandatory continuing
25 education established by the Department of Consumer Affairs
26 pursuant to Section 166.

27 ~~SEC. 42.~~

28 *SEC. 41.* Section 4984.01 of the Business and Professions
29 Code, as amended by Section 31 of Chapter 473 of the Statutes of
30 2013, is amended to read:

31 4984.01. (a) The marriage and family therapist intern
32 registration shall expire one year from the last day of the month
33 in which it was issued.

34 (b) To renew the registration, the registrant shall, on or before
35 the expiration date of the registration, complete all of the following
36 actions:

37 (1) Apply for renewal on a form prescribed by the board.

38 (2) Pay a renewal fee prescribed by the board.

1 (3) Participate in the California law and ethics examination
2 pursuant to Section 4980.399 each year until successful completion
3 of this examination.

4 (4) Notify the board whether he or she has been convicted, as
5 defined in Section 490, of a misdemeanor or felony, and whether
6 any disciplinary action has been taken against him or her by a
7 regulatory or licensing board in this or any other state subsequent
8 to the last renewal of the registration.

9 (c) The registration may be renewed a maximum of five times.
10 No registration shall be renewed or reinstated beyond six years
11 from the last day of the month during which it was issued,
12 regardless of whether it has been revoked. When no further
13 renewals are possible, an applicant may apply for and obtain a
14 subsequent intern registration number if the applicant meets the
15 educational requirements for registration in effect at the time of
16 the application for a subsequent intern registration number and
17 has passed the California law and ethics examination described in
18 Section 4980.399. An applicant who is issued a subsequent intern
19 registration number pursuant to this subdivision shall not be
20 employed or volunteer in a private practice.

21 (d) This section shall become operative on January 1, 2016.

22 ~~SEC. 43.~~

23 *SEC. 42.* Section 4989.34 of the Business and Professions Code
24 is amended to read:

25 4989.34. (a) To renew his or her license, a licensee shall certify
26 to the board, on a form prescribed by the board, completion in the
27 preceding two years of not less than 36 hours of approved
28 continuing education in, or relevant to, educational psychology.

29 (b) (1) The continuing education shall be obtained from either
30 an accredited university or a continuing education provider as
31 specified by the board by regulation.

32 (2) The board shall establish, by regulation, a procedure
33 identifying acceptable providers of continuing education courses,
34 and all providers of continuing education shall comply with
35 procedures established by the board. The board may revoke or
36 deny the right of a provider to offer continuing education
37 coursework pursuant to this section for failure to comply with this
38 section or any regulation adopted pursuant to this section.

39 (c) Training, education, and coursework by approved providers
40 shall incorporate one or more of the following:

1 (1) Aspects of the discipline that are fundamental to the
2 understanding or the practice of educational psychology.

3 (2) Aspects of the discipline of educational psychology in which
4 significant recent developments have occurred.

5 (3) Aspects of other disciplines that enhance the understanding
6 or the practice of educational psychology.

7 (d) The board may audit the records of a licensee to verify
8 completion of the continuing education requirement. A licensee
9 shall maintain records of the completion of required continuing
10 education coursework for a minimum of two years and shall make
11 these records available to the board for auditing purposes upon its
12 request.

13 (e) The board may establish exceptions from the continuing
14 education requirements of this section for good cause, as
15 determined by the board.

16 (f) The board shall, by regulation, fund the administration of
17 this section through continuing education provider fees to be
18 deposited in the Behavioral Sciences Fund. The amount of the fees
19 shall be sufficient to meet, but shall not exceed, the costs of
20 administering this section.

21 (g) The continuing education requirements of this section shall
22 comply fully with the guidelines for mandatory continuing
23 education established by the Department of Consumer Affairs
24 pursuant to Section 166.

25 ~~SEC. 44.~~

26 *SEC. 43.* Section 4992.09 of the Business and Professions Code
27 is amended to read:

28 4992.09. (a) Except as provided in subdivision (a) of Section
29 4992.07, an applicant and registrant shall obtain a passing score
30 on a board-administered California law and ethics examination in
31 order to qualify for licensure.

32 (b) A registrant shall participate in a board-administered
33 California law and ethics examination prior to his or her registration
34 renewal.

35 (c) Notwithstanding subdivision (b), an applicant who holds a
36 registration eligible for renewal, with an expiration date no later
37 than June 30, 2016, and who applies for renewal of that registration
38 between January 1, 2016, and June 30, 2016, shall, if eligible, be
39 allowed to renew the registration without first participating in the
40 California law and ethics examination. These applicants shall

1 participate in the California law and ethics examination in the next
2 renewal cycle, and shall pass the examination prior to licensure or
3 issuance of a subsequent registration number, as specified in this
4 section.

5 (d) If an applicant fails the California law and ethics
6 examination, he or she may retake the examination, upon payment
7 of the required fees, without further application except for as
8 provided in subdivision (e).

9 (e) If a registrant fails to obtain a passing score on the California
10 law and ethics examination described in subdivision (a) within his
11 or her renewal period on or after the operative date of this section,
12 he or she shall complete, at a minimum, a 12-hour course in
13 California law and ethics in order to be eligible to participate in
14 the California law and ethics examination. Registrants shall only
15 take the 12-hour California law and ethics course once during a
16 renewal period. The 12-hour law and ethics course required by
17 this section shall be taken through a continuing education provider,
18 as specified by the board by regulation, a county, state or
19 governmental entity, or a college or university.

20 (f) The board shall not issue a subsequent registration number
21 unless the registrant has passed the California law and ethics
22 examination.

23 (g) Notwithstanding subdivision (f), an applicant who holds or
24 has held a registration, with an expiration date no later than January
25 1, 2017, and who applies for a subsequent registration number
26 between January 1, 2016, and January 1, 2017, shall, if eligible,
27 be allowed to obtain the subsequent registration number without
28 first passing the California law and ethics examination. These
29 applicants shall pass the California law and ethics examination
30 during the next renewal period or prior to licensure, whichever
31 occurs first.

32 (h) This section shall become operative on January 1, 2016.

33 ~~SEC. 45.~~

34 *SEC. 44.* Section 4996.2 of the Business and Professions Code
35 is amended to read:

36 4996.2. Each applicant for a license shall furnish evidence
37 satisfactory to the board that he or she complies with all of the
38 following requirements:

39 (a) Is at least 21 years of age.

1 (b) Has received a master’s degree from an accredited school
2 of social work.

3 (c) Has had two years of supervised post-master’s degree
4 experience, as specified in Section 4996.23.

5 (d) Has not committed any crimes or acts constituting grounds
6 for denial of licensure under Section 480. The board shall not issue
7 a registration or license to any person who has been convicted of
8 any crime in this or another state or in a territory of the United
9 States that involves sexual abuse of children or who is required to
10 register pursuant to Section 290 of the Penal Code or the equivalent
11 in another state or territory.

12 (e) Has completed adequate instruction and training in the
13 subject of alcoholism and other chemical substance dependency.
14 This requirement applies only to applicants who matriculate on or
15 after January 1, 1986.

16 (f) Has completed instruction and training in spousal or partner
17 abuse assessment, detection, and intervention. This requirement
18 applies to an applicant who began graduate training during the
19 period commencing on January 1, 1995, and ending on December
20 31, 2003. An applicant who began graduate training on or after
21 January 1, 2004, shall complete a minimum of 15 contact hours
22 of coursework in spousal or partner abuse assessment, detection,
23 and intervention strategies, including knowledge of community
24 resources, cultural factors, and same gender abuse dynamics.
25 Coursework required under this subdivision may be satisfactory
26 if taken either in fulfillment of other educational requirements for
27 licensure or in a separate course.

