



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

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

Thursday, August 16, 2012
Department of Consumer Affairs
2005 Evergreen Street, Hearing Room
Sacramento, CA 95815
916-263-2300

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

Thursday, August 16, 2012

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

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

ROLL CALL Establishment of a Quorum

***CLOSED SESSION - FULL BOARD**

Deliberate and Take Action on Disciplinary Matters

*The Board will meet in closed session as authorized by Government Code Section 11126(c)(3)

***CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE**

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

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

OPEN SESSION RESUMES AT APPROXIMATELY 11:30 a.m. OR UPON ADJOURNMENT OF CLOSED SESSION

AGENDA ITEM 1 Regional Examinations Presentation by Guy Champagne, DDS, Past President of the American Board of Dental Examiners (ADEX)

COMMITTEE/COUNCIL MEETINGS – SEE ATTACHED AGENDAS

➤ **ENFORCEMENT COMMITTEE**

See attached Enforcement Committee agenda

➤ **JOINT MEETING OF THE EXAMINATION COMMITTEE AND THE DENTAL ASSISTING COUNCIL**

See attached Joint Meeting of the Examination Committee and Dental Assisting Council agenda

➤ **DENTAL ASSISTING COUNCIL**

See attached Dental Assisting Council agenda

➤ **LEGISLATIVE AND REGULATORY COMMITTEE**

See attached Legislative and Regulatory Committee agenda

➤ **LICENSING, CERTIFICATION, AND PERMITS COMMITTEE**

See attached Licensing, Certification, and Permits Committee agenda

PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

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

RECESS



MEMORANDUM

DATE	July 30, 2012
TO	Dental Board of California
FROM	Linda Byers, Administrative Assistant Dental Board of California
SUBJECT	Agenda Item 1: Regional Examinations Presentation by Guy Shampaine, DDS, Past President of the American Board of Dental Examiners

Dr. Guy Shampaine, Chairman of the North East Regional Board of Examiners (NERB) and Past President of the American Board of Dental Examiners (ADEX), will give a presentation outlining ADEX Examination; content, scoring, and organization. He will also discuss the administrative testing agencies.



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

NOTICE OF ENFORCEMENT COMMITTEE MEETING

Thursday, August 16, 2012

Upon Conclusion of Agenda Item 1

2005 Evergreen Street, Hearing Room
Sacramento, CA 95815

ENFORCEMENT COMMITTEE

Chair – Rebecca Downing, Public Member
Vice Chair – Huong Le, DDS
Steven Afriat, Public Member
Suzanne McCormick, DDS
Bruce Whitcher, DDS

CALL TO ORDER

ROLL CALL AND ESTABLISHMENT OF QUORUM

ENF 1 – Approval of the May 17, 2012 Enforcement Committee Meeting Minutes

ENF 2 – Staff Update Regarding Enforcement Unit Projects and Improvements

ENF 3 – Enforcement Program – Statistics and Status

ENF 4 – Review of Fourth Quarter Performance Measures from the Department of Consumer Affairs

ENF 5 – Diversion Statistics

PUBLIC COMMENT

ADJOURNMENT

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



ENFORCEMENT COMMITTEE

Meeting Minutes

Thursday, May 17, 2012

Embassy Suites SFO Airport Waterfront
150 Anza Blvd., Burlingame, CA 94010

DRAFT

Members Present

Chair – Rebecca Downing, Public Member
Vice Chair – Huong Le, DDS
John Bettinger, DDS
Suzanne McCormick, DDS
Bruce Whitcher, DDS

Members Absent

Steven Afriat, Public Member

Staff Present

Richard DeCuir, Executive Officer
Denise Johnson, Assistant Executive Officer
Kim Trefry, Enforcement Chief
Jocelyn Campos, Enforcement Coordinator
Sarah Wallace, Legislative and Regulatory Analyst
Karen Fischer, Associate Analyst
Linda Byers, Executive Assistant
Kristy Shellans, DCA Senior Staff Counsel
Greg Salute, Deputy Attorney General

ROLL CALL AND ESTABLISHMENT OF QUORUM

Rebecca Downing, Chair, called the Enforcement Committee meeting to order at 7:07 p.m. Roll was called and a quorum was established.

ENF 1 – Approval of the February 23, 2012 Enforcement Committee Meeting Minutes

M/S/C (Bettinger/Le) to approve the February 23, 2012 Enforcement Committee meeting minutes. The motion passed unanimously.

ENF 2 – Staff Update Regarding Enforcement Unit Projects and Improvements

Kim Trefry, Enforcement Chief, reported that in March, the Board began a 90 day test period to determine whether issuance of probationary licenses at the Board level (pursuant to Business and Professions Code section 1628.7) could result in cost and time savings. She stated that as of 2010, a Statement of Issues case averaged 606 days from denial to resolution. More recently that average increased to over 700 days. Since March, the Board has stipulated to probationary licenses for 10 RDAs and 1 DDS applicant who, due to their previous criminal convictions, were not acceptable candidates for a full and unrestricted license. One additional applicant declined the board's stipulated offer of probation and requested a hearing. Ms. Trefry stated that the Board conducted a random audit of 10 Statement of Issues cases at various stages at the Attorney General's office. The time spent on these cases thus far had averaged 22.75 hours, and cost the board \$3,863.25 each. Presently, of the

76 cases involving RDAs at the Attorney General's Office; 32 or 42% are Statement of Issues cases. Given the limited RDA budget for disciplinary matters, this will be a beneficial alternative in certain circumstances. She reported that other process improvements include sworn staff partnering with Medical Board and participating in quarterly arrest/control training to maintain their proficiency levels. In conjunction with the Governor's Executive order (B-2-11), the enforcement program has been providing travel data to the Department of General Services as they conduct utilization surveys regarding the Board's vehicle fleet. In response to the DGS analysis, the board has had to provide additional justification to avoid decreases to the existing fleet. Currently there are 15 vehicles shared between 14 sworn Investigators, 2 sworn Supervising Investigators, 2 Inspectors and 4 non-sworn Special Investigators to conduct their field work. Three vehicles have already been converted to pool cars to address this imbalance between supply and demand. In 2010, staff drove in excess of 153,000 miles, an average of over 11,000 miles driven per employee per year. If the vehicle fleet is further reduced – we anticipate negative impacts to our ability to travel and work cases efficiently.

ENF 3 – Enforcement Program – Statistics and Status

Ms. Trefry reported that the complaint unit is averaging about 293 incoming complaints per month, a 25% increase. They are closing about 220 per month. There are approximately 738 open cases averaging about 164 cases per Analyst. Ms. Trefry pointed out that the number of cases referred to the Attorney General's office has increased. In April of 2011 there were less than 200 cases at the Attorney General's office. As of the end of last month that number had risen to 273, a 30% increase. The average number of days for a disciplinary case to be completed is 1,056. Mr. DeCuir asked Ms. Trefry to split this report for the next meeting into Sworn versus non-sworn investigators.

ENF 4 – Review of Third Quarter Performance Measures from the Department of Consumer Affairs

Ms. Trefry reported that the Performance measures are pre-set by DCA and are reported quarterly on the website. She gave an overview of the statistics. Greg Salute, Deputy Attorney General, reported that they are not able to get hearing dates for 4-5 months which contributes to the high number of days reported for Formal Discipline.

ENF 5 – Discussion and Possible Action Regarding Recommendations for the Appointment of a Southern California Diversion Evaluation Committee Member

Mr. DeCuir reported that the Dental Board of California Diversion Program utilizes two Diversion Evaluation Committees (DECs), one North and one South, consisting of six members each: three licensed dentists, one licensed dental auxiliary, one public member, and one licensed physician or psychologist. The Southern California DEC had one dental auxiliary and one public member vacancy. Three candidates were interviewed by a DEC Panel. The Panel is recommending appointment of Janis Thibault, MFT to fill the public member vacancy on the Southern California Diversion Evaluation Committee. Ms. Thibault has established that she has the experience and knowledge in the evaluation or management of persons who are impaired due to alcohol or drug abuse. M/S/C (Bettinger /McCormick) to accept the Interview Panel's recommendation and recommend that the full Board appoint Ms. Janis Thibault, MFT to fill the public member vacancy on the Southern California Diversion Evaluation Committee on May 18, 2012. The motion passed unanimously.

There was no further public comment

The committee adjourned at 7:29 p.m.



MEMORANDUM

DATE	July 31, 2012
TO	Enforcement Committee Dental Board of California
FROM	Kim A. Trefry, Enforcement Chief Dental Board of California
SUBJECT	Agenda Item ENF 2: Enforcement Program Projects and Improvements

Stipulation to Probationary License Beginning in March, the Board began a 90-day test period to determine whether issuance at the Board level (pursuant to Business and Professions Code section 1628.7) could result in cost and time savings.

To date, the Board has stipulated to probationary licenses for 14 RDAs and 1 DDS applicants during this 90-day trial. One additional applicant has declined the board's stipulated offer of probation and has requested a hearing. By comparison, the average length of time for a Statement of Issues case to be completed by the Attorney General's office was 439 days.

Given the limited RDA budget for disciplinary matters, we believe this will be a beneficial alternative in certain circumstances.

Staffing

Dental Board Investigator Vicki Williams has been selected to fill a second Supervising Investigator position in the Southern California enforcement office. Approximately 60% of our current caseload is located in Southern California; and as such, a larger number of investigative staff (14) are located in this office in comparison to the northern office (6). An Investigator position was converted to a second supervisor position to distribute the management tasks more equally. We will now be advertising to fill the vacancy created by Vicki's promotion.

A new Investigator, Kelly Silva, has also been hired to fill one of the two vacancies in the Northern California field office. A second candidate is in the background phase of the hiring process.

Peace Officer Standards and Training (POST) Compliance

In May 2012, we received approval of our Tactical Weapons course curriculum (submitted to POST in 2011). This course meets the minimum four (4) hours of Perishable Skills training required every two-year period. This firearms course, along with an Arrest and Control component are scheduled for Fall 2012.

In early July 2012, POST conducted our biennial audit for training and hiring practices compliance. At present, the Enforcement Program is in full compliance with all POST requirements.

Internal Reviews

During this past quarter, the Enforcement Program began focusing on various stages of our internal processes – with the goal of identifying areas for improvement and increased efficiency. This included an internal review of our Complaint Intake processes and certain Probation cases.

In our Complaint unit, we have initiated some daily tools to more closely track complaint receipt timeframes, as well as checklists to ensure records are certified and new cases are cross-referenced with any existing open cases.

Within the Probation program, we have begun taking a closer look at two specific issues:

- 1) Probation cases involving licensees with long-standing tolling status.
Staff are reviewing residency, license status, and whether any other probationary conditions are out of compliance. We will be working with legal counsel to address some of these issues.
- 2) Outstanding cost recovery.
Staff are reviewing outstanding monies owed to the Board by probationers and revoked licensees from both the DDS and RDA programs.

Policy & Procedure Manuals

The Enforcement Program's Supervising Investigators Teri Lane, Nancy Butler, and Staff Manager April Alameda met and finalized the Probation Policy and Procedure manual. This will serve as a valuable tool to ensure staff are addressing their monitoring responsibilities consistently and correctly.

Education

Dr. Peter Krakowiak DMD FRCD(C) FADSA of Lake Elsinore, met with Sacramento staff (and Orange staff via the newly installed videoconferencing equipment) to provide an overview of the standard of care for Oral and Maxillofacial Surgery. Dr. Krakowiak, one of the board's Subject Matter Experts, lectured and provided powerpoint diagrams and photos while discussing restorations, implants, and facial reconstruction. The session also covered common and unusual treatment outcomes, as well as radiography, tomography CT imaging and 3D reconstructions. This six-hour module provided the staff with an excellent overview of this specialty practice.

