DENTAL BOARD OF CALIFORNIA

FULL BOARD MEETING
August 26, 2013

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

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

BOARD MEETING AGENDA
Monday, August 26, 2013

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

Members of the Board

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

Steven Afriat, Public Member
Stephen Casagrande, DDS
Yvette Chappell-Ingram, Public Member
Katie Dawson, RDH
Luis Dominicis, DDS
Judith Forsythe, RDA
Kathleen King, Public Member
Ross Lai, DDS
Meredith McKenzie, Public Member
Thomas Stewart, DDS
Bruce Whitcher, DDS

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

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

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

Monday, August 26, 2013

9:00 A.M. MEETING OF THE DENTAL ASSISTING COUNCIL
See attached Dental Assisting Council Meeting Agenda

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

1. Call to Order/Roll Call/Establishment of Quorum

2. Approval of the May 16-17, 2013 Board Meeting Minutes

3. Introduction of New Assistant Executive Officer

4. President's Report

5. Update from the Department of Consumer Affairs' Executive Office

6. Examinations

   A. Report Regarding the Western Regional Examination Board (WREB) Activities

   B. Portfolio Examination

      i. Staff Update on Portfolio Examination Development

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

7. Legislation and Regulations

   A. 2013 Tentative Legislative Calendar – Information Only

   B. Discussion and Possible Action on the Following Legislation:

      - AB X1 1 (Perez) Medi-Cal Eligibility: Expansion
      - AB X1 2 (Pan) Health Care Coverage
      - AB 18 (Pan) Individual Health Care Coverage
      - AB 50 (Pan) Health Care Coverage: Medi-Cal Eligibility
      - AB 186 (Maienschein) Professions and Vocations: Military Spouses: Licenses
      - AB 258 (Chavez) State Agencies: Veterans
      - AB 291 (Nestande) California Sunset Review Commission
      - AB 318 (Logue) Dental Care: Telehealth
      - AB 496 (Gordon) Medicine: Sexual Orientation: Gender Identity
      - AB 512 (Rendon) Healing Arts: Licensure Exemption
      - AB 771 (Jones) Public Health: Wellness Programs
      - AB 809 (Logue) Healing Arts: Telehealth
      - AB 827 (Hagman) Department of Consumer Affairs
      - AB 836 (Skinner) Dentists: Continuing Education

- AB 851 (Logue) Dentistry: Licensure and Certification Requirements
- AB 1174 (Bocanegra) Oral Health: Virtual Dental Homes
- AB 1231 (Perez) Regional Centers: Telehealth and Teledentistry
- SB X1 1 (Hernandez) Medi-Cal Eligibility
- SB X1 2 (Hernandez) Health Care Coverage
- SB 456 (Padilla) Health Care Coverage
- SB 532 (De Leon) Professions and Vocations: Military Spouses
- SB 562 (Galgiani) Dentists: Mobile or Portable Dental Units
- SB 690 (Price) Licenses
- SB 809 (DeSaulnier) Controlled Substances: Reporting
- SB 821 (Senate Business, Professions & Economic Development Committee) Healing Arts

C. Discussion and Possible Action to Consider Request from the Dental Hygiene Committee of California to Consider Review of Requirement for Annual Review of Infection Control Guidelines

D. Discussion of Prospective Legislative Proposals
Stakeholders are encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future meeting.

E. Update on Pending Regulatory Packages:

i. Uniform Standards for Substance Abusing Licensees (California Code of Regulations, Title 16, Sections 1018 and 1018.01);

ii. Dentistry Fee Increase (California Code of Regulations, Title 16, Section 1021); and

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

F. Discussion and Possible Action Regarding a Special Meeting in October to Consider Any Adverse Comments Received Regarding the Board's Proposed Dentistry Fee Increase Rulemaking

G. Discussion and Possible Action Regarding the Health and Safety Institute's Request to Amend California Code of Regulations, Title 16, Sections 1016 and 1017 such that a Basic Life Support Certification Issued by the American Safety and Health Institute Would Satisfy the Mandatory Certification Requirement for License Renewal

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

9. Recess

DENTAL BOARD OF CALIFORNIA

Agenda Item 2

Approval of May 16-17, 2013 Meeting Minutes

STATE OF CALIFORNIA
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DENTAL BOARD OF CALIFORNIA
MEETING MINUTES
Thursday, May 16, 2013

Waterfront Hotel
10 Washington Street, Oakland, CA 94607
DRAFT

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

Members Absent:

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

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

ROLL CALL AND ESTABLISHMENT OF QUORUM

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

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

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

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

AGENDA ITEM 2: President's Report

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

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

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

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

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

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

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

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

(a) Discussion Regarding the Portfolio Pathway to Licensure Report

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

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

(b) Update on Portfolio Regulations and Handbook Review

Dr. Steven Morrow gave a presentation outlining the updates to the Portfolio Regulations, the Candidate Handbook and the Examiner Training Manual. Electronic copies of the handbooks can be found on the Board's website:
http://www.dbc.ca.gov/about_us/materials/meeting_materials.shtml

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

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

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

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

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

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

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

Waterfront Hotel
10 Washington Street, Oakland, CA 94607

DRAFT

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

Members Absent:
Stephen Casagrande, DDS
Kathleen King, Public Member
Ross Lai, DDS

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

ROLL CALL AND ESTABLISHMENT OF QUORUM

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

The Board immediately went into closed session.

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

AGENDA ITEM 6: Executive Officer's Report

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

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

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

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

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

AB 291 (Nestande): Sunset Review Committee

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

AB 318 (Logue): Medi-cal: teledentistry

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

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

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

AB 512 (Rendon): Healing Arts: Licensure Exemption

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

AB 809 (Logue): Healing Arts: Telehealth

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

AB 827 (Hagman): Department of Consumer Affairs

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

AB 836 (Skinner): Dentists: Continuing Education

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

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

M/S (Stewart/Burton) to support this bill. Dr. Morrow commented that he is opposed to supporting this bill until amendments have been made as a result of the discussion today. Ms. Burton stated that the Board shouldn't lose sight of what this bill intends to do which is providing more care for the underserved. Ms. McKenzie asked if the type of hours could be addressed through regulation rather than amending the statute. Mr. Walker answered that he did not think that the percentage of units could be changed by regulation but the type of units required could be. Dr. Guy Acheson, California Academy of General Dentistry (CAGD) commented that as an educational body, they have the same concerns as Dr. Morrow with regards to reducing the number of continuing education units but would possibly agree to support the bill if the type of units were specified. Darcy Trill, Registered Dental Hygienist (RDH), commented that her concern is that the public will be confused and it will create two standards of care. She stated that if the Board has deemed 50 units of continuing education the standard for competency, that standard should apply to everyone.
A vote was taken, the motion carried (8 aye/2 no). Ms. Burton asked that a letter of support be drafted and sent to the author of the bill and the committee where the bill currently resides.

AB 1174 (Bocanegra): Dental Professions: Teledentistry under Medi-Cal
Ms. Burton gave an overview of the bill and staff's recommendation. M/S/C (Afriat/Morrow) to accept staff's recommendation to take a watch position at this time. There was no public comment. The motion passed unanimously.

AB 1231 (Perez): Regional Centers: telehealth and teledentistry
Dawn Dill, Licensing and Examination Unit manager, gave an overview of the bill and staff's recommendation. M/S/C (Morrow/Afriat) to accept staff's recommendation to take a watch position at this time. There was no public comment. The motion passed unanimously.

SB 456 (Padilla): Health Care Coverage
Ms. Burton gave an overview of the bill and staff's recommendation. M/S/C (Dominicis/Morrow) to accept staff's recommendation to take a watch position at this time. There was no public comment. The motion passed unanimously.

SB 562 (Galgiani): Dentists: Mobile or Portable Dental Units
Dawn Dill, Licensing and Examination Unit manager, gave an overview of the bill and staff's recommendation. Bill Lewis, CDA commented that the bill enlarges the vision from "mobile vans" to units that can be brought into schools and other facilities to provide care. Dr. Le stated that she has a concern about the limitations to one unit. Mr. Lewis stated that they are looking at how to address this issue. Katie Dawson asked if there is any possibility of different regulations for hygienists and dentists. Mr. Lewis stated that those areas are being discussed and will be addressed. M/S/C (Afriat/Dominicis) to accept staff's recommendation to take a watch position at this time. There was no further public comment. The motion passed unanimously.

SB 690 (Price): Licenses

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

SB 809 (DeSaulnier): Controlled Substances: reporting

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

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

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

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

The Board returned to open session at 1:30.

AGENDA ITEM 7: Budget Process Overview and Report

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

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

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

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

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

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

AGENDA ITEM 10: Regulatory Process Overview

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

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

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

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

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

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

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

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

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

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

AGENDA ITEM 12: Licensing, Certification and Permits Program Report:
A. Dental and Dental Assisting Licensure and Permit Statistics
Dawn Dill, Licensing and Examination Manager, reviewed the statistics provided. She explained the new format of the statistics and pointed out that there are over 100,000 license holders. Dr. Morrow asked if there was any data on the number of licenses that have been surrendered for one reason or another. Ms. Dill responded that there are categories for voluntary surrender and revoked. She stated that these statistics could be made available if the Board wishes to have that information.

B. General Anesthesia/Conscious Sedation Evaluation Statistics
Dr. Bruce Whitcher, Chair of the Licensing, Certification and Permits Committee, gave an overview of the statistics provided.

C. The Board may take action on recommendations by the Licensing Certification and Permits Committee regarding issuance of new licenses to replace cancelled licenses
Dr. Whitcher reported that the LCP Committee met in Closed Session to review one application for a license to replace a cancelled license for candidate LCM. He reported that the candidate met all the requirements and the LCP Committee recommended that the Board grant a new license to candidate LCM. M/S/C (Afriat/Morrow) to accept the LCP Committee's recommendation to grant candidate LCM a new license. There was no public comment. The motion passed unanimously.

AGENDA ITEM 13: Enforcement Program Report:
A. Program Status
Kim Trefry, Enforcement Chief, reviewed the current Enforcement Efforts, Outreach and Staffing within the Enforcement Program. There was no public comment.

B. Enforcement Statistics (Complaints and Investigations)
Ms. Trefry, Enforcement Chief, gave an overview of the statistics provided. There was no public comment

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

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

AGENDA ITEM 14: Report on the April 19, 2013 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee; Discussion and Possible Action to Accept Committee Recommendations for Issuance of Permits
Dr. Bruce Whitcher, liaison to the Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee, reported that the EFCS Permit Credentialing Committee met on April 17, 2013 by teleconference.

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

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

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

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

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

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

PUBLIC COMMENT:

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

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

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

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

Agenda Item 3

Introduction of New Assistant Executive Officer

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

MEMORANDUM

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

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

Agenda Item 4

President's Report

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

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

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

Agenda Item 5

Update from the Department of Consumer Affairs' Executive Office

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	August 2, 2013
TO	Dental Board of California
FROM	Linda Byers, Executive Assistant
SUBJECT	**Agenda Item 5:** Update from the Department of Consumer Affair's Executive Office

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

Agenda Item 6A

Report Regarding the Western Regional Examination Board (WREB) Activities

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

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

Background:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

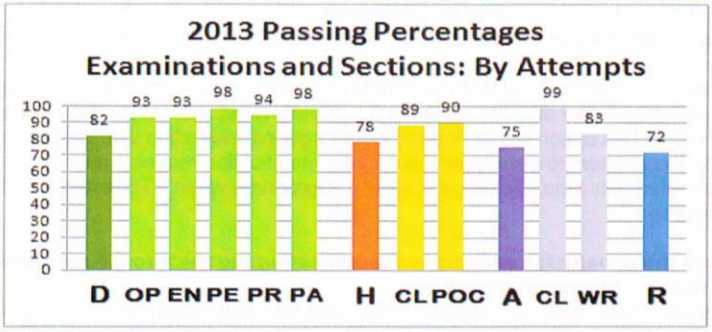
Active Member states provide representatives to the DERB. California is presently an active member state.

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

Review of 2012 Exam Statistics

2012

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



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

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

WREB Committee Reports

The following committee reports were received and approved.

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

2. Endodontic Committee - the committee:
    a. Reviewed grading criteria and discussed the required distance from the apex for a completed fill, transportation of the apex, and voids following removal of gutta percha for post preparation.
    b. Reviewed and updated the Examiner Manual and Candidate Guide
    c. Conducted a review of examiner calibration statistics
    d. Assigned tasks, including a review of CDC guidelines for handling extracted teeth; a review of endo floor examiner self assessments; adding “no electronic devices” to the floor examiner laminate.

3. Comprehensive Treatment Planning Committee
    a. In January 2011 an ad hoc committee reviewed the two separate computer based exams presently utilized by the WREB exam (perio assessment/prosthodontics and patient assessment/treatment planning). The Committee developed a new CTP exam that will neither cost more nor take longer than the current exams and will be implemented in 2014.
    b. The goal was to develop a single comprehensive examination that would be more closely related to clinical practice. The committee subsequently developed a computer based treatment planning examination with an “open ended” design based on clinical scenarios to test critical thinking. The new exam has been beta tested using both WREB examiners and senior students at two dental schools. Examiner tutorial and candidate guides have been developed. The exam design has been reviewed and approved by the psychometrician.
    c. The proposed exam has the advantage of allowing for separate on line registration and reporting of results. This will speed the release of exam results.

Election of Board Members

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

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

4. The WREB is reaching out for input from all member states and is requesting active Involvement in all aspects of the exam. Meetings are to be held twice a year and moved to an earlier date to allow for more timely input from the DERB.

5. DERB members provided verbal reports on state issues. These include the use of Botox by dentists, prescription drug abuse, legislation to address fees for non-covered services, and scope of practice. Many states are working to address a backlog of disciplinary cases with limited investigative staff and funding.

Agenda Item 6Bi

Staff Update on Portfolio Examination Development

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

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

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

Agenda Item 6Bii

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

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

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

Background:

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

Development of Proposed Regulatory Language for Portfolio Examination Requirements:

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

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

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

2. Amend §§ 1028, 1028.4, 1028.5, and 1030 to specify the portfolio examination application process and incorporate by reference applicable forms;

3. Amend §§ 1032 to 1032.6 replace existing obsolete examination regulations relating to the Board's previously administered clinical examination with the new portfolio examination requirements, as follows:

    A. Amend § 1032 to specify eligibility requirements for an examinee to take the portfolio examination;

    B. Amend § 1032.1 to define terms used throughout the examinations Article relevant to the portfolio examination;

    C. Amend § 1032.2 to specify the requirements for clinical experience in each of the required competencies;

    D. Amend § 1032.3 to specify the requirements for the portfolio, competency examination, acceptable criteria, and scoring for the oral diagnosis and treatment planning competency of the portfolio examination;

    E. Amend § 1032.4 to specify the requirements for the portfolio, competency examination, acceptable criteria, and scoring for the direct restoration competency of the portfolio examination;

    F. Amend § 1032.5 to specify the requirements for the portfolio, competency examination, acceptable criteria, and scoring for the indirect restoration competency of the portfolio examination;

    G. Amend § 1032.6 to specify the requirements for the portfolio, competency examination, acceptable criteria, and scoring for the removable prosthodontics competency of the portfolio examination;

4. Add § 1032.7 to specify the requirements for the portfolio, competency examination, acceptable criteria, and scoring for the endodontics competency of the portfolio examination;

5. Add § 1032.8 to specify the requirements for the portfolio, competency examination, acceptable criteria, and scoring for the periodontics competency of the portfolio examination;

6. Add § 1032.9 to specify the requirements for portfolio competency examiner qualifications;

7. Add § 1032.10 to specify the requirements for portfolio competency examiner training requirements;

8. Amend § 1033 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination;

9. Amend § 1033.1 to replace existing obsolete examination regulations relating to the Board's previously administered clinical examination with the general procedures and policies for the portfolio examination;

10. Amend § 1034 to replace existing obsolete examination regulations relating to the Board's previously administered clinical examination with the criteria for portfolio examination grading;

11. Amend § 1034.1 to make a technical amendment relating to the Western Regional Examination Board;

12. Amend § 1035 to specify that the Board's examination review procedures and appeals are not applicable to the portfolio examination;

13. Repeal § 1035.1 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination;

14. Repeal § 1035.2 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination;

15. Amend § 1036 to specify the remediation requirements for an examinee who fails to pass a portfolio competency examination after three attempts;

16. Repeal § 1036.1 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination;

17. Repeal § 1036.2 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination;

18. Repeal § 1036.3 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination;

19. Repeal § 1037 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination;

20. Repeal § 1038 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination;

21. Repeal § 1039 to delete existing obsolete examination regulations relating to the Board's previously administered clinical examination; and

22. Incorporate by reference the following forms:

    A. Application for Determination of Licensure Eligibility (Portfolio) Form 33A-22P (New 08/2013)

    B. Application for Issuance of License Number and Registration of Place of Practice (Rev. 08/2013)

C. Portfolio Examination Certification of Clinical Experience Completion Form 33A-23P (New 08/13)

D. Certification of Successful Completion of Remedial Education for Portfolio Competency Re-Examination Eligibility Form (New 08/13)

Action Requested:

Consider and possibly accept the proposed regulatory language relevant to portfolio examination requirements, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorizing the Executive Officer to make any non-substantive changes to the rulemaking package, if after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and (1) adopt the proposed amendments to California Code of Regulations, Title 16, Sections 1021, 1028, 1028.4, 1028.5, 1030, 1031, 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1033, 1033.1, 1034, 1034.1, 1035; (2) adopt the proposed additions of California Code of Regulations, Title 16, Sections 1032.7, 1032.8, 1032.9, 1032.10, 1032.11; and (3) adopt the proposed repeal of California Code of Regulations, Title 16, Sections 1035.1, 1035.2, 1036.1, 1036.2, 1036.3, 1037, 1038, and 1039; as noticed in the proposed text.

Proposed Language

TITLE 16. DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

PROPOSED LANGUAGE

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

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

§ 1021. Examination, Permit and License Fees for Dentists
The following fees are set for dentist examination and licensure by the board**:

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

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

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

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

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

CHAPTER 2. DENTISTS
ARTICLE 2. APPLICATION FOR LICENSURE

§ 1028. Application for Licensure.

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

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

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

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

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

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

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

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

(~~6~~5) Applicant's name, social security number, address of residency, mailing address if different from address of residency, date of birth, ~~and~~ telephone number, and sex of applicant;

(~~7~~6) ~~Applicant's preferred examination site(s) in California unless the applicant has passed the Western Regional Examining Board examination~~ Information as to whether the applicant has ever taken the California Law and Ethics written examination;

(~~8~~7) Any request for accommodation pursuant to the Americans with Disabilities Act;

(~~9~~8) A 2-inch by 2-inch passport style photograph of the applicant, submitted with the "Application for Licensure to Practice Dentistry (WREB)" Form 33A-22W (Revised 11/06), or "Application for Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 08/2013);

(~~10~~9) Information regarding applicant's education including dental education and postgraduate study, if applicable;

(~~11~~10) Certification from the dean of the qualifying dental school attended by the applicant to certify the date the applicant graduated;

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

(~~12~~11) Information regarding whether the applicant has any pending or had in the past any charges filed against a dental license or other healing arts license;

(~~13~~12) Information regarding any prior disciplinary action(s) taken against the applicant regarding any dental license or other healing arts license held by the applicant including actions by the United States Military, United States Public Health Service or other federal government entity. “Disciplinary action” includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental license. If an applicant answers “yes”, he or she shall provide the date of the effective date of disciplinary action, the state where the discipline occurred, the date(s), charges convicted of, disposition and any other information requested by the board;

(~~14~~13) Information as to whether the applicant is currently the subject of any pending investigation by any governmental entity. If the applicant answers “yes,” he or she shall provide any additional information requested by the board;

(~~15~~14) Information regarding any instances in which the applicant was denied a dental license, denied permission to practice dentistry, or denied permission to take a dental board examination. If the applicant answers “yes”, he or she shall provide the state or country where the denial took place, the date of the denial, the reason for denial, and any other information requested by the board;

(~~16~~15) Information as to whether the applicant has ever surrendered a license to practice dentistry in another state or country. If the applicant answers “yes,” additional information shall be provided including state or country of surrender, date of surrender, reason for surrender, and any other information requested by the board;

(~~17~~16) Information as to whether the applicant has ever been convicted of any ~~crime including infractions, misdemeanors and felonies unless the conviction was for an infraction with a fine of less than $300. “Conviction” for purposes of this subparagraph includes a plea of no contest and any conviction that has been set aside pursuant to Section 1203.4 of the Penal Code. Therefore, applicants shall disclose any convictions in which the applicant entered a plea of no contest and~~

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

(~~18~~17) Information as to ~~W~~whether the applicant is in default on a United States Department of Health and Human Services education loan pursuant to Section 685 of the Code~~.~~;and

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

(~~20~~18) A certification, under the penalty of perjury, by the applicant that the information on the application is true and correct~~;~~.

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

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

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

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

ethical issues on school letterhead.

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

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

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

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

§ 1028.4. Application for Issuance of License Number and Registration of Place of Practice Pursuant to Section 1650.
Upon being found eligible for licensure, the applicant shall file an “Application for Issuance of License Number and Registration of Place of Practice,” (Rev. ~~11-07~~ 08/2013) that is incorporated herein by reference, and shall be accompanied by the licensure fee as set by Section 1021.

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

§ 1028.5. Application for California Law and Ethics Examination Pursuant to Section 1632(b).
Application for the California law and ethics examination shall be made on an “Application for Law and Ethics Examination” (Rev. ~~12/07~~08/2013) that is incorporated herein by reference.

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

§ 1030. Theory Examination.
An applicant shall successfully complete the National Board of Dental Examiners' examination ~~prior to taking the California examination~~ and shall submit confirmation thereof to the board prior to submission of the “Application for Issuance of License Number and Registration of Place of Practice,” (Rev. 08/2013).~~Such confirmation must be received in the board office not less than 30 days prior to the examination date requested.~~

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

ARTICLE 3. EXAMINATIONS

§ 1031. Supplemental Examinations in California Law and Ethics.
Prior to issuance of a license, an applicant shall successfully complete supplemental written examinations in California law and ethics.

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

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

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

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

§ 1032. ~~Demonstrations of Skill~~Portfolio Examination: Eligibility.
~~Each applicant shall complete written examinations in endodontics and removable prosthodontics. Clinical examinations consisting of periodontics, an amalgam restoration and a composite resin restoration will be completed on patients. In addition, each applicant shall be required to complete a simulation examination in fixed prosthetics.~~
The portfolio examination shall be conducted while the examinee is enrolled Board-approved dental school located in California. A student may elect to begin the portfolio examination process during the clinical training phase of their dental education. The student shall have the approval of his or her clinical faculty prior to beginning the portfolio examination process.

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

§ 1032.1. ~~Endodontics~~Portfolio Examination: Definitions.
~~The written endodontics diagnosis and treatment planning examination shall test the applicant's ability to diagnose, treatment plan, interpret radiographs and evaluate treatment strategies for pulpal and periapical pathoses and systemic entities.~~

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

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

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

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

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

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

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

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

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

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

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

§ 1032.2. ~~Removable Prosthodontics Evaluation Examination~~Portfolio Examination: Requirements for Demonstration of Clinical Experience.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Fifteen (15) scoring factors:

(A) Medical Issues That Impact Dental Care;

(B) Treatment Modifications Based on Medical Conditions;

(C) Patient Concerns/Chief Complaint;

(D) Dental History;

(E) Significant Radiographic Findings;

(F) Clinical Findings;

(G) Risk Level Assessment;

(H) Need for Additional Diagnostic Tests/Referrals;

(I) Findings From Mounted Diagnostic Casts;

(J) Comprehensive Problem List;

(K) Diagnosis and Interaction of Problems;

(L) Overall Treatment Approach;

(M) Phasing and Sequencing of Treatment;

(N) Comprehensiveness of Treatment Plan; and

(O) Treatment Record.

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

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

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

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

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

(A) Interpretation of radiographic series;

(B) Performance of caries risk assessment;

(C) Determination of periodontal condition;

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

(E) Screening for temporomandibular disorders;

(F) Assessment of vital signs;

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

(H) Performance of an occlusal examination.

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

(A) Chief complaint;

(B) Medical problem;

(C) Stomatognathic problems; and

(D) Psychosocial problems.

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

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

(B) Determination if additional diagnostic tests are needed;

(C) Development of a differential diagnosis;

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

(E) Pathophysiology of the problem;

(F) Short term needs;

(G) Long term needs;

(H) Determination interaction of problems;

(I) Development of treatment options;

(J) Determination of prognosis; and

(K) Patient information regarding informed consent.

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

(A) Rationale for treatment;

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

(C) Determination of sequencing with the following framework:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(5) A score of 4 is optimal

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

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

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

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

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

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

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

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

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

~~(g) Mechanical exposures. In the event of a mechanical exposure, completion of the clinical procedure will not be allowed for either the amalgam restoration or the composite resin restoration and the applicant will receive a grade of zero.~~
(a) The portfolio shall contain the following documentation of the minimum direct restoration clinical experiences and documentation of the direct restoration portfolio competency examination:

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

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

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

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

(1) Seven (7) scoring factors:

(A) Case Presentation;

(B) Outline and Extensions;

(C) Internal Form;

(D) Operative Environment;

(E) Anatomical Form;

(F) Margins; and

(G) Finish and Function.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(6) A score of 5 is optimal.

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

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

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

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

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

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

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

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

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

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

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

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

(1) Seven (7) scoring factors:

(A) Case Presentation;

(B) Preparation;

(C) Impression;

(D) Provisional;

(E) Examinee Evaluation of Laboratory Work;

(F) Pre-Cementation

(G) Cementation and Finish.

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

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

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

(C) Metal ceramic restoration; or

(D) Full gold restoration.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(6) A score of 5 is optimal

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

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

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

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

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

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

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

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

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

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

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

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

(i) Patient Evaluation and Diagnosis

(ii) Treatment Plan and Sequencing

(iii) Preliminary Impressions

(iv) Border Molding and Final Impressions

(v) Jaw Relation Records

(vi) Trial Dentures

(vii) Insertion of Removable Prosthesis

(viii) Post-Insertion

(ix) Laboratory Services for Prosthesis

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

(i) Patient Evaluation and Diagnosis

(ii) Treatment Plan and Sequencing

(iii) Preliminary Impressions

(iv) RPD Design

(v) Tooth Modification

(vi) Border Molding and Final Impressions

(vii) Framework Try-in

(viii) Jaw Relation Records

(ix) Trial Dentures

(x) Insertion of Removable Prosthesis

(xi) Post-Insertion

(xii) Laboratory Services for Prosthesis

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

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

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

(C) Radiographs and photographs of the patient.

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

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

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

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

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

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

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

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

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

(B) Evidence the examinee obtained diagnostic casts.

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

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

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

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

(G) Evidence the examinee obtained occlusal records.

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

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

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

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

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

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

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

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

(E) Evidence the examinee obtained the occlusal records.

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

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

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

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

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

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

(B) Evidence the examinee evaluated existing prosthesis.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

§1032.7 Portfolio Examination: Endodontics.

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

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

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

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

(1) Ten (10) scoring factors:

(A) Pretreatment Clinical Testing and Radiographic Imaging;

(B) Endodontic Diagnosis;

(C) Endodontic Treatment Plan;

(D) Anesthesia and Pain Control;

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

(F) Access Opening;

(G) Canal Preparation Technique;

(H) Master Cone Fit;

(I) Obturation Technique;

(J) Completion of Case.

(2) One (1) clinical case.

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

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

(B) Charting and diagnostic testing;

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

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

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

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

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

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

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

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

(C) Evidence of determination of tooth restorability.

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

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

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

(B) Evidence of creation of straight line access.

(C) Evidence of maintenance of structural integrity.

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

(E) Evidence of identification of all canal systems.

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

(A) Evidence of maintenance of canal integrity.

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

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

(D) Evidence of demonstration of apical control.

(E) Evidence of applied disinfection protocols.

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

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

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

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

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

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

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

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

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

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

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

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

(5) A score of 4 is optimal.

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

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

§ 1032.8 Portfolio Examination: Periodontics.
(a) The portfolio shall contain the following documentation of the minimum periodontic clinical experiences and documentation of the periodontic portfolio competency examination:

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

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

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

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

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

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

(C) Part C: Periodontal re-evaluation.

(2) Nine (9) scoring factors:

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

(B) Radiographic Findings(Part A);

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

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

(E) Comprehensive Periodontal Diagnosis (Part A);

(F) Treatment Plan (Part A);

(G) Calculus Detection (Part B);

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

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

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

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

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

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

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

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

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

(E) Evidence of performance of an occlusal assessment.

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

(A) Evidence of determination of periodontal diagnosis.

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

(i) Determination of periodontal diagnosis.

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

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

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

(c) Determination on non-surgical periodontal therapy;

(d) Determination of re-evaluation need; and

(e) Determination of recall interval.

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

(A) Detected supragingival and subgingival calculus;

(B) Performance of periodontal instrumentation, including:

(i) Removed calculus;

(ii) Removed plaque; and

(iii) Removed stains;

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

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

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

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

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

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

(ii) Review of the patient's radiographs;

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

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

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

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

(c) Acceptable Patient Criteria for Periodontics Competency Examination:

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

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

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

(C) A full mouth assessment or examination

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

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

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

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

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

(3) Re-evaluation shall include:

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

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

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

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

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

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

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

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

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

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

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

(5) A score of 4 is optimal

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

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

1032.9 Portfolio Examination: Competency Examiner Qualifications.
(a) Portfolio competency examiners shall meet the following criteria established by the board:

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

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

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

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

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

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

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

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

§ 1032.10 Portfolio Examination: Competency Examiner Training Requirements.
(a) Portfolio competency examiners are required to attend Board-approved standardized calibration training sessions offered at their schools prior to administering a competency examination. Each of the schools will designate faculty who have been approved by the Board to serve as competency examiners and is responsible for administering the Board approved calibration course for said examiners. Examiners may grade any competency examination in which they have completed the required calibration. Each training session shall be presented by designated Portfolio competency examiners at their respective schools and require the prospective examiners to participate in both didactic and hands-on activities.

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

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

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

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

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

§ 1033. General Procedures for Law and Ethics Written ~~and Laboratory Dental Licensure~~ Examination~~s~~.

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

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

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

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

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

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

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

(4) Assisting another examinee during the examination process.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Presenting purported carious lesions which are artificially created, whether or not the examinee created the defect.

(3) Presenting radiographs which have been altered, or contrived to represent other than the patient's true condition, whether or not the misleading radiograph was created by the examinee.

(4) Bringing any notes, textbooks, unauthorized models, periodontal charting information or other informative data into the clinic during any portfolio competency examination.

(5) Assisting another examinee during the portfolio examination process.

(6) Failing to comply with the board's infection control regulations. Examinees shall be responsible for maintaining all of the standards of infection control while treating patients. This shall include the appropriate sterilization and disinfection of the cubicle, instruments and handpieces, as well as, the use of barrier techniques (including glasses, mask, gloves, proper attire, etc.) as required by the California Division of Occupational Safety and Health (Cal/OSHA) and California Code of Regulations, Title 16, Section 1005.

~~(7) Failing to use an aspirating syringe for administering local anesthesia.~~

~~(8) Utilizing the services of a licensed dentist, dental school graduate, dental school student, registered dental hygienist in extended functions, registered dental hygienist, dental hygiene graduate, dental hygiene student, or registered dental assistant in extended functions, or student or graduate of a registered dental assistant in extended functions program.~~

(~~9~~7) Treating a patient, or causing a patient to receive treatment outside the designated examination settings and timeframes.

~~(10) Premedicating a patient for purposes of sedation.~~

~~(11) Dismissing a patient without the approval and signature of an examiner.~~

~~(h) An examinee may be declared by the board to have failed the entire examination for demonstration of gross incompetence in treating a patient.~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(1) Endodontics;~~

~~(2) Removable prosthodontics evaluation examination;~~

~~(3) Periodontics;~~

~~(4) Amalgam restoration;~~

~~(5) Composite resin restoration; and~~

~~(6) Clinical simulated fixed prosthetics preparations.~~

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

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

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

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

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

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

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

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

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

(E) A score of 4 is optimal.

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

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

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

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

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

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

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

(F) A score of 5 is optimal.

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

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

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

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

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

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

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

(F) A score of 5 is optimal

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

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

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

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

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

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

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

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

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

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

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

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

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

(E) A score of 4 is optimal.

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

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

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

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

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

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

(E) A score of 4 is optimal

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

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

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

§ 1034.1. Passing Score of Examination Administered by the Western Regional Examining Board (WREB) (§ 1632(c)(2) of the Code).
The board ~~will~~shall accept as a passing score for Western Regional Examining Board examination the passing score as determined by the Western Regional Examining Board.