28 (g) Has completed a minimum of 10 contact hours of training
29 or coursework in human sexuality as specified in Section 1807 of
30 Title 16 of the California Code of Regulations. This training or
31 coursework may be satisfactory if taken either in fulfillment of
32 other educational requirements for licensure or in a separate course.

33 (h) Has completed a minimum of seven contact hours of training
34 or coursework in child abuse assessment and reporting as specified
35 in Section 1807.2 of Title 16 of the California Code of Regulations.
36 This training or coursework may be satisfactory if taken either in
37 fulfillment of other educational requirements for licensure or in a
38 separate course.

1 ~~SEC. 46.~~

2 *SEC. 45.* Section 4996.22 of the Business and Professions Code
3 is amended to read:

4 4996.22. (a) (1) Except as provided in subdivision (c), the
5 board shall not renew any license pursuant to this chapter unless
6 the applicant certifies to the board, on a form prescribed by the
7 board, that he or she has completed not less than 36 hours of
8 approved continuing education in or relevant to the field of social
9 work in the preceding two years, as determined by the board.

10 (2) The board shall not renew any license of an applicant who
11 began graduate study prior to January 1, 2004, pursuant to this
12 chapter unless the applicant certifies to the board that during the
13 applicant's first renewal period after the operative date of this
14 section, he or she completed a continuing education course in
15 spousal or partner abuse assessment, detection, and intervention
16 strategies, including community resources, cultural factors, and
17 same gender abuse dynamics. On and after January 1, 2005, the
18 course shall consist of not less than seven hours of training.
19 Equivalent courses in spousal or partner abuse assessment,
20 detection, and intervention strategies taken prior to the operative
21 date of this section or proof of equivalent teaching or practice
22 experience may be submitted to the board and at its discretion,
23 may be accepted in satisfaction of this requirement. Continuing
24 education courses taken pursuant to this paragraph shall be applied
25 to the 36 hours of approved continuing education required under
26 paragraph (1).

27 (b) The board shall have the right to audit the records of any
28 applicant to verify the completion of the continuing education
29 requirement. Applicants shall maintain records of completion of
30 required continuing education coursework for a minimum of two
31 years and shall make these records available to the board for
32 auditing purposes upon request.

33 (c) The board may establish exceptions from the continuing
34 education requirement of this section for good cause as defined
35 by the board.

36 (d) The continuing education shall be obtained from one of the
37 following sources:

38 (1) An accredited school of social work, as defined in Section
39 4991.2, or a school or department of social work that is a candidate
40 for accreditation by the Commission on Accreditation of the

1 Council on Social Work Education. Nothing in this paragraph shall
2 be construed as requiring coursework to be offered as part of a
3 regular degree program.

4 (2) Other continuing education providers, as specified by the
5 board by regulation.

6 (e) The board shall establish, by regulation, a procedure for
7 identifying acceptable providers of continuing education courses,
8 and all providers of continuing education, as described in
9 paragraphs (1) and (2) of subdivision (d), shall adhere to the
10 procedures established by the board. The board may revoke or
11 deny the right of a provider to offer continuing education
12 coursework pursuant to this section for failure to comply with this
13 section or any regulation adopted pursuant to this section.

14 (f) Training, education, and coursework by approved providers
15 shall incorporate one or more of the following:

16 (1) Aspects of the discipline that are fundamental to the
17 understanding, or the practice, of social work.

18 (2) Aspects of the social work discipline in which significant
19 recent developments have occurred.

20 (3) Aspects of other related disciplines that enhance the
21 understanding, or the practice, of social work.

22 (g) A system of continuing education for licensed clinical social
23 workers shall include courses directly related to the diagnosis,
24 assessment, and treatment of the client population being served.

25 (h) The continuing education requirements of this section shall
26 comply fully with the guidelines for mandatory continuing
27 education established by the Department of Consumer Affairs
28 pursuant to Section 166.

29 (i) The board may adopt regulations as necessary to implement
30 this section.

31 (j) The board shall, by regulation, fund the administration of
32 this section through continuing education provider fees to be
33 deposited in the Behavioral Sciences Fund. The fees related to the
34 administration of this section shall be sufficient to meet, but shall
35 not exceed, the costs of administering the corresponding provisions
36 of this section. For purposes of this subdivision, a provider of
37 continuing education as described in paragraph (1) of subdivision
38 (d) shall be deemed to be an approved provider.

1 ~~SEC. 47.~~

2 *SEC. 46.* Section 4996.28 of the Business and Professions Code
3 is amended to read:

4 4996.28. (a) Registration as an associate clinical social worker
5 shall expire one year from the last day of the month during which
6 it was issued. To renew a registration, the registrant shall, on or
7 before the expiration date of the registration, complete all of the
8 following actions:

9 (1) Apply for renewal on a form prescribed by the board.

10 (2) Pay a renewal fee prescribed by the board.

11 (3) Notify the board whether he or she has been convicted, as
12 defined in Section 490, of a misdemeanor or felony, and whether
13 any disciplinary action has been taken by a regulatory or licensing
14 board in this or any other state, subsequent to the last renewal of
15 the registration.

16 (4) On and after January 1, 2016, obtain a passing score on the
17 California law and ethics examination pursuant to Section 4992.09.

18 (b) A registration as an associate clinical social worker may be
19 renewed a maximum of five times. When no further renewals are
20 possible, an applicant may apply for and obtain a subsequent
21 associate clinical social worker registration number if the applicant
22 meets all requirements for registration in effect at the time of his
23 or her application for a subsequent associate clinical social worker
24 registration number. An applicant issued a subsequent associate
25 registration number pursuant to this subdivision shall not be
26 employed or volunteer in a private practice.

27 ~~SEC. 48.~~

28 *SEC. 47.* Section 4999.1 of the Business and Professions Code
29 is amended to read:

30 4999.1. Application for registration as a telephone medical
31 advice service shall be made on a form prescribed by the
32 department, accompanied by the fee prescribed pursuant to Section
33 4999.5. The department shall make application forms available.
34 Applications shall contain all of the following:

35 (a) The signature of the individual owner of the telephone
36 medical advice service, or of all of the partners if the service is a
37 partnership, or of the president or secretary if the service is a
38 corporation. The signature shall be accompanied by a resolution
39 or other written communication identifying the individual whose
40 signature is on the form as owner, partner, president, or secretary.

1 (b) The name under which the person applying for the telephone
2 medical advice service proposes to do business.

3 (c) The physical address, mailing address, and telephone number
4 of the business entity.

5 (d) The designation, including the name and physical address,
6 of an agent for service of process in California.

7 (e) A list of all health care professionals providing medical
8 advice services that are required to be licensed, registered, or
9 certified pursuant to this chapter. This list shall be submitted to
10 the department on a form to be prescribed by the department and
11 shall include, but not be limited to, the name, state of licensure,
12 type of license, and license number.

13 (f) The department shall be notified within 30 days of any
14 change of name, physical location, mailing address, or telephone
15 number of any business, owner, partner, corporate officer, or agent
16 for service of process in California, together with copies of all
17 resolutions or other written communications that substantiate these
18 changes.