Enforcement Efforts

During this last quarter, our Southern California office has made a focused effort on unlicensed activity. On June 13, 2012, Dental Board Investigators, partnered with Los Angeles County Sheriff's Department and the Health Authority Law Enforcement Task Force (HALT) in serving a search warrant in South Gate, CA. In addition to serving the search warrant they arrested Nydia and German Martinez for the unlicensed practice of dentistry. A two month long undercover operation revealed both subjects had been treating patients without a license for several years.

Each suspect will be charged with the unlicensed practice of dentistry and could face up to one year in jail. Investigators also seized patient records, dental equipment, pharmaceuticals and syringes. The Dental Board's investigation on unlicensed activity is ongoing and could result in charges against other individuals.

On July 18, 2012, investigators served a search warrant at a residence located in North Hollywood, California. Suspect Juan Carlos Ortiz (age 45) was transported to the Los Angeles Police Department where he was booked for practicing dentistry without a license.

Operating on a tip, Investigators conducted a 2 month long undercover operation where it was determined that Mr. Ortiz was practicing dentistry without a license. Ortiz had given a diagnosis to an agent posing as a patient. Ortiz has been previously convicted in February 2005 by the Dental Board of California for the same offense, making this second offense a felony.

The Dental Board investigation revealed that the subject had been treating patients without a license for several years. Investigators seized records and dental equipment from the home. The Dental Board's investigation on unlicensed activity is ongoing and could result in charges against other individuals.

Vehicles

In July, the Board learned the results of our appeal to the Department of General Services (DGS) Vehicle Reduction Survey. In conjunction with the Governor's Executive order (B-2-11), the enforcement program has been directed to reduce its vehicle fleet by one. Currently there are 15 vehicles shared between 14 sworn Investigators, 3 sworn Supervising Investigators, 2 Inspectors and 4 non-sworn Special Investigators to conduct their field work. Three vehicles have already been converted to pool cars to address this imbalance between supply and demand. [In 2010, staff drove in excess of 153,000 miles, an average of over 11,000 miles driven per employee per year.]

The Board is waiting to learn the effective date of this decision, and is exploring our options on how to redistribute this resource.

I will be available during the Board meeting to answer any questions or concerns you may have.



MEMORANDUM

DATE	July 16, 2012
TO	Enforcement Committee Dental Board of California
FROM	Kim A. Trefry, Enforcement Chief Dental Board of California
SUBJECT	Agenda Item ENF 3: Enforcement Program Statistics

Attached please find Complaint Intake and Investigation statistics for the previous 12 month period. Below is a summary of some of the program's trends:

Complaint & Compliance Unit

Complaints Received: The total number of complaint files received during the previous 12 months was **3507**, averaging 292 per month (a 4% decrease from the previous fiscal year period).

Pending Cases (as of 6/30/12): **741**

Average caseload per Consumer Services Analyst (CSA) = 150.6 cases

Cases pending assignment = 0

There has been no significant deviation to these numbers since the last reporting period.

Chart 1 - Case Aging (as of 6/30/12)

0-3 Months	564	75%
4-6 Months	141	18%
7-9 Months	32	4%
10-12 Months	7	1%
1-3 Years	4	>1%

Chart 2 - Cases Closed: The total number of complaint files closed during the same time period was **2554**, a decrease of 16% from last year. The average number of days a complaint took to close within the last 12 months was **72** days (a decrease of 35% from the previous year's average).

Charts 3 & 4 – Allegation Types These charts provide a breakdown of open and closed complaints by allegation type.

Investigations

Current Open Caseload (As of 6/30/12)

There are currently approximately **853** open investigative cases, **325** probation cases, and **72** open inspection cases.

Average caseload per full time Investigator = 43

Average caseload per Special Investigator/Analyst = 41

Average caseload per Inspector = 40

Chart 5 - Case Aging (As of 6/30/12)

0 – 3 Months	126	15%
3 – 6 Months	146	18%
6 – 12 Months	225	27%
1 – 2 Years	249	30%
2 – 3 Years	63	8%
3+ Years	18	2%

Since our last report (May 2012), the number of cases over 1 year old has remained steady at 40%. The number of cases in the oldest category (3 years and older) has risen slightly from 16 to 18.

Chart 6 - Case Closures The total number of investigation cases closed, filed with the Attorney General's Office or filed with the District/City Attorney during the last 12 months is **1103**, an average of **92** per month. This is a 7% increase from the previous fiscal year total of 1037.

Closures by Classification

Sworn Investigator closures = 529 (48%)

Non-sworn Special Investigator closures = 217 (19%)

Analyst closures = 357 (32%)

Of the closures, approximately 18% are referred to the AGO for discipline.

The average number of days an investigation took to complete within the last 12 months was **398** days. The average number of days to close a case in FY10/11 was 402.

Charts 7 & 8 – Allegation Types These charts provide a breakdown of open and closed investigations by allegation type.

Chart 9 – Unassigned Caseload The enforcement program has continued to focus on reducing the number of unassigned investigations. From a high of 274 unassigned cases in January 2011, this number has remained below 40 over the past year. Some of the oldest unassigned cases can be attributed to unlicensed activity allegations. In many of these instances, the suspects are transient and have not been located.

Charts 10 & 11 – Cases Referred for Discipline The total number of cases referred to the Attorney General's Office during the past 12 months was **159** (approximately 13 referrals per month). The 12-month average for a disciplinary case to be completed was **954** days.

Investigative Activity Reporting (IAR) Update

The IAR program records investigative time spent performing administrative and criminal casework and probation monitoring tasks, as well as the type of closure when the work is completed. Case hours are provided to the prosecution for cost recovery purposes and can be used as a budgetary tool.

The Case Closure attachment shows the percentage of cases closed within the designated closure categories. These charts include data for the previous fiscal year range (7/1/2011 – 6/30/2012). The majority (**57%**) of our cases time is devoted to cases which are ultimately closed due to *Insufficient Evidence*.ⁱ

The Case Category attachment displays the cumulative case hours dedicated to different allegations being investigated or licensees being monitored on probation. This report shows the majority (**37%**) of our investigative efforts are dedicated to *Negligence/Incompetence* cases. The next highest categories of case time were divided between *Criminal Conviction* cases (**10%**) and *Unprofessional Conduct* cases (**10%**).

It should be noted that although *Drug Prescribing Violations* are only 5% of our total hours, these cases average 46 hours each; far in excess of any other investigation type.

Probation Monitoring Activity These quarterly tasks require an average of 11 ½ hours of investigative time annually. At the time of this report, staff were spending approximately **12%** of their investigative time performing probation monitoring tasks.

Attached are two pie charts to illustrate these percentages.

I will be available during the Board meeting to answer any questions or concerns you may have.

ⁱ Cases are typically closed *Insufficient Evidence* when a complaint alleging negligent or incompetent treatment is reviewed by a Subject Matter Expert, and is found to be a simple departure from the standard of care or does not rise to the level warranting formal discipline.

STATISTICAL SUMMARY OF ENFORCEMENT ACTIVITY - DENTAL BOARD OF CALIFORNIA
July 2011 - June 2012

COMPLAINT UNIT	Charts	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD
Initial Pending	1, 3	511	517	552	507	486	550	593	599	623	704	748	826	
Total Received		218	335	207	256	264	261	304	269	413	320	381	279	3507
Closed in Complaint Unit	2,4	123	238	175	203	173	167	242	235	290	244	203	261	2554
With Merit		53	108	70	48	81	71	117	117	154	134	100	147	1200
w/o merit		70	130	105	155	92	96	125	118	136	110	103	114	1354
Referred for Investigation		89	86	78	85	71	55	59	75	107	66	123	104	998
Pending at end of Period		517	552	507	486	550	593	599	623	704	748	826	741	
Unassigned at end of period		0	0	0	0	0	0	0	0	0	0	0	0	

INVESTIGATIONS	Charts	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD
Initial Pending	5,7	963	974	913	872	867	852	851	848	844	864	832	865	
Assigned		897	906	879	843	821	798	789	766	761	780	745	783	
Unassigned		66	68	34	16	25	29	34	36	9	19	15	9	
Total Received from Complaint Unit		89	86	78	85	71	55	59	75	107	66	123	104	998
Closed in Current Month	6,8	78	142	119	90	86	56	62	79	87	98	90	116	1103
With Merit		63	106	107	79	74	51	49	58	67	72	52	99	877
w/o Merit		15	36	12	11	12	5	13	21	20	26	38	17	226
Referred to AG		10	28	13	21	17	13	9	16	19	16	17	15	194
Referred for Criminal		1	0	2	0	0	0	0	0	3	1	2	2	11
Pending at end of period		974	918	872	867	852	851	848	844	864	832	865	853	
Assigned		906	884	856	842	823	817	812	835	845	745	783	744	
Unassigned	9	68	34	16	25	29	34	36	9	19	15	9	25	

STATISTICAL SUMMARY OF ENFORCEMENT ACTIVITY - DENTAL BOARD OF CALIFORNIA
July 2011 - June 2012

ATTORNEY GENERAL	Charts	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD
Initial Pending		192	193	201	198	202	211	213	216	224	231	236	236	
Referrals from Investigations		10	28	13	21	17	13	9	16	19	16	17	15	194
Referred to the AG	10	5	15	14	11	15	10	10	19	13	16	20	11	159
Accusations Filed		9	10	4	3	9	8	3	11	5	9	15	6	92
Statement of Issues Filed		4	1	1	3	5	1	2	1	13	2	4	2	39
Petition to Revoke		1	1	1	0	1	1	1	0	2	0	1	1	10
Surrender of License		1	0	2	0	0	0	0	0	0	3	0	0	6
Cases Closed	11	8	7	10	8	5	7	8	6	11	13	17	4	104
Pending at end of period					193	201	198	202	211	213	216	224	231	

**Statistical Summary of Complaint Age
July 2011 - June 2012**

Chart 1 - Open Complaints by Age

Breakdown by Age	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
0 - 3 Months	444	481	464	459	476	476	532	546	576	590	651	564
4-6 Months	71	56	45	39	54	97	101	113	128	123	123	141
7-9 Months	20	18	23	15	10	9	12	14	27	34	37	32
10-12 Months	3	2	3	8	7	6	7	7	3	6	5	7
1-2 Years	1	2	1	1	0	0	0	1	1	3	4	4
2-3 Years	0	0	0	0	0	0	1	1	1	0	0	0
3+ Years	0	0	0	0	0	0	0	0	0	1	1	0
Total*	539	559	536	539	547	536	653	682	736	757	821	748

*Totals will not match **Pending at end of Period** due to coding variations within Open Case Aging reports.

Chart 2 - Closed Complaints by Age

Breakdown by Age	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD
0 - 3 Months	93	179	124	123	119	111	174	161	223	169	137	145	1758
3-6 Months	29	52	42	66	44	51	62	62	52	59	51	95	665
6-12 Months	3	9	8	14	10	5	6	11	14	15	15	20	130
1-2 Years	0	0	1	0	0	0	0	0	1	1	0	0	3
2-3 Years	0	0	0	0	0	0	0	0	0	0	0	0	0
3+ Years	0	0	0	0	0	0	0	0	0	0	0	1	1
Total*	125	240	175	203	173	167	242	234	290	244	203	261	2557

**Statistical Summary of Complaint Categories
July 2011 - June 2012**

Chart 3 - Open Complaints by Allegation Type

Allegation	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Totals
Fraud (F)	7	15	5	23	17	16	18	22	29	31	38	42	263
Non-Jurisdictional (J)	13	26	20	20	16	17	23	27	27	27	25	20	261
Incompetence/Negligence (N)	94	158	124	378	406	422	456	463	475	500	511	494	4481
Other (O)	27	32	18	38	44	49	51	44	40	44	43	50	480
Unprofessional Conduct (R)	12	36	22	26	32	25	24	33	35	40	40	38	363
Sexual Misconduct (S)	3	0	1	2	1	0	1	0	0	0	0	0	8
Unlicensed/Unregistered (U)	6	15	15	5	4	5	9	18	4	8	5	5	99
Drug Related Offenses (D)	2	4	1	2	1	0	2	1	3	4	0	0	20
Criminal Charges (V)	46	42	18	34	32	59	74	72	115	110	158	95	855
Unsafe/Unsanitary Conditions (E)	7	5	4	2	1	3	5	5	8	7	6	7	60
Discipline by Another State (T)	1	1	0	0	0	0	0	2	2	0	1	2	9
Substance Abuse, Mental/Physical Impairment (A)	0	1	0	0	0	0	1	1	0	0	0	0	3
Total*	218	335	228	530	554	596	664	688	738	771	827	753	

*Totals will not match **Pending at end of Period** due to coding variations within Open Case Allegation reports.