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

§ 1035. Examination Review Procedures; Appeals.
(a) An examinee who has failed an examination shall be provided with notice, upon written request, of those areas in which he/she is deficient in the clinical and restorative laboratory phases of such examination.

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

(1) Significant procedural error in the examination process;

(2) Evidence of adverse discrimination;

(3) Evidence of substantial disadvantage to the examinee.

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

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

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

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

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

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

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

§ 1036. Remedial Education.

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

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

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

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

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

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

(1) Evidence of successful completion must be on the "Ccertification of Ssuccessful Ccompletion of Rremedial Eeducation for Portfolio Competency Re-Examination requirements for re-examination Eeligibility" (Form New 08/13rev. 1), that is hereby incorporated by reference, form that is provided by the board and submitted prior to the examination.

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

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

§ 1036.1. Amalgam -Restorative Laboratory. [REPEAL]

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

§ 1036.2. Fixed Prosthetics -Restorative Laboratory. [REPEAL]

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

§ 1036.3. Removable Prosthetics -Restorative Laboratory. [REPEAL]

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

§ 1037. Grading of Examinations. [REPEAL]

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

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

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

§ 1039. Remedial Education. [REPEAL]

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

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APPLICATION FOR DETERMINATION OF LICENSURE ELIGIBILITY (PORTFOLIO)

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

(Please print or type)

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

Passport Style Photograph

Tape photo here

FOR OFFICE USE ONLY

12. DENTAL EDUCATION:

_____

Name and Location of Institution(s) attended

_____ Date Graduated _____

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

Degree, Diploma granted: ☐ D.D.Sc. ☐ D.D.S.D.M.D. ☐ Other (please specify) _____

14.CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:

I HEREBY CERTIFY THAT _____

FULL NAME OF STUDENT

matriculated in the _____

NAME OF UNIVERSITY

Dental College the _____ day of _____ and attended _____ years. Has completed the clinic and didactic requirements and is in good academic standings with no pending ethical issues and ☐ HAS GRADUATED, ☐ WILL GRADUATE* OR ☐ IS EXPECTED TO GRADUATE* with degree of ☐ D.D.Sc., ☐ D.D.S., ☐ D.M.D. on the _____ day of _____, 20_____.

SEAL OF COLLEGE OR UNIVERSITY

_____

SIGNATURE OF DEAN

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

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

21. Executed in _____, on the _____day of _____, 20 _____
City

-

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

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

_____ _____
Date Signature of Applicant

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

INFORMATION COLLECTION AND ACCESS

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

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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PORTFOLIO EXAMINATION
CERTIFICATION OF CLINICAL EXPERIENCE COMPLETION

Candidate Name: _____

Dental College: _____

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

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

Signature of Clinic Director _____

Date _____

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

Business & Professions Code §§ 1650

OFFICE USE ONLY

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

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

Name _____
Last First Middle

Address of Record (will be public information)

Street and Number _____

City _____ State _____ Zip Code_____

Address of Practice, if different
Street and Number _____

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

Telephone number (_____)_____ Email address (optional)_____

United States Social Security Number_____Date of Birth_____

Certification

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

_____ _____
Date Signature of Applicant

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

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

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

Candidate Name: _____

Candidate Number: _____

Competency Examination Subject Remediated (Please mark all that apply)

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

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

Guidelines for Remedial Education

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

Summary of Requirement

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

Agenda Item 7A

2013 Tentative Legislative Calendars

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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DENTAL BOARD OF CALIFORNIA
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MEMORANDUM

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

Background

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

Action Requested:

No action necessary.

2013 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE

November 20, 2012

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

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

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

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

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

DEADLINES

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

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

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

Jan. 21 Martin Luther King, Jr. Day.

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

Feb. 18 President's Day.

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

Mar. 21 Spring Recess begins at end of this day's session (J.R. 51(a)(2)).

Mar. 29 Cesar Chavez Day.

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

May 3 Last day for **policy committees** to hear and report to Fiscal Committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

May 10 Last day for **policy committees** to hear and report to the Floor **non-fiscal bills** introduced in their (J.R. 61(a)(3)).

May 17 Last day for **policy committees** to meet prior to June 3 (J.R. 61(a)(4)).

May 24 Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)). Last day for **fiscal committees** to meet prior to June 3 (J.R. 61(a)(6)).

May 27 Memorial Day.

May 28-May 31 Floor Session Only.
No committee may meet for any purpose (J.R. 61(a)(7)).

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

2013 TENTATIVE LEGISLATIVE CALENDAR

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

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

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

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

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

Jul. 4 Independence Day.

Jul. 12 Last day for **policy committees** to meet and report bills (J.R. 61(a)(10)). **Summer recess** begins at the end of this day's session, provided the Budget Bill has been passed (J.R. 51(a)(3)).

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

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

Aug. 30 Last day for **Fiscal Committees** to meet and report bills to Floor (J.R. 61(a)(11)).

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

Sep. 2 Labor Day.

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

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

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

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

2013

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

2014

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

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

2013 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK

Revised 1-3-13

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

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

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

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

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

*Holiday schedule subject to final approval by Rules Committee.

DEADLINES

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

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

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

Jan. 21 Martin Luther King, Jr. Day observed.

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

Feb. 18 Presidents' Day observed.

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

Mar. 21 **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).

Mar. 29 Cesar Chavez Day observed.

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

May 3 Last day for **policy committees** to meet and report to Fiscal Committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

May 10 Last day for **policy committees** to meet and report to the floor **non-fiscal bills** introduced in their house (J.R. 61(a)(3)).

May 17 Last day for **policy committees** to meet prior to June 3 (J.R. 61(a)(4)).

May 24 Last day for **fiscal committees** to meet and report to the floor bills introduced in their house (J.R. 61(a)(5)). Last day for **fiscal committees** to meet prior to June 3 (J.R. 61(a)(6)).

May 27 Memorial Day observed.

May 28-31 **Floor session only**. No committee may meet for any purpose (J.R. 61(a)(7)).

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

OVER

2013 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK

Revised 1-3-13

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

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

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

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

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

July 4 Independence Day observed.

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

Aug. 5 Legislature reconvenes from Summer Recess (J.R. 51(a)(3)).

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

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

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

Sept. 2 Labor Day observed.

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

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

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

IMPORTANT DATES OCCURRING DURING INTERIM RECESS

2013

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

2014

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

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

*Holiday schedule subject to final approval by Rules Committee.

DENTAL BOARD OF CALIFORNIA

Agenda Item 7B

Discussion and Possible Action on Legislation

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

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

Background:

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

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

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

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

(A) Of the bills being tracked by the Board, the following four (4) have been signed by the Governor and Chaptered by the Secretary of State:
  (1) AB X1 1 (Perez) Medi-Cal Eligibility: Expansion (Chapter 3, Statutes of 2013)
  (2) AB X1 2 (Pan) Health Care Coverage (Chapter 1, Statutes of 2013)
  (3) SB X1 1 (Hernandez) Medi-Cal Eligibility (Chapter 4, Statutes of 2013)
  (4) SB X1 2 (Hernandez) Health Care Coverage (Chapter 2, Statutes of 2013)

(B) Of the bills being tracked by the Board, the following nine (9) have been designated as 2-year bills:
  (1) AB 291 (Nestande) California Sunset Review Commission

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

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

(D) Of the bills being tracked, the following four (4) are still moving through the 2013 legislative process, however the Board did not discuss these bills at its May 2013 meeting:
(1) AB 18 (Pan) Individual Health Care Coverage
(2) AB 50 (Pan) Health Care Coverage: Medi-Cal Eligibility
(3) AB 186 (Maienschein) Professions and Vocations: Military Spouses: Licenses
(4) AB 258 (Chavez) State Agencies: Veterans

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

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

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

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

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

DENTAL BOARD OF CALIFORNIA
TRACKED LEGISLATION
AUGUST 2013 BOARD MEETING

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

LAST UPDATED: 8/16/2013

DENTAL BOARD OF CALIFORNIA
TRACKED LEGISLATION
AUGUST 2013 BOARD MEETING

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

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

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

CA AB 18

Introduced > Passed 1st Committee > Passed 1st Chamber > Passed 2nd Committee > Passed 2nd Chamber > Enacted

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

CA AB 50

Introduced > Passed 1st Committee > Passed 1st Chamber > Passed 2nd Committee > Passed 2nd Chamber > Enacted

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

CA AB 186

Introduced > Passed 1st Committee > Passed 1st Chamber > Passed 2nd Committee > Passed 2nd Chamber > Enacted

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

FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 01/28/2013
LAST AMEND: 06/24/2013
DISPOSITION: Pending
LOCATION: Senate Business, Professions & Economic Development Committee
SUMMARY: Establishes a temporary licensure process for an applicant who holds a current license in another jurisdiction and who supplies satisfactory evidence of being married to or in a domestic partnership or other legal union with an active duty member of the Armed Forces and is assigned to a duty station in the state under official active duty military orders. Requires a signed affidavit from the applicant attesting to the fact he or she meets all requirements. Authorizes certain background checks.
STATUS:
07/01/2013 In SENATE Committee on BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT: Heard, remains in Committee.
Board_Mtg: February, May
DCA_Analyst: Scott_Allen
Subject: DCA_All_Healing_Arts, DCA_Wide, Military_Licensing
ATTACHMENTS: Feb Brd Mtg Analysis

CA AB 258

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

CA AB 291

AUTHOR: Nestande (R)
TITLE: California Sunset Review Commission
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/11/2013
DISPOSITION: Pending
LOCATION: Assembly Accountability and Administrative Review Committee
SUMMARY: Abolishes the Joint Sunset Review Committee. Establishes the California Sunset Review Commission within the executive branch to assess the continuing need for any agency to exist.
STATUS:
03/11/2013 To ASSEMBLY Committees on ACCOUNTABILITY AND ADMINISTRATIVE REVIEW and BUSINESS, PROFESSIONS AND CONSUMER PROTECTION.

Assigned_Manager: April
Board_Mtg: May
DCA_Analyst: Ryan_Arnold
Subject: DCA_Wide

CA AB 318

Introduced > Passed 1st Committee > Passed 1st Chamber > Passed 2nd Committee > Passed 2nd Chamber > Enacted

AUTHOR: Logue (R)
TITLE: Medi-Cal: Teledentistry
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/12/2013
LAST AMEND: 03/19/2013
DISPOSITION: Pending
LOCATION: Assembly Health Committee
SUMMARY: Exacts provisions regarding the use of teledentistry under the Medi-Cal program. Provides that face-to-face contact between a health care provider and a patient shall not be required under the Medi-Cal program for teledentristry by store and forward. Defines the term store and forward. Provides that specified services shall be considered a billable encounter under Medi-Cal. Requires a report to the Legislature on the number and type of services provided, and payments made regarding teledentistry.
STATUS:

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

Board_Mtg: February, May
Subject: DPA
ATTACHMENTS: Feb Brd Mtg Analysis

CA AB 496

Introduced > Passed 1st Committee > Passed 1st Chamber > Passed 2nd Committee > Passed 2nd Chamber > Enacted

AUTHOR: Gordon (D)
TITLE: Medicine: Sexual Orientation: Gender Identity
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/20/2013
LAST AMEND: 06/25/2013
DISPOSITION: Pending
FILE: 194
LOCATION: Senate Third Reading File
SUMMARY: Amends existing law that creates the Task Force on Culturally and Linguistically Competent Physicians and Dentists. Revises the membership. Requires licensed task force and advocate task force members to provide health services to, or advocate on behalf of, specified persons. Requires the physician linguistic competency program to address those groups. Requires program training to be formulated with medical societies of those groups. Redefines the term cultural and linguistic competency.
STATUS:

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

Assigned_Manager: April
Board_Mtg: May

CA AB 512

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

08/12/2013 *****To GOVERNOR.

Board_Mtg: February, May
ATTACHMENTS: Feb Brd Mtg Analysis

CA AB 771

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

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

CA AB 809

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

SUMMARY: Requires a health care provider at the originating site to provide the patient with a waiver for the course of treatment involving telehealth services to obtain informed consent for the agreed course of treatment. Requires the signed waiver to be contained in the patient's medical record.

STATUS:

06/25/2013 From SENATE Committee on HEALTH with author's amendments.

06/25/2013 In SENATE. Read second time and amended. Re-referred to Committee on HEALTH.

Assigned_Manager: April
Board_Mtg: February, May
DCA_Analyst: Ryan_Arnold
Subject: DCA_All_Healing_Arts
ATTACHMENTS: Feb Brd Mtg Analysis

CA AB 827

Introduced > Passed 1st Committee > Passed 1st Chamber > Passed 2nd Committee > Passed 2nd Chamber > Enacted

AUTHOR: Hagman (R)
TITLE: Department of Consumer Affairs
FISCAL COMMITTEE: no
URGENCY CLAUSE: no
INTRODUCED: 02/21/2013
DISPOSITION: Pending
LOCATION: ASSEMBLY
SUMMARY: Makes technical, nonsubstantive changes to provisions of the Dental Board and the Medical Board with respect to setting standards, conducting examinations, passing candidates, and revoking licenses under the Law governing the Department of Consumer Affairs.

STATUS:

02/21/2013 INTRODUCED.

Assigned_Manager: April
Board_Mtg: May

CA AB 836

Introduced > Passed 1st Committee > Passed 1st Chamber > Passed 2nd Committee > Passed 2nd Chamber > Enacted

AUTHOR: Skinner (D)
TITLE: Dentists: Continuing Education
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/21/2013
LAST AMEND: 06/18/2013
DISPOSITION: Pending
FILE: 75
LOCATION: Senate Third Reading File
SUMMARY: Prohibits the Dental Board of California from requiring a retired dentist who provides only uncompensated care to complete more than 60% of the hours of continued education that are require of other licensed dentists. Requires all of the hours of continuing education to be gained through courses related to the actual delivery of dental services to the patient or the community, as determined by the board. Requires the board to report on the outcome of that provision.

STATUS:

06/25/2013 In SENATE. Read second time. To third reading.

Board_Mtg: February, May
ATTACHMENTS: Feb Brd Mtg Analysis

CA AB 851

Introduced > Passed 1st Committee > Passed 1st Chamber > Passed 2nd Committee > Passed 2nd Chamber > Enacted

AUTHOR: Logue (R)
TITLE: Dentistry: Licensure and Certification Requirements
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/21/2013
DISPOSITION: Pending
LOCATION: Assembly Business, Professions and Consumer Protection Committee
SUMMARY: Requires the Dental Board to accept education, training, and practical experience completed by an applicant in military service toward the qualifications and requirements to receive a license or certificate. Requires certain schools seeking accreditation or approval to have procedures in place to evaluate an applicant's military education training and practical experience toward the completion of certain educational programs.
STATUS:
03/04/2013 To ASSEMBLY Committees on BUSINESS, PROFESSIONS & CONSUMER PROTECTION and VETERANS AFFAIRS.
Board_Mtg: February, May
ATTACHMENTS: Feb Brd Mtg Analysis

CA AB 1174

Introduced > Passed 1st Committee > Passed 1st Chamber > Passed 2nd Committee > Passed 2nd Chamber > Enacted

AUTHOR: Bocanegra (D)
TITLE: Dental Professionals: Teledentistry Under Medi-Cal
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/22/2013
LAST AMEND: 04/09/2013
DISPOSITION: Pending
LOCATION: Assembly Health Committee
SUMMARY: Authorizes a registered dental assistant to determine which radiographs to perform if he or she has completed a specified educational program. Authorizes such assistant to place interim therapeutic restoration pursuant to the order, control, and full professional responsibility of a licensed dentist and to operation dental radiology equipment. Provides related duties regarding the use of teledentistry under the Medi-Cal program. Relates to store and forward procedures.
STATUS:
04/30/2013 In ASSEMBLY Committee on HEALTH: Not heard.
Assigned_Manager: April
Board_Mtg: February, May
ATTACHMENTS: Feb Brd Mtg Analysis

CA AB 1231

Introduced > Passed 1st Committee > Passed 1st Chamber > Passed 2nd Committee > Passed 2nd Chamber > Enacted

AUTHOR: Perez V (D)
TITLE: Regional Centers: Telehealth
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/22/2013
LAST AMEND: 06/27/2013
DISPOSITION: Pending
COMMITTEE: Senate Appropriations Committee
HEARING: 08/19/2013 10:00 am, Burton Hearing Room (4203)

SUMMARY: Requires informing all regional centers that any appropriate health service and dentistry may be provided through telehealth. Requires the providing of technical assistance to such centers on the use of telehealth. Requests the centers to include a consideration of telehealth in individual program plans and individualized family services plans for consumers of regional center services, and to consider telehealth services for inclusion in parents training programs.

STATUS:

07/03/2013 From SENATE Committee on HEALTH: Do pass to Committee on APPROPRIATIONS.

CA SB 456

AUTHOR: Padilla (D)
TITLE: Health Care Coverage
FISCAL COMMITTEE: no
URGENCY CLAUSE: no
INTRODUCED: 02/21/2013
DISPOSITION: Pending
LOCATION: Senate Rules Committee
SUMMARY: Makes technical, nonsubstantive changes to amend existing law which provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and which provides for the establishment and operation of a principal office and branch offices of the Director of the Department of Managed Health Care.

STATUS:

03/11/2013 To SENATE Committee on RULES.

Assigned_Manager: April
Board_Mtg: February, May
ATTACHMENTS: Feb Brd Mtg Analysis

CA SB 532

AUTHOR: De Leon (D)
TITLE: Professions and Vocations: Military Spouses
FISCAL COMMITTEE: no
URGENCY CLAUSE: no
INTRODUCED: 02/21/2013
DISPOSITION: Pending
LOCATION: Senate Rules Committee
SUMMARY: Makes a technical, nonsubstantive change to existing law that requires a board to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation, married to, or in domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in the state.

STATUS:

03/11/2013 To SENATE Committee on RULES.

Board_Mtg: February, May
ATTACHMENTS: Feb Brd Mtg Analysis

CA SB 562

AUTHOR: Galgiani (D)
TITLE: Dentists: Mobile or Portable Dental Units

FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 02/22/2013
LAST AMEND: 06/18/2013
DISPOSITION: Pending
FILE: 91
LOCATION: Assembly Third Reading File
SUMMARY: Eliminates the mobile dental clinic limit in existing law. Authorizes a licensed dentist to operate a mobile or portable dental unit that is registered and operated in accordance with certain regulations. Authorizes adopting regulations, including, but not limited to, requirements for availability of followup and emergency care, maintenance, and availability of provider and patient records, and treatment information to be provided to patients and other appropriate parties.
STATUS:

08/05/2013 In ASSEMBLY. Read second time. To Consent Calendar.

08/05/2013 In ASSEMBLY. From Consent Calendar. To third reading.

Board_Mtg: February, May
ATTACHMENTS: Feb Brd Mtg Analysis

CA SB 690

AUTHOR: Price (D)
TITLE: Licenses
FISCAL COMMITTEE: no
URGENCY CLAUSE: no
INTRODUCED: 02/22/2013
DISPOSITION: Pending
LOCATION: Senate Rules Committee
SUMMARY: Amends existing law that provides for the licensing of various professions and vocations by boards within the Department of Consumer Affairs, and which defines license to mean a license, certificate, registration, or other means to engage in a business or profession. Expands the definition of license to include a permit.
STATUS:

03/11/2013 To SENATE Committee on RULES.

Board_Mtg: May
DCA_Analyst: Greg_Pruden
Subject: DCA_Wide

CA SB 809

AUTHOR: DeSaulnier (D)
TITLE: Controlled Substances: Reporting
FISCAL COMMITTEE: yes
URGENCY CLAUSE: yes
INTRODUCED: 02/22/2013
LAST AMEND: 08/05/2013
DISPOSITION: Pending
COMMITTEE: Assembly Appropriations Committee
HEARING: 08/21/2013 9:00 am, Room 4202
SUMMARY: Relates to the Controlled Substance Utilization Review and Evaluation System for the electronic monitoring of the prescribing and dispensing of controlled substances. Establishes a related fund. Requires an annual fee on practitioners authorized to prescribe controlled substances, for the fund. Relates to educational materials. Requires health care practitioners and pharmacists to obtain certain information. Imposes a tax on manufacturers for the fund. Allows specified entities to contribute to the fund.

STATUS:

08/13/2013 From ASSEMBLY Committee on BUSINESS, PROFESSIONS & CONSUMER PROTECTION: Do pass to Committee on APPROPRIATIONS.

Board_Mtg: May
DCA_Analyst: John_Perry
Subject: DCA_All_Healing_Arts

CA SB 821

Introduced > Passed 1st Committee > Passed 1st Chamber > Passed 2nd Committee > Passed 2nd Chamber > Enacted

AUTHOR: Senate Business, Professions & Economic Development Committee
TITLE: Healing Arts
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 03/20/2013
LAST AMEND: 08/05/2013
DISPOSITION: Pending
FILE: 140
LOCATION: Assembly Third Reading File
SUMMARY: Removes the reference in existing law to the Board of Dental Examiners. Refers the authorization to practice optometry by the State Board of Optometry as an optometrist license. Relates to a centralized hospital packaging license. Regards experience for marriage and family therapist licensure. Relates educational psychologist licensure. Relates to requirements for licensure as a clinical social worker. Relates to veterinary food-animal drug retailer representative licensure.

STATUS:

08/15/2013 In ASSEMBLY. Read second time. To third reading.

CA AB 1 a

Introduced > Passed 1st Committee > Passed 1st Chamber > Passed 2nd Committee > Passed 2nd Chamber > Enacted

AUTHOR: Perez J (D)
TITLE: Medi-Cal Eligibility: Expansion
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 01/28/2013
ENACTED: 06/27/2013
DISPOSITION: Enacted
LOCATION: Chaptered
CHAPTER: 3
SUMMARY: Extends the Medi-Cal eligibility to specified adults. Regards transitioning persons with a minimum income into Medi-Cal and the Affordable Care Act. Requires the State Health Benefit Exchange to implement a workflow transfer protocol in the customer service center. Authorizes individuals to select Medi-Cal managed care using a specified system. Regards semiannual status report requirements. Provides a redetermination time period.

STATUS:

06/27/2013 Signed by GOVERNOR.

06/27/2013 Chaptered by Secretary of State. Chapter No. 3

CA AB 2 a

Introduced > Passed 1st Committee > Passed 1st Chamber > Passed 2nd Committee > Passed 2nd Chamber > Enacted

AUTHOR: Pan (D)
TITLE: Health Care Coverage

FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 01/29/2013
ENACTED: 05/09/2013
DISPOSITION: Enacted
LOCATION: Chaptered
CHAPTER: 1
SUMMARY: Relates to the offering of health plans to individuals, open enrollment, preexisting condition exclusion, insured claims experience as part of a single risk pool, the use of certain factors in determining individual plan rates, insurance advertising and marketing, small employer enrollment periods and coverage effective date and premium rates, a risk adjustment program, insurance data reporting, and insurer disclosure requirements.
STATUS:

05/06/2013	*****To GOVERNOR.
05/09/2013	Signed by GOVERNOR.
05/09/2013	Chaptered by Secretary of State. Chapter No. 1

CA SB 1 a

Introduced → Passed 1st Committee → Passed 1st Chamber → Passed 2nd Committee → Passed 2nd Chamber → Enacted

AUTHOR: Hernandez E (D)
TITLE: Medi-Cal: Eligibility
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 01/28/2013
ENACTED: 06/27/2013
DISPOSITION: Enacted
LOCATION: Chaptered
CHAPTER: 4
SUMMARY: Extends the Medi-Cal eligibility to specified adults and former foster children. Revise the insurance affordability program application requirements. Requires the State Health Benefit Exchange to implement a workflow transfer protocol in the customer service center. Prescribes the authority to perform Medi-Cal eligibility determinations. Prescribes electronic verification of state residency requirements. Deletes the beneficiary semiannual status report requirements. Provides the redetermination time period.
STATUS:

06/27/2013	Signed by GOVERNOR.
06/27/2013	Chaptered by Secretary of State. Chapter No. 4

CA SB 2 a

Introduced → Passed 1st Committee → Passed 1st Chamber → Passed 2nd Committee → Passed 2nd Chamber → Enacted

AUTHOR: Hernandez E (D)
TITLE: Health Care Coverage
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
INTRODUCED: 01/28/2013
ENACTED: 05/09/2013
DISPOSITION: Enacted
LOCATION: Chaptered
CHAPTER: 2
SUMMARY: Relates to the offering of health care service plans to individuals, open enrollment, preexisting condition exclusion, insured claims experience as part of a single risk pool, the use of certain factors in determining individual plan rates, insurance advertising and marketing, small employer enrollment periods and coverage effective date and premium rates, a risk adjustment program, insurance data reporting, plan disclosure requirements,

and health care service plan benefits and coverage uniformity.

STATUS:

05/09/2013 Signed by GOVERNOR.
05/09/2013 Chaptered by Secretary of State. Chapter No. 2

AB 496 (Gordon)

BILL ANALYSIS

DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
August 26-27, 2013 BOARD MEETING

BILL NUMBER:	Assembly Bill 496		
AUTHOR:	Assembly Member Gordon	**SPONSOR:**	Equality California
VERSION:	Amended 6/25/2013	**INTRODUCED:**	02/20/2013
BILL STATUS:	8/13/13 – In Senate. Read second time. To third reading	**BILL LOCATION:**	Senate Third Reading
SUBJECT:	Medicine: sexual orientation, gender identity, and gender expression	**RELATED BILLS:**	

SUMMARY

Reauthorizes the Task Force on Culturally and Linguistically Competent Physicians and Dentists (Task Force) to advocate for and provide health services to members of language and ethnic minority groups and lesbian, gay, bisexual, transgender and intersex groups. Redefines "cultural and linguistic competency." Requires that the Task Force report its findings to the Legislature by January 1, 2016. Further requires that training programs for health professionals be formulated in collaboration with medical societies.

Specifically, this bill;

1) Reestablishes the Task Force.

2) Specifies that the Deputy Director of the Office of Health Equality (OHE) or his or her designee and the Director of Consumer Affairs or his or her designee shall serve as co-chairs of the Task Force.

3) Also authorizes additional members to the Task Force including: 1) the Executive Director of the Medical Board of California (MBC) or his or her designee, 2) the Executive Director of the Dental Board of California (DBC) or his or her designee, 3) a member appointed by the Senate Committee on Rules and 4) a member appointed by the Speaker of the Assembly.

4) Permits the Director of the Department of Consumer Affairs (DCA) or his or her designee in consultation with the OHE to appoint additional members to the Task Force.

5) Requires the Task Force to hold hearings and convene meetings to obtain input from persons belonging to LGBT and intersex groups in communities that have large populations of LGBT and intersex groups.

6) Requires the Task Force to report its findings to the Legislature and appropriate licensing boards by January 1, 2016.

7) Establishes the Program and specifies that it shall be operated by local medical societies of the California Medical Association (CMA) and monitored by the MBC.

8) Requires the Program to address the ethnic language minority groups as well as LGBT and intersex groups of interest to local medical societies.

9) Requires the Program to include direct input from physician groups in Mexico.

10) Requires training programs to be formulated in collaboration with LGBT and intersex medical societies, among others and specifies the accreditation standards as well as the competency standards for participants.

11) Specifies the MBC shall convene a workgroup including, but not limited to, representatives of affected patient populations, medical societies engaged in program delivery and community clinics to perform a series of participant evaluations.

12) Indicates that funding shall be provided by fees charged to physicians who elect to take these educational classes and any other funds that local medical societies may secure for this purpose.

13) Indicates that local medical societies shall develop a survey which measures the degree of satisfaction with physicians who have taken the educational classes on cultural and linguistic competency and distribute the survey to:

a) Language minority patients.

b) Lesbian gay, bisexual, transgender and intersex patients.

14) Specifies that local medical societies shall also develop an evaluation survey for physicians to assess the quality of education or training programs on cultural and linguistic competence.

15) Requires that the information required by these surveys shall be shared with the workgroup established by the MBC.

16) Amends the definition of "cultural and linguistic competency" to include:

a) Understanding and applying the roles that race, sexual orientation, gender identity, and gender expression play in diagnosis, treatment and clinical care;

b) Awareness of how attitudes, values and beliefs of society influence and impact professional and patient relations; and,

c) Developing behaviors that increase a patient’s satisfaction with, and trust in, his or her physicians and health care institutions.

ANALYSIS

Although DCA, the DBC, and the MBC already convened and participated in the Task Force on Culturally and Linguistically Competent Physicians and Dentists, LGBT issues were not addressed at the Task Force, the hearings, or in the final report to the Legislature.

The Board's Executive Officer or his or her designee would be required to participate in the reauthorized Task Force and the Board would be responsible for half of the costs associated with the Task Force, hearings, and the report to the Legislature, while the Medical Board would be responsible for the other half. These costs are expected to amount to $110,000 annually for two years ($110,000 to be borne by the Board for two years; $110,000 to be borne by the Medical Board for two years).

REGISTERED SUPPORT/OPPOSITION

Support:
Equality California (sponsor)
AIDS Legal Referral Panel
Asian & Pacific Islander Wellness Center
Asian Americans For Civil Rights & Equality
Asian Law Caucus
Asian Pacific Islander Equality- Northern Chapter
Betty T. Yee- Member, First District, State Board of Equalization
California Academy of Family Physicians
California Communities United Institute
California Mental Health Directors Association
California Pan Ethnic Health Network
California Primary Care Association
City of West Hollywood
Gay & Lesbian Medical Association: Health Professionals Advancing LGBT Equality
Gay Asian Pacific Alliance
L.A. Gay & Lesbian Center
Lyon-Martin Health Services
Medical Board of California
Mental Health American of Northern California
National Association of Social Workers- California Chapter
National Center for Lesbian Rights
Our Family Coalition
Planned Parenthood Affiliates of California
San Francisco Eligible Metropolitan Area HIV Health Services Planning Council
The Black AIDS Institute
The Gay and Lesbian Community Services Center of Orange County
The Greenlining Institute
The National Asian Pacific American Women's Forum
The Trevor Project
67 individuals

Opposition:
California Right to Life Committee, Inc.

STAFF RECOMMENDATION

Staff recommends a “watch” position until it can be determined whether or not Board can absorb the costs associated with this bill.

BOARD POSITION

SUPPORT: ____ OPPOSE: ____ NEUTRAL: ____ WATCH: ____

BILL

AMENDED IN SENATE JUNE 25, 2013

AMENDED IN ASSEMBLY APRIL 10, 2013

AMENDED IN ASSEMBLY APRIL 2, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL No. 496

Introduced by Assembly Member Gordon
(Coauthors: Assembly Members Ammiano and Atkins)
(Coauthors: Senators Lara and Leno)

February 20, 2013

An act to amend Sections 852, 2198, and 2198.1 of the Business and Professions Code, relating to medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 496, as amended, Gordon. Medicine: sexual orientation, gender identity, and gender expression.

Existing law creates the Task Force on Culturally and Linguistically Competent Physicians and Dentists. Existing law requires the Director of Health Care Services and the Director of Consumer Affairs to serve as cochairs of the task force. Existing law requires that the task force consist of, among other people, the Executive Director of the Medical Board of California and the Executive Director of the Dental Board of California. Existing law additionally requires the Director of Consumer Affairs, in consultation with the Director of Health Care Services, to appoint as task force members, among other people, California licensed physicians and dentists who provide health services to members of language and ethnic minority groups and representatives of organizations that advocate on behalf of, or provide health services to, members of language and ethnic minority groups. Existing law required the task

force to report its findings to the Legislature and appropriate licensing boards by January 1, 2003.

This bill would replace the Director of Health Care Services with the Deputy Director of the Office of Health Equity, or his or her designee, as cochair of the task force. The bill would also instead require the appointment of members to be made in consultation with the Office of Health Equity. The bill would authorize a designee of the Director of Consumer Affairs to serve as cochair of the task force and would authorize designees of the Executive Director of the Medical Board of California and the Executive Director of the Dental Board of California to serve as task force members. The bill would require the licensed task force members and advocate task force members to be providers of health services to, or advocates on behalf of, members of language and ethnic minority groups as well as lesbian, gay, bisexual, ~~and transgender~~ *transgender, and intersex* groups. The bill would require the task force to report its findings to the Legislature and appropriate licensing boards by January 1, 2016.

Existing law, the Cultural and Linguistic Competency of Physicians Act of 2003, establishes the cultural and linguistic physician competency program which is operated by local medical societies of the California Medical Association and is monitored by the Medical Board of California. That voluntary program consists of educational classes for all interested physicians and is designed to teach foreign language and cultural beliefs and practices that may impact patient health care practices and allow physicians to incorporate this knowledge in the diagnosis and treatment of patients who are not from the predominate culture in California. ~~Existing law also defines "cultural and linguistic competency" for the purposes of those provisions as meaning cultural and linguistic abilities that can be incorporated into therapeutic and medical evaluation and treatment, including understanding and applying the roles that culture, ethnicity, and race play in diagnosis, treatment, and clinical care, and awareness of how the attitudes, values, and beliefs of health care providers and patients influence and impact professional and patient relations.~~

This bill would additionally require the program to address lesbian, gay, bisexual, ~~and transgender~~ *transgender, and intersex* groups of interest to local medical societies. The bill would require the training programs to be formulated in collaboration with California-based lesbian, gay, bisexual, ~~and transgender~~ *transgender, and intersex* medical societies. ~~The~~

Existing law requires local medical societies to develop and distribute a survey for language minority patients to measure the degree of satisfaction with physicians who have taken the educational classes on cultural and linguistic competency described above.