19 ~~SEC. 49.~~

20 *SEC. 48.* Section 4999.2 of the Business and Professions Code
21 is amended to read:

22 4999.2. (a) In order to obtain and maintain a registration, a
23 telephone medical advice service shall comply with the
24 requirements established by the department. Those requirements
25 shall include, but shall not be limited to, all of the following:

26 (1) (A) Ensuring that all health care professionals who provide
27 medical advice services are appropriately licensed, certified, or
28 registered as a physician and surgeon pursuant to Chapter 5
29 (commencing with Section 2000) or the Osteopathic Initiative Act,
30 as a dentist, dental hygienist, dental hygienist in alternative
31 practice, or dental hygienist in extended functions pursuant to
32 Chapter 4 (commencing with Section 1600), as an occupational
33 therapist pursuant to Chapter 5.6 (commencing with Section 2570),
34 as a registered nurse pursuant to Chapter 6 (commencing with
35 Section 2700), as a psychologist pursuant to Chapter 6.6
36 (commencing with Section 2900), as a naturopathic doctor pursuant
37 to Chapter 8.2 (commencing with Section 3610), as a marriage
38 and family therapist pursuant to Chapter 13 (commencing with
39 Section 4980), as a licensed clinical social worker pursuant to
40 Chapter 14 (commencing with Section 4991), as a licensed

1 professional clinical counselor pursuant to Chapter 16
2 (commencing with Section 4999.10), as an optometrist pursuant
3 to Chapter 7 (commencing with Section 3000), or as a chiropractor
4 pursuant to the Chiropractic Initiative Act, and operating consistent
5 with the laws governing their respective scopes of practice in the
6 state within which they provide telephone medical advice services,
7 except as provided in paragraph (2).

8 (B) Ensuring that all health care professionals who provide
9 telephone medical advice services from an out-of-state location,
10 as identified in subparagraph (A), are licensed, registered, or
11 certified in the state within which they are providing the telephone
12 medical advice services and are operating consistent with the laws
13 governing their respective scopes of practice.

14 (2) Ensuring that the telephone medical advice provided is
15 consistent with good professional practice.

16 (3) Maintaining records of telephone medical advice services,
17 including records of complaints, provided to patients in California
18 for a period of at least five years.

19 (4) Ensuring that no staff member uses a title or designation
20 when speaking to an enrollee, subscriber, or consumer that may
21 cause a reasonable person to believe that the staff member is a
22 licensed, certified, or registered health care professional described
23 in subparagraph (A) of paragraph (1), unless the staff member is
24 a licensed, certified, or registered professional.

25 (5) Complying with all directions and requests for information
26 made by the department.

27 (6) Notifying the department within 30 days of any change of
28 name, physical location, mailing address, or telephone number of
29 any business, owner, partner, corporate officer, or agent for service
30 of process in California, together with copies of all resolutions or
31 other written communications that substantiate these changes.

32 (7) Submitting quarterly reports, on a form prescribed by the
33 department, to the department within 30 days of the end of each
34 calendar quarter.

35 (b) To the extent permitted by Article VII of the California
36 Constitution, the department may contract with a private nonprofit
37 accrediting agency to evaluate the qualifications of applicants for
38 registration pursuant to this chapter and to make recommendations
39 to the department.

1 ~~SEC. 50.~~

2 *SEC. 49.* Section 4999.3 of the Business and Professions Code
3 is amended to read:

4 4999.3. (a) The department may suspend, revoke, or otherwise
5 discipline a registrant or deny an application for registration as a
6 telephone medical advice service based on any of the following:

7 (1) Incompetence, gross negligence, or repeated similar
8 negligent acts performed by the registrant or any employee of the
9 registrant.

10 (2) An act of dishonesty or fraud by the registrant or any
11 employee of the registrant.

12 (3) The commission of any act, or being convicted of a crime,
13 that constitutes grounds for denial or revocation of licensure
14 pursuant to any provision of this division.

15 (b) The proceedings shall be conducted in accordance with
16 Chapter 5 (commencing with Section 11500) of Part 1 of Division
17 3 of Title 2 of the Government Code, and the department shall
18 have all powers granted therein.

19 (c) Copies of any complaint against a telephone medical advice
20 service shall be forwarded to the Department of Managed Health
21 Care.

22 (d) The department shall forward a copy of any complaint
23 submitted to the department pursuant to this chapter to the entity
24 that issued the license to the licensee involved in the advice
25 provided to the patient.

26 ~~SEC. 51.~~

27 *SEC. 50.* Section 4999.4 of the Business and Professions Code
28 is amended to read:

29 4999.4. (a) Every registration issued to a telephone medical
30 advice service shall expire 24 months after the initial date of
31 issuance.

32 (b) To renew an unexpired registration, the registrant shall,
33 before the time at which the registration would otherwise expire,
34 pay the renewal fee authorized by Section 4999.5.

35 (c) An expired registration may be renewed at any time within
36 three years after its expiration upon the filing of an application for
37 renewal on a form prescribed by the bureau and the payment of
38 all fees authorized by Section 4999.5. A registration that is not
39 renewed within three years following its expiration shall not be
40 renewed, restored, or reinstated thereafter, and the delinquent

1 registration shall be canceled immediately upon expiration of the
2 three-year period.

3 ~~SEC. 52.~~

4 *SEC. 51.* Section 4999.5 of the Business and Professions Code
5 is amended to read:

6 4999.5. The department may set fees for registration and
7 renewal as a telephone medical advice service sufficient to pay
8 the costs of administration of this chapter.

9 ~~SEC. 53.~~

10 *SEC. 52.* Section 4999.7 of the Business and Professions Code
11 is amended to read:

12 4999.7. (a) This section does not limit, preclude, or otherwise
13 interfere with the practices of other persons licensed or otherwise
14 authorized to practice, under any other provision of this division,
15 telephone medical advice services consistent with the laws
16 governing their respective scopes of practice, or licensed under
17 the Osteopathic Initiative Act or the Chiropractic Initiative Act
18 and operating consistent with the laws governing their respective
19 scopes of practice.

20 (b) For purposes of this chapter, “telephone medical advice”
21 means a telephonic communication between a patient and a health
22 care professional in which the health care professional’s primary
23 function is to provide to the patient a telephonic response to the
24 patient’s questions regarding his or her or a family member’s
25 medical care or treatment. “Telephone medical advice” includes
26 assessment, evaluation, or advice provided to patients or their
27 family members.

28 (c) For purposes of this chapter, “health care professional” is
29 an employee or independent contractor described in Section 4999.2
30 who provides medical advice services and is appropriately licensed,
31 certified, or registered as a dentist, dental hygienist, dental hygienist
32 in alternative practice, or dental hygienist in extended functions
33 pursuant to Chapter 4 (commencing with Section 1600), as a
34 physician and surgeon pursuant to Chapter 5 (commencing with
35 Section 2000) or the Osteopathic Initiative Act, as a registered
36 nurse pursuant to Chapter 6 (commencing with Section 2700), as
37 a psychologist pursuant to Chapter 6.6 (commencing with Section
38 2900), as a naturopathic doctor pursuant to Chapter 8.2
39 (commencing with Section 3610), as an optometrist pursuant to
40 Chapter 7 (commencing with Section 3000), as a marriage and

1 family therapist pursuant to Chapter 13 (commencing with Section
2 4980), as a licensed clinical social worker pursuant to Chapter 14
3 (commencing with Section 4991), as a licensed professional clinical
4 counselor pursuant to Chapter 16 (commencing with Section
5 4999.10), or as a chiropractor pursuant to the Chiropractic Initiative
6 Act, and who is operating consistent with the laws governing his
7 or her respective scopes of practice in the state in which he or she
8 provides telephone medical advice services.

9 ~~SEC. 54.~~

10 *SEC. 53.* Section 4999.45 of the Business and Professions
11 Code, as amended by Section 54 of Chapter 473 of the Statutes of
12 2013, is amended to read:

13 4999.45. (a) An intern employed under this chapter shall:

14 (1) Not perform any duties, except for those services provided
15 as a clinical counselor trainee, until registered as an intern.

16 (2) Not be employed or volunteer in a private practice until
17 registered as an intern.

18 (3) Inform each client prior to performing any professional
19 services that he or she is unlicensed and under supervision.