**Statistical Summary of Complaint Categories
July 2011 - June 2012**

Chart 4 - Closed Complaints by Allegation Type

Allegation	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Totals
Fraud (F)	4	9	5	13	9	2	7	2	10	4	3	6	74
Non-Jurisdictional (J)	6	28	21	19	21	12	22	19	39	20	23	20	250
Incompetence/Negligence (N)	87	114	84	119	82	105	111	100	108	100	95	116	1221
Other (O)	8	27	27	22	26	10	16	22	14	6	18	13	209
Unprofessional Conduct (R)	5	10	8	18	8	6	8	8	8	11	6	7	103
Sexual Misconduct (S)	1	0	0	0	0	0	0	0	0	0	0	0	1
Unlicensed/Unregistered (U)	1	0	1	0	0	0	1	2	5	1	0	2	13
Drug Related Offenses (D)	0	0	1	0	0	0	0	0	0	0	1	0	2
Criminal Charges (V)	7	45	23	9	23	27	74	78	93	85	55	87	606
Unsafe/Unsanitary Conditions (E)	6	8	5	3	4	5	3	6	12	16	2	10	80
Discipline by Another State (T)	0	0	0	0	0	0	0	0	1	1	0	0	2
Sub. Abuse, Mental/Physical Impairment (A)	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	125	241	175	203	173	167	242	237	290	244	203	261	2561

**Statistical Summary of Investigation Age
July 2011 - June 2012**

Chart 5 - Open Investigations by Age

Breakdown by Age	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
0 - 3 Months	149	133	101	117	113	102	87	68	129	134	175	126
3 - 6 Months	194	170	165	146	155	131	135	129	113	103	100	146
6 - 12 Months	249	242	246	236	242	274	258	253	254	246	247	225
1 - 2 Years	290	296	288	290	279	266	272	272	247	250	236	249
2 - 3 Years	111	92	91	89	79	93	92	86	93	72	63	63
3+ Years	13	11	7	7	4	5	7	10	16	8	22	18
Total	1006	944	898	885	872	871	851	818	852	813	843	827

Chart 6 - Closed Investigations by Age

Breakdown by Age	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD
0 - 3 Months	8	25	12	10	12	9	4	13	16	14	21	60	204
3 - 6 Months	14	39	31	15	9	8	7	13	7	11	8	6	168
6 - 12 Months	23	33	24	20	21	15	17	16	19	15	22	10	235
1 - 2 Years	15	17	37	31	25	16	24	26	23	28	20	21	283
2 - 3 Years	16	20	12	11	16	7	10	11	22	29	16	14	184
3+ Years	2	8	3	3	3	1	0	0	0	1	3	5	29
Total	78	142	119	90	86	56	62	79	87	98	90	116	1103

*Numbers in Chart 5 & 6 may not match the main statistical summary.

Aging reports are captured at the end of each month.

Summary reports are captured at the end of each quarter and may reflect changes to the data.

**Statistical Summary of Investigation Categories
July 2011 - June 2012**

Chart 7 - Open Investigations by Allegation Type

Allegation	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Substance Abuse, Mental/Physical Impairment (A)	6	6	6	6	8	8	7	6	7	7	7	7
Drug Related Offenses (D)	25	31	24	25	31	32	32	30	32	34	32	35
Unsafe/Unsanitary Conditions (E)	4	6	4	3	3	4	4	5	5	4	6	6
Fraud (F)	63	66	60	55	57	58	58	53	50	50	50	49
Non-Jurisdictional (J)	1	1	1	1	1	1	2	2	2	2	3	4
Incompetence/Negligence (N)	355	372	347	356	335	323	307	299	290	285	297	283
Other (O)	39	35	39	38	35	37	42	42	82	90	89	89
Unprofessional Conduct (R)	87	84	88	95	98	104	103	101	103	96	89	85
Sexual Misconduct (S)	11	12	10	9	9	10	10	11	11	8	9	8
Discipline by Another State (T)	33	32	29	31	30	30	30	29	29	20	16	15
Unlicensed/Unregistered (U)	112	106	109	124	125	128	131	131	140	138	141	146
Criminal Charges (V)	214	259	182	149	141	134	125	112	99	85	112	101
Total	950	1010	899	892	873	869	851	821	850	819	851	828

**Statistical Summary of Investigation Categories
July 2011 - June 2012**

Chart 8 - Closed Investigations by Allegation Type

Allegation	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Substance Abuse, Mental/Physical Impairment (A)	0	1	0	0	0	1	1	1	0	0	0	0
Drug Related Offenses (D)	2	9	1	2	1	4	2	4	1	3	5	2
Unsafe/Unsanitary Conditions (E)	1	3	1	1	0	0	0	0	1	1	0	0
Fraud (F)	3	7	4	8	1	2	1	6	7	2	5	3
Non-Jurisdictional (J)	0	0	0	0	0	0	0	0	0	0	0	0
Incompetence/Negligence (N)	24	37	35	27	36	22	32	25	32	28	15	27
Other (O)	6	11	5	4	6	1	1	5	6	1	7	3
Unprofessional Conduct (R)	8	8	16	7	8	5	7	6	8	13	12	8
Sexual Misconduct (S)	0	1	2	1	2	0	0	0	1	3	1	1
Discipline by Another State (T)	0	0	5	0	1	0	0	1	0	11	5	1
Unlicensed/Unregistered (U)	8	8	9	3	11	4	3	11	12	16	8	6
Criminal Charges (V)	26	57	41	37	20	17	15	18	19	20	32	65
Total	78	142	119	90	86	56	62	77	87	98	90	116

Unassigned Investigations by Case Age

July 2011 - June 2012

Chart 9

Breakdown by Age	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
0 - 3 Months	14	2	2	9	10	12	9	3	11	8	3	10
3 - 6 Months	10	3	1	3	5	8	9	0	2	2	0	1
6 - 12 Months	6	1	0	0	1	1	4	3	3	3	1	2
1 - 2 Years	33	26	12	12	12	12	12	3	2	0	2	1
2 - 3 Years	2	1	1	1	1	1	2	0	1	1	1	1
3 + Years	3	1	0	0	0	0	0	0	0	0	0	0
Total	68	34	16	25	29	34	36	9	19	14	7	15

**Disciplinary Referrals by Category
July 2011 - June 2012**

Chart 10 - Disciplinary Referrals by Category

Allegation	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD
Cases referred to the Attorney Generals Office	5	15	14	11	15	10	10	19	13	16	20	11	159
Accusations Filed	9	10	4	3	9	8	3	11	5	9	15	6	92
Statement of Issues Filed	4	1	1	3	5	1	2	1	13	2	4	2	39
Petition for Reinstatement	0	0	1	0	0	0	0	0	0	0	0	0	1
Petition to Revoke Probation	1	1	1	0	1	1	1	0	2	0	1	1	10
Petition for Early Termination of Probation	1	0	0	1	0	0	0	0	0	1	0	0	3
Petition to Modify Probation	0	0	0	0	0	0	0	0	0	1	0	0	1
Request for Interim Susp Order / PC23 / TRO	0	0	1	0	1	0	0	1	0	1	0	1	5

**Disciplinary Actions Taken
July 2011 - June 2012**

Chart 11 - Disciplinary Actions

Allegation	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD
Probation	5	2	2	3	4	5	5	3	6	6	6	11	58
Suspension	0	1	1	0	0	0	0	0	1	0	0	2	5
Revocation	2	1	1	2	2	4	3	4	4	5	3	2	33
Public Reprimand	0	3	2	0	0	0	1	1	2	1	1	2	13
License Denial	0	0	2	2	0	0	0	0	1	0	0	2	7
License Surrender	1	0	2	0	0	0	0	0	0	3	0	0	6
Interim Suspension Order/PC23	0	0	0	0	1	0	0	1	1	1	0	1	5
Other*	3	1	5	3	0	0	0	0	0	0	0	1	13
No Discipline	1	1	2	2	0	1	1	1	1	0	0	2	12
Accusation Withdrawn	0	0	2	2	1	0	0	1	0	2	0	0	8
Accusation Dismissed	0	0	0	0	0	0	0	0	0	0	0	0	0
Accusation Declined	0	0	0	1	0	0	0	0	0	0	0	0	1

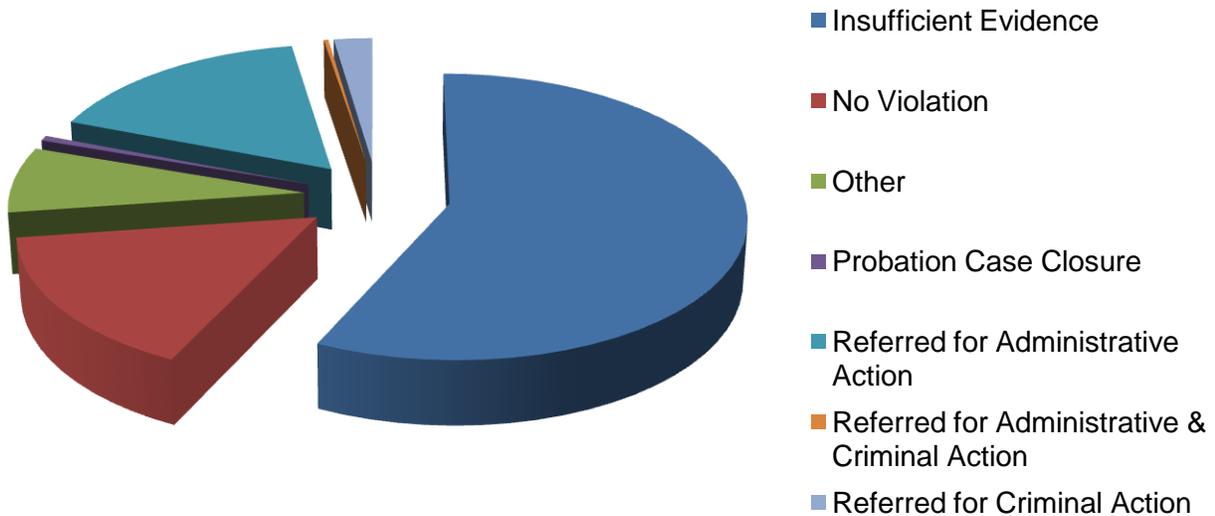
* Represents cases *Opened in Error* & cases rejected for filing by the Executive Officer

Investigator Activity Report
Hours Worked by Closure Category

Case Closure Categories	Case Hours	# of Cases	% of Total
Insufficient Evidence	3284	457	57.1%
No Violation	904	101	15.7%
Other	431	1	7.5%
Probation Case Closure	34	6	0.6%
Referred for Administrative Action	952	122	16.5%
Referred for Administrative & Criminal Action	16	1	0.3%
Referred for Criminal Action	134	10	2.3%
Total	5755	698	100%