This bill would also require local medical societies to develop and distribute a similar survey to lesbian, gay, bisexual, transgender, and intersex patients.

Existing law also defines "cultural and linguistic competency" for the purposes of those provisions as meaning cultural and linguistic abilities that can be incorporated into therapeutic and medical evaluation and treatment, including understanding and applying the roles that culture, ethnicity, and race play in diagnosis, treatment, and clinical care, and awareness of how the attitudes, values, and beliefs of health care providers and patients influence and impact professional and patient relations.

This bill would ~~also~~ redefine the term "cultural and linguistic competency" ~~as~~ *to also include* understanding and applying the roles that ~~culture, ethnicity, race,~~ sexual orientation, gender identity, and gender expression play in diagnosis, treatment, and clinical care, and ~~awareness of how the attitudes, values, and beliefs of health care providers, patients, and society influence and impact professional and patient relations~~ *developing behaviors that increase a patient's satisfaction with, and trust in, his or her physicians and health care institutions*. The bill would also make related technical, nonsubstantive changes.

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

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

SECTION 1. Section 852 of the Business and Professions Code is amended to read:

852. (a) The Task Force on Culturally and Linguistically Competent Physicians and Dentists is hereby created and shall consist of the following members:

(1) The Deputy Director of the Office of Health Equity, or his or her designee, and the Director of Consumer Affairs, or his or her designee, who shall serve as cochairs of the task force.

(2) The Executive Director of the Medical Board of California, or his or her designee.

(3) The Executive Director of the Dental Board of California, or his or her designee.

(4) One member appointed by the Senate Committee on Rules.

(5) One member appointed by the Speaker of the Assembly.

(b) Additional task force members shall be appointed by the Director of Consumer Affairs, in consultation with the Office of Health Equity, as follows:

(1) Representatives of organizations that advocate on behalf of California licensed physicians and dentists.

(2) California licensed physicians and dentists who provide health services to members of language and ethnic minority groups, as well as lesbian, gay, bisexual, ~~and transgender~~ *transgender, and intersex* groups.

(3) Representatives of organizations that advocate on behalf of, or provide health services to, members of language and ethnic minority groups, as well as lesbian, gay, bisexual, ~~and transgender~~ *transgender, and intersex* groups.

(4) Representatives of entities that offer continuing education for physicians and dentists.

(5) Representatives of California's medical and dental schools.

(6) Individuals with experience in developing, implementing, monitoring, and evaluating cultural and linguistic programs.

(c) The duties of the task force shall include the following:

(1) Developing recommendations for a continuing education program that includes language proficiency standards of foreign language to be acquired to meet linguistic competency.

(2) Identifying the key cultural elements necessary to meet cultural competency by physicians, dentists, and their offices.

(3) Assessing the need for voluntary certification standards and examinations for cultural and linguistic competency.

(d) The task force shall hold hearings and convene meetings to obtain input from persons belonging to language and ethnic minority groups, as well as lesbian, gay, bisexual, ~~and transgender~~ *transgender, and intersex* groups, to determine their needs and preferences for having culturally competent medical providers. These hearings and meetings shall be convened in communities that have large populations of language and ethnic minority groups, as well as lesbian, gay, bisexual, ~~and transgender~~ *transgender, and intersex* groups.

(e) The task force shall report its findings to the Legislature and appropriate licensing boards on or before January 1, 2016.

(f) The Medical Board of California and the Dental Board of California shall pay the state administrative costs of implementing this section.

(g) Nothing in this section shall be construed to require mandatory continuing education of physicians and dentists.

SEC. 2. Section 2198 of the Business and Professions Code is amended to read:

2198. (a) This article shall be known and may be cited as the Cultural and Linguistic Competency of Physicians Act of 2003. The cultural and linguistic physician competency program is hereby established and shall be operated by local medical societies of the California Medical Association and shall be monitored by the Medical Board of California.

(b) This program shall be a voluntary program for all interested physicians. As a primary objective, the program shall consist of educational classes which shall be designed to teach physicians the following:

(1) A foreign language at the level of proficiency that initially improves their ability to communicate with non-English speaking patients.

(2) A foreign language at the level of proficiency that eventually enables direct communication with the non-English speaking patients.

(3) Cultural beliefs and practices that may impact patient health care practices and allow physicians to incorporate this knowledge in the diagnosis and treatment of patients who are not from the predominate culture in California.

(c) The program shall operate through local medical societies and shall be developed to address the ethnic language minority groups, as well as lesbian, gay, bisexual, ~~and transgender~~ *transgender, and intersex* groups, of interest to local medical societies.

(d) In dealing with Spanish language and cultural practices of Mexican immigrant communities, the cultural and linguistic training program shall be developed with direct input from physician groups in Mexico who serve the same immigrant population in Mexico. A similar approach may be used for any of the languages and cultures that are taught by the program or

appropriate ethnic medical societies may be consulted for the development of these programs.

(e) Training programs shall be based and developed on the established knowledge of providers already serving target populations and shall be formulated in collaboration with the California Medical Association, the Medical Board of California, and other California-based ethnic medical societies, as well as lesbian, gay, bisexual, ~~and transgender~~ *transgender, and intersex* medical societies.

(f) Programs shall include standards that identify the degree of competency for participants who successfully complete independent parts of the course of instruction.

(g) Programs shall seek accreditation by the Accreditation Council for Continuing Medical Education.

(h) The Medical Board of California shall convene a workgroup including, but not limited to, representatives of affected patient populations, medical societies engaged in program delivery, and community clinics to perform the following functions:

(1) Evaluation of the progress made in the achievement of the intent of this article.

(2) Determination of the means by which achievement of the intent of this article can be enhanced.

(3) Evaluation of the reasonableness and the consistency of the standards developed by those entities delivering the program.

(4) Determination and recommendation of the credit to be given to participants who successfully complete the identified programs. Factors to be considered in this determination shall include, at a minimum, compliance with requirements for continuing medical education and eligibility for increased rates of reimbursement under Medi-Cal, the Healthy Families Program, and health maintenance organization contracts.

(i) Funding shall be provided by fees charged to physicians who elect to take these educational classes and any other funds that local medical societies may secure for this purpose.

~~(j) A survey for language minority patients shall be developed and distributed by local medical societies, to measure the degree of satisfaction with physicians who have taken the educational classes on cultural and linguistic competency provided under this section. Local medical societies shall also develop an evaluation survey for physicians to assess the quality of educational or training~~

~~programs on cultural and linguistic competency. This information shall be shared with the workgroup established by the Medical Board of California.~~

(j) (1) Local medical societies shall develop and distribute a survey for both of the following groups of individuals to measure the degree of satisfaction with physicians who have taken the educational classes on cultural and linguistic competency provided pursuant to this section:

(A) Language minority patients.

(B) Lesbian, gay, bisexual, transgender, and intersex patients.

(2) Local medical societies shall also develop an evaluation survey for physicians to assess the quality of education or training programs on cultural and linguistic competency provided pursuant to this section.

(3) The information provided by these surveys shall be shared with the workgroup established by the Medical Board of California pursuant to subdivision (h).

SEC. 3. Section 2198.1 of the Business and Professions Code is amended to read:

2198.1. For purposes of this article, "cultural and linguistic competency" means cultural and linguistic abilities that can be incorporated into therapeutic and medical evaluation and treatment, including, but not limited to, the following:

(a) Direct communication in the patient-client primary language.

(b) Understanding and applying the roles that culture, ethnicity, race, sexual orientation, gender identity, and gender expression play in diagnosis, treatment, and clinical care.

(c) Awareness of how the attitudes, values, and beliefs of health care providers, patients, and society influence and impact professional and patient relations.

(d) Developing behaviors that increase a patient's satisfaction with, and trust in, his or her physicians and health care institutions.

O

AB 512 (Rendon)

BILL ANALYSIS

DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
AUGUST 26-27, 2013 BOARD MEETING

BILL NUMBER:	Assembly Bill 512		
AUTHOR:	Assembly Member Rendon	**SPONSOR:**	
VERSION:	Introduced 02/20/2013	**INTRODUCED:**	02/20/2013
BILL STATUS:	08/12/2013 – To Governor	**BILL LOCATION:**	To Governor
SUBJECT:	Healing Arts: Licensure Exemption	**RELATED BILLS:**	AB 2699 (Bass, Chapter 270, Statutes of 2010)

SUMMARY

Existing law provides for the licensure and regulation of various healing arts practitioners by the Department of Consumer Affairs (Department). Existing law, Business and Professions Code Section 901, provides an exemption for a health care practitioner, licensed or certified in another state, from the licensing and regulatory requirements of the applicable California healing arts board. To be exempted from California licensure requirements, a health care practitioner must provide services at a sponsored healthcare event to uninsured or underinsured people on a short-term, voluntary basis. Section 901 requires the out-of-state health care practitioner to seek authorization from the applicable healing arts board in California and provides the regulatory framework for the approval of an out-of-state health care practitioner and a sponsoring entity to seek approval from the applicable healing arts boards. Each individual healing arts board was responsible for promulgating regulations to specify the requirements for the approval of an out-of-state practitioner and a sponsoring entity. Existing law specifies that the Section 901 would be repealed on January 1, 2014 unless a later enacted statute deletes or extends the repeal date.

This bill would extend the repeal date of Section 901 until January 1, 2018.

ANALYSIS

The Dental Board of California (Board) promulgated regulations to implement the provisions contained in Section 901 to provide for out-of-state licensed dentists (DDS) to seek authorization to participate in sponsored free health care events. The Board's regulation specifies the requirements and procedures to authorize out-of-state dentists (DDS), who possess valid, current, and active licenses, to participate in sponsored free health care events for uninsured or underinsured people on a short-term voluntary basis in the State of California. These regulations became effective on December 7, 2012.

This bill would allow the Board to continue authorizing out-of-state licensed dentists (DDS) to participate in sponsored free health care events until January 1, 2018.

REGISTERED SUPPORT/OPPOSITION

Support

Los Angeles County Board of Supervisors (source)
Association of California Healthcare Districts
California State Board of Pharmacy
Medical Board of California

Opposition

American Nurses Association\California
California Nurses Association

STAFF RECOMMENDATION

Staff recommends the Board continue its "watch" position.

BOARD POSITION

SUPPORT: ____ OPPOSE: ____ NEUTRAL: ____ WATCH: ____

BILL

Assembly Bill No. 512

Passed the Assembly April 25, 2013

_____

Chief Clerk of the Assembly

Passed the Senate July 8, 2013

_____

Secretary of the Senate

This bill was received by the Governor this _____ day of _____, 2013, at _____ o'clock ___M.

_____

Private Secretary of the Governor

CHAPTER _____

An act to amend Section 901 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 512, Rendon. Healing arts: licensure exemption.

Existing law provides for the licensure and regulation of various healing arts practitioners by boards within the Department of Consumer Affairs. Existing law provides an exemption from these requirements for a health care practitioner licensed in another state who offers or provides health care for which he or she is licensed during a state of emergency, as defined, and upon request of the Director of the Emergency Medical Services Authority, as specified.

Existing law provides, until January 1, 2014, an exemption from the licensure and regulation requirements for a health care practitioner, as defined, licensed or certified in good standing in another state or states, who offers or provides health care services for which he or she is licensed or certified through a sponsored event, as defined, (1) to uninsured or underinsured persons, (2) on a short-term voluntary basis, (3) in association with a sponsoring entity that registers with the applicable healing arts board, as defined, and provides specified information to the county health department of the county in which the health care services will be provided, and (4) without charge to the recipient or a 3rd party on behalf of the recipient, as specified. Existing law also requires an exempt health care practitioner to obtain prior authorization to provide these services from the applicable licensing board, as defined, and to satisfy other specified requirements, including payment of a fee as determined by the applicable licensing board.

This bill would delete the January 1, 2014, date of repeal, and instead allow the exemption to operate until January 1, 2018.

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

SECTION 1. Section 901 of the Business and Professions Code is amended to read:

901. (a) For purposes of this section, the following provisions apply:

(1) "Board" means the applicable healing arts board, under this division or an initiative act referred to in this division, responsible for the licensure or regulation in this state of the respective health care practitioners.

(2) "Health care practitioner" means any person who engages in acts that are subject to licensure or regulation under this division or under any initiative act referred to in this division.

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

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

(5) "Uninsured or underinsured person" means a person who does not have health care coverage, including private coverage or coverage through a program funded in whole or in part by a governmental entity, or a person who has health care coverage, but the coverage is not adequate to obtain those health care services offered by the health care practitioner under this section.

(b) A health care practitioner licensed or certified in good standing in another state, district, or territory of the United States who offers or provides health care services for which he or she is licensed or certified is exempt from the requirement for licensure if all of the following requirements are met:

(1) Prior to providing those services, he or she does all of the following:

(A) Obtains authorization from the board to participate in the sponsored event after submitting to the board a copy of his or her valid license or certificate from each state in which he or she holds licensure or certification and a photographic identification issued by one of the states in which he or she holds licensure or certification. The board shall notify the sponsoring entity, within 20 calendar days of receiving a request for authorization, whether that request is approved or denied, provided that, if the board receives a request for authorization less than 20 days prior to the date of the sponsored event, the board shall make reasonable efforts

to notify the sponsoring entity whether that request is approved or denied prior to the date of that sponsored event.

(B) Satisfies the following requirements:

(i) The health care practitioner has not committed any act or been convicted of a crime constituting grounds for denial of licensure or registration under Section 480 and is in good standing in each state in which he or she holds licensure or certification.

(ii) The health care practitioner has the appropriate education and experience to participate in a sponsored event, as determined by the board.

(iii) The health care practitioner shall agree to comply with all applicable practice requirements set forth in this division and the regulations adopted pursuant to this division.

(C) Submits to the board, on a form prescribed by the board, a request for authorization to practice without a license, and pays a fee, in an amount determined by the board by regulation, which shall be available, upon appropriation, to cover the cost of developing the authorization process and processing the request.

(2) The services are provided under all of the following circumstances:

(A) To uninsured or underinsured persons.

(B) On a short-term voluntary basis, not to exceed a 10-calendar-day period per sponsored event.

(C) In association with a sponsoring entity that complies with subdivision (d).

(D) Without charge to the recipient or to a third party on behalf of the recipient.

(c) The board may deny a health care practitioner authorization to practice without a license if the health care practitioner fails to comply with this section or for any act that would be grounds for denial of an application for licensure.

(d) A sponsoring entity seeking to provide, or arrange for the provision of, health care services under this section shall do both of the following:

(1) Register with each applicable board under this division for which an out-of-state health care practitioner is participating in the sponsored event by completing a registration form that shall include all of the following:

(A) The name of the sponsoring entity.

(B) The name of the principal individual or individuals who are the officers or organizational officials responsible for the operation of the sponsoring entity.

(C) The address, including street, city, ZIP Code, and county, of the sponsoring entity's principal office and each individual listed pursuant to subparagraph (B).

(D) The telephone number for the principal office of the sponsoring entity and each individual listed pursuant to subparagraph (B).

(E) Any additional information required by the board.

(2) Provide the information listed in paragraph (1) to the county health department of the county in which the health care services will be provided, along with any additional information that may be required by that department.

(e) The sponsoring entity shall notify the board and the county health department described in paragraph (2) of subdivision (d) in writing of any change to the information required under subdivision (d) within 30 calendar days of the change.

(f) Within 15 calendar days of the provision of health care services pursuant to this section, the sponsoring entity shall file a report with the board and the county health department of the county in which the health care services were provided. This report shall contain the date, place, type, and general description of the care provided, along with a listing of the health care practitioners who participated in providing that care.

(g) The sponsoring entity shall maintain a list of health care practitioners associated with the provision of health care services under this section. The sponsoring entity shall maintain a copy of each health care practitioner's current license or certification and shall require each health care practitioner to attest in writing that his or her license or certificate is not suspended or revoked pursuant to disciplinary proceedings in any jurisdiction. The sponsoring entity shall maintain these records for a period of at least five years following the provision of health care services under this section and shall, upon request, furnish those records to the board or any county health department.

(h) A contract of liability insurance issued, amended, or renewed in this state on or after January 1, 2011, shall not exclude coverage of a health care practitioner or a sponsoring entity that provides, or arranges for the provision of, health care services under this

section, provided that the practitioner or entity complies with this section.

(i) Subdivision (b) shall not be construed to authorize a health care practitioner to render care outside the scope of practice authorized by his or her license or certificate or this division.

(j) (1) The board may terminate authorization for a health care practitioner to provide health care services pursuant to this section for failure to comply with this section, any applicable practice requirement set forth in this division, any regulations adopted pursuant to this division, or for any act that would be grounds for discipline if done by a licensee of that board.

(2) The board shall provide both the sponsoring entity and the health care practitioner with a written notice of termination including the basis for that termination. The health care practitioner may, within 30 days after the date of the receipt of notice of termination, file a written appeal to the board. The appeal shall include any documentation the health care practitioner wishes to present to the board.

(3) A health care practitioner whose authorization to provide health care services pursuant to this section has been terminated shall not provide health care services pursuant to this section unless and until a subsequent request for authorization has been approved by the board. A health care practitioner who provides health care services in violation of this paragraph shall be deemed to be practicing health care in violation of the applicable provisions of this division, and be subject to any applicable administrative, civil, or criminal fines, penalties, and other sanctions provided in this division.

(k) The provisions of this section are severable. If any provision of this section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

(*l*) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

AB 836 (Skinner)

BILL ANALYSIS

DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
August 26-27, 2013 BOARD MEETING

BILL NUMBER:	Assembly Bill 836		
AUTHOR:	Assembly Member Skinner	**SPONSOR:**	California Dental Association
VERSION:	Amended 6/18/13	**INTRODUCED:**	02/21/2013
BILL STATUS:	06/25/2013 – Read second time. Ordered to third reading.	**BILL LOCATION:**	Senate Third Reading File
SUBJECT:	Dentists: Continuing Education	**RELATED BILLS:**	

SUMMARY

This bill reduces the continuing education (CE) units required by the Dental Board of California (Board), for retired dentists who solely provide uncompensated care, from 50 CE units biannually to 30 CE units biannually. This bill would require that all of the CE hours be gained through courses related to the actual delivery of dental services to the patient or community. And, this bill requires the Board to report on the outcome of this change at the time of its regular sunset review process.

ANALYSIS

This bill:

1. Prohibits the DBC from requiring more than 60% of CE hours that are required of other licensed dentists for retired dentists who provide only uncompensated care.

2. Provides that all of the CE hours, as specified, be gained through courses related to the actual delivery of dental services to the patient or community.

3. Specifies that the DBC report on the outcome of the decreased CE units for retired dentists who provide uncompensated care during the sunset review process.

The Dental Board of California will need to promulgate regulations to implement the provisions contained in Section 1645 to provide for reduction of the required continuing education units for retired dentists (DDS) who customarily provide services free of charge.

The Dental Board of California will be required to report the outcome of this provision as part of the regular sunset review process as provided in Section 1601.1 which is January 1, 2016.

REGISTERED SUPPORT/OPPOSITION

Support

California Dental Association (source)
California Academy of General Dentistry
California Society of Pediatric Dentistry
The Children's Partnership

Opposition

None

STAFF RECOMMENDATION

Staff recommends no action at this time. The Board took a "support" position at its May 2013 meeting. A copy of the support letter submitted to Assembly Member Nancy Skinner is enclosed.

BOARD POSITION

SUPPORT: ____ OPPOSE: ____ NEUTRAL: ____ WATCH: ____

Letter of Support

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
1550 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 www.dbc.ca.gov

June 21, 2013

The Honorable Nancy Skinner
California State Assembly
California State Capitol, Room 3160
Sacramento, CA 95814

RE: Support of AB 836 (Skinner/V. Manuel Pérez) as amended June 18, 2013 relating to continuing education for retired dentists.

Dear Assembly Member Skinner:

The Dental Board of California (Board) is pleased to **SUPPORT** this legislation that would allow retired dentists, who provide only uncompensated care, to complete 60% of the hours of continuing education that are required of other dentists.

If you have any questions or concerns, please feel free to contact me at your convenience.

Respectfully,

Karen M. Fischer

Karen M. Fischer, MPA
Executive Officer
(916)263-2188 Office
(916)501-7798 Mobile

cc: Assembly Member V. Manuel Pérez
Members of the Senate Appropriations Committee
Members of the Dental Board of California
Denise Brown, Director, Department of Consumer Affairs
Tracy Rhine, Deputy Director, Division of Legislative & Policy Review, Department of Consumer Affairs

BILL

AMENDED IN SENATE JUNE 18, 2013

AMENDED IN ASSEMBLY APRIL 9, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL No. 836

Introduced by Assembly Member Skinner
(Coauthor: Assembly Member V. Manuel Pérez)

February 21, 2013

An act to amend Section 1645 of the Business and Professions Code, relating to dentists.

LEGISLATIVE COUNSEL'S DIGEST

AB 836, as amended, Skinner. Dentists: continuing education.

Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists by the Dental Board of California until January 1, 2016, at which time the board shall be subject to review by the appropriate policy committees of the Legislature. Existing law authorizes the board to require licentiates to complete continuing education hours as a condition of license renewal. Existing law authorizes the board to, by regulation, reduce the renewal fee for a licensee who has practiced dentistry for 20 years or more in this state, has reached the age of retirement under the federal Social Security Act, and customarily provides his or her services free of charge to any person, organization, or agency.

This bill would prohibit the board from requiring a retired dentist who provides only uncompensated care *to complete* more than 60% of the hours of continuing education that ~~is~~ *are* required of other licensed dentists. *The bill would require all of those hours of continuing education to be gained through courses related to the actual delivery*

of dental services to the patient or the community, as determined by the board. The bill would require the board to report on the outcome of that provision, pursuant to, and at the time of, its regular sunset review process.

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

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

SECTION 1. Section 1645 of the Business and Professions Code is amended to read:

1645. (a) Effective with the 1974 license renewal period, if the board determines that the public health and safety would be served by requiring all holders of licenses under this chapter to continue their education after receiving a license, it may require, as a condition to the renewal thereof, that they submit assurances satisfactory to the board that they will, during the succeeding two-year period, inform themselves of the developments in the practice of dentistry occurring since the original issuance of their licenses by pursuing one or more courses of study satisfactory to the board or by other means deemed equivalent by the board.

The board shall adopt regulations providing for the suspension of the licenses at the end of the two-year period until compliance with the assurances provided for in this section is accomplished.

(b) The board may also, as a condition of license renewal, require licentiates to successfully complete a portion of the required continuing education hours in specific areas adopted in regulations by the board. The board may prescribe this mandatory coursework within the general areas of patient care, health and safety, and law and ethics. The mandatory coursework prescribed by the board shall not exceed fifteen hours per renewal period for dentists, and seven and one-half hours per renewal period for dental auxiliaries. Any mandatory coursework required by the board shall be credited toward the continuing education requirements established by the board pursuant to subdivision (a).

(c) For a retired dentist who provides only uncompensated care, the board shall not require more than 60 percent of the hours of continuing education that ~~is~~ *are* required of other licensed dentists. *Notwithstanding subdivision (b), all of the hours of continuing education as described in this subdivision shall be gained through*

courses related to the actual delivery of dental services to the patient or the community, as determined by the board. Nothing in this subdivision shall be construed to reduce any requirements imposed by the board pursuant to subdivision (b).

(d) The board shall report on the outcome of subdivision (c) pursuant to, and at the time of, its regular sunset review process, as provided in Section 1601.1.

O

AB 1231 (Perez)

BILL ANALYSIS

DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
August 26-27, 2013 BOARD MEETING

BILL NUMBER:	Assembly Bill 1231		
AUTHOR:	Assembly Member Perez	**SPONSOR:**	
VERSION:	Amended 6/27/2013	**INTRODUCED:**	02/22/2013
BILL STATUS:	8/19/2013 – In Senate Appropriations: To Suspense File.	**BILL LOCATION:**	Senate Appropriations Committee
SUBJECT:	Regional centers: telehealth	**RELATED BILLS:**	

SUMMARY

This bill:

(1) Requires the Department of Developmental Services (Department) inform all regional centers that any appropriate health service may be provided through the use of telehealth to consumers of regional center services and that dentistry may be provided through the use of telehealth to consumers.

(2) Requires the Department to request regional centers to include a consideration of telehealth in each individual program plan and individualized family service plan for consumers and to consider the use of telehealth services for inclusion in training programs for parents of consumers.

(3) Requires regional centers to consider the use of telehealth services for inclusion in training programs for parents of consumers;

(4) Provide, using existing resources, and in partnership with other organizations, resources, and stakeholders, technical assistance to regional centers regarding the use of telehealth to meet the health and dental care needs of consumers;

(5) Permits the Department to implement appropriate vendorization subcodes for services provided through telehealth;

(6) Requires the provision of a service through the use of telehealth to be voluntary and immediately discontinued at the request of the consumer or, as appropriate, the consumer's parent, legal guardian, or conservator. Requires any consumer who receives services through the use of telehealth pursuant to this bill have an automatic right to immediately return to his or her preexisting services, as defined by the consumer's IPP, that were in place prior to the implementation of the telehealth service;

(7) Requires the Department, on or before December 1, 2017, to forward to the fiscal and appropriate policy committees of the Legislature any information provided by the regional centers to the department to assess the effectiveness and appropriateness of providing telehealth services to consumers through the individual program plan and individualized family service plan processes;

(8) Requires a provider of telehealth services to be responsible for all expenses and costs related to the equipment, transmission, storage, infrastructure, and other expenses related to telehealth; and

(9) Sunsets this bill's provisions on January 1, 2019.

ANALYSIS

The bill's author has stated: "Multiple scientific studies have demonstrated that telehealth is an effective healthcare delivery option with genuine potential to decrease costs. This is especially relevant for a regional center system that bears responsibility for transportation costs. In addition, private insurance carriers and the Department of Defense already utilize telehealth successfully in treating individuals with developmental disabilities. The rise of Internet-based technologies provides a new treatment model for families with developmental disabilities. The use of telehealth can improve quality of care and help bridge the barriers of time that many consumers and their families currently face. Telehealth will enable individuals in remote or medically underserved areas to receive treatment without the burden of extended and recurring travel. This not only saves hours of transportation time, but dollars spent on transportation by the regional centers. This bill will help ensure that all consumers have access to the services they require."

The Assembly Appropriations Committee estimates costs associated with this bill should be minor and absorbable within the Department's existing resources. It is unclear what the potential impact would be on licensed dentists.

REGISTERED SUPPORT/OPPOSITION

Support:
ACT Today!
Association of Regional Center Agencies
Autism Research Group
Center for Autism and Related Disorders
Institute for Behavioral Training
Law Offices of Bonnie Z. Yates, Inc.
Special Needs Network
The Children's Partnership
Oppose:
None received

STAFF RECOMMENDATION

Staff recommends the Board maintain its "watch" position.

BOARD POSITION

SUPPORT: ____ OPPOSE: ____ NEUTRAL: ____ WATCH: ____

BILL

AMENDED IN SENATE JUNE 27, 2013

AMENDED IN SENATE JUNE 17, 2013

AMENDED IN ASSEMBLY MAY 7, 2013

AMENDED IN ASSEMBLY APRIL 24, 2013

AMENDED IN ASSEMBLY MARCH 21, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL No. 1231

Introduced by Assembly Member V. Manuel Pérez

February 22, 2013

An act to add and repeal Section 4686.21 of the Welfare and Institutions Code, relating to regional center services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1231, as amended, V. Manuel Pérez. Regional centers: telehealth.

The Lanterman Developmental Disabilities Services Act authorizes the State Department of Developmental Services to contract with regional centers to provide services and support to individuals with developmental disabilities, including autism.

This bill would, until January 1, 2019, require the department to inform all regional centers that any appropriate health service~~, including behavioral health treatment,~~ and dentistry may be provided through the use of telehealth, as defined, to consumers ~~with autism spectrum disorders (ASD).~~ *of regional center services.* The bill would require the department to provide technical assistance to regional centers on the use of telehealth and to request those centers to include a consideration of telehealth in individual program plans and

individualized family services plans, as specified, for consumers ~~with ASD~~ and to consider the use of telehealth services for inclusion in training programs for parents of ~~consumers with ASD.~~ *consumers.*

The bill would ~~provide that if, at any time, a consumer with ASD, or his or her parent, legal guardian, or conservator, as appropriate, requests to discontinue the provision of a service through the use of telehealth, the regional center shall convene a review to determine alternative, appropriate means for providing the service.~~ *require that the provision of a service through the use of telehealth be voluntary and immediately discontinued at the request of the consumer or his or her parent, legal guardian, or conservator, as appropriate.* The bill would require the department, on or before December 1, 2017, to forward to the fiscal and appropriate policy committees of the Legislature information provided by the regional centers to assess the effectiveness and appropriateness of providing telehealth services to regional center ~~consumers with ASD,~~ *consumers,* as specified.

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

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

~~SECTION 1. (a) The Legislature finds and declares all of the following:~~

~~(1) Autism spectrum disorders (ASD) now affect one in every 88 children of all ethnic, racial, and socioeconomic backgrounds.~~

~~(2) ASD is now the fastest growing developmental disability in California and the nation and is more common than childhood cancer, juvenile diabetes, and pediatric AIDS combined.~~

~~(3) Approximately two-thirds of all new consumers who are entering the regional center system are now diagnosed with ASD.~~

~~(4) Behavioral health treatment (BHT), also known as early intervention therapy or applied behavior analysis, is established to improve brain function, cognitive abilities, and activities of daily living for a significant number of individuals with ASD, but may not be accessible or available in underserved communities.~~

~~(5) A significant number of individuals with ASD suffer from inadequate dental care.~~

~~(b) It~~

SECTION 1. *It* is the intent of the Legislature to do all of the following:

~~(1)~~

(a) Improve access to treatments and intervention services, including ~~behavioral and~~ dental health care services, for ~~individuals with ASD~~ *consumers of regional center services* and their families in underserved populations.

~~(2)~~

(b) Provide more cost-effective treatments and intervention services for ~~individuals with ASD~~ *consumers of regional center services* and their families.

~~(3)~~

(c) Maximize the effectiveness of the interpersonal and face-to-face interactions that are utilized for the treatment of ~~individuals with ASD.~~ *consumers of regional center services.*

~~(4)~~

(d) Continue maintenance and support of the existing service workforce for ~~individuals with ASD.~~ *consumers of regional center services.*

~~(5)~~

(e) Utilize telehealth to improve services for ~~individuals with ASD.~~ *consumers of regional center services.*

SEC. 2. Section 4686.21 is added to the Welfare and Institutions Code, to read:

4686.21. (a) The department shall do all of the following:

(1) Inform all regional centers that any appropriate health ~~service, including, but not limited to, behavioral health treatment~~ *service* may be provided through the use of telehealth to consumers ~~with autism spectrum disorders (ASD).~~ *of regional center services.*

(2) Inform all regional centers that dentistry may be provided through the use of telehealth to ~~consumers with ASD.~~ *consumers.*

(3) Request regional centers to include a consideration of telehealth in each individual program plan (IPP) and individualized family service plan (IFSP) for ~~consumers with ASD that includes a discussion of behavioral health treatment or dental health care, or both.~~ *consumers.*

(4) Request regional centers to consider the use of telehealth services for inclusion in training programs for parents of ~~consumers with ASD,~~ *consumers,* including, but not limited to, group training programs as described in clause (i) of subparagraph (B) of paragraph (3) of subdivision (c) of Section 4685.

(5) Provide, using existing resources, and in partnership with other organizations, resources, and stakeholders, technical assistance to regional centers regarding the use of telehealth to meet the ~~behavioral~~ health and dental care needs of ~~individuals with ASD.~~ *consumers.*

(b) The department may implement appropriate vendorization subcodes for services provided through telehealth.

~~(c) If, at any time, a consumer with ASD or, as appropriate, the consumer's parent, legal guardian, or conservator requests to discontinue the provision of a service through the use of telehealth, the regional center shall convene a review to determine alternative, appropriate means for providing the service.~~

(c) The provision of a service through the use of telehealth shall be voluntary and shall be immediately discontinued at the request of the consumer or, as appropriate, the consumer's parent, legal guardian, or conservator. Any consumer who receives services through the use of telehealth pursuant to this section shall have an automatic right to immediately return to his or her preexisting services, as defined by the consumer's IPP, that were in place prior to the implementation of the telehealth service.