20 (4) Renew annually for a maximum of five years after initial
21 registration with the board.

22 (b) When no further renewals are possible, an applicant may
23 apply for and obtain a subsequent intern registration number if the
24 applicant meets the educational requirements for registration in
25 effect at the time of the application for a subsequent intern
26 registration number and has passed the California law and ethics
27 examination described in Section 4999.53. An applicant issued a
28 subsequent intern registration number pursuant to this subdivision
29 shall not be employed or volunteer in a private practice.

30 (c) This section shall become operative on January 1, 2016.

31 ~~SEC. 55.~~

32 *SEC. 54.* Section 4999.46 of the Business and Professions
33 Code, as amended by Section 3 of Chapter 435 of the Statutes of
34 2014, is amended to read:

35 4999.46. (a) To qualify for the licensure examination specified
36 by paragraph (2) of subdivision (a) of Section 4999.53, applicants
37 shall complete clinical mental health experience under the general
38 supervision of an approved supervisor as defined in Section
39 4999.12.

- 1 (b) The experience shall include a minimum of 3,000 postdegree
2 hours of supervised clinical mental health experience related to
3 the practice of professional clinical counseling, performed over a
4 period of not less than two years (104 weeks), which shall include:
5 (1) Not more than 40 hours in any seven consecutive days.
6 (2) Not less than 1,750 hours of direct counseling with
7 individuals, groups, couples, or families in a setting described in
8 Section 4999.44 using a variety of psychotherapeutic techniques
9 and recognized counseling interventions within the scope of
10 practice of licensed professional clinical counselors.
11 (3) Not more than 500 hours of experience providing group
12 therapy or group counseling.
13 (4) Not more than 375 hours of experience providing personal
14 psychotherapy, crisis counseling, or other counseling services via
15 telehealth in accordance with Section 2290.5.
16 (5) Not less than 150 hours of clinical experience in a hospital
17 or community mental health setting, as defined in Section 1820 of
18 Title 16 of the California Code of Regulations.
19 (6) Not more than a combined total of 1,250 hours of experience
20 in the following related activities:
21 (A) Direct supervisor contact.
22 (B) Client centered advocacy.
23 (C) Not more than 250 hours of experience administering tests
24 and evaluating psychological tests of clients, writing clinical
25 reports, writing progress notes, or writing process notes.
26 (D) Not more than 250 hours of verified attendance at
27 workshops, seminars, training sessions, or conferences directly
28 related to professional clinical counseling that are approved by the
29 applicant’s supervisor.
30 (c) No hours of clinical mental health experience may be gained
31 more than six years prior to the date the application for examination
32 eligibility was filed.
33 (d) An applicant shall register with the board as an intern in
34 order to be credited for postdegree hours of experience toward
35 licensure. Postdegree hours of experience shall be credited toward
36 licensure, provided that the applicant applies for intern registration
37 within 90 days of the granting of the qualifying degree and is
38 thereafter granted the intern registration by the board. An applicant
39 shall not be employed or volunteer in a private practice until
40 registered as an intern by the board.

1 (e) All applicants and interns shall be at all times under the
2 supervision of a supervisor who shall be responsible for ensuring
3 that the extent, kind, and quality of counseling performed is
4 consistent with the training and experience of the person being
5 supervised, and who shall be responsible to the board for
6 compliance with all laws, rules, and regulations governing the
7 practice of professional clinical counseling.

8 (f) Experience obtained under the supervision of a spouse or
9 relative by blood or marriage shall not be credited toward the
10 required hours of supervised experience. Experience obtained
11 under the supervision of a supervisor with whom the applicant has
12 had or currently has a personal, professional, or business
13 relationship that undermines the authority or effectiveness of the
14 supervision shall not be credited toward the required hours of
15 supervised experience.

16 (g) Except for experience gained pursuant to subparagraph (D)
17 of paragraph (6) of subdivision (b), supervision shall include at
18 least one hour of direct supervisor contact in each week for which
19 experience is credited in each work setting.

20 (1) No more than six hours of supervision, whether individual
21 or group, shall be credited during any single week. This paragraph
22 shall apply to supervision hours gained on or after January 1, 2009.

23 (2) An intern shall receive at least one additional hour of direct
24 supervisor contact for every week in which more than 10 hours of
25 face-to-face psychotherapy is performed in each setting in which
26 experience is gained.

27 (3) For purposes of this section, “one hour of direct supervisor
28 contact” means one hour of face-to-face contact on an individual
29 basis or two hours of face-to-face contact in a group of not more
30 than eight persons in segments lasting no less than one continuous
31 hour.

32 (4) Notwithstanding paragraph (3), an intern working in a
33 governmental entity, a school, a college, or a university, or an
34 institution that is both nonprofit and charitable, may obtain the
35 required weekly direct supervisor contact via two-way, real-time
36 videoconferencing. The supervisor shall be responsible for ensuring
37 that client confidentiality is upheld.

38 (h) This section shall become operative on January 1, 2016.

1 ~~SEC. 56.~~

2 ~~SEC. 55.~~ Section 4999.55 of the Business and Professions Code
3 is amended to read:

4 4999.55. (a) Each applicant and registrant shall obtain a
5 passing score on a board-administered California law and ethics
6 examination in order to qualify for licensure.

7 (b) A registrant shall participate in a board-administered
8 California law and ethics examination prior to his or her registration
9 renewal.

10 (c) Notwithstanding subdivision (b), an applicant who holds a
11 registration eligible for renewal, with an expiration date no later
12 than June 30, 2016, and who applies for renewal of that registration
13 between January 1, 2016, and June 30, 2016, shall, if eligible, be
14 allowed to renew the registration without first participating in the
15 California law and ethics examination. These applicants shall
16 participate in the California law and ethics examination in the next
17 renewal cycle, and shall pass the examination prior to licensure or
18 issuance of a subsequent registration number, as specified in this
19 section.

20 (d) If an applicant fails the California law and ethics
21 examination, he or she may retake the examination, upon payment
22 of the required fees, without further application, except as provided
23 in subdivision (e).

24 (e) If a registrant fails to obtain a passing score on the California
25 law and ethics examination described in subdivision (a) within his
26 or her renewal period on or after the operative date of this section,
27 he or she shall complete, at minimum, a 12-hour course in
28 California law and ethics in order to be eligible to participate in
29 the California law and ethics examination. Registrants shall only
30 take the 12-hour California law and ethics course once during a
31 renewal period. The 12-hour law and ethics course required by
32 this section shall be taken through a continuing education provider
33 as specified by the board by regulation, a county, state, or
34 governmental entity, or a college or university.

35 (f) The board shall not issue a subsequent registration number
36 unless the registrant has passed the California law and ethics
37 examination.

38 (g) Notwithstanding subdivision (f), an applicant who holds or
39 has held a registration, with an expiration date no later than January
40 1, 2017, and who applies for a subsequent registration number

1 between January 1, 2016, and January 1, 2017, shall, if eligible,
2 be allowed to obtain the subsequent registration number without
3 first passing the California law and ethics examination. These
4 applicants shall pass the California law and ethics examination
5 during the next renewal period or prior to licensure, whichever
6 occurs first.

7 (h) This section shall become operative January 1, 2016.

8 ~~SEC. 57.~~

9 *SEC. 56.* Section 4999.76 of the Business and Professions Code
10 is amended to read:

11 4999.76. (a) Except as provided in subdivision (c), the board
12 shall not renew any license pursuant to this chapter unless the
13 applicant certifies to the board, on a form prescribed by the board,
14 that he or she has completed not less than 36 hours of approved
15 continuing education in or relevant to the field of professional
16 clinical counseling in the preceding two years, as determined by
17 the board.