07/01/2011-06/30/2012

Hours Worked by Closure Category

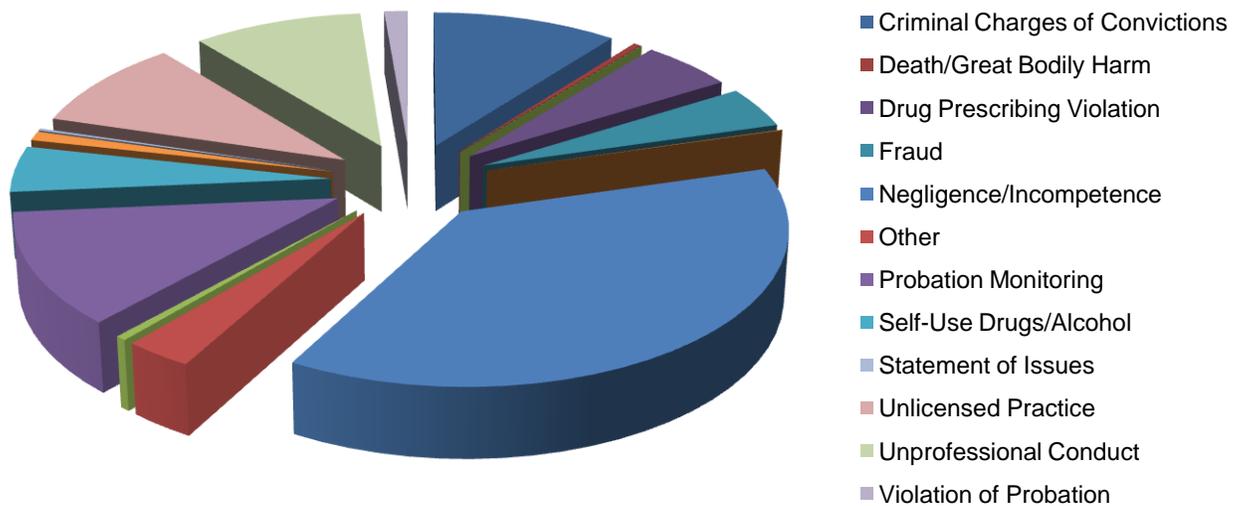


Investigator Activity Reporting System (IAR)
Hours Worked by Case Type

Case Categories	Case Hours	# of Cases	% of Total
Aid/Abet Unlicensed Activity	73	15	0%
Criminal Charges of Convictions	2013	213	10%
Death/Great Bodily Harm	80	6	0%
Discipline by Another State	6	2	0%
Drug Prescribing Violation	1017	22	5%
Fraud	830	99	4%
Mental/Physical Illness	13	2	0%
Negligence/Incompetence	7231	620	37%
Other	600	89	3%
Patient Abandonment	95	16	0%
Probation Monitoring	2287	196	12%
Self-Use Drugs/Alcohol	931	55	5%
Sexual Misconduct	186	19	1%
Statement of Issues	44	3	0%
Unlicensed Practice	1825	169	9%
Unprofessional Conduct	1843	151	10%
Violation of Probation	254	16	1%
Totals	19,328	1693	100%

07/01/2011 - 06/30/2012

**Hours Worked by
Case Type**





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	July 30, 2012
TO	Enforcement Committee Dental Board of California
FROM	Kimberly Trefry, Enforcement Chief Dental Board of California
SUBJECT	Agenda Item ENF 4: Review of Q4 Performance Measures from DCA

Performance measures are linked directly to an agency's mission, vision and strategic objectives/initiatives. In some cases, each Board, Bureau, and program was allowed to set their individual performance targets, or specific levels of performance against which actual achievement would be compared. In other cases, some standards were established by DCA. As an example, a target of an average of 540 days for the cycle time of formal discipline cases was set by the previous Director. Data is collected quarterly and reported on the Department's website at: http://www.dca.ca.gov/about_dca/cpei/index.shtml

Volume: 980 Total (660 Consumer complaints, 320 conviction reports)
 Number of complaints and convictions received per quarter

Cycle Time:

- **Intake – Target: 10 Days** **Q4 Average: 9 Days**
 Average cycle time from complaint receipt, to the date the complaint was acknowledged and assigned to an analyst in the Complaint Unit for processing (This 10 day time frame is mandated by Business and Professions Code section 129 (b)) ;
- **Intake & Investigation – Target: 270 Days** **Q4 Average: 152 Days**
 Average time from complaint receipt to closure of the investigation process (does not include cases sent to the Attorney General (AG) or other forms of formal discipline);
- **Formal Discipline – Target: 540 Days** **Q4 Average: 776 Days**
 Average number of days to complete the entire enforcement process for cases resulting in formal discipline (Includes intake and investigation by the Board, and prosecution by the AG);

A number of factors (both internally and externally) can contribute to case aging at the Attorney General's office. Board actions which may extend case aging include when

additional investigations are combined with a pending accusation and can set back the overall time to resolve. Amending an accusation or requesting additional expert opinions can also cause delays in case adjudication. Other matters are outside the control of the Board and include: availability of hearing dates, continuance of hearing dates, changes to opposing party counsel, and requests for a change of venue.

- **Probation Intake – Target: 10 Days**

Q4 Average: 13 Days

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer; and

Probation Intake measures the time between when the probation monitor is assigned the case file and the date they meet with their assigned probationer to review monitoring terms and conditions. The Board's probation monitors are assigned a case file within a few days of the probationary order being signed. Monitors attempt to schedule their initial meeting on or soon after the effective date of the decision; thereby resulting in a 10 – 20 day intake average. We believe this Q4 average of 13 days is reasonable. It should also be noted that in some cases, probation monitoring may not take place until an applicant has completed all their licensing requirements, or returned to California (if the applicant is out-of-state). These exceptions may skew this average.

- **Probation Violation Response – Target: 10 Days**

Q4 Average: 253 Days

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

In general, once a violation is discovered, the decision to take action is made immediately. However, the monitor must collect any supporting evidence (arrest/conviction records, positive drug test results) and write a report documenting the event. Once the report is referred for discipline, "appropriate action" has been initiated and the clock stops. Factors which may affect the turnaround time on this measure include how the violation is reported; (incoming complaints or arrest/conviction reports from the Department of Justice may take several days to be processed) and how quickly the monitor can write up and file the violation.

- **Consumer Satisfaction Survey**

The Department provided the Board with survey results for the fourth quarter performance measure (April - June). With approximately (968) case closures during this three month period, only seventeen survey responses were received, a 1% response rate.

Dental Board of California

Performance Measures

Q4 Report (April - June 2012)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

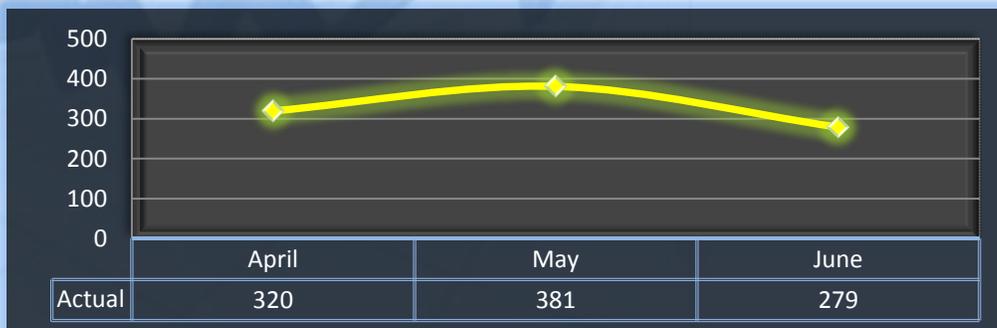
Volume

Number of complaints and convictions received.

Q4 Total: 980

Complaints: 660 Convictions: 320

Q4 Monthly Average: 327

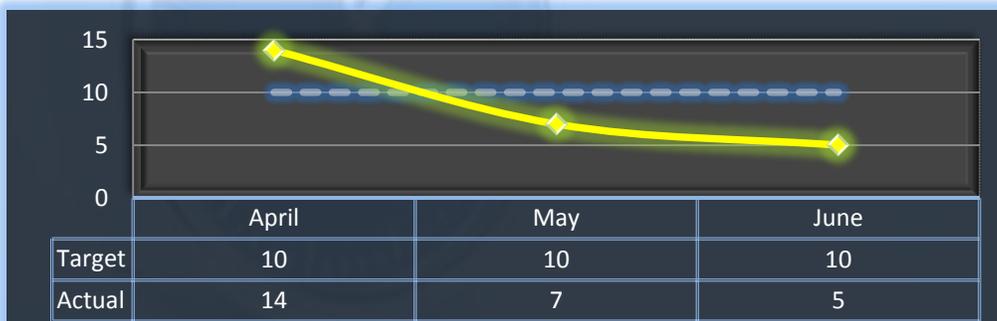


Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q4 Average: 9 Days

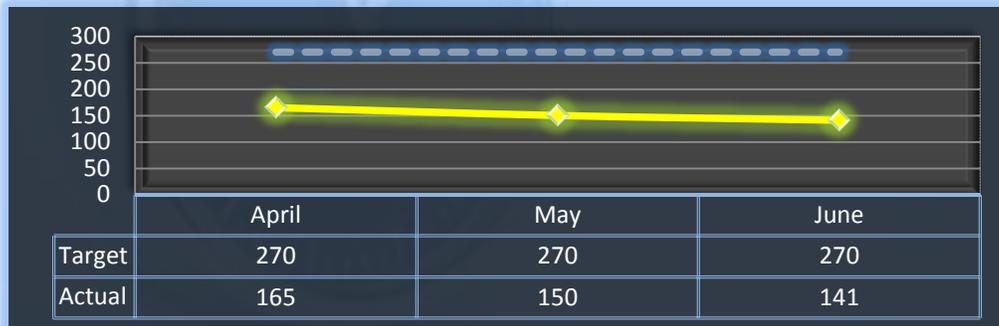


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 270 Days

Q4 Average: 152 Days

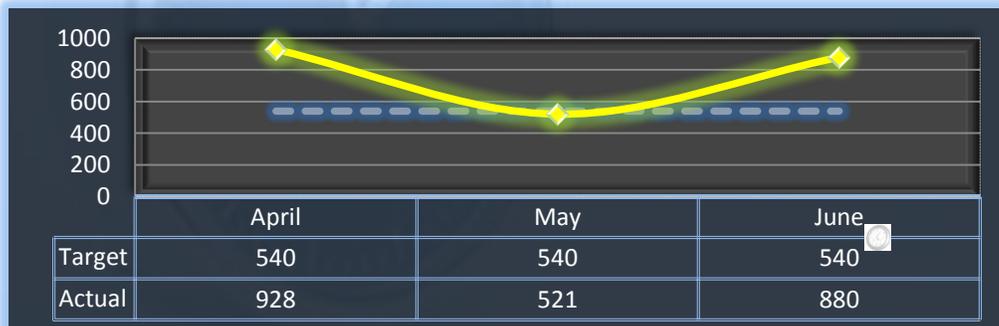


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q4 Average: 776 Days

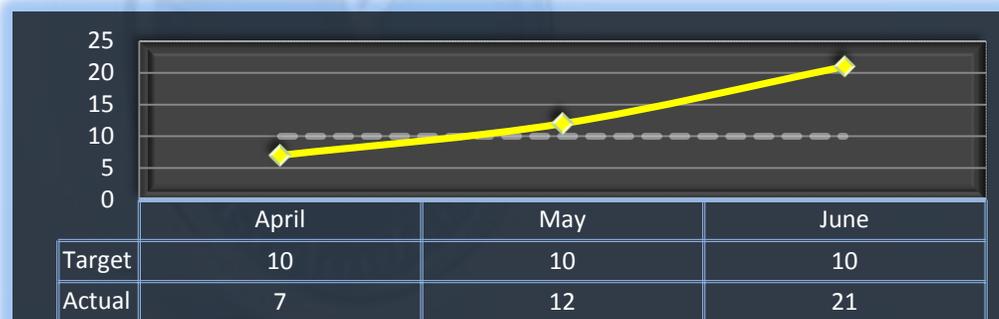


Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q4 Average: 13 Days

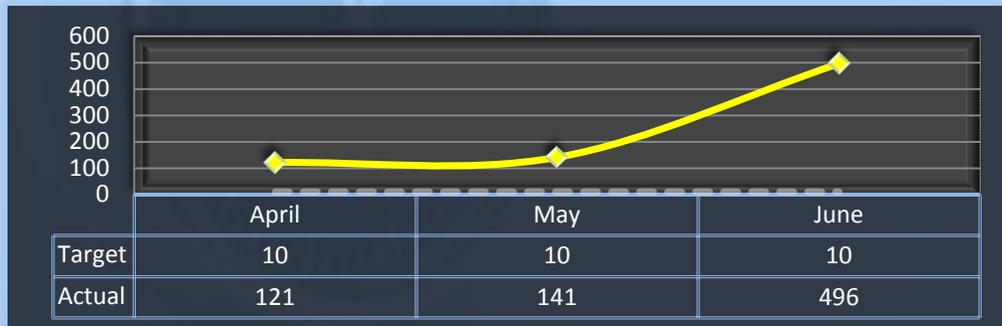


Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q4 Average: 253 Days





MEMORANDUM

DATE	August 3, 2012
TO	Enforcement Committee Members Dental Board of California
FROM	Lori Reis, Manager Dental Board of California
SUBJECT	Agenda Item ENF 5: Diversion Statistics

Attached are the Diversion Program statistics for quarter ending 06/30/12. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for information purposes only.