(d) On or before December 1, 2017, the department shall forward to the fiscal and appropriate policy committees of the Legislature any information provided by the regional centers to the department to assess the effectiveness and appropriateness of providing telehealth services to ~~regional center~~ consumers ~~with ASD~~ through the IPP and IFSP processes.

(e) A provider of telehealth services shall be responsible for all expenses and costs related to the equipment, transmission, storage, infrastructure, and other expenses related to telehealth.

(f) For purposes of this section, the following definitions shall apply:

~~(1) "Behavioral health treatment" has the same meaning as set forth in paragraph (1) of subdivision (c) of Section 1374.73 of the Health and Safety Code.~~

~~(2)~~

(1) "Department" means the State Department of Developmental Services.

~~(3)~~

(2) "Telehealth" has the same meaning as set forth in Section 2290.5 of the Business and Professions Code.

(g) This section shall remain in effect only until January 1, 2019, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2019, deletes or extends that date.

O

SB 562 (Galgiani)

BILL ANALYSIS

DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
August 26-27, 2013 BOARD MEETING

BILL NUMBER:	Senate Bill 562		
AUTHOR:	Senator Galgiani	**SPONSOR:**	California Dental Association
VERSION:	Amended 06/18/13	**INTRODUCED:**	02/22/2013
BILL STATUS:	08/05/2013 – in Assembly. Read second time. To Consent Calendar. 08/05/2013 – In Assembly. From Consent Calendar. To third reading.	**BILL LOCATION:**	Assembly Third Reading File
SUBJECT:	Dentists: Mobile or Portable Dental Units	**RELATED BILLS:**	

SUMMARY

Establishes a framework for "portable dental units" to be regulated by the Dental Board of California (DBC) and deletes restrictions limiting dentists to operating only one mobile dental clinic. Specifically, this bill:

1) Requires a portable dental unit to be registered and operated in accordance with regulations to be established by DBC, and prohibits the regulations from preventing or lessening competition in service areas.

2) Deletes the restriction on a licensed dentist operating only one mobile dental clinic or unit registered as a dental office or facility.

3) Permits the regulations to include, but not be limited to, 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.

4) Exempts portable dental units from requirements related to additional offices, clinics operated by federal entities, federally recognized Indian tribes or tribal organizations, intermittent clinics, and mobile service units, as specified.

5) Defines the following terms:

   a) "Mobile dental unit" means a self-contained facility in which dentistry will be practiced that may be moved, towed, or transported from one location to another; and,

b) "Portable dental unit" means dental equipment housed in a self-contained unit used for providing dental treatment which is routinely transported to, and used on a temporary basis at, a non-dental office location.

6) Makes other technical or clarifying changes.

ANALYSIS

1) Purpose of this bill. This bill updates current law to provide for the regulation of portable dental units, which are collapsible, suitcase-sized dental practice sites. This bill is sponsored by the California Dental Association.

2) Nontraditional dental practice settings. California regulates the practice of dentistry in many settings beyond the traditional brick-and-mortar office:

   a) Mobile service unit. A mobile service unit is basically a primary clinic on wheels, typically in a specialized commercial coach. These units are approved by the Department of Public Health and may provide dental services, in addition to other procedures, but are not regulated by DBC.

   b) Mobile dental clinic. A mobile dental clinic, or mobile dental unit, is a commercial coach, trailer, van, or other self-contained unit that may appear similar to a mobile service unit, but only provides dental services. A mobile dental clinic is regulated by DBC, and may be operated by a dentist after receiving a permit from DBC and proving that the unit complies with existing health and safety regulations.

   c) Portable dental unit. A portable dental unit consists of portable dental chair and suitcase-like container housing a collection of dental tools which may be set up to enable a dental professional to perform dental services at various field sites. This bill allows DBC to regulate these units in the same manner as mobile dental clinics.

3) Operation of multiple mobile and portable dental units. This bill also deletes the restriction on dentists operating only one mobile dental unit at a time. This restriction is no longer relevant, as dentists are permitted to have multiple traditional dental offices, and a dentist is required to register each mobile unit with the board and follow all relevant laws and regulations.

According to the sponsor, "Lifting the numerical restriction will encourage access to care by allowing dentists to cover multiple sites with multiple mobile and/or portable units, either themselves or through general supervision of dental hygienists."

REGISTERED SUPPORT/OPPOSITION

Support:

California Dental Association

STAFF RECOMMENDATION

Staff recommends the Board maintain its “watch” position on this bill.

BOARD POSITION

SUPPORT: ____ OPPOSE: ____ NEUTRAL: ____ WATCH: ____

BILL

AMENDED IN ASSEMBLY JUNE 18, 2013

AMENDED IN SENATE APRIL 30, 2013

SENATE BILL No. 562

Introduced by Senator Galgiani

February 22, 2013

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

LEGISLATIVE COUNSEL'S DIGEST

SB 562, as amended, Galgiani. Dentists: mobile or portable dental units.

Existing law, the Dental Practice Act, provides for the licensure and regulation by the Dental Board of California of those engaged in the practice of dentistry. Existing law provides that a person practices dentistry if the person, among other things, manages or conducts as manager, proprietor, conductor, lessor, or otherwise, in any place where dental operations are performed. Existing law authorizes a dentist to operate one mobile dental clinic or unit that is registered and operated in accordance with regulations adopted by the board. ~~Existing law also imposes specified registration requirements on a dentist who maintains additional places of practice.~~ *Existing law exempts specified mobile units from those requirements.* Other provisions of existing law, the Mobile Health Care Services Act, require, subject to specified exemptions, licensure by the State Department of Health Care Services to operate a mobile service unit.

This bill would *eliminate the one mobile dental clinic or unit limit and would* authorize a licensed dentist to operate ~~one~~ *a* mobile *dental unit* or portable dental unit, as defined, *that is* registered and operated in accordance with ~~those regulations.~~ *the regulations of the board.* The

bill would authorize the *board to adopt* regulations ~~to include~~, *including,* but not ~~be~~ limited to, requirements for availability of followup and emergency care, maintenance, and availability of provider and patient records, and treatment information to be provided to patients and other appropriate parties.

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

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

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 in which dentistry ~~is~~ *will be* practiced ~~and~~ that ~~is routinely towed,~~ *may be* moved, *towed,* or transported from one location to another.

(2) "Portable dental unit" means ~~a nonfacility in which~~ dental equipment ~~used in the practice of dentistry is~~ *housed in a self-contained unit used for providing dental treatment that is routinely* transported to, and used on a temporary basis at, ~~an out-of-office location~~ *a nondental office location.*

(b) A ~~licensed dentist may operate one mobile or portable dental unit. The mobile or portable dental unit~~ *mobile dental unit or portable dental unit* shall be registered and operated in accordance with regulations established by the ~~board, provided these regulations are not~~ *board. These regulations shall not be* designed to prevent or lessen competition in service areas. The regulations may include, but shall not be limited to, requirements for availability of followup and emergency care, ~~maintenance,~~ *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* portable dental unit registered and operated in accordance with the board's regulations and that has paid the fees established by the board, including a mobile dental unit registered for the purpose specified in subdivision (e), shall otherwise be exempted 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).

O

SB 821
(Sen. BP&ED)

BILL ANALYSIS

DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
August 26-27, 2013 BOARD MEETING

BILL NUMBER:	Senate Bill 821		
AUTHOR:	Senate Committee on Business, Professions and Economic Development	**SPONSOR:**	
VERSION:	Amended 08/05/2013	**INTRODUCED:**	3/20/2013
BILL STATUS:	8/5/13 – In Assembly. Read second time. To third reading	**BILL LOCATION:**	Assembly Third Reading File
SUBJECT:	Healing Arts	**RELATED BILLS:**	

SUMMARY

This bill would make several non-controversial minor, non-substantive or technical changes to various provisions pertaining to the health-related regulatory boards of the Department of Consumer Affairs (DCA).

ANALYSIS

The provisions relating to the Board would change any reference to the Board of Dental Examiners to the Dental Board of California.

REGISTERED SUPPORT/OPPOSITION

None

STAFF RECOMMENDATION

Staff recommends no action at this time. The Board took a "neutral" position at its May 2013 meeting. A copy of the letter of thanks submitted to Senator Ted Lieu is enclosed.

BOARD POSITION

SUPPORT: ____ OPPOSE: ____ NEUTRAL: ____ WATCH: ____

Letter of Thanks

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
1550 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 www.dbc.ca.gov

June 26, 2013

The Honorable Ted W. Lieu, Chair
Senate Committee on Business, Professions and Economic Development
California State Senate
California State Capitol, Room 2053
Sacramento, CA 95814

Subject: Senate Bill 821 (Lieu)

Dear Senator Lieu:

On behalf of the members of the Dental Board of California, I would like to thank you, the members of the Senate Committee on Business, Professions and Economic Development and staff for sponsoring Senate Bill 821 which in part, removes an obsolete reference to the former name "Board of Dental Examiners of California" and replaces it with the current name "Dental Board of California".

We appreciate your support on issues related to dental care in California and if we may be of any service, please do not hesitate to contact us.

Respectfully,

Karen M. Fischer

Karen M. Fischer, MPA
Executive Officer
(916)263-2188 Office
(916)501-7798 Mobile

cc: Members of the Dental Board of California

BILL

AMENDED IN ASSEMBLY AUGUST 5, 2013

AMENDED IN ASSEMBLY JUNE 27, 2013

AMENDED IN ASSEMBLY JUNE 19, 2013

AMENDED IN ASSEMBLY JUNE 14, 2013

AMENDED IN SENATE APRIL 23, 2013

SENATE BILL No. 821

Introduced by Committee on Business, Professions and Economic Development (Senators Lieu (Chair), Block, Corbett, Emmerson, Galgiani, Hernandez, Hill, Padilla, Wyland, and Yee)

March 20, 2013

An act to amend Sections 1613, 1915, 1926.2, 3024, 3025, 3040, 3041.2, 3051, 3057.5, 3077, 3093, 3098, 3103, 3106, 3107, 3109, 3163, 4053, 4107, 4980.36, 4980.397, 4980.398, 4980.399, 4980.40, 4980.43, 4980.50, ~~4980.72,~~ 4984.01, 4984.7, 4984.72, 4989.68, 4992.05, 4992.07, 4992.09, 4992.1, 4996.1, 4996.3, 4996.4, 4996.9, 4996.17, 4996.18, 4996.28, 4999.20, 4999.33, 4999.45, 4999.46, 4999.47, 4999.50, 4999.52, 4999.53, 4999.55, ~~4999.60,~~ 4999.64, and 4999.100 of, and to add Section 4021.5 to, the Business and Professions Code, and to amend Section 14132 of the Welfare and Institutions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 821, as amended, Committee on Business, Professions and Economic Development. Healing arts.

(1) Existing law, the Dental Practice Act, establishes the Dental Board of California, which was formerly known as the Board of Dental Examiners of California. Existing law requires the board to have and

use a seal bearing its name. Existing law creates, within the jurisdiction of the board, a Dental Hygiene Committee of California, that is responsible for regulation of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions.

This bill would amend those provisions to remove an obsolete reference to the former board and to make other technical changes.

(2) Existing law, the Optometry Practice Act, provides for the licensure and regulation of optometrists by the State Board of Optometry. That act refers to the authorization to practice optometry issued by the board as a certificate of registration.

This bill would instead refer to that authorization issued by the board as an optometrist license and would make other technical and conforming changes.

(3) Existing law, the Pharmacy Law, governs the business and practice of pharmacy in this state and establishes the California State Board of Pharmacy. Existing law prohibits the board from issuing more than one site license to a single premises except to issue a veterinary food-animal drug retailer license to a wholesaler or to issue a license for compound sterile injectable drugs to a pharmacy.

This bill would additionally authorize the board to issue more than one site license to a single premises to issue a centralized hospital packaging license. The bill would also establish a definition for the term “correctional pharmacy.”

Existing law authorizes the board to issue a license as a designated representative to provide supervision in a wholesaler or veterinary food-animal drug retailer. Existing law requires an individual to meet specified requirements to obtain and maintain a designated representative license, including a minimum of one year of paid work experience related to the distribution or dispensing of dangerous drugs or devices or meet certain prerequisites.

The bill would require the one year of paid work experience to obtain a designated representative license to be in a licensed pharmacy, or with a drug wholesaler, drug distributor, or drug manufacturer. The bill would also make related, technical changes.

(4) Existing law provides for the licensure and regulation of marriage and family therapists, licensed educational psychologists, licensed clinical social workers, and licensed professional clinical counselors by the Board of Behavioral Sciences. Existing law makes various changes to the licensing and associated eligibility and examination

requirements for marriage and family therapists, licensed clinical social workers, and licensed professional clinical counselors, effective January 1, 2014.

This bill would delay the implementation of these and other related changes until January 1, 2016.

Existing law requires all persons applying for marriage and family therapist or licensed professional clinical counselor licensure examinations to have specified hours of experience, including experience gained by an intern or trainee as an employee or volunteer.

This bill would specify that experience shall be gained by an intern or trainee only as an employee or volunteer.

~~Existing law also authorizes the board to issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license in good standing issued by a board of marriage counselor examiners, board of marriage and family therapists, or corresponding authority, of any state or country if certain conditions are met, considering hours of experience obtained outside of California during the 6-year period immediately preceding the date the applicant initially obtained the license.~~

~~This bill would instead require time actively licensed as a marriage and family therapist to be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours if the applicant has fewer than 3,000 hours of qualifying supervised experience.~~

Existing law establishes a $75 delinquent renewal fee for a licensed educational psychologist and for licensed clinical social workers.

This bill would instead specify that $75 is the maximum delinquent renewal fee.

Existing law requires an applicant for registration as an associate clinical social worker to meet specified requirements. Existing law also defines the application of social work principles and methods.

This bill would additionally require that all applicants and registrants be at all times under the supervision of a supervisor responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who is responsible to the board for compliance with all laws, rules, and regulations governing the practice of clinical social work. The bill would also specify that the practice of clinical social work includes the use, application, and integration of the coursework and experience required.

Existing law requires a licensed professional clinical counselor, to qualify for a clinical examination for licensure, to complete clinical mental health experience, as specified, including not more than 250 hours of experience providing counseling or crisis counseling on the telephone.

This bill instead would require not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telehealth.

(5) The bill would also make other technical, nonsubstantive changes.

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

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

SECTION 1. Section 1613 of the Business and Professions Code is amended to read:

1613. The board shall have and use a seal bearing the name "Dental Board of California."

SEC. 2. Section 1915 of the Business and Professions Code is amended to read:

1915. No person other than a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions or a licensed dentist may engage in the practice of dental hygiene or perform dental hygiene procedures on patients, including, but not limited to, supragingival and subgingival scaling, dental hygiene assessment, and treatment planning, except for the following persons:

(a) A student enrolled in a dental or a dental hygiene school who is performing procedures as part of the regular curriculum of that program under the supervision of the faculty of that program.

(b) A dental assistant acting in accordance with the rules of the dental board in performing the following procedures:

(1) Applying nonaerosol and noncaustic topical agents.

(2) Applying topical fluoride.

(3) Taking impressions for bleaching trays.

(c) A registered dental assistant acting in accordance with the rules of the dental board in performing the following procedures:

(1) Polishing the coronal surfaces of teeth.

(2) Applying bleaching agents.

(3) Activating bleaching agents with a nonlaser light-curing device.

(4) Applying pit and fissure sealants.

(d) A registered dental assistant in extended functions acting in accordance with the rules of the dental board in applying pit and fissure sealants.

(e) A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions licensed in another jurisdiction, performing a clinical demonstration for educational purposes.

SEC. 3. Section 1926.2 of the Business and Professions Code is amended to read:

1926.2. (a) Notwithstanding any other provision of law, a registered dental hygienist in alternative practice may operate one mobile dental hygiene clinic registered as a dental hygiene office or facility. The owner or operator of the mobile dental hygiene clinic or unit shall be registered and operated in accordance with regulations established by the committee, which regulations shall not be designed to prevent or lessen competition in service areas, and shall pay the fees described in Section 1944.

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

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

SEC. 4. Section 3024 of the Business and Professions Code is amended to read:

3024. The board may grant or refuse to grant an optometrist license as provided in this chapter and may revoke or suspend the license of any optometrist for any of the causes specified in this chapter.

It shall have the power to administer oaths and to take testimony in the exercise of these functions.

SEC. 5. Section 3025 of the Business and Professions Code is amended to read:

3025. The board may make and promulgate rules and regulations governing procedure of the board, the admission of applicants for examination for a license as an optometrist, and the practice of optometry. All of those rules and regulations shall be in accordance with and not inconsistent with the provisions of this chapter. The rules and regulations shall be adopted, amended, or repealed in accordance with the provisions of the Administrative Procedure Act.

SEC. 6. Section 3040 of the Business and Professions Code is amended to read:

3040. It is unlawful for a person to engage in the practice of optometry or to display a sign or in any other way to advertise or hold himself or herself out as an optometrist without having first obtained an optometrist license from the board under the provisions of this chapter or under the provisions of any former act relating to the practice of optometry. The practice of optometry includes the performing or controlling of any acts set forth in Section 3041.

In any prosecution for a violation of this section, the use of test cards, test lenses, or of trial frames is prima facie evidence of the practice of optometry.

SEC. 7. Section 3041.2 of the Business and Professions Code is amended to read:

3041.2. (a) The State Board of Optometry shall, by regulation, establish educational and examination requirements for licensure to ensure the competence of optometrists to practice pursuant to subdivision (a) of Section 3041. Satisfactory completion of the educational and examination requirements shall be a condition for the issuance of an original optometrist license under this chapter, on and after January 1, 1980. Only those optometrists who have successfully completed educational and examination requirements as determined by the State Board of Optometry shall be permitted the use of pharmaceutical agents specified by subdivision (a) of Section 3041.

(b) Nothing in this section shall authorize an optometrist issued an original optometrist license under this chapter before January 1, 1996, to use or prescribe therapeutic pharmaceutical agents

specified in subdivision (d) of Section 3041 without otherwise meeting the requirements of Section 3041.3.

SEC. 8. Section 3051 of the Business and Professions Code is amended to read:

3051. All applicants for examination for an optometrist license in accordance with the educational and examination requirements adopted pursuant to Section 3023.1 shall show the board by satisfactory evidence that he or she has received education in child abuse detection and the detection of alcoholism and other chemical substance dependency. This section shall apply only to applicants who matriculate in a school of optometry on or after September 1, 1997.

SEC. 9. Section 3057.5 of the Business and Professions Code is amended to read:

3057.5. Notwithstanding any other provision of this chapter, the board shall permit a graduate of a foreign university who meets all of the following requirements to take the examinations for an optometrist license:

(a) Is over 18 years of age.

(b) Is not subject to denial of a license under Section 480.

(c) Has a degree as a doctor of optometry issued by a university located outside of the United States.

SEC. 10. Section 3077 of the Business and Professions Code is amended to read:

3077. As used in this section, "office" means any office or other place for the practice of optometry.

(a) No person, singly or in combination with others, may have an office unless he or she is licensed to practice optometry under this chapter.

(b) An optometrist, or two or more optometrists jointly, may have one office without obtaining a branch office license from the board.

(c) On and after October 1, 1959, no optometrist, and no two or more optometrists jointly, may have more than one office unless he or she or they comply with the provisions of this chapter as to an additional office. The additional office, for the purposes of this chapter, constitutes a branch office.

(d) Any optometrist who has, or any two or more optometrists, jointly, who have, a branch office prior to January 1, 1957, and who desire to continue the branch office on or after that date shall

notify the board in writing of that desire in a manner prescribed by the board.

(e) On and after January 1, 1957, any optometrist, or any two or more optometrists, jointly, who desire to open a branch office shall notify the board in writing in a manner prescribed by the board.

(f) On and after January 1, 1957, no branch office may be opened or operated without a branch office license. Branch office licenses shall be valid for the calendar year in or for which they are issued and shall be renewable on January 1 of each year thereafter. Branch office licenses shall be issued or renewed only upon the payment of the fee therefor prescribed by this chapter.

On or after October 1, 1959, no more than one branch office license shall be issued to any optometrist or to any two or more optometrists, jointly.

(g) Any failure to comply with the provisions of this chapter relating to branch offices or branch office licenses as to any branch office shall work the suspension of the optometrist license of each optometrist who, individually or with others, has a branch office. An optometrist license so suspended shall not be restored except upon compliance with those provisions and the payment of the fee prescribed by this chapter for restoration of a license after suspension for failure to comply with the provisions of this chapter relating to branch offices.

(h) The holder or holders of a branch office license shall pay the annual renewal fee therefor in the amount required by this chapter between the first day of January and the first day of February of each year. The failure to pay the fee in advance on or before February 1 of each year during the time it is in force shall ipso facto work the suspension of the branch office license. The license shall not be restored except upon written application and the payment of the penalty prescribed by this chapter, and, in addition, all delinquent branch office fees.

(i) Nothing in this chapter shall limit or authorize the board to limit the number of branch offices that are in operation on October 1, 1959, and that conform to this chapter, nor prevent an optometrist from acquiring any branch office or offices of his or her parent. The sale after October 1, 1959, of any branch office shall terminate the privilege of operating the branch office, and no new branch office license shall be issued in place of the license

issued for the branch office, unless the branch office is the only one operated by the optometrist or by two or more optometrists jointly.

Nothing in this chapter shall prevent an optometrist from owning, maintaining, or operating more than one branch office if he or she is in personal attendance at each of his or her offices 50 percent of the time during which the office is open for the practice of optometry.

(j) The board shall have the power to adopt, amend, and repeal rules and regulations to carry out the provisions of this section.

(k) Notwithstanding any other provision of this section, neither an optometrist nor an individual practice association shall be deemed to have an additional office solely by reason of the optometrist's participation in an individual practice association or the individual practice association's creation or operation. As used in this subdivision, the term "individual practice association" means an entity that meets all of the following requirements:

(1) Complies with the definition of an optometric corporation in Section 3160.

(2) Operates primarily for the purpose of securing contracts with health care service plans or other third-party payers that make available eye/vision services to enrollees or subscribers through a panel of optometrists.

(3) Contracts with optometrists to serve on the panel of optometrists, but does not obtain an ownership interest in, or otherwise exercise control over, the respective optometric practices of those optometrists on the panel.

Nothing in this subdivision shall be construed to exempt an optometrist who is a member of an individual practice association and who practices optometry in more than one physical location, from the requirement of obtaining a branch office license for each of those locations, as required by this section. However, an optometrist shall not be required to obtain a branch office license solely as a result of his or her participation in an individual practice association in which the members of the individual practice association practice optometry in a number of different locations, and each optometrist is listed as a member of that individual practice association.

SEC. 11. Section 3093 of the Business and Professions Code is amended to read:

3093. Before setting aside the revocation or suspension of any optometrist license, the board may require the applicant to pass the regular examination given for applicants for an optometrist license.

SEC. 12. Section 3098 of the Business and Professions Code is amended to read:

3098. When the holder uses the title of "Doctor" or "Dr." as a prefix to his or her name, without using the word "optometrist" as a suffix to his or her name or in connection with it, or, without holding a diploma from an accredited school of optometry, the letters "Opt. D." or "O.D." as a suffix to his or her name, it constitutes a cause to revoke or suspend his or her optometrist license.

SEC. 13. Section 3103 of the Business and Professions Code is amended to read:

3103. It is unlawful to include in any advertisement relating to the sale or disposition of goggles, sunglasses, colored glasses, or occupational eye-protective devices, any words or figures that advertise or have a tendency to advertise the practice of optometry.

This section does not prohibit the advertising of the practice of optometry by a licensed optometrist in the manner permitted by law.

SEC. 14. Section 3106 of the Business and Professions Code is amended to read:

3106. Knowingly making or signing any license, certificate, or other document directly or indirectly related to the practice of optometry that falsely represents the existence or nonexistence of a state of facts constitutes unprofessional conduct.

SEC. 15. Section 3107 of the Business and Professions Code is amended to read:

3107. It is unlawful to use or attempt to use any license or certificate issued by the board that has been purchased, fraudulently issued, counterfeited, or issued by mistake, as a valid license or certificate.

SEC. 16. Section 3109 of the Business and Professions Code is amended to read:

3109. Directly or indirectly accepting employment to practice optometry from any person not having a valid, unrevoked license as an optometrist or from any company or corporation constitutes unprofessional conduct. Except as provided in this chapter, no

optometrist may, singly or jointly with others, be incorporated or become incorporated when the purpose or a purpose of the corporation is to practice optometry or to conduct the practice of optometry.

The terms "accepting employment to practice optometry" as used in this section shall not be construed so as to prevent a licensed optometrist from practicing optometry upon an individual patient.

Notwithstanding the provisions of this section or the provisions of any other law, a licensed optometrist may be employed to practice optometry by a physician and surgeon who holds a license under this division and who practices in the specialty of ophthalmology or by a health care service plan pursuant to the provisions of Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code.

SEC. 17. Section 3163 of the Business and Professions Code is amended to read:

3163. Except as provided in Section 3078, the name of an optometric corporation and any name or names under which it may be rendering professional services shall contain and be restricted to the name or the last name of one or more of the present, prospective, or former shareholders and shall include the words optometric corporation or wording or abbreviations denoting corporate existence, provided that the articles of incorporation shall be amended to delete the name of a former shareholder from the name of the corporation within two years from the date the former shareholder dies or otherwise ceases to be a shareholder.

SEC. 18. Section 4021.5 is added to the Business and Professions Code, to read:

4021.5. "Correctional pharmacy" means a pharmacy, licensed by the board, located within a state correctional facility for the purpose of providing pharmaceutical care to inmates of the state correctional facility.

SEC. 19. Section 4053 of the Business and Professions Code is amended to read:

4053. (a) Notwithstanding Section 4051, the board may issue a license as a designated representative to provide sufficient and qualified supervision in a wholesaler or veterinary food-animal drug retailer. The designated representative shall protect the public health and safety in the handling, storage, and shipment of

dangerous drugs and dangerous devices in the wholesaler or veterinary food-animal drug retailer.

(b) An individual may apply for a designated representative license. In order to obtain and maintain that license, the individual shall meet all of the following requirements:

(1) He or she shall be a high school graduate or possess a general education development certificate equivalent.

(2) He or she shall have a minimum of one year of paid work experience in a licensed pharmacy, or with a drug wholesaler, drug distributor, or drug manufacturer, in the past three years, related to the distribution or dispensing of dangerous drugs or dangerous devices or meet all of the prerequisites to take the examination required for licensure as a pharmacist by the board.

(3) He or she shall complete a training program approved by the board that, at a minimum, addresses each of the following subjects:

(A) Knowledge and understanding of California law and federal law relating to the distribution of dangerous drugs and dangerous devices.

(B) Knowledge and understanding of California law and federal law relating to the distribution of controlled substances.

(C) Knowledge and understanding of quality control systems.

(D) Knowledge and understanding of the United States Pharmacopoeia standards relating to the safe storage and handling of drugs.

(E) Knowledge and understanding of prescription terminology, abbreviations, ~~dosages~~ *dosages,* and format.

(4) The board may, by regulation, require training programs to include additional material.

(5) The board may not issue a license as a designated representative until the applicant provides proof of completion of the required training to the board.

(c) The veterinary food-animal drug retailer or wholesaler shall not operate without a pharmacist or a designated representative on its premises.

(d) Only a pharmacist or a designated representative shall prepare and affix the label to veterinary food-animal drugs.

(e) Section 4051 shall not apply to any laboratory licensed under Section 351 of Title III of the Public Health Service Act (Public Law 78-410).

SEC. 20. Section 4107 of the Business and Professions Code is amended to read:

4107. (a) The board may not issue more than one site license to a single premises except as follows:

(1) To issue a veterinary food-animal drug retailer license to a wholesaler pursuant to Section 4196.

(2) To issue a license to compound sterile injectable drugs to a pharmacy pursuant to Section 4127.1.

(3) To issue a centralized hospital packaging license pursuant to Section 4128.

(b) For the purposes of this subdivision, "premises" means a location with its own address and an independent means of ingress and egress.

SEC. 21. Section 4980.36 of the Business and Professions Code is amended to read:

4980.36. (a) This section shall apply to the following:

(1) Applicants for licensure or registration who begin graduate study before August 1, 2012, and do not complete that study on or before December 31, 2018.

(2) Applicants for licensure or registration who begin graduate study before August 1, 2012, and who graduate from a degree program that meets the requirements of this section.

(3) Applicants for licensure or registration who begin graduate study on or after August 1, 2012.

(b) To qualify for a license or registration, applicants shall possess a doctoral or master's degree meeting the requirements of this section in marriage, family, and child counseling, marriage and family therapy, couple and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university approved by the Bureau for Private Postsecondary Education or accredited by either the Commission on Accreditation for Marriage and Family Therapy Education or a regional accrediting agency recognized by the United States Department of Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval.

(c) A doctoral or master's degree program that qualifies for licensure or registration shall do the following:

(1) Integrate all of the following throughout its curriculum:

(A) Marriage and family therapy principles.

(B) The principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, among others.

(C) An understanding of various cultures and the social and psychological implications of socioeconomic position, and an understanding of how poverty and social stress impact an individual's mental health and recovery.

(2) Allow for innovation and individuality in the education of marriage and family therapists.

(3) Encourage students to develop the personal qualities that are intimately related to effective practice, including, but not limited to, integrity, sensitivity, flexibility, insight, compassion, and personal presence.

(4) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.

(5) Provide students with the opportunity to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(d) The degree described in subdivision (b) shall contain no less than 60 semester or 90 quarter units of instruction that includes, but is not limited to, the following requirements:

(1) Both of the following:

(A) No less than 12 semester or 18 quarter units of coursework in theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy and marital and family systems approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.

(B) Practicum that involves direct client contact, as follows:

(i) A minimum of six semester or nine quarter units of practicum in a supervised clinical placement that provides supervised fieldwork experience.

(ii) A minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(iii) A student must be enrolled in a practicum course while counseling clients, except as specified in subdivision (c) of Section 4980.42.

(iv) The practicum shall provide training in all of the following areas:

(I) Applied use of theory and psychotherapeutic techniques.

(II) Assessment, diagnosis, and prognosis.

(III) Treatment of individuals and premarital, couple, family, and child relationships, including trauma and abuse, dysfunctions, healthy functioning, health promotion, illness prevention, and working with families.

(IV) Professional writing, including documentation of services, treatment plans, and progress notes.

(V) How to connect people with resources that deliver the quality of services and support needed in the community.

(v) Educational institutions are encouraged to design the practicum required by this subparagraph to include marriage and family therapy experience in low income and multicultural mental health settings.

(vi) In addition to the 150 hours required in clause (ii), 75 hours of either of the following:

(I) Client centered advocacy, as defined in Section 4980.03.

(II) Face-to-face experience counseling individuals, couples, families, or groups.

(2) Instruction in all of the following:

(A) Diagnosis, assessment, prognosis, and treatment of mental disorders, including severe mental disorders, evidence-based practices, psychological testing, psychopharmacology, and promising mental health practices that are evaluated in peer reviewed literature.

(B) Developmental issues from infancy to old age, including instruction in all of the following areas:

(i) The effects of developmental issues on individuals, couples, and family relationships.

(ii) The psychological, psychotherapeutic, and health implications of developmental issues and their effects.

(iii) Aging and its biological, social, cognitive, and psychological aspects.

(iv) A variety of cultural understandings of human development.

(v) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.

(vi) The understanding of human behavior within the social context of a representative variety of the cultures found within California.

(vii) The understanding of the impact that personal and social insecurity, social stress, low educational levels, inadequate housing, and malnutrition have on human development.

(C) The broad range of matters and life events that may arise within marriage and family relationships and within a variety of California cultures, including instruction in all of the following:

(i) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(ii) Spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics.

(iii) Cultural factors relevant to abuse of partners and family members.

(iv) Childbirth, child rearing, parenting, and stepparenting.

(v) Marriage, divorce, and blended families.

(vi) Long-term care.

(vii) End of life and grief.

(viii) Poverty and deprivation.

(ix) Financial and social stress.

(x) Effects of trauma.

(xi) The psychological, psychotherapeutic, community, and health implications of the matters and life events described in clauses (i) to (x), inclusive.

(D) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.

(E) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual

orientation, gender, and disability, and their incorporation into the psychotherapeutic process.

(F) The effects of socioeconomic status on treatment and available resources.

(G) Resilience, including the personal and community qualities that enable persons to cope with adversity, trauma, tragedy, threats, or other stresses.

(H) Human sexuality, including the study of physiological, psychological, and social cultural variables associated with sexual behavior and gender identity, and the assessment and treatment of psychosexual dysfunction.

(I) Substance use disorders, co-occurring disorders, and addiction, including, but not limited to, instruction in all of the following:

(i) The definition of substance use disorders, co-occurring disorders, and addiction. For purposes of this subparagraph, "co-occurring disorders" means a mental illness and substance abuse diagnosis occurring simultaneously in an individual.