18 (b) The board shall have the right to audit the records of any
19 applicant to verify the completion of the continuing education
20 requirement. Applicants shall maintain records of completed
21 continuing education coursework for a minimum of two years and
22 shall make these records available to the board for auditing
23 purposes upon request.

24 (c) The board may establish exceptions from the continuing
25 education requirement of this section for good cause, as defined
26 by the board.

27 (d) The continuing education shall be obtained from one of the
28 following sources:

29 (1) A school, college, or university that is accredited or
30 approved, as defined in Section 4999.12. Nothing in this paragraph
31 shall be construed as requiring coursework to be offered as part
32 of a regular degree program.

33 (2) Other continuing education providers as specified by the
34 board by regulation.

35 (e) The board shall establish, by regulation, a procedure for
36 identifying acceptable providers of continuing education courses,
37 and all providers of continuing education, as described in
38 paragraphs (1) and (2) of subdivision (d), shall adhere to procedures
39 established by the board. The board may revoke or deny the right
40 of a provider to offer continuing education coursework pursuant

1 to this section for failure to comply with this section or any
2 regulation adopted pursuant to this section.

3 (f) Training, education, and coursework by approved providers
4 shall incorporate one or more of the following:

5 (1) Aspects of the discipline that are fundamental to the
6 understanding or the practice of professional clinical counseling.

7 (2) Significant recent developments in the discipline of
8 professional clinical counseling.

9 (3) Aspects of other disciplines that enhance the understanding
10 or the practice of professional clinical counseling.

11 (g) A system of continuing education for licensed professional
12 clinical counselors shall include courses directly related to the
13 diagnosis, assessment, and treatment of the client population being
14 served.

15 (h) The board shall, by regulation, fund the administration of
16 this section through continuing education provider fees to be
17 deposited in the Behavioral Sciences Fund. The fees related to the
18 administration of this section shall be sufficient to meet, but shall
19 not exceed, the costs of administering the corresponding provisions
20 of this section. For the purposes of this subdivision, a provider of
21 continuing education as described in paragraph (1) of subdivision
22 (d) shall be deemed to be an approved provider.

23 (i) The continuing education requirements of this section shall
24 fully comply with the guidelines for mandatory continuing
25 education established by the Department of Consumer Affairs
26 pursuant to Section 166.

27 ~~SEC. 58.~~

28 *SEC. 57.* Section 4999.100 of the Business and Professions
29 Code, as amended by Section 66 of Chapter 473 of the Statutes of
30 2013, is amended to read:

31 4999.100. (a) An intern registration shall expire one year from
32 the last day of the month in which it was issued.

33 (b) To renew a registration, the registrant on or before the
34 expiration date of the registration, shall do the following:

35 (1) Apply for a renewal on a form prescribed by the board.

36 (2) Pay a renewal fee prescribed by the board.

37 (3) Notify the board whether he or she has been convicted, as
38 defined in Section 490, of a misdemeanor or felony, or whether
39 any disciplinary action has been taken by any regulatory or

1 licensing board in this or any other state, subsequent to the
2 registrant’s last renewal.

3 (4) Participate in the California law and ethics examination
4 pursuant to Section 4999.53 each year until successful completion
5 of this examination.

6 (c) The intern registration may be renewed a maximum of five
7 times. Registration shall not be renewed or reinstated beyond six
8 years from the last day of the month during which it was issued,
9 regardless of whether it has been revoked. When no further
10 renewals are possible, an applicant may apply for and obtain a
11 subsequent intern registration number if the applicant meets the
12 educational requirements for registration in effect at the time of
13 the application for a subsequent intern registration number and
14 has passed the California law and ethics examination described in
15 Section 4999.53. An applicant who is issued a subsequent intern
16 registration number pursuant to this subdivision shall not be
17 employed or volunteer in a private practice.

18 (d) This section shall become operative on January 1, 2016.

19 ~~SEC. 59.~~

20 *SEC. 58.* No reimbursement is required by this act pursuant to
21 Section 6 of Article XIII B of the California Constitution because
22 the only costs that may be incurred by a local agency or school
23 district will be incurred because this act creates a new crime or
24 infraction, eliminates a crime or infraction, or changes the penalty
25 for a crime or infraction, within the meaning of Section 17556 of
26 the Government Code, or changes the definition of a crime within
27 the meaning of Section 6 of Article XIII B of the California
28 Constitution.



MEMORANDUM

DATE	August 18, 2015
TO	Dental Board of California
FROM	Tina Vallery, Licensing Analyst Dental Board of California
SUBJECT	Agenda Item 13A and 13B: Examinations

A. Staff Update on Portfolio Pathway to Licensure

Throughout the month of June, staff received and processed seven portfolio applications. One application was submitted by the University of California, San Francisco and the remaining six applications were submitted by the University of the Pacific. To date, all seven portfolio applicants have been issued their licenses.

During the review of the submitted portfolios, staff received a request to offer additional training on the assembly of the portfolio packets. Plans are in the works for staff to make site visits to the schools offering the portfolio exam. Our plan is to provide additional training materials, an overview of how to fill out the required forms within the packets, and an opportunity to clarify the process with the involved staff members.

Staff will be reaching out to all schools offering the portfolio exam to request a list of the trained and calibrated faculty that are in compliance with the Board's requirements and for the list of students enrolled in the program.

Staff is currently working on the addition of a portfolio page to the website.

Action Requested:

No action is being requested by staff for this item.

B. Update on Western Regional Examination Board (WREB) Activities and the Possibility of Including an Indirect Restoration on the WREB Examination.

Dr. Le had requested that the Dental Exam Review Board of WREB distribute the minutes following its meetings. The minutes of the July 24, 2015 meeting are attached. Dr. Le will be available to answer any questions regarding this report.

Removing the option of an indirect restoration on the WREB Clinical Examination for California licensure:

The WREB Clinical Exam is one of the options available in order to receive an initial license to practice dentistry in California. The Exam is given in over thirty states and recognized for licensure in those states. The Portfolio Exam is another option for those candidates seeking initial licenses in California after graduating from one of the California Dental Schools.

The WREB Exam presently allows a candidate to choose one of three options:

1. Two direct bonded composite restorations (one Class II and one Class III)
2. One direct bonded composite restoration (Class II or Class III) and a Class II amalgam restoration
3. One direct bonded composite restoration (Class II or Class III) and an indirect restoration using cast gold. The cast gold restoration can be a Class II, inlay, onlay or a 3/4 crown. Full coverage crowns are not acceptable.

The Portfolio Exam has an indirect restoration component as one of its competency exams. This indirect restoration can be any one of the following:

1. A ceramic restoration (must be an onlay or more extensive)
2. A partial gold restoration (must be an onlay or more extensive)
3. A metal-ceramic restoration (PFM)
4. A full gold restoration

The Examination Committee Chair requests that the Board consider removing the option for the indirect restoration and instead make it a required component of the WREB exam for a candidate's initial licensure in California. The single direct restoration choices remain the same.

Consider this change for several reasons:

1) Public protection

Because the Indirect Restoration requires a different and more demanding skillset, the testing of the candidate's minimum competency is enhanced and performance at a higher level is required. The results will yield a higher probability that a candidate has the minimum skills to begin the unsupervised practice of dentistry without potential harm to the public.

2) Indirect restoration use in practice

The indirect restoration is one of the most utilized restorative procedures in everyday practice along with the direct restoration. It is taught in all of the United States Dental Schools and is part of the regular curriculum.

3) Board Enforcement

Most of the Board's enforcement cases involving the dentistry performed have an indirect restoration component included in the treatment provided.