These statistics are derived from the MAXIMUS reports and are approximated numbers.

NOTE: There were no intakes into the Diversion Program during the month of April. In May, there was one (1) investigative referral and two (2) self referrals. In June, there was one (1) probation referral totaling four (4) for the quarter ending 06/30/12.

The next DEC meeting is scheduled for September 6th at the Board's Sacramento Office.

**Dental Board of California
Diversion Program
Statistical Summary
As of 06/30/2012**

	Current Quarter	Fiscal Year To Date	Program To Date
I INTAKES INTO PROGRAM			
1. Self Referral	2	4	30
2. Investigative Referral	1	5	63
3. Probation Referral	1	4	57
Group Totals	4	13	150
II APPLICANTS INTERVIEWED BY EACH DEC			
1. DBC Northern CA	0	4	55
2. DBC Southern CA	2	7	73
Group Totals	2	11	128
III APPLICANTS ACCEPTED BY EACH DEC			
1. DBC Northern CA	0	4	50
2. DBC Southern CA	2	6	59
Group Totals	2	10	109
IV STATUS CHANGES IN PROGRAM			
1. Closed	4	NA	NA
V CLOSED CASES			
1. Applicant Not Accepted by DEC	0	1	19
2. Applicant Public Risk	0	0	1
3. Applicant Withdrawn - Pre DEC	0	0	14
4. Clinically Inappropriate - Post DEC	0	1	7
5. Clinically Inappropriate - Pre DEC	0	0	7
6. Completed	0	6	71
7. No Longer Eligible - Post DEC	1	1	2
8. Sent to Board - Pre DEC	0	1	1
9. Terminated - Expired	0	0	3
10. Terminated - Failure to Receive Benefit	0	0	6
11. Terminated - Non Compliant	0	0	17
12. Terminated - Public Risk	0	4	19
13. Withdrawn - Post DEC	1	2	13
Group Totals	2	16	180
VI PARTICIPANT POPULATION TOTALS			
1. Active Participants at Beginning of Quarter	34		
2. Active Participants served this Quarter	37		
3. Active Participants at the End of the Quarter	36		
VII RECIDIVISM, INTAKE OF KNOWN PRIOR PARTICIPANTS			
Intake of Known Prior Participants	1	2	18
VIII GENDER AT INTAKE			
1. Female	0	4	47
2. Male	4	9	101
3. Unknown	0	0	2
Group Totals	4	13	150

	Current Quarter	Fiscal Year To Date	Program To Date
IX AGE CATEGORY AT INTAKE			
1. 20 - 24	0	0	2
2. 25 - 29	0	0	6
3. 30 - 34	2	3	15
4. 35 - 39	1	3	22
5. 40 - 44	0	1	24
6. 45 - 49	0	3	29
7. 50 - 54	0	1	21
8. 55 - 59	0	0	16
9. 60 - 64	1	1	10
10. 65 +	0	1	5
Group Totals	4	13	150
X WORKSITE OF PRACTICE SETTING AT INTAKE			
1. Corporation	0	1	1
3. Dental Private Practice	3	9	74
4. Doctor's Office	0	2	11
5. Group Practice - profit	1	1	3
6. Hospital	0	0	1
7. Lab	0	0	1
8. Other	0	0	4
9. Undetermined	0	0	23
10. Unemployed	0	0	32
Group Totals	4	13	150
XI SPECIALTIES AT INTAKE			
1. General Dentist	3	11	70
2. HMO	0	0	1
3. Medical Surgical	0	0	1
4. Other	1	2	45
5. Undetermined	0	0	33
Group Totals	4	13	150
XII PRESENTING PROBLEM AT INTAKE			
1. Alcohol	2	3	30
2. Alcohol and Mental Illness	0	0	7
3. Alcohol and Mono Drug	0	2	21
4. Alcohol and Poly Drug	0	2	18
5. Alcohol, Mono Drug and Mental Illness	0	1	2
6. Alcohol, Poly Drug and Mental Illness	0	0	5
7. Mental Illness	0	0	2
8. Mono Drug	1	2	33
9. Mono Drug and Mental Illness	0	0	7
10. Poly Drug	1	2	15
11. Poly Drug and Mental Illness	0	1	8
12. Undetermined	0	0	2
Group Totals	4	13	150
XIII SUBSTANCE USED DURING 12 MONTHS PRIOR TO INTAKE			
Collection of statistical information for Substance began September 2004			
1. Coumadin	0	0	1
2. Aciphex	0	0	1
3. Advair Diskus	0	0	1
4. Alcohol	1	2	59
5. Aleve	1	1	12

	Current Quarter	Fiscal Yr To Date	Program To Date
6. Alprazolam (Xanax)	0	1	4
7. ASA	0	1	3
8. Aspirin	2	3	4
9. Atenolol (Tenormin)	0	0	5
10. Ativan	0	0	3
11. Benadryl (Diphenhydramine HCL)	0	0	3
12. Benazepril (Lotensin)	0	0	2
13. Benzodiazepenes Unspecified	0	0	1
14. Butalbital (Fiorinal, Esgic)	0	0	1
15. Celexa	0	0	1
16. Chlordiazepoxide (Librium)	0	0	1
17. Claritin	1	1	3
18. Cocaine	0	0	8
19. Codeine (Various Names)	0	0	2
21. Diazepam (Valium)	0	0	4
22. Folic Acid	0	1	2
23. Hydrocodone (Vicodin / Lortabs / Hycodan)	0	0	11
24. Ibuprofen	2	5	9
25. Lexapro	0	1	3
26. Lorazepam (Ativan)	0	0	1
27. Marijuana	0	2	10
28. Maxalt	0	0	1
29. Methadone and/or Metabolite	0	0	1
30. Methamphetamine	0	1	11
31. Morphine	0	0	2
32. Motrin	0	1	2
33. Nazoril	0	0	1
34. None	0	0	5
35. Norco	0	1	3
36. Other Opiates	0	0	1
37. Oxycodone (Oxycontin)	0	0	2
38. Oxycodone (Percodan, Percocet)	0	0	2
39. Percocet	0	0	1
40. Prevacid	0	0	1
41. Undetermined	0	0	12
42. Wellbutrin	0	0	2
43. Zolpidem Tartrate (Ambien)	0	0	3
XIV MARITAL STATUS AT INTAKE			
1. Divorced	0	5	33
2. Married	1	4	62
3. Remarried	0	0	3
4. Separated	0	1	6
5. Significant Other	0	0	3
6. Single	3	3	40
7. Undetermined	0	0	2
8. Widowed	0	0	1
Group Totals	4	13	150



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

NOTICE OF JOINT MEETING OF THE EXAMINATION COMMITTEE AND DENTAL ASSISTING COUNCIL

Thursday, August 16, 2012

Upon Conclusion of the Enforcement Committee Meeting
Department of Consumer Affairs
2005 Evergreen Street, Hearing Room
Sacramento, CA 95815
916-263-2300

DENTAL ASSISTING COUNCIL

Judith Forsythe, RDA – Chair
Denise Romero, RDA – Vice Chair
Anne Contreras, RDA
Pamela Davis-Washington, RDA
Teresa Lua, RDAEF
Emma Ramos, RDA
Bruce Whitcher, DDS

EXAMINATION COMMITTEE

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

CALL TO ORDER

ROLL CALL AND ESTABLISHMENT OF QUORUM

EX 1 – Approval of the May 17, 2012 Examination Committee Meeting Minutes

EX 2 – Joint Review and Discussion of the Dental Assisting Program Examination Statistics

EX 3 – Western Regional Examination Board (WREB) update

PUBLIC COMMENT

ADJOURNMENT

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



EXAMINATION COMMITTEE

Meeting Minutes

Thursday, May 17, 2012

Embassy Suites SFO Airport Waterfront
150 Anza Blvd., Burlingame, CA 94010

DRAFT

Members Present

Chair – Stephen Casagrande, DDS
Vice Chair – Steven Morrow, DDS
John Bettinger, DDS
Rebecca Downing, Public Member
Suzanne McCormick, DDS

Members Absent

Judy Forsythe, RDA

Staff Present

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

ROLL CALL AND ESTABLISHMENT OF QUORUM

Dr. Casagrande, Chair called the committee meeting to order at 3:54 p.m. Roll was called and a quorum established.

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

M/S/C (Bettinger/Morrow) to approve the February 23, 2012 Examination Committee Meeting Minutes. The motion passed unanimously.

EX 2 – Dental Assisting Program Examination Statistics

Dr. Casagrande reported that the RDA pass rate is still low. Dr. Morrow commented that we went over these statistics in the Dental Assisting Council meeting. Ms. Johnson stated that for this meeting only the statistics were put in both committees because this is the Council's first meeting. Dr. Casagrande stated that he thinks the Examination Committee and the Dental Assisting Council should work together on this item. Dr. Morrow commented that the Council members are the ones closest to the Assisting Community and they should be the ones to evaluate the statistics and report to the Board their opinions and recommendations. Ms. Shellans commented that sometimes when there are cross-over issues, committees will meet jointly. That way there can be interaction between the two committees. The committee's would vote separately on any issues brought forward. Dr. Casagrande stated that he would like to have a joint committee meeting with the Dental Assisting Council at the next Board meeting. Dr. Guy Atchison commented that he is more concerned about the 14% pass rate for RDAEF candidates. Dr. Casagrande stated that the main reason for that number was the small sample of only 7 candidates. Dr. Johnson feels that the RDAEF duties are a polyglot of different

things. He would like to see the duties broken up so that candidates could take classes and be licensed to perform the duties they will use in their particular office setting.