(ii) Medical aspects of substance use disorders and co-occurring disorders.

(iii) The effects of psychoactive drug use.

(iv) Current theories of the etiology of substance abuse and addiction.

(v) The role of persons and systems that support or compound substance abuse and addiction.

(vi) Major approaches to identification, evaluation, and treatment of substance use disorders, co-occurring disorders, and addiction, including, but not limited to, best practices.

(vii) Legal aspects of substance abuse.

(viii) Populations at risk with regard to substance use disorders and co-occurring disorders.

(ix) Community resources offering screening, assessment, treatment, and followup for the affected person and family.

(x) Recognition of substance use disorders, co-occurring disorders, and addiction, and appropriate referral.

(xi) The prevention of substance use disorders and addiction.

(J) California law and professional ethics for marriage and family therapists, including instruction in all of the following areas of study:

(i) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the scope of practice of marriage and family therapy.

(ii) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including, but not limited to, family law.

(iii) The current legal patterns and trends in the mental health professions.

(iv) The psychotherapist-patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.

(v) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.

(vi) Differences in legal and ethical standards for different types of work settings.

(vii) Licensing law and licensing process.

(e) The degree described in subdivision (b) shall, in addition to meeting the requirements of subdivision (d), include instruction in case management, systems of care for the severely mentally ill, public and private services and supports available for the severely mentally ill, community resources for persons with mental illness and for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. This instruction may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.

(f) The changes made to law by this section are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice, and are not intended to expand or restrict the scope of practice for marriage and family therapists.

SEC. 22. Section 4980.397 of the Business and Professions Code is amended to read:

4980.397. (a) Effective January 1, 2016, an applicant for licensure as a marriage and family therapist shall pass the following two examinations as prescribed by the board:

(1) A California law and ethics examination.

(2) A clinical examination.

(b) Upon registration with the board, a marriage and family therapist intern shall, within the first year of registration, take an examination on California law and ethics.

(c) A registrant may take the clinical examination only upon meeting all of the following requirements:

(1) Completion of all required supervised work experience.

(2) Completion of all education requirements.

(3) Passage of the California law and ethics examination.

(d) This section shall become operative on January 1, 2016.

SEC. 23. Section 4980.398 of the Business and Professions Code is amended to read:

4980.398. (a) Each applicant who had previously taken and passed the standard written examination but had not passed the clinical vignette examination shall also obtain a passing score on the clinical examination in order to be eligible for licensure.

(b) An applicant who had previously failed to obtain a passing score on the standard written examination shall obtain a passing score on the California law and ethics examination and the clinical examination.

(c) An applicant who had obtained eligibility for the standard written examination shall take the California law and ethics examination and the clinical examination.

(d) This section shall become operative on January 1, 2016.

SEC. 24. Section 4980.399 of the Business and Professions Code is amended to read:

4980.399. (a) Except as provided in subdivision (a) of Section 4980.398, each applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

(b) A registrant shall participate in a board-administered California law and ethics examination prior to his or her registration renewal.

(c) If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application except as provided in subdivision (d).

(d) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her first renewal period on or after the operative date of this section, he or she shall complete, at a minimum, a 12-hour course

in California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by ~~the~~ *this* section shall be taken through a board-approved continuing education provider, a county, state or governmental entity, or a college or university.

(e) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(f) This section shall become operative on January 1, 2016.

SEC. 25. Section 4980.40 of the Business and Professions Code, as amended by Section 29 of Chapter 799 of the Statutes of 2012, is amended to read:

4980.40. To qualify for a license, an applicant shall have all of the following qualifications:

(a) Meet the educational requirements of Section 4980.36 or both Sections 4980.37 and 4980.41, as applicable.

(b) Be at least 18 years of age.

(c) Have at least two years of experience that meet the requirements of Section 4980.43.

(d) Pass a board administered written or oral examination or both types of examinations, except that an applicant who passed a written examination and who has not taken and passed an oral examination shall instead be required to take and pass a clinical vignette written examination.

(e) Not have committed acts or crimes constituting grounds for denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of a crime in this or another state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.

(f) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

SEC. 26. Section 4980.40 of the Business and Professions Code, as amended by Section 30 of Chapter 799 of the Statutes of 2012, is amended to read:

4980.40. To qualify for a license, an applicant shall have all of the following qualifications:

(a) Meet the educational requirements of Section 4980.36 or both Sections 4980.37 and 4980.41, as applicable.

(b) Be at least 18 years of age.

(c) Have at least two years of experience that meet the requirements of Section 4980.43.

(d) Effective January 1, 2016, successfully pass a California law and ethics examination and a clinical examination. An applicant who has successfully passed a previously administered written examination may be subsequently required to take and pass another written examination.

(e) Not have committed acts or crimes constituting grounds for denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of a crime in this or another state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.

(f) This section shall become operative on January 1, 2016.

SEC. 27. Section 4980.43 of the Business and Professions Code is amended to read:

4980.43. (a) Prior to applying for licensure examinations, each applicant shall complete experience that shall comply with the following:

(1) A minimum of 3,000 hours completed during a period of at least 104 weeks.

(2) Not more than 40 hours in any seven consecutive days.

(3) Not less than 1,700 hours of supervised experience completed subsequent to the granting of the qualifying master's or doctoral degree.

(4) Not more than 1,300 hours of supervised experience obtained prior to completing a master's or doctoral degree.

The applicant shall not be credited with more than 750 hours of counseling and direct supervisor contact prior to completing the master's or doctoral degree.

(5) No hours of experience may be gained prior to completing either 12 semester units or 18 quarter units of graduate instruction and becoming a trainee except for personal psychotherapy.

(6) No hours of experience may be gained more than six years prior to the date the application for examination eligibility was filed, except that up to 500 hours of clinical experience gained in the supervised practicum required by subdivision (c) of Section 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d) of Section 4980.36 shall be exempt from this six-year requirement.

(7) Not more than a combined total of 1,000 hours of experience in the following:

(A) Direct supervisor contact.

(B) Professional enrichment activities. For purposes of this chapter, "professional enrichment activities" include the following:

(i) Workshops, seminars, training sessions, or conferences directly related to marriage and family therapy attended by the applicant that are approved by the applicant's supervisor. An applicant shall have no more than 250 hours of verified attendance at these workshops, seminars, training sessions, or conferences.

(ii) Participation by the applicant in personal psychotherapy, which includes group, marital or conjoint, family, or individual psychotherapy by an appropriately licensed professional. An applicant shall have no more than 100 hours of participation in personal psychotherapy. The applicant shall be credited with three hours of experience for each hour of personal psychotherapy.

(8) Not more than 500 hours of experience providing group therapy or group counseling.

(9) For all hours gained on or after January 1, 2012, not more than 500 hours of experience in the following:

(A) Experience administering and evaluating psychological tests, writing clinical reports, writing progress notes, or writing process notes.

(B) Client centered advocacy.

(10) Not less than 500 total hours of experience in diagnosing and treating couples, families, and children. For up to 150 hours of treating couples and families in conjoint therapy, the applicant shall be credited with two hours of experience for each hour of therapy provided.

(11) Not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telehealth in accordance with Section 2290.5.

(12) It is anticipated and encouraged that hours of experience will include working with elders and dependent adults who have

physical or mental limitations that restrict their ability to carry out normal activities or protect their rights.

This subdivision shall only apply to hours gained on and after January 1, 2010.

(b) All applicants, trainees, and registrants shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of marriage and family therapy. Supervised experience shall be gained by interns and trainees only as an employee or as a volunteer. The requirements of this chapter regarding gaining hours of experience and supervision are applicable equally to employees and volunteers. Experience shall not be gained by interns or trainees as an independent contractor.

(1) If employed, an intern shall provide the board with copies of the corresponding W-2 tax forms for each year of experience claimed upon application for licensure.

(2) If volunteering, an intern shall provide the board with a letter from his or her employer verifying the intern's employment as a volunteer upon application for licensure.

(c) Except for experience gained pursuant to subparagraph (B) of paragraph (7) of subdivision (a), supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting, as specified:

(1) A trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of client contact in each setting.

(2) An individual supervised after being granted a qualifying degree shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of client contact is gained in each setting. No more than five hours of supervision, whether individual or group, shall be credited during any single week.

(3) For purposes of this section, "one hour of direct supervisor contact" means one hour per week of face-to-face contact on an individual basis or two hours per week of face-to-face contact in a group.

(4) Direct supervisor contact shall occur within the same week as the hours claimed.

(5) Direct supervisor contact provided in a group shall be provided in a group of not more than eight supervisees and in segments lasting no less than one continuous hour.

(6) Notwithstanding paragraph (3), an intern working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is upheld.

(7) All experience gained by a trainee shall be monitored by the supervisor as specified by regulation.

(d) (1) A trainee may be credited with supervised experience completed in any setting that meets all of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(C) Is not a private practice owned by a licensed marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(2) Experience may be gained by the trainee solely as part of the position for which the trainee volunteers or is employed.

(e) (1) An intern may be credited with supervised experience completed in any setting that meets both of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(2) An applicant shall not be employed or volunteer in a private practice, as defined in subparagraph (C) of paragraph (1) of subdivision (d), until registered as an intern.

(3) While an intern may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration to interns.

(4) Except for periods of time during a supervisor's vacation or sick leave, an intern who is employed or volunteering in private practice shall be under the direct supervision of a licensee that has satisfied the requirements of subdivision (g) of Section 4980.03. The supervising licensee shall either be employed by and practice at the same site as the intern's employer, or shall be an owner or shareholder of the private practice. Alternative supervision may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements of this section.

(5) Experience may be gained by the intern solely as part of the position for which the intern volunteers or is employed.

(f) Except as provided in subdivision (g), all persons shall register with the board as an intern in order to be credited for postdegree hours of supervised experience gained toward licensure.

(g) Except when employed in a private practice setting, all postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the intern registration within 90 days of the granting of the qualifying master's or doctoral degree and is thereafter granted the intern registration by the board.

(h) Trainees, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

(i) Trainees, interns, and applicants shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision. Trainees and interns shall have no proprietary interest in their employers' businesses and shall not lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of their employers.

(j) Trainees, interns, or applicants who provide volunteered services or other services, and who receive no more than a total, from all work settings, of five hundred dollars ($500) per month as reimbursement for expenses actually incurred by those trainees, interns, or applicants for services rendered in any lawful work

setting other than a private practice shall be considered an employee and not an independent contractor. The board may audit applicants who receive reimbursement for expenses, and the applicants shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(k) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her interns and trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.

SEC. 28. Section 4980.50 of the Business and Professions Code, as amended by Section 1 of Chapter 800 of the Statutes of 2012, is amended to read:

4980.50. (a) Every applicant who meets the educational and experience requirements and applies for a license as a marriage and family therapist shall be examined by the board. The examinations shall be as set forth in subdivision (d) of Section 4980.40. The examinations shall be given at least twice a year at a time and place and under supervision as the board may determine. The board shall examine the candidate with regard to his or her knowledge and professional skills and his or her judgment in the utilization of appropriate techniques and methods.

(b) The board shall not deny any applicant, who has submitted a complete application for examination, admission to the licensure examinations required by this section if the applicant meets the educational and experience requirements of this chapter, and has not committed any acts or engaged in any conduct that would constitute grounds to deny licensure.

(c) The board shall not deny any applicant, whose application for licensure is complete, admission to the standard written examination, nor shall the board postpone or delay any applicant's standard written examination or delay informing the candidate of the results of the standard written examination, solely upon the

receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.

(d) If an applicant for examination who has passed the standard written examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the clinical vignette written examination for licensure, but may withhold the results of the examination or notify the applicant that licensure will not be granted pending completion of the investigation.

(e) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the standard written or clinical vignette written examination permission to retake either examination pending completion of the investigation of any complaints against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, withholding the results, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Sections 11503 and 11504 of the Government Code, respectively, or the applicant has been denied in accordance with subdivision (b) of Section 485.

(f) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.

(g) On or after January 1, 2002, no applicant shall be eligible to participate in a clinical vignette written examination if his or her passing score on the standard written examination occurred more than seven years before.

(h) An applicant who has qualified pursuant to this chapter shall be issued a license as a marriage and family therapist in the form that the board may deem appropriate.

(i) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

SEC. 29. Section 4980.50 of the Business and Professions Code, as amended by Section 2 of Chapter 800 of the Statutes of 2012, is amended to read:

4980.50. Effective January 1, 2016, the following shall apply:

(a) Every applicant who meets the educational and experience requirements and applies for a license as a marriage and family

therapist shall be examined by the board. The examinations shall be as set forth in subdivision (d) of Section 4980.40. The examinations shall be given at least twice a year at a time and place and under supervision as the board may determine. The board shall examine the candidate with regard to his or her knowledge and professional skills and his or her judgment in the utilization of appropriate techniques and methods.

(b) The board shall not deny any applicant, who has submitted a complete application for examination, admission to the licensure examinations required by this section if the applicant meets the educational and experience requirements of this chapter, and has not committed any acts or engaged in any conduct that would constitute grounds to deny licensure.

(c) The board shall not deny any applicant, whose application for licensure is complete, admission to the clinical examination, nor shall the board postpone or delay any applicant's clinical examination or delay informing the candidate of the results of the clinical examination, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.

(d) If an applicant for examination who has passed the California law and ethics examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the clinical examination for licensure, but may withhold the results of the examination or notify the applicant that licensure will not be granted pending completion of the investigation.

(e) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the California law and ethics examination or the clinical examination permission to retake either examination pending completion of the investigation of any complaints against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, withholding the results, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Sections 11503 and 11504 of the Government Code, respectively, or the applicant has been denied in accordance with subdivision (b) of Section 485.

(f) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.

(g) Effective January 1, 2016, no applicant shall be eligible to participate in the clinical examination if he or she fails to obtain a passing score on the clinical examination within seven years from his or her initial attempt, unless he or she takes and obtains a passing score on the current version of the California law and ethics examination.

(h) A passing score on the clinical examination shall be accepted by the board for a period of seven years from the date the examination was taken.

(i) An applicant who has qualified pursuant to this chapter shall be issued a license as a marriage and family therapist in the form that the board may deem appropriate.

(j) This section shall become operative on January 1, 2016.

~~SEC. 30. Section 4980.72 of the Business and Professions Code is amended to read:~~

~~4980.72. (a) This section applies to persons who are licensed outside of California and apply for licensure on or after January 1, 2014.~~

~~(b) The board may issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license in good standing issued by a board of marriage counselor examiners, board of marriage and family therapists, or corresponding authority, of any state or country, if all of the following conditions are satisfied:~~

~~(1) The applicant's education is substantially equivalent, as defined in Section 4980.78. The applicant's degree title need not be identical to that required by Section 4980.36 or 4980.37.~~

~~(2) The applicant complies with Section 4980.76, if applicable.~~

~~(3) The applicant's supervised experience is substantially equivalent to that required for a license under this chapter. If the applicant has less than 3,000 hours of qualifying supervised experience, time actively licensed as a marriage and family therapist shall be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours.~~

~~(4) The applicant passes the California law and ethics examination.~~

~~(5) The applicant passes a clinical examination designated by the board. An applicant who obtained his or her license or registration under another jurisdiction may apply for licensure with the board without taking the clinical examination if both of the following conditions are met:~~

~~(A) The applicant obtained a passing score on the licensing examination set forth in regulation as accepted by the board.~~

~~(B) The applicant's license or registration in that jurisdiction is in good standing at the time of his or her application and has not been revoked, suspended, surrendered, denied, or otherwise restricted or encumbered as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction.~~

~~SEC. 31.~~

SEC. 30. Section 4984.01 of the Business and Professions Code, as amended by Section 38 of Chapter 799 of the Statutes of 2012, is amended to read:

4984.01. (a) The marriage and family therapist intern registration shall expire one year from the last day of the month in which it was issued.

(b) To renew the registration, the registrant shall, on or before the expiration date of the registration, complete all of the following actions:

(1) Apply for renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken against him or her by a regulatory or licensing board in this or any other state subsequent to the last renewal of the registration.

(c) The registration may be renewed a maximum of five times. No registration shall be renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for and obtain a new intern registration if the applicant meets the educational requirements for registration in effect at the time of the application for a new intern registration. An applicant who is issued a subsequent intern registration pursuant to this subdivision may be employed or volunteer in any allowable work setting except private practice.

(d) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

~~SEC. 32.~~

SEC. 31. Section 4984.01 of the Business and Professions Code, as amended by Section 39 of Chapter 799 of the Statutes of 2012, is amended to read:

4984.01. (a) The marriage and family therapist intern registration shall expire one year from the last day of the month in which it was issued.

(b) To renew the registration, the registrant shall, on or before the expiration date of the registration, complete all of the following actions:

(1) Apply for renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Participate in the California law and ethics examination pursuant to Section 4980.399 each year until successful completion of this examination.

(4) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken against him or her by a regulatory or licensing board in this or any other state subsequent to the last renewal of the registration.

(c) The registration may be renewed a maximum of five times. No registration shall be renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for and obtain a new intern registration if the applicant meets the educational requirements for registration in effect at the time of the application for a new intern registration and has passed the California law and ethics examination described in Section 4980.399. An applicant who is issued a subsequent intern registration pursuant to this subdivision may be employed or volunteer in any allowable work setting except private practice.

(d) This section shall become operative on January 1, 2016.

~~SEC. 33.~~

SEC. 32. Section 4984.7 of the Business and Professions Code, as amended by Section 41 of Chapter 799 of the Statutes of 2012, is amended to read:

4984.7. (a) The board shall assess the following fees relating to the licensure of marriage and family therapists:

(1) The application fee for an intern registration shall be seventy-five dollars ($75).

(2) The renewal fee for an intern registration shall be seventy-five dollars ($75).

(3) The fee for the application for examination eligibility shall be one hundred dollars ($100).

(4) The fee for the standard written examination shall be one hundred dollars ($100). The fee for the clinical vignette examination shall be one hundred dollars ($100).

(A) An applicant who fails to appear for an examination, after having been scheduled to take the examination, shall forfeit the examination fee.

(B) The amount of the examination fees shall be based on the actual cost to the board of developing, purchasing, and grading each examination and the actual cost to the board of administering each examination. The examination fees shall be adjusted periodically by regulation to reflect the actual costs incurred by the board.

(5) The fee for rescoring an examination shall be twenty dollars ($20).

(6) The fee for issuance of an initial license shall be a maximum of one hundred eighty dollars ($180).

(7) The fee for license renewal shall be a maximum of one hundred eighty dollars ($180).

(8) The fee for inactive license renewal shall be a maximum of ninety dollars ($90).

(9) The renewal delinquency fee shall be a maximum of ninety dollars ($90). A person who permits his or her license to expire is subject to the delinquency fee.

(10) The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars ($20).

(11) The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars ($25).

(12) The fee for issuance of a retired license shall be forty dollars ($40).

(b) With regard to license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter.

(c) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

~~SEC. 34.~~

SEC. 33. Section 4984.7 of the Business and Professions Code, as amended by Section 42 of Chapter 799 of the Statutes of 2012, is amended to read:

4984.7. (a) The board shall assess the following fees relating to the licensure of marriage and family therapists:

(1) The application fee for an intern registration shall be seventy-five dollars ($75).

(2) The renewal fee for an intern registration shall be seventy-five dollars ($75).

(3) The fee for the application for examination eligibility shall be one hundred dollars ($100).

(4) The fee for the clinical examination shall be one hundred dollars ($100). The fee for the California law and ethics examination shall be one hundred dollars ($100).

(A) An applicant who fails to appear for an examination, after having been scheduled to take the examination, shall forfeit the examination fee.

(B) The amount of the examination fees shall be based on the actual cost to the board of developing, purchasing, and grading each examination and the actual cost to the board of administering each examination. The examination fees shall be adjusted periodically by regulation to reflect the actual costs incurred by the board.

(5) The fee for rescoring an examination shall be twenty dollars ($20).

(6) The fee for issuance of an initial license shall be a maximum of one hundred eighty dollars ($180).

(7) The fee for license renewal shall be a maximum of one hundred eighty dollars ($180).

(8) The fee for inactive license renewal shall be a maximum of ninety dollars ($90).

(9) The renewal delinquency fee shall be a maximum of ninety dollars ($90). A person who permits his or her license to expire is subject to the delinquency fee.

(10) The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars ($20).

(11) The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars ($25).

(12) The fee for issuance of a retired license shall be forty dollars ($40).

(b) With regard to license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter.

(c) This section shall become operative on January 1, 2016.

~~SEC. 35.~~

SEC. 34. Section 4984.72 of the Business and Professions Code, as amended by Section 43 of Chapter 799 of the Statutes of 2012, is amended to read:

4984.72. (a) An applicant who fails a standard or clinical vignette written examination may, within one year from the notification date of that failure, retake the examination as regularly scheduled without further application upon payment of the fee for the examination. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all requirements in effect on the date of application, and pays all required fees.

(b) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

~~SEC. 36.~~

SEC. 35. Section 4984.72 of the Business and Professions Code, as amended by Section 44 of Chapter 799 of the Statutes of 2012, is amended to read:

4984.72. (a) Effective January 1, 2016, an applicant who fails the clinical examination may, within one year from the notification date of that failure, retake the examination as regularly scheduled without further application upon payment of the fee for the examination. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all requirements in effect on the date of application, and pays all required fees.

(b) This section shall become operative on January 1, 2016.

~~SEC. 37.~~

SEC. 36. Section 4989.68 of the Business and Professions Code is amended to read:

4989.68. (a) The board shall assess the following fees relating to the licensure of educational psychologists:

(1) The application fee for examination eligibility shall be one hundred dollars ($100).

(2) The fee for issuance of the initial license shall be a maximum amount of one hundred fifty dollars ($150).

(3) The fee for license renewal shall be a maximum amount of one hundred fifty dollars ($150).

(4) The delinquency fee shall be a maximum amount of seventy-five dollars ($75). A person who permits his or her license to become delinquent may have it restored only upon payment of all the fees that he or she would have paid if the license had not become delinquent, plus the payment of any and all delinquency fees.

(5) The written examination fee shall be one hundred dollars ($100). An applicant who fails to appear for an examination, once having been scheduled, shall forfeit any examination fees he or she paid.

(6) The fee for rescoring a written examination shall be twenty dollars ($20).

(7) The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars ($20).

(8) The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars ($25).

(9) The fee for issuance of a retired license shall be forty dollars ($40).

(b) With regard to all license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter.

~~SEC. 38.~~

SEC. 37. Section 4992.05 of the Business and Professions Code is amended to read:

4992.05. (a) Effective January 1, 2016, an applicant for licensure as a clinical social worker shall pass the following two examinations as prescribed by the board:

(1) A California law and ethics examination.

(2) A clinical examination.

(b) Upon registration with the board, an associate social worker registrant shall, within the first year of registration, take an examination on California law and ethics.

(c) A registrant may take the clinical examination only upon meeting all of the following requirements:

(1) Completion of all education requirements.

(2) Passage of the California law and ethics examination.

(3) Completion of all required supervised work experience.

(d) This section shall become operative on January 1, 2016.

~~SEC. 39.~~

SEC. 38. Section 4992.07 of the Business and Professions Code is amended to read:

4992.07. (a) An applicant who had previously taken and passed the standard written examination but had not passed the clinical vignette examination shall also obtain a passing score on the clinical examination in order to be eligible for licensure.

(b) An applicant who had previously failed to obtain a passing score on the standard written examination shall obtain a passing score on the California law and ethics examination and the clinical examination.

(c) An applicant who had obtained eligibility for the standard written examination shall take the California law and ethics examination and the clinical examination.

(d) This section shall become operative on January 1, 2016.

~~SEC. 40.~~

SEC. 39. Section 4992.09 of the Business and Professions Code is amended to read:

4992.09. (a) Except as provided in subdivision (a) of Section 4992.07, an applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

(b) A registrant shall participate in a board-administered California law and ethics examination prior to his or her registration renewal.

(c) If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application except for as provided in subdivision (d).

(d) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her first renewal period on or after the operative date of this section, he or she shall complete, at a minimum, a 12-hour course in California law and ethics in order to be eligible to participate

in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by ~~the~~ *this* section shall be taken through a board-approved continuing education provider, a county, state or governmental entity, or a college or university.

(e) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(f) This section shall become operative on January 1, 2016.

~~SEC. 41.~~

SEC. 40. Section 4992.1 of the Business and Professions Code, as amended by Section 4 of Chapter 800 of the Statutes of 2012, is amended to read:

4992.1. (a) Only individuals who have the qualifications prescribed by the board under this chapter are eligible to take the examination.

(b) Every applicant who is issued a clinical social worker license shall be examined by the board.

(c) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.

(d) The board shall not deny any applicant, whose application for licensure is complete, admission to the standard written examination, nor shall the board postpone or delay any applicant's standard written examination or delay informing the candidate of the results of the standard written examination, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.

(e) If an applicant for examination who has passed the standard written examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the clinical vignette written examination for licensure, but may withhold the results of the examination or notify the applicant that licensure will not be granted pending completion of the investigation.

(f) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the standard written or clinical vignette written examination permission to retake either

examination pending completion of the investigation of any complaint against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, withholding the results, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Section 11503 or 11504 of the Government Code, or the applicant has been denied in accordance with subdivision (b) of Section 485.

(g) On or after January 1, 2002, no applicant shall be eligible to participate in a clinical vignette written examination if his or her passing score on the standard written examination occurred more than seven years before.

(h) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

~~SEC. 42.~~

SEC. 41. Section 4992.1 of the Business and Professions Code, as amended by Section 5 of Chapter 800 of the Statutes of 2012, is amended to read:

4992.1. (a) Only individuals who have the qualifications prescribed by the board under this chapter are eligible to take an examination under this chapter.

(b) Every applicant who is issued a clinical social worker license shall be examined by the board.

(c) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.

(d) The board shall not deny any applicant, whose application for licensure is complete, admission to the clinical examination, nor shall the board postpone or delay any applicant's clinical examination or delay informing the candidate of the results of the clinical examination, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.

(e) If an applicant for examination who has passed the California law and ethics examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the clinical examination for licensure, but may withhold the results of the examination or notify

the applicant that licensure will not be granted pending completion of the investigation.

(f) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the California law and ethics examination or the clinical examination permission to retake either examination pending completion of the investigation of any complaint against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination, withholding the results, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Section 11503 or 11504 of the Government Code, or the applicant has been denied in accordance with subdivision (b) of Section 485.

(g) Effective January 1, 2016, no applicant shall be eligible to participate in the clinical examination if he or she fails to obtain a passing score on the clinical examination within seven years from his or her initial attempt, unless he or she takes and obtains a passing score on the current version of the California law and ethics examination.

(h) A passing score on the clinical examination shall be accepted by the board for a period of seven years from the date the examination was taken.

(i) This section shall become operative on January 1, 2016.

~~SEC. 43.~~

SEC. 42. Section 4996.1 of the Business and Professions Code, as amended by Section 52 of Chapter 799 of the Statutes of 2012, is amended to read:

4996.1. (a) The board shall issue a clinical social worker license to each applicant who qualifies pursuant to this article and successfully passes a board-administered written or oral examination or both examinations. An applicant who has successfully passed a previously administered written examination may be subsequently required to take and pass another written examination.

(b) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

~~SEC. 44.~~

SEC. 43. Section 4996.1 of the Business and Professions Code, as amended by Section 53 of Chapter 799 of the Statutes of 2012, is amended to read:

4996.1. (a) Effective January 1, 2016, the board shall issue a clinical social worker license to each applicant who qualifies pursuant to this article and who successfully passes a California law and ethics examination and a clinical examination. An applicant who has successfully passed a previously administered written examination may be subsequently required to take and pass another written examination.

(b) This section shall become operative on January 1, 2016.

~~SEC. 45.~~

SEC. 44. Section 4996.3 of the Business and Professions Code, as amended by Section 54 of Chapter 799 of the Statutes of 2012, is amended to read:

4996.3. (a) The board shall assess the following fees relating to the licensure of clinical social workers:

(1) The application fee for registration as an associate clinical social worker shall be seventy-five dollars ($75).

(2) The fee for renewal of an associate clinical social worker registration shall be seventy-five dollars ($75).

(3) The fee for application for examination eligibility shall be one hundred dollars ($100).

(4) The fee for the standard written examination shall be a maximum of one hundred fifty dollars ($150). The fee for the clinical vignette examination shall be one hundred dollars ($100).

(A) An applicant who fails to appear for an examination, after having been scheduled to take the examination, shall forfeit the examination fees.

(B) The amount of the examination fees shall be based on the actual cost to the board of developing, purchasing, and grading each examination and the actual cost to the board of administering each examination. The written examination fees shall be adjusted periodically by regulation to reflect the actual costs incurred by the board.

(5) The fee for rescoring an examination shall be twenty dollars ($20).

(6) The fee for issuance of an initial license shall be a maximum of one hundred fifty-five dollars ($155).

(7) The fee for license renewal shall be a maximum of one hundred fifty-five dollars ($155).

(8) The fee for inactive license renewal shall be a maximum of seventy-seven dollars and fifty cents ($77.50).

(9) The renewal delinquency fee shall be a maximum of seventy-five dollars ($75). A person who permits his or her license to expire is subject to the delinquency fee.

(10) The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars ($20).

(11) The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars ($25).

(12) The fee for issuance of a retired license shall be forty dollars ($40).

(b) With regard to license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter.

(c) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

~~SEC. 46.~~

SEC. 45. Section 4996.3 of the Business and Professions Code, as amended by Section 55 of Chapter 799 of the Statutes of 2012, is amended to read:

4996.3. (a) The board shall assess the following fees relating to the licensure of clinical social workers:

(1) The application fee for registration as an associate clinical social worker shall be seventy-five dollars ($75).

(2) The fee for renewal of an associate clinical social worker registration shall be seventy-five dollars ($75).

(3) The fee for application for examination eligibility shall be one hundred dollars ($100).

(4) The fee for the clinical examination shall be one hundred dollars ($100). The fee for the California law and ethics examination shall be one hundred dollars ($100).

(A) An applicant who fails to appear for an examination, after having been scheduled to take the examination, shall forfeit the examination fees.

(B) The amount of the examination fees shall be based on the actual cost to the board of developing, purchasing, and grading each examination and the actual cost to the board of administering

each examination. The written examination fees shall be adjusted periodically by regulation to reflect the actual costs incurred by the board.

(5) The fee for rescoring an examination shall be twenty dollars ($20).

(6) The fee for issuance of an initial license shall be a maximum of one hundred fifty-five dollars ($155).

(7) The fee for license renewal shall be a maximum of one hundred fifty-five dollars ($155).

(8) The fee for inactive license renewal shall be a maximum of seventy-seven dollars and fifty cents ($77.50).

(9) The renewal delinquency fee shall be a maximum of seventy-five dollars ($75). A person who permits his or her license to expire is subject to the delinquency fee.

(10) The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars ($20).

(11) The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars ($25).

(12) The fee for issuance of a retired license shall be forty dollars ($40).

(b) With regard to license, examination, and other fees, the board shall establish fee amounts at or below the maximum amounts specified in this chapter.

(c) This section shall become operative on January 1, 2016.

~~SEC. 47.~~

SEC. 46. Section 4996.4 of the Business and Professions Code, as amended by Section 56 of Chapter 799 of the Statutes of 2012, is amended to read:

4996.4. (a) An applicant who fails a standard or clinical vignette written examination may, within one year from the notification date of failure, retake that examination as regularly scheduled, without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all required fees.

(b) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

~~SEC. 48.~~

SEC. 47. Section 4996.4 of the Business and Professions Code, as amended by Section 57 of Chapter 799 of the Statutes of 2012, is amended to read:

4996.4. (a) Effective January 1, 2016, an applicant who fails the clinical examination may, within one year from the notification date of failure, retake that examination as regularly scheduled, without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all required fees.

(b) This section shall become operative on January 1, 2016.

~~SEC. 49.~~

SEC. 48. Section 4996.9 of the Business and Professions Code is amended to read:

4996.9. The practice of clinical social work is defined as a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; doing research related to social work; and the use, application, and integration of the coursework and experience required by Sections 4996.2 and 4996.23.

Psychotherapy, within the meaning of this chapter, is the use of psychosocial methods within a professional relationship, to assist the person or persons to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation, and to modify internal and external conditions which affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes.

~~SEC. 50.~~

SEC. 49. Section 4996.17 of the Business and Professions Code is amended to read:

4996.17. (a) (1) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially the equivalent of the requirements of this chapter.

(2) Commencing January 1, 2014, an applicant with experience gained outside of California shall complete an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(b) The board may issue a license to any person who, at the time of application, holds a valid active clinical social work license issued by a board of clinical social work examiners or corresponding authority of any state, if the person passes, or has passed, the licensing examinations as specified in Section 4996.1 and pays the required fees. Issuance of the license is conditioned upon all of the following:

(1) The applicant has supervised experience that is substantially the equivalent of that required by this chapter. If the applicant has less than 3,200 hours of qualifying supervised experience, time actively licensed as a clinical social worker shall be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours.