4) Alignment with Portfolio Exam

The Portfolio Exam has indirect restorations as both part of the required clinical experiences and is one of the six required Competency Exams. The indirect restoration is considered a major component of the Portfolio Exam.

5. No Statutory or Regulatory change is required

The change will only require a request from the Board to WREB along with proper notification to the Schools and Candidates.

6. WREB grading

Because the Indirect Restoration is presently part of the WREB Exam, grading and calibration are already being performed.

The request to WREB from the Board, to qualify for initial dental licensure in California, the candidate must choose the option of one Class II or Class III direct composite restoration and a Class II inlay, onlay or 3/4 crown indirect restoration utilizing either cast gold or a suitable esthetic restorative material.



MEMORANDUM

DATE	August 27, 2015
TO	Dental Board Members
FROM	Theresa Lane, Enforcement Chief
SUBJECT	Agenda Item 14A&B: Staff Update & Enforcement Statistics and Trends (Complaints and Investigations)

Attached please find Complaint Intake and Investigation statistics for the previous five fiscal years, and quarter four of the current fiscal year. Below is a summary of some of the program's trends (as of June 30, 2015):

Complaint & Compliance Unit

Complaints Received

The total number of complaints received during the fourth quarter was **1072**, averaging **357** per month.

Active Caseload: 1076

The average caseload per Consumer Services Analyst (CSA) during the fourth quarter was **205** complaint cases.

Complaint Aging

Fourth Quarter

# Months Open	# of Cases	% of Total Cases
0 – 3 Months	682	63%
4 – 6 Months	276	25%
7 – 9 Months	86	8%
10 – 12 Months	37	3%
1 – 3 Years	34	1%

Cases Closed:

The total number of complaint files closed between April 1, 2015, and June 30, 2015, was **723**, averaging **241** per month. The previous five-year average was 238 closures per month.

The average number of days a complaint took to close within the last year was **112** days (a 4% decrease from last year’s average of 117 days). Chart 2 displays the average complaint closure age over the previous five fiscal years.

Investigations

Current Open Caseload:

There are currently approximately **1059** open investigative cases, **361** probation cases, and **121** open inspection cases.

Average caseload per full time Investigator = 47 (39 in North, 51 in South)

Average caseload per Special Investigator = 52

Average caseload per Analyst = 50

# Months Open	# of Cases	% of Total Cases
0 – 3 Months	160	15%
4 – 6 Months	195	18%
6 - 12 Months	303	29%
1 – 2 Years	329	31%
2 – 3 Years	55	5%
3+ Years	17	2%

Since our last report in March 2015, the number of cases over one year old has remained the same at 38%. The number of cases in the oldest category (three years and older) has decreased from 18 to 17.

Case Closures:

The total number of investigation cases closed, filed with the AGO or filed with the District/City Attorney during the fourth quarter is **287**, an average of approximately **96** per month.

The average number of days it took to complete an investigation during the fourth quarter was **327** days. The previous five-year average number of days to close a case was 428 days (refer to Chart 2).

Chart 2 displays the average closure age over the previous five fiscal years.

Cases Referred for Discipline:

The total number of cases referred to the AGO’s during the fourth quarter was **39** (approximately nine referrals per month). The three-month average for a disciplinary case to be completed was **1229** days.

Chart 2 displays the average closure age over the previous four fiscal years for cases referred for discipline.

Case Categories:

Chart 3 provides a breakdown of the number of cases based on allegation.

Outreach Efforts

On July 13, 2015, Investigator Denise Macy and I made a presentation to the third year dental students and several faculty at Western University of Health Sciences Dental School. The presentation was an hour and a half. We provided an overview of the Board, the Board's enforcement program including Complaint Intake, Investigative Analysis, Inspection and Investigation units. In addition, we covered the top violations we see occurring in the complaints we receive, investigate and prosecute.

On August 3, 2015, Investigator Vicki Williams and I made a presentation to the graduating dental students and several faculty at the University of California, Los Angeles (UCLA) Dental School. The presentation was about two hours. We provided an overview of the Board, the Board's enforcement program including Complaint Intake, Investigative Analysis, Inspection and Investigation units. In addition, we covered the top violations we see occurring in the complaints we receive, investigate and prosecute.

On August 6, 2015, Dental Hygiene Committee of California (DHCC) Executive Officer, Lori Hubble and I made a presentation to the dental hygiene students at San Joaquin College in Ontario. The presentation was to educate the students on the enforcement process and procedures surrounding the dental and dental hygiene profession.

On August 21, 2015, I presented a course at the California Dental Association (CDA)'s CDA Presents in San Francisco. The presentation was on the Board's Enforcement Program. I reviewed the Dental Practice Act, provided real life examples of violations we see occurring in the complaints we receive, investigate and prosecute.

On August 21-August 23, 2015, the California Dental Association held their annual CDA Presents convention in San Francisco. The Board was able to secure an information booth at the event. The booth was manned by staff from the Sacramento office who assisted licensees, prospective licensees and office support staff with answers to questions and Board literature.

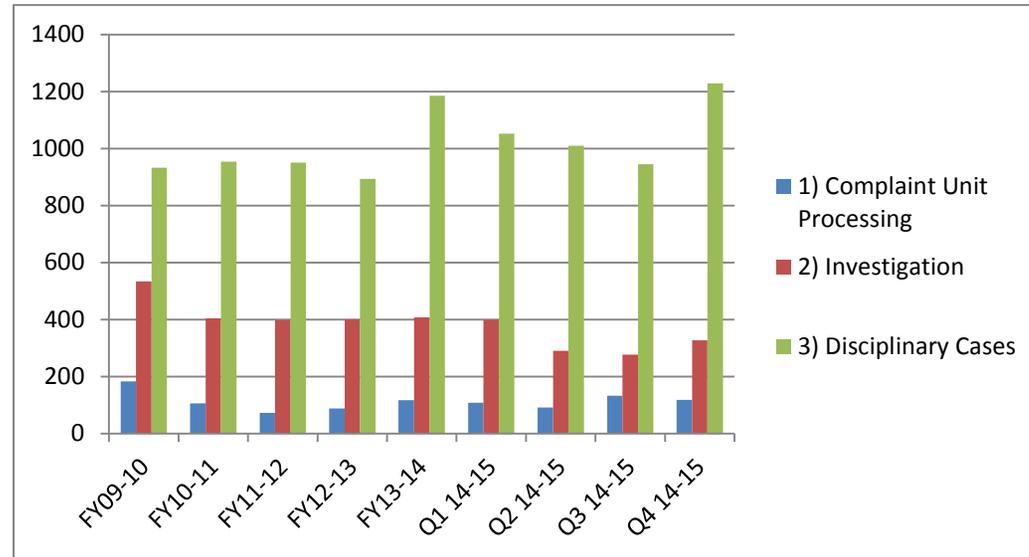
I will be available during the Board meeting to answer any questions or concerns you may have.