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

Dr. Casagrande reported that Tracy Montez, PhD, of Applied Measurement Services, provided a final report regarding the RDA written exam. Dr. Morrow commented that he thinks that we should look into putting a ceiling on the number of times a candidate can re-take the test before remediation is mandatory. Dr. McCormick asked what resources are available for the candidates to study for the exam. Ms. Johnson stated that when a candidate applies to take the exam, PSI sends out a candidate packet containing information regarding the areas to be tested and the resources used for developing the examination questions. Dr. McCormick commented that looking at the low pass rate for the Law and Ethics exam, she thinks that either the exam is flawed or the information resources needed to study for the exam are not readily available. Dr. Casagrande speculated that the questions on the exam may not be in sync with what is being taught and studied. Ms. Shellans stated that the tests are psychometrically formulated to the Dental Practice Act. They are testing for minimum competency for our practice license. The exams are psychometrically tested and legally defensible. Katie Dawson commented that we shouldn't be blaming the exams. The exams are created to make sure that the candidates are prepared so that the consumers are protected by only licensing individuals that are qualified to do the job. Dr. Morrow pointed out that the only pathway to become a dentist is to go to dental school as with hygienists they must go to school but RDA's can obtain a license without having any formal training through an approved school. RDA's are the only licentiates with multiple pathways to licensure and they are the only ones that have a concerning pass/fail rate. He stated that he thinks we are wasting our time looking at the exam being faulty. We need to look at the methodologies of training. Dr. Morrow asked for the statistics to be separated into on-the-job trained candidates and those that go through an approved school so that we can really compare and see if there is a significant difference. Michelle Jawad, an instructor of Law and Ethics and trainer of RDA's commented that what she has personally seen in her practice is that the biggest barrier to success on the Law and Ethics exam is comprehension for those whose first language is not English. She finds that some of the things we take for granted like common sense, professionalism, principles, and ethics are not concepts that some of these ESL students comprehend easily. Dr. Tom Baker commented that he would like to see the dental offices get more involved. The RDA's in his office said it was a daunting process. He stated that he would like to see dental offices taking a bigger role in mentoring for the Law and Ethics examination and insuring that their RDA's succeed. Dr. Baker would like the examination process reviewed as many of his Assistants have found the process challenging.

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

In April Dr. Morrow attended the American Association of Dental Boards Meeting in Chicago. He gave a report regarding the upcoming changes to the National Board Dental Examination including the integration of the current National Board Dental Examination (NBDE) Parts I and II. M/S/C (Casagrande/Bettinger) to have the Dental Assisting Council take over all of the RDA examinations and statistics and meet jointly with the Examination Committee at the next meeting to report their findings. The motion passed unanimously.

There was no further public comment.

The committee adjourned at 4:52 p.m.



MEMORANDUM

DATE	July 26, 2012
TO	Examination Committee Dental Assisting Council Dental Board of California
FROM	Dawn Dill, Manager, Licensing and Examination Unit
SUBJECT	Agenda Item EX 2: Joint Review and Discussion of the Dental Assisting Program Examination Statistics

Written Examination Statistics for 2012 ALL CANDIDATES

Written Exam	Total Candidates Tested	% Passed	% Failed
RDA	1487	58%	42%
RDA Law & Ethics	1693	54%	46%
RDAEF	79	62%	38%
Orthodontic Assistant	36	64%	36%
Dental Sedation Assistant	2	50%	50%

Written Examination Statistics for 2012 FIRST TIME CANDIDATES

Written Exam	Total Candidates Tested	% Passed	% Failed
RDA	1092	64%	36%
RDA Law & Ethics	1247	59%	41%
RDAEF	53	64%	36%
Orthodontic Assistant	21	33%	67%
Dental Sedation Assistant	1	100%	0%

Written Examination Statistics for 2012 REPEAT CANDIDATES

Written Exam	Total Candidates Tested	% Passed	% Failed
RDA	395	42%	58%
RDA Law & Ethics	446	40%	60%
RDAEF	26	58%	42%
Orthodontic Assistant	15	40%	60%
Dental Sedation Assistant	1	0%	100%

RDA Practical Examination Statistics for 2012 ALL CANDIDATES

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDA – February North	236	86%	14%
RDA – February South	269	78%	22%
RDA – April North	208	84%	16%
RDA – April South	288	76%	24%
RDA – August North*	544		
RDA – August Central*	119		
RDA – August South*	604		
RDA – Nov - North			
RDA – Nov - South			
Total for Year	1001	81%	19%

*Scheduled. Exam results pending – Not included in Total for Year

RDA Practical Examination Statistics for 2012 FIRST TIME CANDIDATES

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDA – February North	201	86%	14%
RDA – February South	174	91%	9%
RDA – April North	182	85%	15%
RDA – April South	223	74%	26%
RDA – August North			
RDA – August Central			
RDA – August South			
RDA – Nov - North			
RDA – Nov - South			
Total for Year	780	84%	16%

RDA Practical Examination Statistics for 2012 REPEAT CANDIDATE

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDA – February North	35	89%	11%
RDA – February South	95	55%	45%
RDA – April North	26	73%	27%
RDA – April South	65	82%	18%
RDA – August North			
RDA – August Central			
RDA – August South			
RDA – Nov - North			
RDA – Nov - South			
Total for Year	221	75%	25%

RDAEF Clinical/Practical Examination Statistics for 2012 ALL CANDIDATES

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDAEF – June North	45	78%	22%
RDAEF – June South	28	50%	50%
Total for Year	73	67%	33%

RDAEF Clinical/Practical Examination Statistics for 2012 FIRST TIME CANDIDATES

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDAEF – June North	34	88%	12%
RDAEF – June South	22	50%	50%
Total for Year	56	73%	27%

RDAEF Clinical/Practical Examination Statistics for 2012 REPEAT CANDIDATES

Practical/Clinical Exam Type	Candidates Tested	% Passed	% Failed
RDAEF – June North	3	33%	62%
RDAEF – June South	6	50%	50%
Total for Year	9	44%	56%

Update on the Dental Assisting Program Written examinations:

The updated RDA Written examination was implemented in March 2012.

The updated RDA Law and Ethics examination was implemented in June 2012.

The Orthodontic Assistant written examination is currently being updated. There will be an item bank of approximately 130 questions and multiple versions of the examination will be tested. The anticipated implementation of the examination should be October 2012.

Staff has contacted the Department of Consumer Affairs, Office of Professional Examination Services (OPES) to begin the necessary process to review and possibly update the Registered Dental Assistant in Extended Functions and the Dental Sedation Assistant written examinations.



MEMORANDUM

DATE	July 30, 2012
TO	Examination Committee Dental Board of California
FROM	Linda Byers, Administrative Assistant Dental Board of California
SUBJECT	EX 3: Western Regional Examination Board (WREB) Update

Dr. Suzanne McCormick will give a verbal report.

DENTAL BOARD OF CALIFORNIA

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



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

NOTICE OF DENTAL ASSISTING COUNCIL MEETING

Thursday, May 17, 2012

Upon Conclusion of the Joint Meeting of the Examination Committee and Dental Assisting Council
2005 Evergreen Street, Hearing Room
Sacramento, CA 95815

CALL TO ORDER

ROLL CALL AND ESTABLISHMENT OF QUORUM

DAC 1 - Approval of the May 17, 2012 Dental Assisting Council Meeting Minutes.

DAC 2 - Update Regarding Status of Dental Assisting Programs and Courses

DAC 3 - Dental Assisting Program Licensure and Permit Statistics

DAC 4 - Clarification of Roles and Responsibilities of the Council Pursuant to *Business & Professions Code, § 1752.3* Relating to Assigning Specific Procedures for the Registered Dental Assistant (RDA) Practical Examination

DAC 5 - Discussion and Possible Action to Recommend to the Dental Board the Assignment of Specific Procedures for Registered Dental Assistant (RDA) Practical Examinations Pursuant to *Business & Professions Code, § 1752.3(b)*

DAC 6 - Clarification of Roles and Responsibilities of the Council Pursuant to *Business & Professions Code, § 1753.4* Relating to Assigning Specific Procedures for the Registered Dental Assistant in Extended Functions (RDAEF) Examination

DAC 7 - Discussion and Possible Action to Recommend to the Dental Board the Assignment of Specific Procedures for Registered Dental Assistant Extended Function (RDAEF) Practical and Clinical Examinations Pursuant to *Business & Professions Code, § 1753.4 (b)*

DAC 8 – Report on Final Results of the Survey of Registered Dental Assistants in Extended Functions (RDAEF) Licensees for the Purpose of Analysis of Workforce and Barrier to Care Issues

PUBLIC COMMENT

ADJOURNMENT

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DENTAL ASSISTING COUNCIL

Judith Forsythe, RDA – Chair
Denise Romero, RDA – Vice Chair
Anne Contreras, RDA
Pamela Davis-Washington, RDA
Teresa Lua, RDAEF
Emma Ramos, RDA
Bruce Witcher, DDS



DENTAL BOARD OF CALIFORNIA

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

DENTAL ASSISTING COUNCIL

Meeting Minutes

Thursday, May 17, 2012

Embassy Suites SFO Airport Waterfront
150 Anza Blvd., Burlingame, CA 94010

DRAFT

Members Present

Anne Contreras, RDA
Pamela Davis-Washington, RDA
Judith Forsythe, RDA
Teresa Lua, RDAEF
Emma Ramos, RDA
Denise Romero, RDA
Bruce Witcher, DDS

Members Absent

Staff Present

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

ROLL CALL AND ESTABLISHMENT OF QUORUM

The council meeting was called to order at 3:16 p.m. Roll was called and a quorum was established.

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

The new Dental Assisting Council members introduced themselves and told a little bit about their backgrounds. Dr. Witcher conducted the Oath of Office to each of the members.

DAC 2 - Election of Dental Assisting Council Chairperson

M/S/C (Lua//Romero) to nominate Judy Forsythe as Chair of the Dental Assisting Council. The motion passed unanimously. M/S/C (Davis-Washington/Contreras) to nominate Denise Romero as Vice-Chair of the Dental Assisting Council. The motion passed unanimously.

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

Ms. Forsythe discussed the roles and responsibilities of the Dental Assisting Council members.

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

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

DAC 5 – Dental Assisting Program Examination Statistics

Ms. Forsythe reviewed the Dental Assisting Program Examination Statistics. She reported that the RDA written exam was re-released in January of this year and statistics show the pass rates lower. Ms. Davis-Washington asked if the statistics could be broken down into on-the-job trained candidates versus candidates who had completed an approved course in school. Mr. DeCuir stated that we could do that but he would like to leave this exam alone for at least a year before making any changes. This item was also scheduled to be discussed in the Examination Committee meeting. Dr. Lori Gagliardi, California Association of Dental Assisting Teachers (CADAT), commented that they would like to request that the results of the RDA examinations be posted in a timelier manner so that the schools could look at their programs for ongoing outcomes and assessments. They would also request that the statistics be broken down into those that completed an approved program as opposed to those that were trained on the job (OJT). She stated that ideally, CADAT would like the results broken down into OJT, school trained and by each individual school. Dr. Earl Johnson asked what the status is of the Orthodontic Assistant Examination. Ms. Romero stated that she is one of the Subject Matter Experts helping with the revising of that examination. She said that they are in the process and things are coming right along. Ms. Forsythe noted that there was a new version of the Law and Ethics examination released May 1, 2012. The results will be held until a reasonable candidate pool has been tested.

DAC 6 – Dental Assisting Program Licensure and Permit Statistics

Ms. Forsythe gave an overview of the Licensure and Permit statistics. Ms. Romero asked for some clarity as to whether it is necessary to keep renewing an RDA license once you have become an RDAEF. In other words, do you need to keep both licenses current or can you let the RDA license lapse? Ms. Johnson and Ms. Wallace will research and bring back an answer at the next meeting. Ms. Romero commented that regarding the declining number of delinquent RDA licenses, Dental Assistants do not need to be licensed but can still work in a dental office so it may be that some RDA's are letting their licenses lapse because they don't want to pay the renewal fee or keep up with the continuing education.

There was no further public comment.

The Dental Assisting Council adjourned at 3:50 p.m.



MEMORANDUM

DATE	July 30, 2012
TO	Dental Assisting Council
FROM	Sharon Langness, Educational Programs Analyst Dental Assisting Program
SUBJECT	Agenda Item DAC 2: Update Regarding Status of Dental Assisting Programs and Courses

The Dental Assisting Program has contracted with five additional consultants, to bring the pool of subject matter experts to six, for reviewing course and program applications. The impact of this large pool of consultants will be significant in reducing application processing times, and ultimately eliminate the application backlog altogether. The consultants will begin their initial training in September for stand-alone course applications, and progress to the more complicated RDA program application reviews as more training is scheduled during the fiscal year.