(2) Completion of the following coursework or training in or out of this state:

(A) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(B) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(C) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency, as specified by regulation.

(D) A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(3) Commencing January 1, 2014, completion of an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(4) The applicant's license is not suspended, revoked, restricted, sanctioned, or voluntarily surrendered in any state.

(5) The applicant is not currently under investigation in any other state, and has not been charged with an offense for any act substantially related to the practice of social work by any public agency, entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon an applicant's professional conduct or practice, including any voluntary surrender of license, or been the subject of an adverse judgment resulting from the practice of social work that the board determines constitutes evidence of a pattern of incompetence or negligence.

(6) The applicant shall provide a certification from each state where he or she holds a license pertaining to licensure, disciplinary action, and complaints pending.

(7) The applicant is not subject to denial of licensure under Section 480, 4992.3, 4992.35, or 4992.36.

(c) The board may issue a license to any person who, at the time of application, holds a valid, active clinical social work license issued by a board of clinical social work examiners or a corresponding authority of any state, if the person has held that license for at least four years immediately preceding the date of application, the person passes, or has passed, the licensing examinations as specified in Section 4996.1, and the person pays the required fees. Issuance of the license is conditioned upon all of the following:

(1) Completion of the following coursework or training in or out of state:

(A) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(B) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder.

(C) A minimum of 15 contact hours of training or coursework in alcoholism and other chemical substance dependency, as specified by regulation.

(D) A minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection, and intervention strategies.

(2) Commencing January 1, 2014, completion of an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, the following: advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and process.

(3) The applicant has been licensed as a clinical social worker continuously for a minimum of four years prior to the date of application.

(4) The applicant's license is not suspended, revoked, restricted, sanctioned, or voluntarily surrendered in any state.

(5) The applicant is not currently under investigation in any other state, and has not been charged with an offense for any act substantially related to the practice of social work by any public agency, entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon an applicant's professional conduct or practice, including any voluntary surrender of license, or been the subject of an adverse judgment resulting from the practice of social work that the board determines constitutes evidence of a pattern of incompetence or negligence.

(6) The applicant provides a certification from each state where he or she holds a license pertaining to licensure, disciplinary action, and complaints pending.

(7) The applicant is not subject to denial of licensure under Section 480, 4992.3, 4992.35, or 4992.36.

(d) Commencing January 1, 2016, an applicant who obtained his or her license or registration under another jurisdiction may apply for licensure with the board without taking the clinical examination specified in Section 4996.1 if the applicant obtained a passing score on the licensing examination set forth in regulation as accepted by the board.

~~SEC. 51.~~

SEC. 50. Section 4996.18 of the Business and Professions Code is amended to read:

4996.18. (a) A person who wishes to be credited with experience toward licensure requirements shall register with the board as an associate clinical social worker prior to obtaining that experience. The application shall be made on a form prescribed by the board.

(b) An applicant for registration shall satisfy the following requirements:

(1) Possess a master's degree from an accredited school or department of social work.

(2) Have committed no crimes or acts constituting grounds for denial of licensure under Section 480.

(3) Commencing January 1, 2014, have completed training or coursework, which may be embedded within more than one course,

in California law and professional ethics for clinical social workers, including instruction in all of the following areas of study:

(A) Contemporary professional ethics and statutes, regulations, and court decisions that delineate the scope of practice of clinical social work.

(B) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of clinical social work, including, but not limited to, family law.

(C) The current legal patterns and trends in the mental health professions.

(D) The psychotherapist-patient privilege, confidentiality, dangerous patients, and the treatment of minors with and without parental consent.

(E) A recognition and exploration of the relationship between a practitioner's sense of self and human values, and his or her professional behavior and ethics.

(F) Differences in legal and ethical standards for different types of work settings.

(G) Licensing law and process.

(c) An applicant who possesses a master's degree from a school or department of social work that is a candidate for accreditation by the Commission on Accreditation of the Council on Social Work Education shall be eligible, and shall be required, to register as an associate clinical social worker in order to gain experience toward licensure if the applicant has not committed any crimes or acts that constitute grounds for denial of licensure under Section 480. That applicant shall not, however, be eligible for examination until the school or department of social work has received accreditation by the Commission on Accreditation of the Council on Social Work Education.

(d) All applicants and registrants shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of clinical social work.

(e) Any experience obtained under the supervision of a spouse or relative by blood or marriage shall not be credited toward the required hours of supervised experience. Any experience obtained

under the supervision of a supervisor with whom the applicant has a personal relationship that undermines the authority or effectiveness of the supervision shall not be credited toward the required hours of supervised experience.

(f) An applicant who possesses a master's degree from an accredited school or department of social work shall be able to apply experience the applicant obtained during the time the accredited school or department was in candidacy status by the Commission on Accreditation of the Council on Social Work Education toward the licensure requirements, if the experience meets the requirements of Section 4996.23. This subdivision shall apply retroactively to persons who possess a master's degree from an accredited school or department of social work and who obtained experience during the time the accredited school or department was in candidacy status by the Commission on Accreditation of the Council on Social Work Education.

(g) An applicant for registration or licensure trained in an educational institution outside the United States shall demonstrate to the satisfaction of the board that he or she possesses a master's of social work degree that is equivalent to a master's degree issued from a school or department of social work that is accredited by the Commission on Accreditation of the Council on Social Work Education. These applicants shall provide the board with a comprehensive evaluation of the degree and shall provide any other documentation the board deems necessary. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements regardless of evaluation or accreditation.

(h) A registrant shall not provide clinical social work services to the public for a fee, monetary or otherwise, except as an employee.

(i) A registrant shall inform each client or patient prior to performing any professional services that he or she is unlicensed and is under the supervision of a licensed professional.

~~SEC. 52.~~

SEC. 51. Section 4996.28 of the Business and Professions Code is amended to read:

4996.28. (a) Registration as an associate clinical social worker shall expire one year from the last day of the month during which it was issued. To renew a registration, the registrant shall, on or

before the expiration date of the registration, complete all of the following actions:

(1) Apply for renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken by a regulatory or licensing board in this or any other state, subsequent to the last renewal of the registration.

(4) On and after January 1, 2016, obtain a passing score on the California law and ethics examination pursuant to Section 4992.09.

(b) A registration as an associate clinical social worker may be renewed a maximum of five times. When no further renewals are possible, an applicant may apply for and obtain a new associate clinical social worker registration if the applicant meets all requirements for registration in effect at the time of his or her application for a new associate clinical social worker registration. An applicant issued a subsequent associate registration pursuant to this subdivision may be employed or volunteer in any allowable work setting except private practice.

~~SEC. 53.~~

SEC. 52. Section 4999.20 of the Business and Professions Code is amended to read:

4999.20. (a) (1) "Professional clinical counseling" means the application of counseling interventions and psychotherapeutic techniques to identify and remediate cognitive, mental, and emotional issues, including personal growth, adjustment to disability, crisis intervention, and psychosocial and environmental problems, and the use, application, and integration of the coursework and training required by Sections 4999.32 and 4999.33. "Professional clinical counseling" includes conducting assessments for the purpose of establishing counseling goals and objectives to empower individuals to deal adequately with life situations, reduce stress, experience growth, change behavior, and make well-informed, rational decisions.

(2) "Professional clinical counseling" is focused exclusively on the application of counseling interventions and psychotherapeutic techniques for the purposes of improving mental health, and is not intended to capture other, nonclinical forms of counseling for the

purposes of licensure. For purposes of this paragraph, "nonclinical" means nonmental health.

(3) "Professional clinical counseling" does not include the assessment or treatment of couples or families unless the professional clinical counselor has completed all of the following additional training and education, beyond the minimum training and education required for licensure:

(A) One of the following:

(i) Six semester units or nine quarter units specifically focused on the theory and application of marriage and family therapy.

(ii) A named specialization or emphasis area on the qualifying degree in marriage and family therapy; marital and family therapy; marriage, family, and child counseling; or couple and family therapy.

(B) No less than 500 hours of documented supervised experience working directly with couples, families, or children.

(C) A minimum of six hours of continuing education specific to marriage and family therapy, completed in each license renewal cycle.

(4) "Professional clinical counseling" does not include the provision of clinical social work services.

(b) "Counseling interventions and psychotherapeutic techniques" means the application of cognitive, affective, verbal or nonverbal, systemic or holistic counseling strategies that include principles of development, wellness, and maladjustment that reflect a pluralistic society. These interventions and techniques are specifically implemented in the context of a professional clinical counseling relationship and use a variety of counseling theories and approaches.

(c) "Assessment" means selecting, administering, scoring, and interpreting tests, instruments, and other tools and methods designed to measure an individual's attitudes, abilities, aptitudes, achievements, interests, personal characteristics, disabilities, and mental, emotional, and behavioral concerns and development and the use of methods and techniques for understanding human behavior in relation to coping with, adapting to, or ameliorating changing life situations, as part of the counseling process. "Assessment" shall not include the use of projective techniques in the assessment of personality, individually administered intelligence tests, neuropsychological testing, or utilization of a

battery of three or more tests to determine the presence of psychosis, dementia, amnesia, cognitive impairment, or criminal behavior.

(d) Professional clinical counselors shall refer clients to other licensed health care professionals when they identify issues beyond their own scope of education, training, and experience.

~~SEC. 54.~~

SEC. 53. Section 4999.33 of the Business and Professions Code is amended to read:

4999.33. (a) This section shall apply to the following:

(1) Applicants for examination eligibility or registration who begin graduate study before August 1, 2012, and do not complete that study on or before December 31, 2018.

(2) Applicants for examination eligibility or registration who begin graduate study before August 1, 2012, and who graduate from a degree program that meets the requirements of this section.

(3) Applicants for examination eligibility or registration who begin graduate study on or after August 1, 2012.

(b) To qualify for examination eligibility or registration, applicants shall possess a master's or doctoral degree that is counseling or psychotherapy in content and that meets the requirements of this section, obtained from an accredited or approved institution, as defined in Section 4999.12. For purposes of this subdivision, a degree is "counseling or psychotherapy in content" if it contains the supervised practicum or field study experience described in paragraph (3) of subdivision (c) and, except as provided in subdivision (f), the coursework in the core content areas listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c).

(c) The degree described in subdivision (b) shall contain not less than 60 graduate semester or 90 graduate quarter units of instruction, which shall, except as provided in subdivision (f), include all of the following:

(1) The equivalent of at least three semester units or four and one-half quarter units of graduate study in all of the following core content areas:

(A) Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of

counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.

(B) Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.

(C) Career development theories and techniques, including career development decisionmaking models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.

(D) Group counseling theories and techniques, including principles of group dynamics, group process components, group developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.

(E) Assessment, appraisal, and testing of individuals, including basic concepts of standardized and nonstandardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.

(F) Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.

(G) Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.

(H) Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.

(I) Professional orientation, ethics, and law in counseling, including California law and professional ethics for professional clinical counselors, professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.

(J) Psychopharmacology, including the biological bases of behavior, basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of those medications can be identified.

(K) Addictions counseling, including substance abuse, co-occurring disorders, and addiction, major approaches to identification, evaluation, treatment, and prevention of substance abuse and addiction, legal and medical aspects of substance abuse, populations at risk, the role of support persons, support systems, and community resources.

(L) Crisis or trauma counseling, including crisis theory; multidisciplinary responses to crises, emergencies, or disasters; cognitive, affective, behavioral, and neurological effects associated with trauma; brief, intermediate, and long-term approaches; and assessment strategies for clients in crisis and principles of intervention for individuals with mental or emotional disorders during times of crisis, emergency, or disaster.

(M) Advanced counseling and psychotherapeutic theories and techniques, including the application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

(2) In addition to the course requirements described in paragraph (1), 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations.

(3) Not less than six semester units or nine quarter units of supervised practicum or field study experience, or the equivalent, in a clinical setting that provides a range of professional clinical counseling experience, including the following:

(A) Applied psychotherapeutic techniques.

(B) Assessment.

(C) Diagnosis.

(D) Prognosis.

(E) Treatment.

(F) Issues of development, adjustment, and maladjustment.

(G) Health and wellness promotion.

(H) Professional writing including documentation of services, treatment plans, and progress notes.

(I) How to find and use resources.

(J) Other recognized counseling interventions.

(K) A minimum of 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(d) The 60 graduate semester units or 90 graduate quarter units of instruction required pursuant to subdivision (c) shall, in addition to meeting the requirements of subdivision (c), include instruction in all of the following:

(1) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.

(2) The understanding of human behavior within the social context of a representative variety of the cultures found within California.

(3) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.

(4) An understanding of the effects of socioeconomic status on treatment and available resources.

(5) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability and their incorporation into the psychotherapeutic process.

(6) Case management, systems of care for the severely mentally ill, public and private services for the severely mentally ill, community resources for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. The instruction required in this paragraph may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.

(7) Human sexuality, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(8) Spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics.

(9) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting, as specified in Section 28, and any regulations promulgated thereunder.

(10) Aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(e) A degree program that qualifies for licensure under this section shall do all of the following:

(1) Integrate the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments.

(2) Integrate an understanding of various cultures and the social and psychological implications of socioeconomic position.

(3) Provide the opportunity for students to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(f) (1) An applicant whose degree is deficient in no more than three of the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing post-master's or postdoctoral degree coursework at an accredited or approved institution, as defined in Section 4999.12.

(2) Coursework taken to meet deficiencies in the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph

(1) of subdivision (c) shall be the equivalent of three semester units or four and one-half quarter units of study.

(3) The board shall make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation.

~~SEC. 55.~~

SEC. 54. Section 4999.45 of the Business and Professions Code, as amended by Section 62 of Chapter 799 of the Statutes of 2012, is amended to read:

4999.45. An intern employed under this chapter shall:

(a) Not perform any duties, except for those services provided as a clinical counselor trainee, until registered as an intern.

(b) Not be employed or volunteer in a private practice until registered as an intern.

(c) Inform each client prior to performing any professional services that he or she is unlicensed and under supervision.

(d) Renew annually for a maximum of five years after initial registration with the board.

(e) When no further renewals are possible, an applicant may apply for and obtain a new intern registration if the applicant meets the educational requirements for registration in effect at the time of the application for a new intern registration. An applicant issued a subsequent intern registration pursuant to this subdivision may be employed or volunteer in any allowable work setting except private practice.

(f) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

~~SEC. 56.~~

SEC. 55. Section 4999.45 of the Business and Professions Code, as amended by Section 63 of Chapter 799 of the Statutes of 2012, is amended to read:

4999.45. (a) An intern employed under this chapter shall:

(1) Not perform any duties, except for those services provided as a clinical counselor trainee, until registered as an intern.

(2) Not be employed or volunteer in a private practice until registered as an intern.

(3) Inform each client prior to performing any professional services that he or she is unlicensed and under supervision.

(4) Renew annually for a maximum of five years after initial registration with the board.

(b) When no further renewals are possible, an applicant may apply for and obtain a new intern registration if the applicant meets the educational requirements for registration in effect at the time of the application for a new intern registration and has passed the California law and ethics examination described in Section 4999.53. An applicant issued a subsequent intern registration pursuant to this subdivision may be employed or volunteer in any allowable work setting except private practice.

(c) This section shall become operative on January 1, 2016.

~~SEC. 57.~~

SEC. 56. Section 4999.46 of the Business and Professions Code, as amended by Section 64 of Chapter 799 of the Statutes of 2012, is amended to read:

4999.46. (a) To qualify for the licensure examinations specified in subdivision (c) of Section 4999.52, applicants shall complete clinical mental health experience under the general supervision of an approved supervisor as defined in Section 4999.12.

(b) The experience shall include a minimum of 3,000 postdegree hours of supervised clinical mental health experience related to the practice of professional clinical counseling, performed over a period of not less than two years (104 weeks), which shall include:

(1) Not more than 40 hours in any seven consecutive days.

(2) Not less than 1,750 hours of direct counseling with individuals or groups in a setting described in Section 4999.44 using a variety of psychotherapeutic techniques and recognized counseling interventions within the scope of practice of licensed professional clinical counselors.

(3) Not more than 500 hours of experience providing group therapy or group counseling.

(4) Not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telehealth in accordance with Section 2290.5.

(5) Not less than 150 hours of clinical experience in a hospital or community mental health setting, as defined in Section 1820 of Title 16 of the California Code of Regulations.

(6) Not more than a combined total of 1,250 hours of experience in the following related activities:

(A) Direct supervisor contact.

(B) Client centered advocacy.

(C) Not more than 250 hours of experience administering tests and evaluating psychological tests of clients, writing clinical reports, writing progress notes, or writing process notes.

(D) Not more than 250 hours of verified attendance at workshops, seminars, training sessions, or conferences directly related to professional clinical counseling that are approved by the applicant's supervisor.

(c) No hours of clinical mental health experience may be gained more than six years prior to the date the application for examination eligibility was filed.

(d) An applicant shall register with the board as an intern in order to be credited for postdegree hours of experience toward licensure. Postdegree hours of experience shall be credited toward licensure, provided that the applicant applies for intern registration within 90 days of the granting of the qualifying degree and is registered as an intern by the board.

(e) All applicants and interns shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of professional clinical counseling.

(f) Experience obtained under the supervision of a spouse or relative by blood or marriage shall not be credited toward the required hours of supervised experience. Experience obtained under the supervision of a supervisor with whom the applicant has had or currently has a personal, professional, or business relationship that undermines the authority or effectiveness of the supervision shall not be credited toward the required hours of supervised experience.

(g) Except for experience gained pursuant to subparagraph (D) of paragraph (6) of subdivision (b), supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting.

(1) No more than five hours of supervision, whether individual or group, shall be credited during any single week.

(2) An intern shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of

face-to-face psychotherapy is performed in each setting in which experience is gained.

(3) For purposes of this section, "one hour of direct supervisor contact" means one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more than eight persons in segments lasting no less than one continuous hour.

(4) Notwithstanding paragraph (3), an intern working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable, may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is upheld.

(h) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

~~SEC. 58.~~

SEC. 57. Section 4999.46 of the Business and Professions Code, as amended by Section 65 of Chapter 799 of the Statutes of 2012, is amended to read:

4999.46. (a) To qualify for the licensure examination specified by paragraph (2) of subdivision (a) of Section 4999.53, applicants shall complete clinical mental health experience under the general supervision of an approved supervisor as defined in Section 4999.12.

(b) The experience shall include a minimum of 3,000 postdegree hours of supervised clinical mental health experience related to the practice of professional clinical counseling, performed over a period of not less than two years (104 weeks), which shall include:

(1) Not more than 40 hours in any seven consecutive days.

(2) Not less than 1,750 hours of direct counseling with individuals or groups in a setting described in Section 4999.44 using a variety of psychotherapeutic techniques and recognized counseling interventions within the scope of practice of licensed professional clinical counselors.

(3) Not more than 500 hours of experience providing group therapy or group counseling.

(4) Not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telehealth in accordance with Section 2290.5.

(5) Not less than 150 hours of clinical experience in a hospital or community mental health setting, as defined in Section 1820 of Title 16 of the California Code of Regulations.

(6) Not more than a combined total of 1,250 hours of experience in the following related activities:

(A) Direct supervisor contact.

(B) Client centered advocacy.

(C) Not more than 250 hours of experience administering tests and evaluating psychological tests of clients, writing clinical reports, writing progress notes, or writing process notes.

(D) Not more than 250 hours of verified attendance at workshops, seminars, training sessions, or conferences directly related to professional clinical counseling that are approved by the applicant's supervisor.

(c) No hours of clinical mental health experience may be gained more than six years prior to the date the application for examination eligibility was filed.

(d) An applicant shall register with the board as an intern in order to be credited for postdegree hours of experience toward licensure. Postdegree hours of experience shall be credited toward licensure, provided that the applicant applies for intern registration within 90 days of the granting of the qualifying degree and is registered as an intern by the board.

(e) All applicants and interns shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of professional clinical counseling.

(f) Experience obtained under the supervision of a spouse or relative by blood or marriage shall not be credited toward the required hours of supervised experience. Experience obtained under the supervision of a supervisor with whom the applicant has had or currently has a personal, professional, or business relationship that undermines the authority or effectiveness of the supervision shall not be credited toward the required hours of supervised experience.

(g) Except for experience gained pursuant to subparagraph (D) of paragraph (6) of subdivision (b), supervision shall include at

least one hour of direct supervisor contact in each week for which experience is credited in each work setting.

(1) No more than five hours of supervision, whether individual or group, shall be credited during any single week.

(2) An intern shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting in which experience is gained.

(3) For purposes of this section, "one hour of direct supervisor contact" means one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more than eight persons in segments lasting no less than one continuous hour.

(4) Notwithstanding paragraph (3), an intern working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable, may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is upheld.

(h) This section shall become operative on January 1, 2016.

~~SEC. 59.~~

SEC. 58. Section 4999.47 of the Business and Professions Code is amended to read:

4999.47. (a) Clinical counselor trainees, interns, and applicants shall perform services only as an employee or as a volunteer.

The requirements of this chapter regarding gaining hours of clinical mental health experience and supervision are applicable equally to employees and volunteers. Experience shall not be gained by interns or trainees as an independent contractor.

(1) If employed, a clinical counselor intern shall provide the board with copies of the corresponding W-2 tax forms for each year of experience claimed upon application for licensure as a professional clinical counselor.

(2) If volunteering, a clinical counselor intern shall provide the board with a letter from his or her employer verifying the intern's employment as a volunteer upon application for licensure as a professional clinical counselor.

(b) Clinical counselor trainees, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

(c) While an intern may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration.

(d) Clinical counselor trainees, interns, and applicants who provide voluntary services or other services, and who receive no more than a total, from all work settings, of five hundred dollars ($500) per month as reimbursement for expenses actually incurred by those clinical counselor trainees, interns, and applicants for services rendered in any lawful work setting other than a private practice shall be considered an employee and not an independent contractor.

(e) The board may audit an intern or applicant who receives reimbursement for expenses and the intern or applicant shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(f) Clinical counselor trainees, interns, and applicants shall only perform services at the place where their employer regularly conducts business and services, which may include other locations, as long as the services are performed under the direction and control of the employer and supervisor in compliance with the laws and regulations pertaining to supervision. Clinical counselor trainees, interns, and applicants shall have no proprietary interest in the employer's business.

(g) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her interns and clinical counselor trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.

~~SEC. 60.~~

SEC. 59. Section 4999.50 of the Business and Professions Code, as amended by Section 66 of Chapter 799 of the Statutes of 2012, is amended to read:

4999.50. (a) The board may issue a professional clinical counselor license to any person who meets all of the following requirements:

(1) He or she has received a master's or doctoral degree described in Section 4999.32 or 4999.33, as applicable.

(2) He or she has completed at least 3,000 hours of supervised experience in the practice of professional clinical counseling as provided in Section 4999.46.

(3) He or she provides evidence of a passing score, as determined by the board, on examinations designated by the board pursuant to Section 4999.52.

(b) An applicant who has satisfied the requirements of this chapter shall be issued a license as a professional clinical counselor in the form that the board may deem appropriate.

(c) The board shall begin accepting applications for examination eligibility on January 1, 2012.

(d) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

~~SEC. 61.~~

SEC. 60. Section 4999.50 of the Business and Professions Code, as amended by Section 67 of Chapter 799 of the Statutes of 2012, is amended to read:

4999.50. (a) The board may issue a professional clinical counselor license to any person who meets all of the following requirements:

(1) He or she has received a master's or doctoral degree described in Section 4999.32 or 4999.33, as applicable.

(2) He or she has completed at least 3,000 hours of supervised experience in the practice of professional clinical counseling as provided in Section 4999.46.

(3) He or she provides evidence of a passing score, as determined by the board, on the examinations designated in Section 4999.53.

(b) An applicant who has satisfied the requirements of this chapter shall be issued a license as a professional clinical counselor in the form that the board may deem appropriate.

(c) This section shall become operative on January 1, 2016.

~~SEC. 62.~~

SEC. 61. Section 4999.52 of the Business and Professions Code, as amended by Section 10 of Chapter 800 of the Statutes of 2012, is amended to read:

4999.52. (a) Except as provided in Section 4999.54, every applicant for a license as a professional clinical counselor shall be examined by the board. The board shall examine the candidate with regard to his or her knowledge and professional skills and his or her judgment in the utilization of appropriate techniques and methods.

(b) The examinations shall be given at least twice a year at a time and place and under supervision as the board may determine.

(c) (1) It is the intent of the Legislature that national licensing examinations, such as the National Counselor Examination for Licensure and Certification (NCE) and the National Clinical Mental Health Counselor Examination (NCMHCE), be evaluated by the board as requirements for licensure as a professional clinical counselor.

(2) The board shall evaluate various national examinations in order to determine whether they meet the prevailing standards for the validation and use of licensing and certification tests in California.

(3) The Department of Consumer Affairs' Office of Professional Examination Services shall review the occupational analysis that was used for developing the national examinations in order to determine if it adequately describes the licensing group and adequately determines the tasks, knowledge, skills, and abilities the licensed professional clinical counselor would need to perform the functions under this chapter.

(4) Examinations shall measure knowledge and abilities demonstrably important to the safe, effective practice of the profession.

(5) If national examinations do not meet the standards specified in paragraph (2), the board may require a passing score on either of the following:

(A) The national examinations plus one or more board-developed examinations.

(B) One or more board-developed examinations.

(6) If the board decides to require a national examination specified in paragraph (1), a passing score on this examination

shall be accepted by the board for a period of seven years from the date the examination was taken.

(7) If the board decides to require the examinations specified in paragraph (5), a passing score on these examinations shall be accepted by the board for a period of seven years from the date the examination was taken.

(8) The licensing examinations shall also incorporate a California law and ethics examination element that is acceptable to the board, or, as an alternative, the board may develop a separate California law and ethics examination.

(d) The board shall not deny any applicant who has submitted a complete application for examination admission to the licensure examinations required by this section if the applicant meets the educational and experience requirements of this chapter, and has not committed any acts or engaged in any conduct that would constitute grounds to deny licensure.

(e) The board shall not deny any applicant whose application for licensure is complete admission to the examinations, nor shall the board postpone or delay any applicant's examinations or delay informing the candidate of the results of the examinations, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.

(f) If an applicant for examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the examinations, but may notify the applicant that licensure will not be granted pending completion of the investigation.

(g) Notwithstanding Section 135, the board may deny any applicant who has previously failed an examination permission to retake that examination pending completion of the investigation of any complaints against the applicant.

(h) Nothing in this section shall prohibit the board from denying an applicant admission to any examination, withholding the results, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Section 11503 or 11504 of the Government Code, respectively, or the application has been denied in accordance with subdivision (b) of Section 485.

(i) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.

(j) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

~~SEC. 63.~~

SEC. 62. Section 4999.52 of the Business and Professions Code, as amended by Section 11 of Chapter 800 of the Statutes of 2012, is amended to read:

4999.52. (a) Except as provided in Section 4999.54, every applicant for a license as a professional clinical counselor shall be examined by the board. The board shall examine the candidate with regard to his or her knowledge and professional skills and his or her judgment in the utilization of appropriate techniques and methods.

(b) The examinations shall be given at least twice a year at a time and place and under supervision as the board may determine.

(c) The board shall not deny any applicant who has submitted a complete application for examination admission to the licensure examinations required by this section if the applicant meets the educational and experience requirements of this chapter, and has not committed any acts or engaged in any conduct that would constitute grounds to deny licensure.

(d) The board shall not deny any applicant whose application for licensure is complete admission to the examinations specified by paragraph (2) of subdivision (a) of Section 4999.53, nor shall the board postpone or delay this examination for any applicant or delay informing the candidate of the results of this examination, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.

(e) If an applicant for the examination specified by paragraph (2) of subdivision (a) of Section 4999.53, who has passed the California law and ethics examination, is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take this examination, but may notify the applicant that licensure will not be granted pending completion of the investigation.

(f) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the California law and ethics examination, or the examination specified by paragraph (2) of subdivision (a) of Section 4999.53, permission to retake either examination pending completion of the investigation of any complaints against the applicant.

(g) Nothing in this section shall prohibit the board from denying an applicant admission to any examination, withholding the results, or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Section 11503 or 11504 of the Government Code, respectively, or the application has been denied in accordance with subdivision (b) of Section 485.

(h) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.

(i) On and after January 1, 2016, the examination specified by paragraph (2) of subdivision (a) of Section 4999.53 shall be passed within seven years of an applicant's initial attempt.

(j) A passing score on the clinical examination shall be accepted by the board for a period of seven years from the date the examination was taken.

(k) No applicant shall be eligible to participate in the examination specified by paragraph (2) of subdivision (a) of Section 4999.53, if he or she fails to obtain a passing score on this examination within seven years from his or her initial attempt. If the applicant fails to obtain a passing score within seven years of initial attempt, he or she shall obtain a passing score on the current version of the California law and ethics examination in order to be eligible to retake this examination.

(*l*) This section shall become operative on January 1, 2016.

~~SEC. 64.~~

SEC. 63. Section 4999.53 of the Business and Professions Code is amended to read:

4999.53. (a) Effective January 1, 2016, a clinical counselor intern applying for licensure as a clinical counselor shall pass the following examinations as prescribed by the board:

(1) A California law and ethics examination.

(2) A clinical examination administered by the board, or the National Clinical Mental Health Counselor Examination if the

board finds that this examination meets the prevailing standards for validation and use of the licensing and certification tests in California.

(b) Upon registration with the board, a clinical counselor intern shall, within the first year of registration, take an examination on California law and ethics.

(c) A registrant may take the clinical examination or the National Clinical Mental Health Counselor Examination, as established by the board through regulation, only upon meeting all of the following requirements:

(1) Completion of all required supervised work experience.

(2) Completion of all education requirements.

(3) Passage of the California law and ethics examination.

(d) This section shall become operative on January 1, 2016.

~~SEC. 65.~~

SEC. 64. Section 4999.55 of the Business and Professions Code is amended to read:

4999.55. (a) Each applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

(b) A registrant shall participate in a board-administered California law and ethics examination prior to his or her registration renewal.

(c) If an applicant fails the California law and ethics ~~exam,~~ *examination,* he or she may retake the examination, upon payment of the required fees, without further application, except as provided in subdivision (d).

(d) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her first renewal period on or after the operative date of this section, he or she shall complete, at minimum, a 12-hour course in California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by this section shall be taken through a board-approved continuing education provider, a county, state, or governmental entity, or a college or university.

(e) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(f) This section shall become operative January 1, 2016.

~~SEC. 66. Section 4999.60 of the Business and Professions Code is amended to read:~~

~~4999.60. (a) This section applies to persons who are licensed outside of California and apply for examination eligibility on or after January 1, 2014.~~

~~(b) The board may issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license as a professional clinical counselor, or other counseling license that allows the applicant to independently provide clinical mental health services, in another jurisdiction of the United States if all of the following conditions are satisfied:~~

~~(1) The applicant's education is substantially equivalent, as defined in Section 4999.62.~~

~~(2) The applicant complies with subdivision (b) of Section 4999.40, if applicable.~~

~~(3) The applicant's supervised experience is substantially equivalent to that required for a license under this chapter. If the applicant has less than 3,000 hours of qualifying supervised experience, time actively licensed as a professional clinical counselor shall be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours.~~

~~(4) The applicant passes the examinations required to obtain a license under this chapter. An applicant who obtained his or her license or registration under another jurisdiction may apply for licensure with the board without taking the clinical examination if both of the following conditions are met:~~

~~(A) The applicant obtained a passing score on the licensing examination set forth in regulation as accepted by the board.~~

~~(B) The applicant's license or registration in that jurisdiction is in good standing at the time of his or her application and has not been revoked, suspended, surrendered, denied, or otherwise restricted or encumbered as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction.~~

~~SEC. 67.~~

SEC. 65. Section 4999.64 of the Business and Professions Code is amended to read:

4999.64. (a) Effective January 1, 2016, an applicant who fails the examination specified in paragraph (2) of subdivision (a) of Section 4999.53 may, within one year from the notification date of that failure, retake the examination as regularly scheduled without further application upon payment of the fee for the examination. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all requirements in effect on the date of application, and pays all required fees.

(b) This section shall become operative on January 1, 2016.

~~SEC. 68.~~

SEC. 66. Section 4999.100 of the Business and Professions Code, as amended by Section 80 of Chapter 799 of the Statutes of 2012, is amended to read:

4999.100. (a) An intern registration shall expire one year from the last day of the month in which it was issued.

(b) To renew a registration, the registrant shall, on or before the expiration date of the registration, do the following:

(1) Apply for a renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, or whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state, subsequent to the registrant's last renewal.

(c) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

~~SEC. 69.~~

SEC. 67. Section 4999.100 of the Business and Professions Code, as amended by Section 81 of Chapter 799 of the Statutes of 2012, is amended to read:

4999.100. (a) An intern registration shall expire one year from the last day of the month in which it was issued.