**Dental Board of California
Chart 1**

STATISTICAL DESCRIPTION	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 2014-15				
						Jul-Sep	Oct - Dec	Jan - Mar	Apr - Jun	Total
COMPLAINT UNIT										
Complaints Received	3013	3046	2813	2874	3021	964	866	848	879	3557
Convictions/Arrests Received	177	674	750	1083	650	156	124	150	193	623
Total Intake Received	3190	3720	3563	3957	3671	1120	990	998	1072	4180
Total Complaints Closed	3249	2863	2404	2911	2855	822	561	656	723	2762
Pending at end of period	1072	472	738	1072	1022	947	1088	1040	989	
INVESTIGATIONS										
Cases Opened	769	1241	916	719	659	294	337	383	412	1426
Cases Closed	651	997	1094	813	955	298	275	335	287	1195
Referred to AG	138	144	174	85	71	29	27	22	39	188
Referred for Criminal	11	8	12	19	28	7	4	5	4	20
Pending at end of period	779	995	1025	767	809	811	881	946	1082	
Citations Issued	48	42	15	27	83	12	10	11	15	48
ATTORNEY GENERAL'S OFFICE										
Cases Pending at AG	191	199	229	183	172	171	182	186	189	
Administrative Actions:										
Accusation	97	90	99	52	71	15	20	19	16	70
Statement of Issues	27	23	41	9	18	2	0	1	1	4
Petition to Revoke Probation	5	5	9	4	8	0	3	0	0	3
Licensee Disciplinary Actions:										
Revocation	39	24	30	27	33	5	3	7	6	21
Probation	66	65	68	51	54	15	4	7	12	38
Suspension/Probation	0	0	2	0	0	0	0	0	0	0
License Surrendered	9	10	6	10	15	4	2	0	3	9
Public Reprimand	8	9	13	11	12	1	1	3	6	11
Other Action (e.g. exam required, education course, etc.)	10	11	8	7	3	5	1	1	4	11
Accusation Withdrawn	8	9	8	10	1	1	1	1	0	3
Accusation Declined	6	6	1	2	0	1	0	0	1	2
Accusation Dismissed	5	0	0	2	1	0	0	0	0	0
Total, Licensee Discipline	151	134	136	120	119	32	12	19	32	95
Other Legal Actions:										
Interim Suspension Order Issued	1	1	6	5	0	0	0	0	0	0
PC 23 Order Issued	0	0	1	2	2	1	0	0	2	3

**Dental Board of California
Chart 2**

Average Days to Close	FY09-10	FY10-11	FY11-12	FY12-13	FY13-14	Q1 14-15	Q2 14-15	Q3 14-15	Q4 14-15
1) Complaint Unit Processing	183	106	72	88	117	108	91	133	118
2) Investigation	534	404	397	400	407	399	290	277	327
3) Disciplinary Cases	933	954	950	893	1185	1052	1010	945	1229



**Dental Board of California
Chart 3**

Allegations						2014-15					
	2009-10	2010-11	2011-12	2012-13	2013-2014	Jul-Sep	Oct - Dec	Jan - Mar	Apr - Jun	Total	% of Total
Substance Abuse, Mental/Physical Impairment	10	12	4	7	17	8	1	4	8	21	0%
Drug Related Offenses	29	29	38	33	30	15	7	3	12	37	1%
Unsafe/Unsanitary Conditions	76	70	79	92	99	18	24	28	40	110	2%
Fraud	188	299	123	124	218	100	106	84	99	389	9%
Non-Jurisdictional	438	393	251	217	235	81	50	47	88	266	6%
Incompetence / Negligence	2123	2076	1540	1459	1795	529	505	481	703	2218	49%
Other	336	181	266	295	163	99	80	78	75	332	7%
Unprofessional Conduct	385	352	205	219	244	62	51	50	87	250	5%
Sexual Misconduct	21	15	13	14	16	2	0	8	10	20	0%
Discipline by Another State	15	31	25	16	10	4	2	2	3	11	0%
Unlicensed / Unregistered	119	127	111	124	201	46	40	63	78	227	5%
Criminal Charges	206	456	854	1137	650	156	124	150	239	669	15%
Total	3946	4041	3509	3737	3678	1120	990	998	1442	4550	100%

Agency Statistical Profile (AR)(091)



MEMORANDUM

DATE	August 27, 2015
TO	Enforcement Committee Members
FROM	Theresa Lane, Enforcement Chief
SUBJECT	Agenda Item 14C - Review of the Third Quarter Performance Measures from the Department of Consumer Affairs.

Performance measures are linked directly to an agency's mission, vision and strategic objectives/initiatives. In some cases, each Board, Bureau, and program was allowed to set their individual performance targets, or specific levels of performance against which actual achievement would be compared. In other cases, some standards were established by DCA. As an example, a target of an average of 540 days for the cycle time of formal discipline cases was set by the previous Director. Data is collected quarterly and reported on the Department's website at:

http://www.dca.ca.gov/about_dca/cpei/index.shtml

Volume:

Q3 (January – March 2015)

PM1 - Volume: 998 Total (848 Consumer complaints, 150 Conviction reports)

Number of complaints and convictions received per quarter

Cycle Time:

PM2 Intake - Target: 10 Days

Q3 Average: 8 Days

Average cycle time from complaint receipt, to the date the complaint was acknowledged and assigned to an analyst in the Complaint Unit for processing (This 10 day time frame is mandated by Business and Professions Code section 129 (b))

PM3 Intake & Investigation - Target: 270 Days

Q3 Average: 170 Days

Average time from complaint receipt to closure of the investigation process (does not include cases sent to the Attorney General (AG) or other forms of formal discipline);

PM4 Formal Discipline - Target: 540 Days**Q3 Average: 945 Days**

Average number of days to complete the entire enforcement process for cases resulting in formal discipline (Includes intake and investigation by the Board, and prosecution by the AG);

A number of factors (both internally and externally) can contribute to case aging at the Attorney General's office. Board actions which may extend case aging include when additional investigations are combined with a pending accusation and can set back the overall time to resolve. Amending an accusation or requesting additional expert opinions can also cause delays in case adjudication. Other matters are outside the control of the Board and include: availability of hearing dates, continuance of hearing dates, changes to opposing party counsel, and requests for a change of venue.

PM 7 Probation Intake – Target: 10 Days**Q3 Average: 2 Days**

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer; and

Probation Intake measures the time between when the probation monitor is assigned the case file and the date they meet with their assigned probationer to review monitoring terms and conditions. The Board's probation monitors are assigned a case file within a few days of the probationary order being signed. Monitors attempt to schedule their initial meeting on or soon after the effective date of the decision; thereby resulting in a 10 – 20 day intake average. It should also be noted that in some cases, probation monitoring may not take place until an applicant has completed all their licensing requirements, or returned to California (if the applicant is out-of-state). These exceptions may skew this average.

PM 8 Probation Violation Response – Target: 10 Days**Q3 Average: 242**

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

In general, once a violation is discovered, the decision to take action is made immediately. However, the monitor must collect any supporting evidence (arrest/conviction records, positive drug test results) and write a report documenting the event. Once the report is referred for discipline, "appropriate action" has been initiated and the clock stops. Factors which may affect the turnaround time on this measure include how the violation is reported; (incoming complaints or arrest/conviction reports from the Department of Justice may take several days to be processed) and how quickly the monitor can write up and file the violation.

Dental Board of California

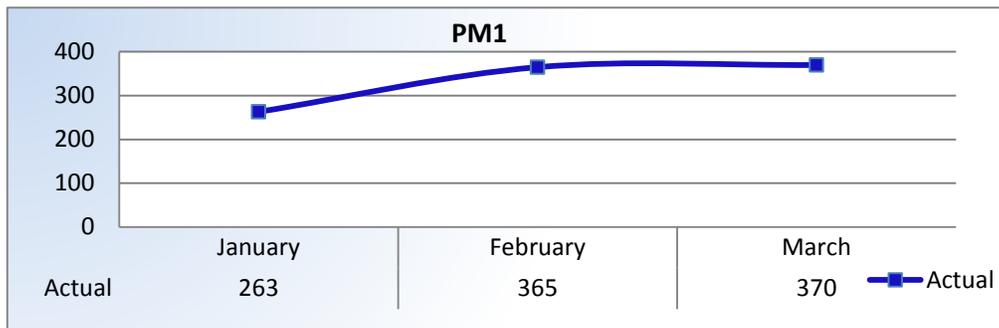
Performance Measures

Q3 Report (January - March 2015)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

PM1 | Volume

Number of complaints and convictions received.