The table below identifies the number of applications which are currently moving through the approval process. For your convenience, the table has been expanded to include applications which have been approved, denied, and received since the last Board meeting. Of the 54 total applications moving through the approval process, 36 have been notified of deficiencies and we are awaiting their response, 7 have been assigned to a consultant for review, and 11 are in the initial staff review stage.

PROGRAM/COURSE TITLE	Previous Applications	Approved	Denied	Received	Applications In Process
RDA Program	7	0	0	0	7
Radiation Safety	4	0	0	0	4
Coronal Polish	5	1	0	1	5
Pit and Fissure Sealants	3	0	0	1	4
Ultrasonic Scaler	1	0	0	0	1
Infection Control	13	3	0	3	13
Orthodontic Assistant	6	4	0	12	14
Dental Sedation Assistant	4	1	0	3	6
Total Applications	43	9	0	20	54

Attached, is a list of applicants which are currently moving through the approval process, and a list of applicants who received approval since the last Board meeting.

Dental Assisting Course Approval Spreadsheet - Courses in Process

Provider	App Rec'd	Cashiering	RDA Program	X-Ray	CP	P/F	US	IC	DSA	OA
UEI College - Anaheim	1/31/11 5/13/11	2/3/11	X							
UEI College - San Marcos	2/7/11 5/13/11	2/3/11	X							
Make a Smile	4/4/11	4/11/11						X		
Health Quest Academy LLC	4/26/11	4/22/11						X		
Southland Dental/Lin Dental Corp	5/18/11	5/18/11						X		
UEI College - Gardena	6/6/11	6/6/11	X							
North-West College - Glendale	6/14/11	6/13/11		X						
North-West College - Glendale	6/14/11	6/13/11			X					
Riverside County Office of Education CTE/DA Program	6/16/11	6/21/11			X					
Riverside County Office of Education CTE/DA Program	6/16/11	6/21/11				X				
Riverside County Office of Education CTE/DA Program	6/16/11	6/21/11					X			
All Stars Orthodontics	6/21/11	6/30/11								X
UEI College - Riverside	7/13/11	7/19/11	X							
Four-D College - Colton	7/29/11	8/1/11	X							
Pacific Dental Services - Rancho Cucamonga	8/11/11	8/15/11			X					
Redwood City Dental Institute	10/7/11	10/18/11						X		

Provider	App Rec'd	Cashiering	RDA Program	X-Ray	CP	P/F	US	IC	DSA	OA
Charter College - Oxnard	10/27/11	11/4/11						X		
San Mateo County Office of Education	10/28/11	10/28/11		X						
Charter College - Oxnard	11/7/11	11/8/11			X					
Dr. Betsy Lindbergh	11/14/11	11/16/11		X						
Charter College - Oxnard	1/19/12	1/20/2011				X				
Ricardo J. Berrios, DDS - Huntington Beach	12/13/11	12/14/2011							X	
Robert G. Allen, DDS - Petaluma	12/12/11	12/14/2011							X	
Ohanian Dental Corporation - Reseda	11/22/11	11/23/2011			X					
Pima Medical Institute - Chula Vista	2/7/12	2/8/2012						X		
Ohanian Dental Corporation - Reseda	2/8/12	2/8/2012						X		
Ohanian Dental Corporation - Reseda	2/8/12	2/8/2012				X				
Punjabi Denal Society - Ontario Dr. Ranjeev Salwan	2/24/12	3/12/2012						X		
Marysville Joint Union SD - Marysville	2/23/12	2/27/2012						X		
Elite Orthodontics - San Diego Dr. Nader Ehsani	3/16/12	3/19/2012								X
Career Colleges of America - South Gate Deodre Cotton	3/13/12	3/19/2012		X						
Bay Area Center for Oral & Maxillofacial Surgery, Juan F. Luque	3/22/12	4/2/2012							X	
Pulsipher Orthodontics Gary H. Pulsipher	3/30/12	4/2/2012								X

Provider	App Rec'd	Cashiering	RDA Program	X-Ray	CP	P/F	US	IC	DSA	OA
My Dentist, School for Dental Assistants Sepehr Sadeghpour	4/2/12	4/12/2012						X		
Charter College - Canyon Country	4/20/12	4/27/2012			X					
Richard L. Jacobson, DMD, MS, Inc.	4/13/12	4/27/2012								X
Andres F. Herrera, DDS A Prof Corp.	5/2/12	5/3/2012							X	
Linda K. Miyatake, DDS, MD, Inc	5/21/12	6/6/2012							X	
Redwood City Dental Institute	1/23/12	6/6/2012				X				
Career Care Institute	6/5/12	6/6/2012						X		
Charter College - Canyon Country	5/7/12	5/8/2012						X		
Adams & Gimlen Amy Gimlen	5/4/12	5/21/2012								X
Joseph K. Buchanan	6/4/12	6/4/2012								X
Irvine Orthodontics	6/5/12	6/6/2012								X
Thomas J. Marcel	5/2/12	5/3/2012								X
Michael John Redmond	5/14/12	5/14/2012								X
Thompson Y. Tom	5/23/12	5/23/2012								X
Hamid C. Hajarian, MD, DDS	6/13/12	6/25/2012							X	
Elfstaios Righellis, DDS Oakland	6/27/12	6/27/2012								X
Orthoworks Dental Group David Shen, DMD, San Bruno	7/3/12	7/12/2012								X

Provider	App Rec'd	Cashiering	RDA Program	X-Ray	CP	P/F	US	IC	DSA	OA
Nancy L. Gum, DDS, MSD San Jose	7/11/12	7/12/2012								X
Jay R. Wright, DDS, MS, Inc Temecula	7/11/12	No fee enclosed								X
Jody Thompson & Elena Ortega Lafayette	7/13/12	7/16/2012						X		
Kubish A Dental Corporation Raymond Kubish, DDS/MSD, Santa Barbara	7/16/12	7/19/2012								X

Dental Assisting Courses Approved Since Last Board Meeting

Provider	Approval Date	RDA Program	X-Ray	CP	P/F	US	IC	DSA	OA
Brite Dental - Sacramento	5/3/12								x
California Dental Certifications - San Diego	5/7/12						x		
Lili Mirtorabi, DDS - Santa Ana	5/18/12								x
Adrian Vogt, DDS, MSD - San Mateo	5/30/12								x
John R. Pappas, DDS, MD - Napa	6/4/12							x	
Four-D College - Victorville	6/13/12						x		
Charter College - Oxnard	7/3/12			x					
Michael Ricupito, DDS	7/30/12								x
International Career College - Pasadena	7/31/12						x		



MEMORANDUM

DATE	August 6, 2012
TO	Dental Assisting Council Dental Board of California
FROM	Dawn Dill, Manager, Licensing and Examination Unit
SUBJECT	Agenda Item DAC 3 – Dental Assisting Program Licensure & Permit Statistics

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

License Type	Active	Inactive	Delinquent	Renewal In Process	Total Current Population	Total Cancelled Since Implemented
RDA Licenses	34,073	10,276	9,142	569	54,060	33,507
RDAEF Licenses	1,286	120	173	19	1,598	141
Total Licenses	35,359	10,396	9,315	588	55,658	33,648

New RDAEF licenses issued since January 1, 2010 = 101.

Existing AEF licenses enhanced since January 1, 2010 = 129.

RDA License Held for Fingerprinting - 446

AEF License Held for Fingerprinting - 19

Permit Type	Current Active Permits	Delinquent	Total Cancelled Since Implemented
Dental Sedation Assistant Permit	12	0	0
Orthodontic Assistant Permit	29	1	0



MEMORANDUM

DATE	August 3, 2012
TO	Dental Assisting Council, Dental Board of California
FROM	Denise E. Johnson, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item DAC 4: Clarification of Roles and Responsibilities of the Council Pursuant to <i>Business & Professions Code, § 1752.3</i> Relating to Assigning Specific Procedures for the Registered Dental Assistant (RDA) Practical Examination

Background:

The Dental Assisting Council (Council) of the Dental Board of California (Board) was created through legislation that was a result of the oversight hearings (Sunset Review) conducted by the California Legislature. Senate Bill 540 (Ch 385, Statutes of 2011) required the Board to create a seven member Council. The Council is responsible for providing recommendations to the Board on various matters relating to dental assisting. One of the areas the Council must consider are recommendations on the requirements for examination, licensure, permitting, and renewal for Registered Dental Assistants (RDA).

Business and Professions Code (Code) Section 1752.3(b) specifies that the procedures of the RDA practical examination shall be assigned by the Board after considering the recommendations of its Council. Code Section 1752.3(b) further specifies that the practical examinations shall consist of three of the four procedures outlined in the Section and that the procedures shall be performed on a fully articulated maxillary and mandibular typodont secured with a bench clamp.

It is the role and responsibility of the Council to provide a recommendation to the Board as to which procedures should be tested during the RDA practical examination per Code Section 1752.3(b).

Action Requested:

There is no action necessary. This item is informational only.



MEMORANDUM

DATE	August 3, 2012
TO	Dental Assisting Council, Dental Board of California
FROM	Denise E. Johnson, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item DAC 5: Discussion and Possible Action to Recommend to the Dental Board the Assignment of Specific Procedures for Registered Dental Assistant (RDA) Practical Examinations Pursuant to Business and Professions Code Section 1752.3(b)

Background

Business and Professions Code (Code) Section 1752.3(b) specifies that the procedures of the RDA practical examination shall be assigned by the Board after considering the recommendations of its Council.

Code Section 1752.3(b) further specifies that the practical examinations shall consist of three of the four procedures outlined in the subsection and that the procedures shall be performed on a fully articulated maxillary and mandibular typodont secured with a bench clamp. It is the role and responsibility of the Dental Assisting Council to provide a recommendation to the Board as to which procedures should be tested during the RDA practical examination per Code Section 1752.3.

The Council may provide a recommendation to the Board to require any three of the following four procedures be performed by candidates for the RDA practical examination.

- (1) Place a base or liner.
- (2) Place, adjust, and finish a direct provisional restoration.
- (3) Fabricate and adjust an indirect provisional restoration.
- (4) Cement an indirect provisional restoration.

Currently, the Board is testing the following procedures during the RDA practical examination:

- Place, adjust, and finish a direct provisional restoration on #19 or #30,
- Fabricate and adjust an indirect provisional restoration on #8, and
- Cement an indirect provisional restoration on #8.

A copy of Code Section 1752.3 is included for reference.

Action Requested:

The Council may provide a recommendation to the Board to take one of the following actions:

- Continue examining the same procedures currently being tested for the RDA practical examination, or
- Recommend a different combination of three of the four procedures to be tested for the RDA practical examination in the future.

PLEASE NOTE: Due to the length of time necessary to have prepared teeth made for the typodonts, it is necessary to allow one (1) year for implementation of new procedures or preparations. Once the new prepared teeth have been received, it is necessary to conduct a field test to ensure that the preparations were correctly made. The field test is normally conducted utilizing the existing examiner pool. Should the Council decide it recommends changing the procedures, Board staff recommends delaying the implementation date at least one year to leave adequate time to have the prepared teeth made and tested.

Business and Professions Code

§ 1752.3. Examination for registered dental assistant

(a) On and after January 1, 2010, the written examination for registered dental assistant licensure required by Section 1752.1 shall comply with Section 139.

(b) On and after January 1, 2010, the practical examination for registered dental assistant licensure required by Section 1752.1 shall consist of three of the procedures described in paragraphs (1) to (4), inclusive. The specific procedures shall be assigned by the board, after considering recommendations of its Dental Assisting Council, and shall be graded by examiners appointed by the board. The procedures shall be performed on a fully articulated maxillary and mandibular typodont secured with a bench clamp. Each applicant shall furnish the required materials necessary to complete the examination.

- (1) Place a base or liner.
- (2) Place, adjust, and finish a direct provisional restoration.
- (3) Fabricate and adjust an indirect provisional restoration.
- (4) Cement an indirect provisional restoration.