(b) To renew a registration, the registrant shall, on or before the expiration date of the registration, do the following:

(1) Apply for a renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, or whether

any disciplinary action has been taken by any regulatory or licensing board in this or any other state, subsequent to the registrant's last renewal.

(4) Participate in the California law and ethics examination pursuant to Section 4999.53 each year until successful completion of this examination.

(c) The intern registration may be renewed a maximum of five times. No registration shall be renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for and obtain a new intern registration if the applicant meets the educational requirements for registration in effect at the time of the application for a new intern registration and has passed the California law and ethics examination described in Section 4999.53. An applicant who is issued a subsequent intern registration pursuant to this subdivision may be employed or volunteer in any allowable work setting except private practice.

(d) This section shall become operative on January 1, 2016.

~~SEC. 70.~~

SEC. 68. Section 14132 of the Welfare and Institutions Code is amended to read:

14132. The following is the schedule of benefits under this chapter:

(a) Outpatient services are covered as follows:

Physician, hospital or clinic outpatient, surgical center, respiratory care, optometric, chiropractic, psychology, podiatric, occupational therapy, physical therapy, speech therapy, audiology, acupuncture to the extent federal matching funds are provided for acupuncture, and services of persons rendering treatment by prayer or healing by spiritual means in the practice of any church or religious denomination insofar as these can be encompassed by federal participation under an approved plan, subject to utilization controls.

(b) (1) Inpatient hospital services, including, but not limited to, physician and podiatric services, physical therapy and occupational therapy, are covered subject to utilization controls.

(2) For Medi-Cal fee-for-service beneficiaries, emergency services and care that are necessary for the treatment of an emergency medical condition and medical care directly related to

the emergency medical condition. This paragraph shall not be construed to change the obligation of Medi-Cal managed care plans to provide emergency services and care. For the purposes of this paragraph, "emergency services and care" and "emergency medical condition" shall have the same meanings as those terms are defined in Section 1317.1 of the Health and Safety Code.

(c) Nursing facility services, subacute care services, and services provided by any category of intermediate care facility for the developmentally disabled, including podiatry, physician, nurse practitioner services, and prescribed drugs, as described in subdivision (d), are covered subject to utilization controls. Respiratory care, physical therapy, occupational therapy, speech therapy, and audiology services for patients in nursing facilities and any category of intermediate care facility for the developmentally disabled are covered subject to utilization controls.

(d) (1) Purchase of prescribed drugs is covered subject to the Medi-Cal List of Contract Drugs and utilization controls.

(2) Purchase of drugs used to treat erectile dysfunction or any off-label uses of those drugs are covered only to the extent that federal financial participation is available.

(3) (A) To the extent required by federal law, the purchase of outpatient prescribed drugs, for which the prescription is executed by a prescriber in written, nonelectronic form on or after April 1, 2008, is covered only when executed on a tamper resistant prescription form. The implementation of this paragraph shall conform to the guidance issued by the federal Centers for Medicare and Medicaid Services but shall not conflict with state statutes on the characteristics of tamper resistant prescriptions for controlled substances, including Section 11162.1 of the Health and Safety Code. The department shall provide providers and beneficiaries with as much flexibility in implementing these rules as allowed by the federal government. The department shall notify and consult with appropriate stakeholders in implementing, interpreting, or making specific this paragraph.

(B) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may take the actions specified in subparagraph (A) by means of a provider bulletin or notice, policy letter, or other similar instructions without taking regulatory action.

(4) (A) (i) For the purposes of this paragraph, nonlegend has the same meaning as defined in subdivision (a) of Section 14105.45.

(ii) Nonlegend acetaminophen-containing products, with the exception of children's acetaminophen-containing products, selected by the department are not covered benefits.

(iii) Nonlegend cough and cold products selected by the department are not covered benefits. This clause shall be implemented on the first day of the first calendar month following 90 days after the effective date of the act that added this clause, or on the first day of the first calendar month following 60 days after the date the department secures all necessary federal approvals to implement this section, whichever is later.

(iv) Beneficiaries under the Early and Periodic Screening, Diagnosis, and Treatment Program shall be exempt from clauses (ii) and (iii).

(B) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may take the actions specified in subparagraph (A) by means of a provider bulletin or notice, policy letter, or other similar instruction without taking regulatory action.

(e) Outpatient dialysis services and home hemodialysis services, including physician services, medical supplies, drugs and equipment required for dialysis, are covered, subject to utilization controls.

(f) Anesthesiologist services when provided as part of an outpatient medical procedure, nurse anesthetist services when rendered in an inpatient or outpatient setting under conditions set forth by the director, outpatient laboratory services, and X-ray services are covered, subject to utilization controls. Nothing in this subdivision shall be construed to require prior authorization for anesthesiologist services provided as part of an outpatient medical procedure or for portable X-ray services in a nursing facility or any category of intermediate care facility for the developmentally disabled.

(g) Blood and blood derivatives are covered.

(h) (1) Emergency and essential diagnostic and restorative dental services, except for orthodontic, fixed bridgework, and partial dentures that are not necessary for balance of a complete artificial denture, are covered, subject to utilization controls. The

utilization controls shall allow emergency and essential diagnostic and restorative dental services and prostheses that are necessary to prevent a significant disability or to replace previously furnished prostheses which are lost or destroyed due to circumstances beyond the beneficiary's control. Notwithstanding the foregoing, the director may by regulation provide for certain fixed artificial dentures necessary for obtaining employment or for medical conditions that preclude the use of removable dental prostheses, and for orthodontic services in cleft palate deformities administered by the department's California Children Services Program.

(2) For persons 21 years of age or older, the services specified in paragraph (1) shall be provided subject to the following conditions:

(A) Periodontal treatment is not a benefit.

(B) Endodontic therapy is not a benefit except for vital pulpotomy.

(C) Laboratory processed crowns are not a benefit.

(D) Removable prosthetics shall be a benefit only for patients as a requirement for employment.

(E) The director may, by regulation, provide for the provision of fixed artificial dentures that are necessary for medical conditions that preclude the use of removable dental prostheses.

(F) Notwithstanding the conditions specified in subparagraphs (A) to (E), inclusive, the department may approve services for persons with special medical disorders subject to utilization review.

(3) Paragraph (2) shall become inoperative July 1, 1995.

(i) Medical transportation is covered, subject to utilization controls.

(j) Home health care services are covered, subject to utilization controls.

(k) Prosthetic and orthotic devices and eyeglasses are covered, subject to utilization controls. Utilization controls shall allow replacement of prosthetic and orthotic devices and eyeglasses necessary because of loss or destruction due to circumstances beyond the beneficiary's control. Frame styles for eyeglasses replaced pursuant to this subdivision shall not change more than once every two years, unless the department so directs.

Orthopedic and conventional shoes are covered when provided by a prosthetic and orthotic supplier on the prescription of a physician and when at least one of the shoes will be attached to a

prosthesis or brace, subject to utilization controls. Modification of stock conventional or orthopedic shoes when medically indicated, is covered subject to utilization controls. When there is a clearly established medical need that cannot be satisfied by the modification of stock conventional or orthopedic shoes, custom-made orthopedic shoes are covered, subject to utilization controls.

Therapeutic shoes and inserts are covered when provided to beneficiaries with a diagnosis of diabetes, subject to utilization controls, to the extent that federal financial participation is available.

(*l*) Hearing aids are covered, subject to utilization controls. Utilization controls shall allow replacement of hearing aids necessary because of loss or destruction due to circumstances beyond the beneficiary's control.

(m) Durable medical equipment and medical supplies are covered, subject to utilization controls. The utilization controls shall allow the replacement of durable medical equipment and medical supplies when necessary because of loss or destruction due to circumstances beyond the beneficiary's control. The utilization controls shall allow authorization of durable medical equipment needed to assist a disabled beneficiary in caring for a child for whom the disabled beneficiary is a parent, stepparent, foster parent, or legal guardian, subject to the availability of federal financial participation. The department shall adopt emergency regulations to define and establish criteria for assistive durable medical equipment in accordance with the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(n) Family planning services are covered, subject to utilization controls.

(o) Inpatient intensive rehabilitation hospital services, including respiratory rehabilitation services, in a general acute care hospital are covered, subject to utilization controls, when either of the following criteria are met:

(1) A patient with a permanent disability or severe impairment requires an inpatient intensive rehabilitation hospital program as described in Section 14064 to develop function beyond the limited amount that would occur in the normal course of recovery.

(2) A patient with a chronic or progressive disease requires an inpatient intensive rehabilitation hospital program as described in Section 14064 to maintain the patient's present functional level as long as possible.

(p) (1) Adult day health care is covered in accordance with Chapter 8.7 (commencing with Section 14520).

(2) Commencing 30 days after the effective date of the act that added this paragraph, and notwithstanding the number of days previously approved through a treatment authorization request, adult day health care is covered for a maximum of three days per week.

(3) As provided in accordance with paragraph (4), adult day health care is covered for a maximum of five days per week.

(4) As of the date that the director makes the declaration described in subdivision (g) of Section 14525.1, paragraph (2) shall become inoperative and paragraph (3) shall become operative.

(q) (1) Application of fluoride, or other appropriate fluoride treatment as defined by the department, and other prophylaxis treatment for children 17 years of age and under are covered.

(2) All dental hygiene services provided by a registered dental hygienist, registered dental hygienist in extended functions, and registered dental hygienist in alternative practice licensed pursuant to Sections 1753, 1917, 1918, and 1922 of the Business and Professions Code may be covered as long as they are within the scope of Denti-Cal benefits and they are necessary services provided by a registered dental hygienist, registered dental hygienist in extended functions, or registered dental hygienist in alternative practice.

(r) (1) Paramedic services performed by a city, county, or special district, or pursuant to a contract with a city, county, or special district, and pursuant to a program established under Article 3 (commencing with Section 1480) of Chapter 2.5 of Division 2 of the Health and Safety Code by a paramedic certified pursuant to that article, and consisting of defibrillation and those services specified in subdivision (3) of Section 1482 of the article.

(2) All providers enrolled under this subdivision shall satisfy all applicable statutory and regulatory requirements for becoming a Medi-Cal provider.

(3) This subdivision shall be implemented only to the extent funding is available under Section 14106.6.

(s) In-home medical care services are covered when medically appropriate and subject to utilization controls, for beneficiaries who would otherwise require care for an extended period of time in an acute care hospital at a cost higher than in-home medical care services. The director shall have the authority under this section to contract with organizations qualified to provide in-home medical care services to those persons. These services may be provided to patients placed in shared or congregate living arrangements, if a home setting is not medically appropriate or available to the beneficiary. As used in this section, "in-home medical care service" includes utility bills directly attributable to continuous, 24-hour operation of life-sustaining medical equipment, to the extent that federal financial participation is available.

As used in this subdivision, in-home medical care services include, but are not limited to:

(1) Level of care and cost of care evaluations.

(2) Expenses, directly attributable to home care activities, for materials.

(3) Physician fees for home visits.

(4) Expenses directly attributable to home care activities for shelter and modification to shelter.

(5) Expenses directly attributable to additional costs of special diets, including tube feeding.

(6) Medically related personal services.

(7) Home nursing education.

(8) Emergency maintenance repair.

(9) Home health agency personnel benefits which permit coverage of care during periods when regular personnel are on vacation or using sick leave.

(10) All services needed to maintain antiseptic conditions at stoma or shunt sites on the body.

(11) Emergency and nonemergency medical transportation.

(12) Medical supplies.

(13) Medical equipment, including, but not limited to, scales, gurneys, and equipment racks suitable for paralyzed patients.

(14) Utility use directly attributable to the requirements of home care activities which are in addition to normal utility use.

(15) Special drugs and medications.

(16) Home health agency supervision of visiting staff which is medically necessary, but not included in the home health agency rate.

(17) Therapy services.

(18) Household appliances and household utensil costs directly attributable to home care activities.

(19) Modification of medical equipment for home use.

(20) Training and orientation for use of life-support systems, including, but not limited to, support of respiratory functions.

(21) Respiratory care practitioner services as defined in Sections 3702 and 3703 of the Business and Professions Code, subject to prescription by a physician and surgeon.

Beneficiaries receiving in-home medical care services are entitled to the full range of services within the Medi-Cal scope of benefits as defined by this section, subject to medical necessity and applicable utilization control. Services provided pursuant to this subdivision, which are not otherwise included in the Medi-Cal schedule of benefits, shall be available only to the extent that federal financial participation for these services is available in accordance with a home- and community-based services waiver.

(t) Home- and community-based services approved by the United States Department of Health and Human Services ~~may be~~ *are* covered to the extent that federal financial participation is available for those services under *the state plan or* waivers granted in accordance with Section *1315 or* 1396n of Title 42 of the United States Code. The director may seek waivers for any or all home- and community-based services approvable under Section *1315 or* 1396n of Title 42 of the United States Code. Coverage for those services shall be limited by the terms, conditions, and duration of the federal waivers.

(u) Comprehensive perinatal services, as provided through an agreement with a health care provider designated in Section 14134.5 and meeting the standards developed by the department pursuant to Section 14134.5, subject to utilization controls.

The department shall seek any federal waivers necessary to implement the provisions of this subdivision. The provisions for which appropriate federal waivers cannot be obtained shall not be implemented. Provisions for which waivers are obtained or for which waivers are not required shall be implemented notwithstanding any inability to obtain federal waivers for the

other provisions. No provision of this subdivision shall be implemented unless matching funds from Subchapter XIX (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code are available.

(v) Early and periodic screening, diagnosis, and treatment for any individual under 21 years of age is covered, consistent with the requirements of Subchapter XIX (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code.

(w) Hospice service which is Medicare-certified hospice service is covered, subject to utilization controls. Coverage shall be available only to the extent that no additional net program costs are incurred.

(x) When a claim for treatment provided to a beneficiary includes both services which are authorized and reimbursable under this chapter, and services which are not reimbursable under this chapter, that portion of the claim for the treatment and services authorized and reimbursable under this chapter shall be payable.

(y) Home- and community-based services approved by the United States Department of Health and Human Services for beneficiaries with a diagnosis of AIDS or ARC, who require intermediate care or a higher level of care.

Services provided pursuant to a waiver obtained from the Secretary of the United States Department of Health and Human Services pursuant to this subdivision, and which are not otherwise included in the Medi-Cal schedule of benefits, shall be available only to the extent that federal financial participation for these services is available in accordance with the waiver, and subject to the terms, conditions, and duration of the waiver. These services shall be provided to individual beneficiaries in accordance with the client's needs as identified in the plan of care, and subject to medical necessity and applicable utilization control.

The director may under this section contract with organizations qualified to provide, directly or by subcontract, services provided for in this subdivision to eligible beneficiaries. Contracts or agreements entered into pursuant to this division shall not be subject to the Public Contract Code.

(z) Respiratory care when provided in organized health care systems as defined in Section 3701 of the Business and Professions Code, and as an in-home medical service as outlined in subdivision (s).

(aa) (1) There is hereby established in the department, a program to provide comprehensive clinical family planning services to any person who has a family income at or below 200 percent of the federal poverty level, as revised annually, and who is eligible to receive these services pursuant to the waiver identified in paragraph (2). This program shall be known as the Family Planning, Access, Care, and Treatment (Family PACT) Program.

(2) The department shall seek a waiver in accordance with Section 1315 of Title 42 of the United States Code, or a state plan amendment adopted in accordance with Section ~~1396a(a)(10)(A)(ii)(XXI)(ii)(2)~~ *1396a(a)(10)(A)(ii)(XXI)* of Title 42 of the United States Code, which was added to Section 1396a of Title 42 of the United States Code by Section 2303(a)(2) of the federal Patient Protection and Affordable Care Act (PPACA) (Public Law 111-148), for a program to provide comprehensive clinical family planning services as described in paragraph (8). Under the waiver, the program shall be operated only in accordance with the waiver and the statutes and regulations in paragraph (4) and subject to the terms, conditions, and duration of the waiver. Under the state plan amendment, which shall replace the waiver and shall be known as the Family PACT successor state plan amendment, the program shall be operated only in accordance with this subdivision and the statutes and regulations in paragraph (4). The state shall use the standards and processes imposed by the state on January 1, 2007, including the application of an eligibility discount factor to the extent required by the federal Centers for Medicare and Medicaid Services, for purposes of determining eligibility as permitted under Section ~~1396a(a)(10)(A)(ii)(XXI)(ii)(2)~~ *1396a(a)(10)(A)(ii)(XXI)* of Title 42 of the United States Code. To the extent that federal financial participation is available, the program shall continue to conduct education, outreach, enrollment, service delivery, and evaluation services as specified under the waiver. The services shall be provided under the program only if the waiver and, when applicable, the successor state plan amendment are approved by the federal Centers for Medicare and Medicaid Services and only to the extent that federal financial participation is available for the services. Nothing in this section shall prohibit the department from seeking the Family PACT successor state plan amendment during the operation of the waiver.

(3) Solely for the purposes of the waiver or Family PACT successor state plan amendment and notwithstanding any other provision of law, the collection and use of an individual's social security number shall be necessary only to the extent required by federal law.

(4) Sections 14105.3 to 14105.39, inclusive, 14107.11, 24005, and 24013, and any regulations adopted under these statutes shall apply to the program provided for under this subdivision. No other provision of law under the Medi-Cal program or the State-Only Family Planning Program shall apply to the program provided for under this subdivision.

(5) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, without taking regulatory action, the provisions of the waiver after its approval by the federal Health Care Financing Administration and the provisions of this section by means of an all-county letter or similar instruction to providers. Thereafter, the department shall adopt regulations to implement this section and the approved waiver in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Beginning six months after the effective date of the act adding this subdivision, the department shall provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

(6) In the event that the Department of Finance determines that the program operated under the authority of the waiver described in paragraph (2) or the Family PACT successor state plan amendment is no longer cost effective, this subdivision shall become inoperative on the first day of the first month following the issuance of a 30-day notification of that determination in writing by the Department of Finance to the chairperson in each house that considers appropriations, the chairpersons of the committees, and the appropriate subcommittees in each house that considers the State Budget, and the Chairperson of the Joint Legislative Budget Committee.

(7) If this subdivision ceases to be operative, all persons who have received or are eligible to receive comprehensive clinical family planning services pursuant to the waiver described in paragraph (2) shall receive family planning services under the

Medi-Cal program pursuant to subdivision (n) if they are otherwise eligible for Medi-Cal with no share of cost, or shall receive comprehensive clinical family planning services under the program established in Division 24 (commencing with Section 24000) either if they are eligible for Medi-Cal with a share of cost or if they are otherwise eligible under Section 24003.

(8) For purposes of this subdivision, "comprehensive clinical family planning services" means the process of establishing objectives for the number and spacing of children, and selecting the means by which those objectives may be achieved. These means include a broad range of acceptable and effective methods and services to limit or enhance fertility, including contraceptive methods, federal Food and Drug Administration approved contraceptive drugs, devices, and supplies, natural family planning, abstinence methods, and basic, limited fertility management. Comprehensive clinical family planning services include, but are not limited to, preconception counseling, maternal and fetal health counseling, general reproductive health care, including diagnosis and treatment of infections and conditions, including cancer, that threaten reproductive capability, medical family planning treatment and procedures, including supplies and followup, and informational, counseling, and educational services. Comprehensive clinical family planning services shall not include abortion, pregnancy testing solely for the purposes of referral for abortion or services ancillary to abortions, or pregnancy care that is not incident to the diagnosis of pregnancy. Comprehensive clinical family planning services shall be subject to utilization control and include all of the following:

(A) Family planning related services and male and female sterilization. Family planning services for men and women shall include emergency services and services for complications directly related to the contraceptive method, federal Food and Drug Administration approved contraceptive drugs, devices, and supplies, and followup, consultation, and referral services, as indicated, which may require treatment authorization requests.

(B) All United States Department of Agriculture, federal Food and Drug Administration approved contraceptive drugs, devices, and supplies that are in keeping with current standards of practice and from which the individual may choose.

(C) Culturally and linguistically appropriate health education and counseling services, including informed consent, that include all of the following:

(i) Psychosocial and medical aspects of contraception.

(ii) Sexuality.

(iii) Fertility.

(iv) Pregnancy.

(v) Parenthood.

(vi) Infertility.

(vii) Reproductive health care.

(viii) Preconception and nutrition counseling.

(ix) Prevention and treatment of sexually transmitted infection.

(x) Use of contraceptive methods, federal Food and Drug Administration approved contraceptive drugs, devices, and supplies.

(xi) Possible contraceptive consequences and followup.

(xii) Interpersonal communication and negotiation of relationships to assist individuals and couples in effective contraceptive method use and planning families.

(D) A comprehensive health history, updated at the next periodic visit (between 11 and 24 months after initial examination) that includes a complete obstetrical history, gynecological history, contraceptive history, personal medical history, health risk factors, and family health history, including genetic or hereditary conditions.

(E) A complete physical examination on initial and subsequent periodic visits.

(F) Services, drugs, devices, and supplies deemed by the federal Centers for Medicare and Medicaid Services to be appropriate for inclusion in the program.

(9) In order to maximize the availability of federal financial participation under this subdivision, the director shall have the discretion to implement the Family PACT successor state plan amendment retroactively to July 1, 2010.

(ab) (1) Purchase of prescribed enteral nutrition products is covered, subject to the Medi-Cal list of enteral nutrition products and utilization controls.

(2) Purchase of enteral nutrition products is limited to those products to be administered through a feeding tube, including, but not limited to, a gastric, nasogastric, or jejunostomy tube.

Beneficiaries under the Early and Periodic Screening, Diagnosis, and Treatment Program shall be exempt from this paragraph.

(3) Notwithstanding paragraph (2), the department may deem an enteral nutrition product, not administered through a feeding tube, including, but not limited to, a gastric, nasogastric, or jejunostomy tube, a benefit for patients with diagnoses, including, but not limited to, malabsorption and inborn errors of metabolism, if the product has been shown to be neither investigational nor experimental when used as part of a therapeutic regimen to prevent serious disability or death.

(4) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement the amendments to this subdivision made by the act that added this paragraph by means of all-county letters, provider bulletins, or similar instructions, without taking regulatory action.

(5) The amendments made to this subdivision by the act that added this paragraph shall be implemented June 1, 2011, or on the first day of the first calendar month following 60 days after the date the department secures all necessary federal approvals to implement this section, whichever is later.

(ac) Diabetic testing supplies are covered when provided by a pharmacy, subject to utilization controls.

O

Agenda Item 7C

Discussion and Possible Action to Consider Request from the Dental Hygiene Committee of California to Consider Review of Requirement for Annual Review of Infection Control Guidelines

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	August 15, 2013
TO	Dental Board Members
FROM	Sarah Wallace, Legislative & Regulatory Analyst
SUBJECT	**Agenda Item 7(C):** Discussion and Possible Action to Consider Request from the Dental Hygiene Committee of California to Consider Review of Requirement for Annual Review of Infection Control Guidelines

Background:

At the May 2013 Dental Board of California (Board) meeting, Michelle Hurlbutt, RDH, President of the Dental Hygiene Committee of California (Committee), reported that the Committee would like to collaborate with the Board in discussing the possibility of amending Business and Professions Code (Code) Section 1680(ad) to require review of the minimum standards for infection control (California Code of Regulations, Title 16, Section 1005 (Section 1005)) on a biennial basis rather than annually.

Section 1005 was last amended in 2011 and has been effective since August 20, 2011. In the fall of 2012, the Board and the Committee appointed the following representatives to a subcommittee to conduct the required annual review of Section 1005:

- Huong Le, DDS (Dental Board of California)
- Noel Kelsch, RDHAP (Dental Hygiene Committee of California)
- Denise Romero, RDA (Dental Assisting Council)

These three subcommittee members were selected to represent each of the licensing categories within the dental health care community of California and to establish a consensus on findings to bring forward to the Board and Committee for consideration. Additionally, the Executive Officers of the Board and the Committee worked to form a consensus on staff recommendations regarding the subcommittee's findings. In February 2013 and May 2013, the subcommittee and staff reported to the Board and the Committee, respectively, that no issues had been identified that would necessitate the need for promulgating a rulemaking to amend Section 1005. Staff has maintained records of the subcommittee's review findings for consideration by the Board and the Committee during future annual reviews.

Existing Review Requirements:
Code Section 1680(ad) requires the Board and the Committee to review infection control guidelines on an annual basis, if necessary. Section 1005 requires the Board and the Committee to review the requirements of Section 1005 annually. Since statute (Code Section 1680(ad)) supersedes regulation (Section 1005) the Board and the Committee have the discretion to review the regulation annually, if deemed necessary.

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

1. Make a determination that a legislative proposal is necessary to amend Code Section 1680(ad) to require a biennial review of Section 1005 in replacement of an annual review of Section 1005, if necessary; or

2. Make a determination that moving forward it would make a decision, in collaboration with the Committee, on an annual basis if a review of Section 1005 is warranted. If the Board and Committee make such a determination, the subcommittee would then be directed to conduct the review of Section 1005.

Business and Professions Code

§ 1680(ad) [Excerpt].
Unprofessional conduct by a person licensed under this chapter is defined as, but is not limited to, any one of the following:

(ad) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of bloodborne infectious diseases from dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to patient, from patient to patient, and from patient to dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, guidelines, and regulations pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other blood-borne pathogens in health care settings. The board shall review infection control guidelines, if necessary, on an annual basis and proposed changes shall be reviewed by the Dental Hygiene Committee of California to establish a consensus. The committee shall submit any recommended changes to the infection control guidelines for review to establish a consensus. As necessary, the board shall consult with the Medical Board of California, the California Board of Podiatric Medicine, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians, to encourage appropriate consistency in the implementation of this subdivision.
The board shall seek to ensure that all appropriate dental personnel are informed of the responsibility to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of bloodborne infectious diseases.

California Code of Regulations, Title 16

§ 1005. Minimum Standards for Infection Control.
(a) Definitions of terms used in this section:

(1) “Standard precautions” are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe handling of sharps. Standard precautions shall be used for care of all patients regardless of their diagnoses or personal infectious status.

(2) “Critical items” confer a high risk for infection if they are contaminated with any microorganism. These include all instruments, devices, and other items used to penetrate soft tissue or bone.

(3) “Semi-critical items” are instruments, devices and other items that are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-intact skin or other potentially infectious materials (OPIM).

(4) “Non-critical items” are instruments, devices, equipment, and surfaces that come in contact with soil, debris, saliva, blood, OPIM and intact skin, but not oral mucous membranes.

(5) “Low-level disinfection” is the least effective disinfection process. It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.

(6) “Intermediate-level disinfection” kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores.

(7) “High-level disinfection” kills some, but not necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses.

(8) “Germicide” is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination.

(9) “Sterilization” is a validated process used to render a product free of all forms of viable microorganisms.
(10) “Cleaning” is the removal of visible soil (e.g., organic and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products.

(11) “Personal Protective Equipment” (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear and protective attire which are intended to prevent exposure to blood, body fluids, OPIM, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants and shirts, are not considered to be PPE.

(12) “Other Potentially Infectious Materials” (OPIM) means any one of the following:

(A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

(B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

(C) Any of the following, if known or reasonably likely to contain or be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV):

1. Cell, tissue, or organ cultures from humans or experimental animals;

2. Blood, organs, or other tissues from experimental animals; or

3. Culture medium or other solutions.

(13) “Dental Healthcare Personnel” (DHCP), are all paid and non-paid personnel in the dental healthcare setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).

(b) All DHCP shall comply with infection control precautions and enforce the following minimum precautions to protect patients and DHCP and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA).

(1) Standard precautions shall be practiced in the care of all patients.

(2) A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office.

(3) A copy of this regulation shall be conspicuously posted in each dental office.

Personal Protective Equipment:

(4) All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM. Chemical-resistant utility gloves and appropriate,

task specific PPE shall be worn when handling hazardous chemicals. After each patient treatment, masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed.

(5) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, OPIM, or chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).

Hand Hygiene:

(6) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from providing direct patient care if hand conditions are present that may render DHCP or patients more susceptible to opportunistic infection or exposure.

(7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves.

Gloves:

(8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use.

Needle and Sharps Safety:

(9) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal. Disposable needles, syringes, scalpel blades, or other sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state, and federal regulations.

Sterilization and Disinfection:

(10) All germicides must be used in accordance with intended use and label instructions.

(11) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions.

(12) Critical instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices, shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.

(13) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.

(14) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used.

(15) All high-speed dental hand pieces, low-speed hand pieces, rotary components and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.

(16) Single use disposable items such as prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded.

(17) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months.

Irrigation:

(18) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system.

Facilities:

(19) If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection, they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients.

(20) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal/EPA) registered, hospital grade low- to intermediate-level germicide after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and DHCP shall follow all material safety data sheet (MSDS) handling and storage instructions.

(21) Dental unit water lines shall be anti-retractive. At the beginning of each workday, dental unit lines and devices shall be purged with air or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds.

(22) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

Lab Areas:

(23) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new rag-wheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices

shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be recleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination.

(24) All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

(c) The Dental Board of California and Dental Hygiene Committee of California shall review this regulation annually and establish a consensus.

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[1]Cal/EPA contacts: WEBSITE www.cdpr.ca.gov or Main Information Center (916) 324-0419.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1680, Business and Professions Code.

HISTORY

1. New section filed 6-29-94; operative 7-29-94 (Register 94, No. 26).
2. Repealer and new section filed 7-8-96; operative 8-7-96 (Register 96, No. 28).
3. Repealer of subsection (a)(5) and subsection renumbering, amendment of subsections (b)(7), (b)(10), (b)(18)-(19) and (b)(23) and repealer of subsection (c) and subsection relettering filed 10-23-97; operative 11-22-97 (Register 97, No. 43).
4. Change without regulatory effect amending subsection (b)(4) filed 12-7-98 pursuant to section 100, title 1, California Code of Regulations (Register 98, No. 50).

5. Amendment of subsections (b)(11), (b)(13) and (b)(15) filed 6-30-99; operative 7-30-99 (Register 99, No. 27).
6. Amendment filed 3-1-2005; operative 3-31-2005 (Register 2005, No. 9).
7. Amendment filed 7-21-2011; operative 8-20-2011 (Register 2011, No. 29).

DENTAL BOARD OF CALIFORNIA

Agenda Item 7D

Discussion of Prospective Legislative Proposals

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

DATE	August 12, 2013
TO	Dental Board Members
FROM	Sarah Wallace, Legislative & Regulatory Analyst
SUBJECT	**Agenda Item 7(D):** Discussion of Prospective Legislative Proposals

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

Agenda Item 7E

Update on Pending Regulatory Packages

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

DATE	August 12, 2013
TO	Dental Board Members
FROM	Sarah Wallace, Legislative & Regulatory Analyst
SUBJECT	**Agenda Item 7(E):** Update on Pending Regulatory Packages

i. Uniform Standards for Substance Abusing Licensees (California Code of Regulations, Title 16, §§ 1018 and 1018.01):

At its February 28, 2012 meeting, the Board reconsidered approval of new proposed regulatory language relative to uniform standards for substance abusing licenses. At the meeting, the Board directed staff to initiate a rulemaking. Board staff filed the initial rulemaking documents with the Office of Administrative Law (OAL) on Tuesday, March 5th. The rulemaking was published in the California Regulatory Notice Register on Friday, March 15th and was noticed on the Board's web site and mailed to interested parties. The 45-day public comment period began on March 15th and ended on April 29th. The Board held a regulatory hearing in Sacramento on Monday, April 29th. The Board received one comment from the California Dental Association (CDA) seeking clarification. The Board responded to the comment from CDA at its May 2013 meeting. Since the comment was not considered adverse the Board adopted the proposed language and directed staff to finalize the rulemaking file.

Staff submitted the final rulemaking file to the Department of Consumer Affairs (Department) on June 28, 2013. The final rulemaking file is required to be approved by the Director of the Department, the Secretary of the Business, Consumer Services and Housing Agency (Agency), and the Director of the Department of Finance (Finance). Once approval signatures are obtained, the final rulemaking file will be submitted to the Office of Administrative Law. The Office of Administrative Law will have thirty (30) working days to review the file. Once approved, the rulemaking will be filed with the Secretary of State. Beginning January 1, 2013, new quarterly effective dates for regulations will be dependent upon the timeframe an OAL approved rulemaking is filed with the Secretary of State, as follows:

- The regulation would take effect on January 1 if the OAL approved rulemaking is filed with the Secretary of State on September 1 to November 30, inclusive.
- The regulation would take effect on April 1 if the OAL approved rulemaking is filed with the Secretary of State on December 1 to February 29, inclusive.

- The regulation would take effect on July 1 if the OAL approved rulemaking is filed with the Secretary of State on March 1 to May 31, inclusive.
- The regulation would take effect on October 1 if the OAL approved regulation is filed on June 1 to August 31, inclusive.