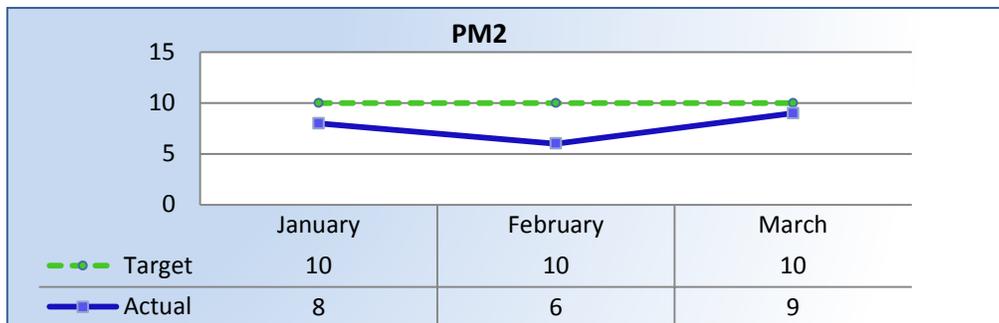


Total Received: 998 Monthly Average: 333

Complaints: 848 | Convictions: 150

PM2 | Intake

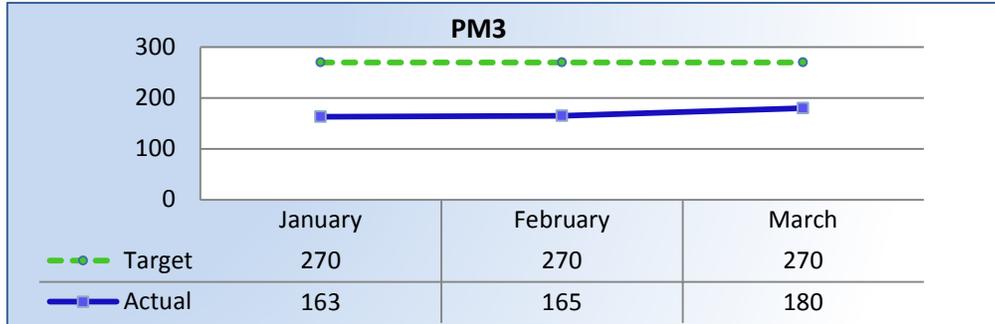
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | Actual Average: 8 Days

PM3 | Intake & Investigation

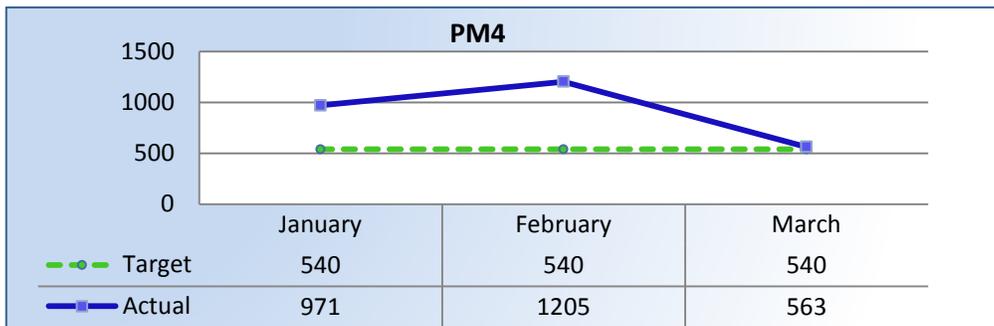
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 270 Days | Actual Average: 170 Days

PM4 | Formal Discipline

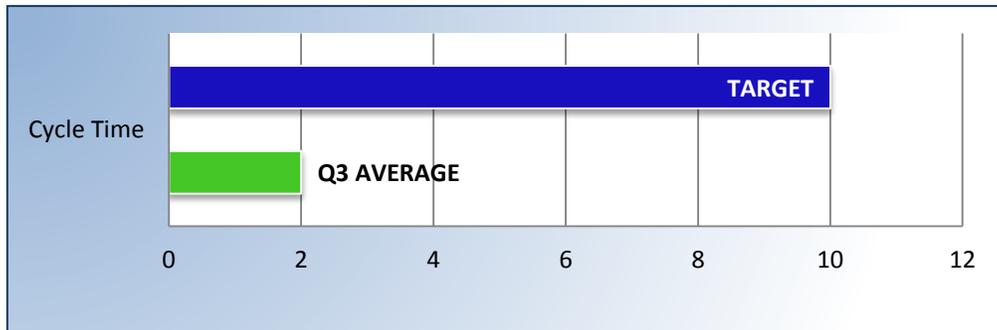
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | Actual Average: 945 Days

PM7 | Probation Intake

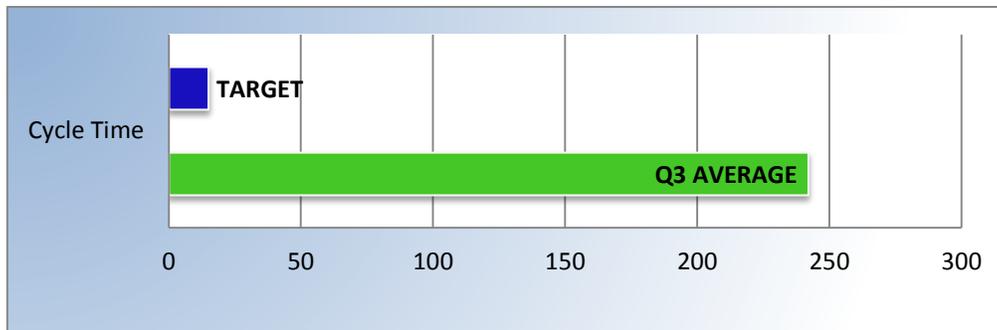
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | Actual Average: 2 Days

PM8 | Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



Target Average: 15 Days | Actual Average: 242 Days



MEMORANDUM

DATE	August 17, 2015
TO	Dental Board Members
FROM	April Alameda, Manager
SUBJECT	Agenda Item 14D : Diversion Statistics

The Diversion Evaluation Committee (DEC) program statistics for quarter ending June 30, 2015, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for information purposes only.

These statistics are derived from the MAXIMUS monthly reports.

Intake Referrals	April	May	June	FY Total
Self-Referral	0	0	0	0
Enforcement Referral	1	0	1	8
Probation Referral	0	0	0	1
Closed Cases	1	1	0	11
Active Participants	29	28	28	

The Board continues recruitment for the following positions:

Southern DEC – one (1) Public Member and one (1) Dentist

The next DEC meeting is scheduled for September 3, 2015, in Northern California.

ACTION REQUESTED:

No action requested.



MEMORANDUM

DATE	August 27, 2015
TO	Dental Board Members
FROM	Kelly Silva, Investigator
SUBJECT	Agenda Item 15: Staff Update on California's Controlled Substance Review and Evaluation System (CURES)

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

Access to CURES 2.0 is limited to licensed prescribers and licensed pharmacists strictly for patients in their direct care; regulatory board staff and law enforcement personnel for official oversight or investigatory purposes.

On July 20, 2015, law enforcement and regulatory board members of the CURES training sessions went online to access the 2.0 system. After a month of using the new system, the Dental Board has not experienced any problems using the system.

CURES 2.0 system offers a new "dashboard" that offers easy access to saved searches, DOJ bulletins, national and state wide alerts for law enforcement, licensed prescribers and pharmacists.

The Department of Justice will issue access to CURES 2.0 to all users in the next few months. Practitioners should continue to prepare for the adoption of the system by January 2016, at which point all users will be required to meet CURES 2.0's security standards.

ADJOURNMENT