The deadline to submit this final rulemaking file to the Office of Administrative Law review and determination of approval is March 15, 2014.

ii. Dentistry Fee Increase (California Code of Regulations, Title 16, § 1021):

At its March 1, 2013 meeting, the Board discussed and approved proposed regulatory language relative to a fee increase for dentists. The Board directed staff to initiate a rulemaking. Board staff filed the initial rulemaking documents with the Office of Administrative Law (OAL) on Tuesday, July 30th. The rulemaking was published in the California Regulatory Notice Register on Friday, August 9th and was noticed on the Board's web site and mailed to interested parties. The 45-day public comment period began on August 9th and will end on September 23rd. A regulatory hearing has been scheduled in Sacramento on Monday, September 23rd to receive verbal and written testimony. The Board will need to respond to any adverse comments received during the 45-day public comment period or during the regulatory hearing.

If no adverse comments are received, then the proposal would be adopted by the Board and the rulemaking may be finalized. The final rulemaking file is required to be approved by the Director of the Department, the Secretary of the Agency, and the Director of the Finance. Once approval signatures are obtained, the final rulemaking file will be submitted to the Office of Administrative Law. The Office of Administrative Law will have thirty (30) working days to review the file. Once approved, the rulemaking will be filed with the Secretary of State. Beginning January 1, 2013, new quarterly effective dates for regulations will be dependent upon the timeframe an OAL approved rulemaking is filed with the Secretary of State, as follows:

- The regulation would take effect on January 1 if the OAL approved rulemaking is filed with the Secretary of State on September 1 to November 30, inclusive.
- The regulation would take effect on April 1 if the OAL approved rulemaking is filed with the Secretary of State on December 1 to February 29, inclusive.
- The regulation would take effect on July 1 if the OAL approved rulemaking is filed with the Secretary of State on March 1 to May 31, inclusive.
- The regulation would take effect on October 1 if the OAL approved regulation is filed on June 1 to August 31, inclusive.

The deadline to submit this final rulemaking file to the Office of Administrative Law review and determination of approval is August 9, 2014.

iii. Abandonment of Applications (California Code of Regulations, Title 16, §1004):

At its May 18, 2012 meeting, the Board discussed and approved proposed regulatory language relative to the abandonment of applications. The Board directed staff to initiate a rulemaking. At its December meeting, the Board deemed three other regulatory packages as top priority; those regulatory packages were relative to the fee increase, the Uniform Standards for Substance Abusing Licensees, and the Portfolio

Examination Requirements. Staff will continue working on the initial rulemaking documents in priority order.

Action Requested:
No action necessary.

DENTAL BOARD OF CALIFORNIA

Agenda Item 7F

Discussion and Possible Action Regarding a Special Meeting in October to Consider Any Adverse Comments Received Regarding the Board's Proposed Dentistry Fee Increase Rulemaking

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
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MEMORANDUM

DATE	August 13, 2013
TO	Dental Board Members
FROM	Sarah Wallace, Legislative & Regulatory Analyst
SUBJECT	**Agenda Item 7(F):** Discussion and Possible Action Regarding a Special Meeting in October to Consider Any Adverse Comments Received Regarding the Board's Proposed Dentistry Fee Increase Rulemaking

Background:

The Dental Board of California's (Board) proposed rulemaking to raise the initial licensure and biennial renewal fees for dentists to $450 was filed with the Office of Administrative Law (OAL) on Tuesday, July 30th. The rulemaking was published in the California Regulatory Notice Register on Friday, August 9th and was noticed on the Board's web site and mailed to interested parties. The 45-day public comment period began on August 9th and will end on September 23rd; a regulatory hearing will be held in Sacramento on Monday, September 23rd. Pursuant to the Administrative Procedure Act (Government Code Section 11340 et seq.), the Board is required to respond to any adverse comments received in response to the proposed language during the public comment period or during the scheduled regulatory hearing.

Action Requested:

In the event the Board receives adverse comments in response to the proposed language, and in an effort to keep the rulemaking moving expeditiously, the Board would need to hold a special teleconference meeting in October to consider and respond to adverse comments. Although no adverse comments have been received to date, staff recommends setting a date for a special teleconference meeting with the expectation that adverse comments will be received. This will allow Board members, staff, and stakeholders adequate time make preparations for attending a special teleconference meeting. Staff proposes the following possible meeting dates for the Board's consideration:

- Monday, October 7th
- Tuesday, October 8th
- Wednesday, October 9th
- Thursday, October 10th
- Monday, October 14th
- Wednesday, October 16th
- Thursday, October 17th
- Friday, October 18th

In the event no adverse comments are received during the 45-day public comment period or during the regulatory hearing, the special teleconference meeting would be cancelled. Staff would be able to make the determination of cancellation by Tuesday, September 24th. If no adverse comments are received, staff will move forward with finalizing the rulemaking and filing with the Office of Administrative Law as directed by the Board at the initiation of the rulemaking.

DENTAL BOARD OF CALIFORNIA

Agenda Item 7G

Discussion and Possible Action Regarding the Health and Safety Institutes Request to Amend CCR, Title 16, §§ 1016 and 1017 such that a Basic Life Support Certification Issued by the American Safety and Health Institute Would Satisfy the Mandatory Certification Requirement for License Renewal

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
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MEMORANDUM

DATE	August 15, 2013
TO	Dental Board Members
FROM	Sarah Wallace, Legislative & Regulatory Analyst
SUBJECT	**Agenda Item 7(G):** Discussion and Possible Action Regarding the Health and Safety Institute's Request to Amend California Code of Regulations, Title 16, Sections 1016 and 1017 such that a Basic Life Support Certification Issued by the American Safety and Health Institute Would Satisfy the Mandatory Certification Requirement for License Renewal

Background:

In March 2013, the Dental Board of California's (Board) Executive Officer received a letter from Mr. Ralph Shenefelt, Senior Vice President of the Health and Safety Institute, petitioning the Board to amend California Code of Regulations, Title 16, Sections 1016(b)(1)(C) and 1017(d) such that a Basic Life Support (BLS) certification issued by the American Safety and Health Institute (ASHI), which is a brand of the Health and Safety Institute, would satisfy the mandatory BLS certification requirement for license renewal, and the required advanced cardiac life support course required for the renewal of a general anesthesia permit. Additionally, the letter requested an amendment to Section 1017(d) to specify that an advanced cardiac life support course which is approved by the American Heart Association or the ASHI include an examination on the materials presented in the course or any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the most recent "American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" published by the American Heart Association.

Existing law, California Code of Regulations, Title 16, Section 1016(b)(1)(C) requires that a BLS certificate be issued by the American Heart Association or American Red Cross. The requested proposed amendment would specify that a BLS certificate issued by ASHI would also satisfy the mandatory certification requirement for license renewal.

Existing law, California Code of Regulations, Title 16, Section 1017(d) requires each dentist who holds a general anesthesia permit to complete, as a condition of permit renewal, continuing education requirements pursuant to Section 1646.5 of the Business and Professions Code at least once every two years, and either (1) an advanced

cardiac life support course which is approved by the American Heart Association and which includes an examination on the materials presented in the course or (2) any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the course entitled "2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" published by the American Heart Association. The requested proposed amendment would specify that an advanced cardiac life support course which is approved by the ASHI would also satisfy the advanced cardiac life support continuing education requirement for general anesthesia permit holders. Additionally, the proposed amendment would remove the date reference to the "American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" (Guidelines) and instead specify that the most recent version of the Guidelines be used.

Mr. Shenefelt was notified that the petition requesting the amendments had not be received in time for consideration at the Board's May 2013 meeting, and that it would be placed on the agenda for the Board's August 2013 meeting for consideration.

In 2009, the Board promulgated a rulemaking to amend its CE requirements. The 45-day public comment period began on January 9, 2009 and ended on March 4, 2009. The proposal made a number of changes to the existing requirements for CE courses, most notably the requirements for BLS. During the 45-day comment period the Board received public comment regarding the standards for registration as an approved provider; however, the Board did not receive public comment in relation to the BLS requirements. The Board voted to modify the text in response to the comments received and noticed the modified text for 15-day public comment. During the 15-day public comment, the Board received comments from Mr. Ralph Shenefelt from the Health and Safety Institute requesting amendments to sections 1016 and 1017 to include ASHI as part of the proposed BLS language. Because Mr. Shenefelt's comments were not relevant to the amendments contained in the modified text, the comments were rejected and the Board was not required to respond to the comments. This information was recorded as part of the rulemaking and the new CE requirements became effective on March 9, 2010.

A copy of the letter from the Health and Safety Institute and a copy of the current continuing education requirements for California licensees is attached for the Board's reference.

Board Response to Request:

Pursuant to section 11340.7 of the Government Code, the Board may grant or deny the request in whole or in part or may grant other relief. If the petition is granted, the Board would commence the rulemaking process at some time in the future.

If the Board grants the Health and Safety Instistute's petition to amend CCR sections 1016(b)(1)(C) and 1017(d), the amended language would be as follows:

> **Section 1016(b)(1)(C):**
> (C) The mandatory requirement for certification in Basic Life Support shall be met by completion of either:

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

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

Section 1017(d):
(d) Each dentist licensee who holds a general anesthesia permit shall complete, as a condition of permit renewal, continuing education requirements pursuant to Section 1646.5 of the Business and Professions Code at least once every two years, and either (1) an advanced cardiac life support course which is approved by the American Heart Association or American Safety and Health Institute and which includes an examination on the materials presented in the course or (2) any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the most recent ~~course entitled~~ "~~2005~~ American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" published by the American Heart Association ~~December 13, 2005~~ which is incorporated herein by reference.

Action Requested:
Upon initial review, staff has determined that the certification criteria used by the ASHI is sufficiently adequate so that there would be no loss of consumer protection if the petition is granted. Staff recommends that the petition to amend California Code of Regulations, Title 16, Sections 1016 and 1017 be considered when the Board establishes its rulemaking priorities. Once prioritized, staff recommends a final review of the ASHI, American Red Cross, and American Heart Association certification requirements for BLS courses prior to promulgation of a proposed rulemaking in the interest of consumer protection.

Health & Safety Institute™

We Make Learning to Save Lives Easy®

VIA CERTIFIED MAIL AND EMAIL

March 13, 2013

Karen Fischer
Interim Executive Officer
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

RECEIVED
MAR 18 2013
DENTAL BOARD OF CALIFORNIA

RE: Petition to Amend Regulations

Dear Ms. Fischer:

The purpose of this petition is to request that, pursuant to Government Code Sections 11340.6 and 11340.7, the Dental Board of California ("Board") amend its regulations to add the American Safety and Health Institute (ASHI"); stop its unfair practices restraining competition; and stop requiring the instruction of outdated advanced cardiac life support practices ("ACLS").

Current Regulations

1. 16 CCR § 1016. (b)(1)(C). The mandatory requirement for certification in Basic Life Support shall be met by completion of either: (i) An American Heart Association (AHA) or American Red Cross (ARC) course in Basic Life Support (BLS) or, (ii) A BLS course taught by a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE)."

2. 16 CCR § 1017.(d). Each dentist licensee who holds a general anesthesia permit shall complete, as a condition of permit renewal, continuing education requirements pursuant to Section 1646.5 of the Business and Professions Code at least once every two years, and either (1) an advanced cardiac life support course which is approved by the American Heart Association and which includes an examination on the materials presented in the course or (2) any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the course entitled "2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" published by the American Heart Association December 13, 2005 which is incorporated herein by reference.

Amendments Requested

1. ~~116 CCR § 1016. (b)(1)(C). The mandatory requirement for certification in Basic Life Support~~ shall be met by completion of either: (i) An American Heart Association (AHA), American Safety and Health Institute (ASHI) or American Red Cross (ARC) course in Basic Life Support (BLS) or, (ii) A BLS course taught by a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE)."
2. 16 CCR § 1017. (d). Each dentist licensee who holds a general anesthesia permit shall complete, as a condition of permit renewal, continuing education requirements pursuant to Section 1646.5 of the Business and Professions Code at least once every two years, and either (1) an advanced cardiac life support course which is approved by the American Heart Association or the American Safety and Health Institute (ASHI) and which includes an examination on the materials presented in the course or (2) any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to ~~course entitled~~ "~~2005~~ the most recent American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" published by the American Heart Association ~~December 13, 2005~~ which is incorporated herein by reference.

Reasons

1. 16 CCR § 1016. (b)(1)(C)(i) and 16 CCR § 1017.(d) Unreasonably excludes an equivalent ASHI BLS and ACLS course.
    a. Facts Demonstrating Equivalency
        i. The ASHI BLS ("CPR Pro for the Professional Rescuer") and ACLS ("ASHI ACLS") programs have been accepted as meeting the training, continuing education, and licensing requirements of EMTs and paramedics in California since 2000 (**EXHIBIT A**).
        ii. Like the AHA, HSI is a nationally accredited organization of the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) ((**EXHIBIT B**)). CECBEMS is the national accrediting body for Emergency Medical Services (EMS) continuing education courses and course providers. CECBEMS accreditation requires an evidence-based peer-review process for continuing education programs comparable to all healthcare accreditors.
        iii. The ASHI BLS and ACLS programs are CECBEMS approved. Courses and/or continuing education providers approved by CECBEMS are approved for use by health care providers (EMS Personnel) in California for the purposes of maintaining certification/licensure and need no further approval (**EXHIBIT C**).
        iv. Like CECBEMS, the approval mechanism of the American Dental Association ("ADA") Continuing Education Recognition Program ("CERP") and the Academy of General Dentistry ("AGD") Program Approval for Continuing Education ("PACE") is an evaluation of the educational processes used in designing, planning, and implementing continuing education. Approval is recognition of meeting certain basic standards of educational quality. AGD PACE, ADA CERP, and CECBEMS do not endorse the course content of approved providers. [1, 2]

[1] ADA CERP Recognition Standards and Procedures, Information on ADA CERP Governance and Objectives, pg. 26, Available: http://www.ada.org/sections/educationAndCareers/pdfs/cerp_standards.pdf [Retrieved 2/5/13].

[2] Pace Program Guidelines, Revised April 2012. Available: http://www.agd.org/media/55580/guidelines.pdf, pg. 3 [Retrieved 2/5/13]

v. HSI's CECBEMS organizational accreditation as a nationally approved EMS continuing education course provider is equivalent to approval as an AGD PACE or ADA CERP recognized provider of dental continuing education.

vi. ASHI resuscitation programs are approved by the Medical Board of California (rule promulgation in progress, **EXHIBIT D**), the Texas Medical Board (**EXHIBIT E**), and the Florida Board of Medicine (**EXHIBIT F**).

vii. The ASHI BLS program is accepted by the California Department of Veterans Affairs (**EXHIBIT G**).

viii. ASHI and MEDIC First Aid BLS and ACLS training programs have been approved, accepted, or verified as meeting the requirements of Dental Boards in numerous states for many years (**EXHIBIT H**) and are an accepted CPR certification of the Dental Assisting National Board, Inc. (**EXHIBIT I**).

ix. ASHI ACLS is approved for continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation, the Florida Board of Nursing and the California Board of Registered Nursing. Continuing medical education for physicians is approved through the Accreditation Council for Continuing Medical Education. Continuing Respiratory Care Education for respiratory therapists is approved through the American Association for Respiratory Care (**EXHIBIT J**).[3]

x. ASHI BLS and ACLS programs meet the standards of the Joint Commission (**EXHIBIT K**), are accepted as equivalent to the AHA by the Commission on Accreditation of Medical Transport Systems (**EXHIBIT L**), the American Academy of Sleep Medicine (**EXHIBIT M**), the National Registry of Emergency Medical Technicians (**EXHIBIT N**), and the United States Coast Guard Health Services Program (**EXHIBIT O**).

xi. The ASHI BLS program is nationally approved by the YMCA of the USA Lifeguard Program (**EXHIBIT P**).

xii. The ARC accepts ASHI and MEDIC First Aid Authorized Instructors for reciprocity in the same manner as instructors from the AHA and others (**EXHIBIT Q**).

[3] All via a co-accreditation provider agreement between ASHI and Elsevier/ Mosby for ACLS blended learning.

2. 116 CCR § 1016. (b)(1)(C) Restrains competition, violates principles of fairness, and has an adverse economic impact on small business.
    a. Facts Demonstrating Adverse Economic Impact
        i. There are currently more than 1,200 ASHI and MEDIC First Aid Training Centers in the State of California, many of which are small or micro businesses employing or independently contracting with more than 3500 approved Instructors.
        ii. By excluding the equivalent BLS course taught by an instructor approved by ASHI or MEDIC First Aid, the Board has erected an unjust and economically burdensome barrier to these small training businesses, damaged their existing business (**EXHIBIT R**), and discouraged the expansion of new small training businesses in California.
3. 16 CCR § 1016. (b)(1)(C)(i) and 16 CCR § 1017.(d) has an adverse impact on licentiates who present valid ASHI certification
    a. By direct penalties including denial, suspension, or revocation of license **(EXHIBIT S),** or by indirect penalties such as the time and cost of superfluous AHA or ARC BLS training and certification; and
    b. By unjustly denying a greater choice in BLS training program availability, price, selection, and service.
4. 16 CCR § 1017. (d) Illogically and arbitrarily prescribes the instruction of outdated clinical practice.
    a. This practice is in conflict with the intent of Section 1601.2 Business & Professions Code (protection of the public).
    b. The AHA has periodically published CPR guidelines since 1966. New science and treatment recommendations were published in 2010 and are due again in 2015.
    c. To ensure licentiate education in ACLS is consistent with current clinical practice guidelines, "most current" should be used in reference to AHA *Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care* instead of a specific dated reference (**EXHIBIT T**).

Board Authority to Take Requested Action

1. Sections 1614 Business and Professions Code permits the Board to adopt, amend, or repeal *"reasonably necessary rules not inconsistent with the provisions of this chapter"* including the *"manner of issuance and reissuance of licenses"*.
2. Section 1645 (b) Business & Professions Code gives the Board authority to require all licentiates successfully complete continuing education hours in specific areas adopted in regulations by the board and to prescribe mandatory coursework.
3. Sections 1750 and 1752, Business & Professions Code gives the Board authority to determine the equivalency of any BLS course to the BLS course offered by an instructor approved by the American Red Cross or the American Heart Association. This authority extends specifically to dental assistants (1750.(c(3)), orthodontic assistants (1750.2.(a)(3)), dental sedation assistants (1750.4.(a)(3)), and registered dental assistants 1752.1.(e)(3)).

Additional Facts

1. Neither the AHA, nor the ARC is a recognized as an accrediting organization (**EXHIBIT U**).
2. Neither the AHA, nor the ARC is a recognized regulatory standards developing organization **(EXHIBIT V).**
3. The AHA has previously established that it does not review or sanction the CPR training programs or materials of other organizations. It directs such approval to appropriate regulatory authorities (**EXHIBIT W**).
4. As a profit-making, non-tax paying entities, and the dominant competitors in the business, the AHA, the ARC, and their Approved Training Centers and Licensed Training Providers[4] have a vested economic interest in BLS and ACLS training, particularly where required for occupational licensing and credentialing.
5. Though organizational structures differ (HSI is a tax-paying corporation), the business units of HSI, the AHA, and the ARC are similar (**EXHIBIT X**).

[4]In February 2013, HSI became a Licensed Training Provider of the ARC. This permits HSI's National Training Solutions (NTS) division to contract with ARC instructors to provide ARC courses to large corporate customers that desire it. The national partnership agreement also allows the ARC to deploy HSI's web-based Online Training and Information System (OTIS) nationwide to manage and deliver ARC training.

a. Each organization develops and markets commercially available, proprietary training programs, products, and services to Training Centers and Licensed Training Providers, either directly or via distributors.

b. The business structures of Training Centers and Licensed Training Providers include; sole proprietorships, partnerships, corporations, LLCs, government agencies, and non-profits.

c. Instructors affiliated with Training Centers and Licensed Training Providers are authorized to certify course participants.

d. Certification of health care providers requires successful completion of a written exam and performance and evaluation of hands-on skills to verify provider skill competency.

6. The Health and Safety Institute (HSI) is a large privately held emergency care and response training organization, joining together the training programs of the American Safety and Health Institute (ASHI), MEDIC First Aid, 24-7 EMS, 24-7 Fire, First Safety Institute, GotoAID, EMP Canada, and Summit Training Source.

7. Like the AHA and ARC, HSI publishes and administers a set of quality assurance standards designed to monitor and improve the performance of HSI, its approved Training Centers and Authorized Instructors so that the products and services provided meet or exceed the requirements of regulatory authorities and other approvers.

8. An ASHI and MEDIC First Aid representative participated in the *International Committee on Resuscitation 2005 and 2010 International Conference on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations*, hosted by the AHA.

9. An ASHI and MEDIC First Aid representative was a volunteer member of the AHA and American Red Cross 2005 *National* and 2010 *International First Aid Science Advisory Board* and were contributors to the 2005 and 2010 *Consensus on First Aid Science and Treatment Recommendations* **(EXHIBIT Y).**

10. ASHI BLS and ACLS conform to the ILCOR 2010 Consensus on Science and the 2010 American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science.

11. HSI is a member of the American National Standards Institute (ANSI) and ASTM International (ASTM) – both globally recognized leaders in the development and delivery of international voluntary consensus standards.
12. HSI is a member of the Council on Licensure, Enforcement and Regulation (CLEAR), the premiere international resource for professional regulation stakeholders.
13. Nearly 2000 state and federal government agencies currently use ASHI and MEDIC First Aid training programs to train their employees, including the United States Coast Guard, Veterans Administration, Department of Agriculture, Air Force, Army Corps of Engineers, Army National Guard, Marshals Service, Administration Office of the U.S. Courts, Forest Service, Bureau of Alcohol, Tobacco, Firearms and Explosives, Bureau of Land Management, Customs and Border Protection, and the Internal Revenue Service.
14. On whole, ASHI training programs are currently endorsed, accepted, approved, or meet the requirements of nearly 1600 state and provincial regulatory agencies, occupational licensing boards, national associations, commissions, and councils.

Background Facts

1. ASHI and MEDIC First Aid have been expressing opposition to the prescription of discriminatory language promulgated by the Board since 2003 (**EXHIBIT Z**).
2. In April 2005, the Board accepted the MEDIC First Aid BLS program as fulfilling its continuing education requirements (**EXHIBIT AA**).
3. In March 2006, the Board issued MEDIC First Aid a Continuing Education Registered Provider Permit valid until March 2008 (**EXHIBIT BB**).
4. In February 2008, the Board issued MEDIC First Aid a renewed Continuing Education Registered Provider permit valid until March 2010 (**EXHIBIT CC**). [5]
5. In March 2008, the Board issued ASHI a Continuing Education Registered Provider valid until September of 2010 (**EXHIBIT DD**).
6. In March 2008, the Board confirmed that both MEDIC First Aid and ASHI had been given approval to offer continuing education to California licensees *"inclusive of the BLS/CPR curriculum that you provide"* (**EXHIBIT EE**).

[5] The MEDIC First Aid BLS Program has since been discontinued.

7. In May 2008, California AB 2637 introduced prescriptive language limiting the approval of a BLS course to that *"offered by an approved instructor of the American Red Cross or the American Heart Association"*. HSI expressed strong opposition to this bill eight days following its first reading (**EXHIBIT FF**).
8. This language remained in the bill until at least the third reading. However, by the time the bill was chaptered in September of 2008, the Legislature had justly altered the bill language to allow for *"any other"* BLS course *"approved by the board as equivalent."*
9. The Board drafted rules to implement the statute, published its required notification, and scheduled a hearing in March 2009. The Board's initial statement of the reasons for the proposed action regarding BLS clearly expressed the statutory requirement to allow equivalent courses:
    a. *"1016(b)(1)(C)(iii) – This section is added to specify the components that a course in BLS must contain in order to meet the requirements for license renewal. This allows a provider who is not affiliated with the American Red Cross, American Heart Association, CERP or PACE to provide such courses if the course meets the same instructional standards. This allows licensees in remote areas to take equivalent courses that meet the standards, but may not be affiliated with any of the recognized associations."* (**EXHIBIT GG**).
10. In April of 2009, despite striking language prescribing a BLS course *"approved by American Red Cross or American Heart Association"*, and regardless of its statutory authority to determine the equivalency of any BLS course, the Board eliminated language BLS equivalency altogether, mandating the AHA, ARC, or a BLS course taught by an AGD PACE or ADA CERP approved provider (**EXHIBIT HH**).
11. Also in April of 2009, despite the fact it had issued a permit for ASHI to offer continuing education to California licensees until September of 2010 *"inclusive of the BLS/CPR curriculum"*, the Board began refusing to accept ASHI BLS certification (**EXHIBIT II**).
12. Concerned about its direct adverse impact on business, HSI submitted formal comments within the prescribed comment period, provided evidence of equivalency, sent a copy of ASHI BLS course materials for review by each Board member, and requested to be added to the rule (**EXHIBIT JJ**).

13. The Board ignored this request and proceeded to complete the rulemaking (**EXHIBIT KK**). The regulation became operative on March 9, 2010.
14. Since then, the Board has continued to reject ASHI BLS certification stating that it *"only accepts BLS certification through the AHA or the ARC"* (**EXHIBIT LL**) and *"Current Regulations, update* [sic] *in April 2010, no longer allow any entity who is not a direct provider through the American Heart Association or a chapter of the American Red Cross to provide the BLS/CPR certification to the California dental licensee."* (**EXHIBIT MM**).
    a. As it contradicts the Boards statutory authority to determine the equivalency of *any* BLS course, this position is insupportable.
    b. As it restrains trade without a countervailing rationale sufficient to justify its harmful effect, this position is unreasonable.
    c. As it prevents lawful, free, and open competition, this position is unfair.
15. The Board's anticompetitive position regarding BLS courses is reinforced in its current licensing applications (**EXHIBIT NN**).

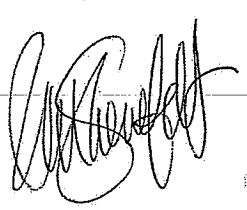
Conclusions

1. The Board is preventing lawful, free, and open competition by unfairly prescribing the private sector commercial products and services of the AHA and ARC and their affiliated instructors, training centers, and licensed training providers.
2. The Board has abandoned its statutory responsibility to determine the equivalency of any BLS course and in so doing has unjustly excluded the ASHI BLS course.
3. The Board is imposing a prescriptive standard that is causing an adverse economic impact on small business and an unnecessary burden on California citizens.
4. The Board is denying licentiates the benefits of competition, including the potential for lower prices and greater choice by unreasonably prohibiting the use of an equivalent BLS program for regulatory compliance.
5. The Board is requiring the instruction outdated of advanced cardiac life support practices in conflict with its statutory requirement to protect the public.

Substantial evidence demonstrates that the ASHI BLS and ACLS training program is equivalent to the commercial training products offered by the AHA and ARC. As it will save or create jobs statewide and increase consumer protection, we implore the Board to promptly amend its regulations as requested.

We value, believe in, and promote successful completion of a legitimate BLS or ACLS course as an important component in protecting patient safety and health. We value, believe in, and promote free and fair competition that does not adversely affect health and safety. We look forward to helping the Board protect the health and safety of the citizens of California.

Respectfully,



Digitally signed by Ralph Shenefelt
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Ralph M. Shenefelt

Senior Vice President, Strategic Partnerships

Health and Safety Institute

Cc:

Gregory R. Ciottone, MD, FACEP, Medical Director, Health and Safety Institute

Bill Clendenen, MBA, Chief Executive Officer, Health and Safety Institute

Jeff Jackson, MBA, President, Health and Safety Institute

Steve Barnett, MBA, Vice President, Strategic Compliance, Health and Safety Institute

Jeff Lindsey, PhD, Chief Learning Officer, Health and Safety Institute

Kristal Langner, Regulatory Approval Specialist, Health and Safety Institute

Joe Rose, JD, Rose Law

Enclosures: Exhibits A-NN

CALIFORNIA CODE OF REGULATIONS
TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 10. DENTAL BOARD OF CALIFORNIA

§ 1016. Continuing Education Courses and Providers.

(a) Definition of Terms:

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

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

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

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

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

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

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

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

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

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

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

2. Instruction in foreign-body airway obstruction;

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

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

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

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

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

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

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

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

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

(E) Courses that pertain to the legal requirement governing the licensee in the areas of auxiliary employment and delegation of responsibilities; the

Health Insurance Portability and Accountability Act (HIPAA); actual delivery of care.

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

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

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

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

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

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

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

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

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

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

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

(B) Courses in organization and management of the dental practice including office computerization and design, ergonomics, and the improvement of practice administration and office operations.

(C) Courses in leadership development and team development.

(D) Coursework in teaching methodology and curricula development.

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

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

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

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

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

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

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

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

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

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

(c) Registered Provider Application and Renewal

(1) An applicant for registration as a provider shall submit an “Application for Continuing Education Provider (Rev. 05/09)” that is hereby incorporated by reference. The application shall be accompanied by the fee required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that he or she will only offer courses and issue certificates for courses that meet the requirements in this section.

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

(d) Standards for Registration as an Approved Provider

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

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

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

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

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

(2) Providers must possess and maintain the following:

(A) Speaker curriculum vitae;

(B) Course content outline;

(C) Educational objectives or outcomes;

(D) Teaching methods utilized;

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

(F) Attendance records and rosters

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

(A) Speaker curriculum vitae;

(B) Course content outline;

(C) Educational objectives or outcomes;

(D) Teaching methods utilized;

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

(F) Attendance records and rosters.

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

(f) Withdrawal of Provider Registration

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

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

(g) Provider Issuance of Units of Credit for Attendance

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

(h) Additional Provider Responsibilities

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

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

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

(C) A statement on each certification that reads: “Completion of this course does not constitute authorization for the attendee to perform any

services that he or she is not legally authorized to perform based on his or her license or permit type."

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Dentists: 50 units.

(2) Registered dental hygienists: 25 units.

(3) Registered dental assistants: 25 units.

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

(5) Orthodontic Assistant Permit Holders: 25 units.

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

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

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

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

(e) Each dentist licensee who holds a conscious sedation permit shall complete at least once every two years a minimum of 15 total units of coursework related to the administration of conscious sedation and to medical emergencies, as a condition of permit renewal, in continuing education requirements pursuant to Section 1647.5 of the of the Business and Professions Code. Refusal to execute the required assurance shall result in non-renewal of the permit.

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

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

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

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

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

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

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

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

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

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

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

(m) A licensee who has not practiced in California for more than one year because the licensee is disabled need not comply with the continuing education requirements of this article during the renewal period within which such disability falls. Such licensee shall certify in writing that he or she is eligible for waiver of the continuing education requirements. A licensee who ceases to be eligible for such waiver shall notify the Board of such and shall comply with the continuing education requirements for subsequent renewal periods.

(n) A licensee shall retain, for a period of three renewal periods, the certificates of course completion issued to him or her at the time he or she attended a continuing education course and shall forward such certifications to the Board only upon request by the Board for audit purposes. A licensee who fails to retain a certification shall contact the provider and obtain a duplicate certification.

(o) Any licensee who furnishes false or misleading information to the Board regarding his or her continuing education units may be subject to disciplinary action. The Board may audit a licensee continuing education records as it deems necessary to ensure that the continuing education requirements are met.

(p) A licensee who also holds a special permit for general anesthesia, conscious sedation, oral conscious sedation of a minor or of an adult, may apply the continuing education units required in the specific subject areas to their dental license renewal requirements.

(q) A registered dental assistant or registered dental assistant in extended functions who holds a permit as an orthodontic assistant or a dental sedation assistant shall not be required to complete additional continuing education requirements beyond that which is required for licensure renewal in order to renew either permit.

(r) Pertaining to licencees holding more than one license or permit, the license or permit that requires the largest number of continuing education units for renewal shall equal the licesee's full renewal requirement. Dual licensure, or licensure with permit, shall not require duplication of continuing education requirements.

(s) Current and active licensees enrolled in a full-time educational program in the field of dentistry, including dental school program, residency program, postdoctoral specialty program, dental hygiene school program, dental hygiene in alternative practice program, or registered dental assisting in extended functions program approved by the Board or the ADA Commission on Dental Accreditation shall be granted continuing education credits for completed curriculum during that renewal period. In the event of audit, licensees shall be required to present school transcripts to the Board as evidence of enrollment and course completion.

(t) Current and active dental sedation assistant and orthodontic assistant permit holders enrolled in a full-time dental hygiene school program, dental assisting program, or registered dental assisting in extended functions program approved by the Board or the ADA Commission on Dental Accreditation shall be granted continuing education credits for completed curriculum during that renewal period. In the event of audit, assisting permit holders shall be required to present school transcripts to the committee or Board as evidence of enrollment and course completion.

Note: Authority cited: Sections 1614 and 1645, Business and Professions Code. Reference: Sections 1645, 1646.5 and 1647.5, Business and Professions Code.