MEMORANDUM

DATE	August 3, 2012
TO	Dental Assisting Council, Dental Board of California
FROM	Denise E. Johnson, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item DAC 6: Clarification of Roles and Responsibilities of the Council Pursuant to <i>Business & Professions Code, § 1753.4</i> Relating to Assigning Specific Procedures for the Registered Dental Assistant in Extended Functions (RDAEF) Examination

Background

The Dental Assisting Council (Council) of the Dental Board of California (Board) was created through legislation that was a result of the oversight hearings (Sunset Review) conducted by the California Legislature. Senate Bill 540 (Ch 385, Statutes of 2011) required the Board to create a seven member Council. The Council is responsible for providing recommendations to the Board on various matters relating to dental assisting. One of the areas the Council must consider are recommendations on the requirements for examination, licensure, permitting, and renewal for Registered Dental Assistants in Extended Functions (RDAEF).

Business and Professions Code (Code) Section 1753.4 contains the provisions relative the Board's RDAEF examination. Code Section 1753.4 specifies that the RDAEF examination consists of two components: (1) a clinical examination and (2) a practical examination.

Subsection 1753.4(a) provides that the first component, the clinical examination, consists of two specific procedures to be performed on a patient provided by the applicant. The statute does not authorize the Board to modify the specific procedures listed in subsection 1753.4(a), therefore, it is unnecessary for the Council to provide recommendations to the Board on this particular component of the RDAEF examination.

Subsection 1753.4(b) provides that the second component, the practical examination, shall consist of two of three procedures listed. The specific procedures of the RDAEF practical examination shall be assigned by the Board after considering recommendations of its Council. The practical examination procedures are required to be completed on a simulated patient head mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory.

It is the role and responsibility of the Council to provide a recommendation to the Board as to which procedures should be tested during the RDAEF practical examination per Code Section 1753.4(b).

Action Requested:

There is no action necessary. This item is informational only.



MEMORANDUM

DATE	July 30, 2012
TO	Dental Assisting Council, Dental Board of California
FROM	Denise E. Johnson, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item DAC 7: Discussion and Possible Action to Recommend to the Dental Board the Assignment of Specific Procedures for Registered Dental Assistant Extended Function (RDAEF) Practical and Clinical Examinations Pursuant to <i>Business & Professions Code, § 1753.4 (b)</i>

Background

Business and Professions Code (Code) Section 1753.4 contains the provisions relative the Board’s RDAEF examination. Code Section 1753.4 specifies that the RDAEF examination consists of two components: (1) a clinical examination and (2) a practical examination. Subsection 1753.4(a) provides that the first component, the clinical examination, consists of two specific procedures to be performed on a patient provided by the applicant. The statute does not authorize the Board to modify the specific procedures listed in subsection 1753.4(a), therefore, it is unnecessary for the Council to provide recommendations to the Board on this particular component of the RDAEF examination.

However, subsection 1753.4(b) provides that the second component, the practical examination, shall consist of two of three procedures listed below and are required to be completed on a simulated patient head mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. It is the role and responsibility of the Council to provide a recommendation to the Board as to which procedures should be tested during the RDAEF practical examination per Code Section 1753.4(b).

The Council may provide a recommendation to the Board to require any two of the following three procedures be performed by candidates for the practical component of the RDAEF examination:

- (1) Place, condense, and carve an amalgam restoration.
- (2) Place and contour a nonmetallic direct restoration.
- (3) Polish and contour an existing amalgam restoration.

Currently, the Board is testing the following procedures during the practical component of the RDAEF examination:

- Place, condense, and carve an amalgam restoration on #30 MOD, and
- Place and contour a nonmetallic direct restoration on #6 mesial.

A copy of Code Section 1753.4 is included for reference.

Action Requested:

The Council may provide a recommendation to the Board to take one of the following actions:

- Continue examining the same procedures currently being tested for the RDAEF practical examination, or
- Recommend a different combination of two of the three procedures to be tested for the RDAEF practical examination in the future.

PLEASE NOTE: Due to the length of time necessary to have prepared teeth made for the typodonts, it is necessary to allow one (1) year for implementation of new procedures or preparations. Once the new prepared teeth have been received, it is necessary to conduct a field test to ensure that the preparations were correctly made. The field test is normally conducted utilizing the existing examiner pool. Should the Council decide it recommends changing the procedures, Board staff recommends delaying the implementation date at least one year to leave adequate time to have the prepared teeth made and tested.

Business and Professions Code

§ 1753.4. Examination for registered dental assistant in extended functions

On and after January 1, 2010, each applicant for licensure as a registered dental assistant in extended functions shall successfully complete an examination consisting of the procedures described in subdivisions (a) and (b). On and after January 1, 2010, each person who holds a current and active registered dental assistant in extended functions license issued prior to January 1, 2010, who wishes to perform the duties specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5, shall successfully complete an examination consisting of the procedures described in subdivision (b). The specific procedures shall be assigned by the board, after considering recommendations of its Dental Assisting Council, and shall be graded by examiners appointed by the board. Each applicant shall furnish the required materials necessary to complete the examination.

(a) Successful completion of the following two procedures on a patient provided by the applicant. The prepared tooth, prior to preparation, shall have had mesial and distal contact. The preparation performed shall have margins at or below the free gingival crest and shall be one of the following: 7/8 crown, 3/4 crown, or full crown, including porcelain fused to metal. Alginate impression materials alone shall not be acceptable:

- (1) Cord retraction of gingiva for impression procedures.
- (2) Take a final impression for a permanent indirect restoration.

(b) Successful completion of two of the following procedures on a simulated patient head mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory:

- (1) Place, condense, and carve an amalgam restoration.
- (2) Place and contour a nonmetallic direct restoration.
- (3) Polish and contour an existing amalgam restoration.



MEMORANDUM

DATE	July 27, 2012
TO	Dental Assisting Council, Dental Board of California
FROM	Denise E. Johnson, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item DAC 8: Report on Final Results of the Survey of Registered Dental Assistants in Extended Functions (RDAEF) Licensees for the Purpose of Analysis of Workforce and Barrier to Care Issues

Background

During the May 20, 2011 meeting, the Board discussed the feasibility of conducting a survey of Registered Dental Assistant in Extended Functions (RDAEF) licensees for the purpose of analyzing the workforce and barrier to care issues. At the time, the Board felt it would be most appropriate to send the survey out to the RDAEF educational programs to gather relevant survey data.

During the meeting, the Board President appointed Dr. Witcher and Judy Forsythe, RDA, to a subcommittee to work with staff to develop the survey questions. On June 8, 2011, a survey letter was mailed to the Program Directors of three (3) RDAEF educational programs, asking seven (7) questions, however, responses to the questions were found to be unresponsive.

Another set of questions were developed by the subcommittee and notification was sent to all currently licensed RDAEF's. Staff utilized SurveyMonkey, a web-based survey developer, to administer and collect survey information. The survey was successfully launched on February 9, 2012. Participants were given a deadline of May 1, 2012 to complete the survey.

Survey information was sent to a total of 1,245 RDAEF licensees, and the Board received 218 responses by May 1, 2012 (approximately 17.5% of the total licensee population).

Of those licensees who participated in the survey, approximately 77% responded that they had not received additional training in the new duties for RDAEF's and approximately 23% responded that they had received the training. Furthermore, approximately 79% responded that they had been licensed before the new duties came into effect on January 1, 2010, while approximately 21% responded they had been licensed after January 1, 2010. The majority of the licensees who participated in the survey answered that they had been licensed for five (5) years or more, while approximately 25% of the population had been licensed for less than five (5) years. Approximately 80% indicated they work in a private practice, 11% indicated they work in a community clinic, 5% indicated they work in an educational program, and 8% were unemployed.

Responses to additional survey questions showed that the licensees perform cord retraction for impressions and final impressions for permanent indirect restorations the most often in their practice. The top three duties performed are cord retraction for impressions, final impression for permanent indirect restoration, and conducting preliminary evaluation of the patient's oral health.

A complete copy of the survey, including licensee responses, and corresponding charts are enclosed for further review.

Action Requested:

There is no action required at this time.

1. Have you received additional training in the new duties allowed for RDAEF's.

		Response Percent	Response Count
Yes		23.3%	50
No		77.2%	166

If yes, what type of training did you receive? 48

answered question	215
skipped question	6

2. Were you licensed as an RDAEF after January 1, 2010?

		Response Percent	Response Count
Yes		21.7%	48
No		79.2%	175

answered question	221
skipped question	0

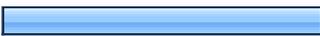
3. In what type of practice are you employed?

		Response Percent	Response Count
Private practice		79.8%	166
Community clinic		11.1%	23
Education program		4.8%	10
Not presently employed		8.2%	17
	Other (please specify)		28
		answered question	208
		skipped question	13

4. How long have you been employed as an RDAEF?

		Response Percent	Response Count
Less than one year		3.2%	7
1-2 Years		3.7%	8
2-5 Years		17.4%	38
5 Years or more		75.8%	166
		answered question	219
		skipped question	2

5. Which of the following duties do you perform?

		Response Percent	Response Count
Adjust and cement permanent restorations		34.0%	70
Adjust dentures extraorally		44.2%	91
Cement endodontic master points and accessory points		9.2%	19
Conduct preliminary evaluation of patient's oral health		48.1%	99
Cord retraction for impressions		96.1%	198
Place, contour, and finish direct restorations		26.2%	54
Final impression for permanent indirect restoration		84.5%	174
Polish and contour existing amalgam restorations		21.4%	44
Formulate indirect patterns for endodontic post and core		16.5%	34
Trial fitting of endodontic points		21.8%	45
		answered question	206
		skipped question	15

6. How often do you perform each of the following procedures?

	Several times daily	Daily	Weekly	Monthly	Yearly	Never	Response Count
Adjust and cement permanent restorations	13.4% (25)	11.8% (22)	7.0% (13)	4.3% (8)	1.1% (2)	63.1% (118)	187
Adjust dentures extraorally	4.8% (9)	10.6% (20)	14.4% (27)	14.4% (27)	6.9% (13)	48.9% (92)	188
Cement endodontic master points and accessory points	1.7% (3)	3.3% (6)	2.8% (5)	4.4% (8)	4.4% (8)	85.1% (154)	181
Conduct preliminary evaluation of patient's oral health	21.9% (41)	23.5% (44)	8.6% (16)	5.9% (11)	2.1% (4)	38.5% (72)	187
Cord retraction for impressions	43.8% (91)	23.6% (49)	13.5% (28)	8.7% (18)	4.3% (9)	7.2% (15)	208
Place, contour, and finish direct restorations	15.2% (27)	9.0% (16)	3.4% (6)	3.9% (7)	0.6% (1)	68.5% (122)	178
Final impression for permanent indirect restoration	39.4% (78)	20.7% (41)	12.1% (24)	8.1% (16)	4.5% (9)	16.7% (33)	198
Polish and contour existing amalgam restorations	5.6% (10)	4.5% (8)	6.7% (12)	6.7% (12)	5.1% (9)	71.9% (128)	178
Formulate indirect patterns for endodontic post and core	2.2% (4)	2.7% (5)	4.4% (8)	4.4% (8)	4.9% (9)	81.3% (148)	182
Trial fitting of endodontic points	2.2% (4)	3.3% (6)	4.9% (9)	7.7% (14)	6.6% (12)	75.4% (138)	183
answered question							212
skipped question							9

7. For any of the duties you do not perform more than once per month, please indicate why you do not perform them.

		Response Percent	Response Count
The duty is not delegated in my practice		84.2%	133
I don't feel comfortable performing the duty		5.1%	8
I don't feel that my training was adequate to perform the duty		8.2%	13
The patient wants the doctor to perform the duty		10.8%	17
	Other (please specify)		82
		answered question	158
		skipped question	63

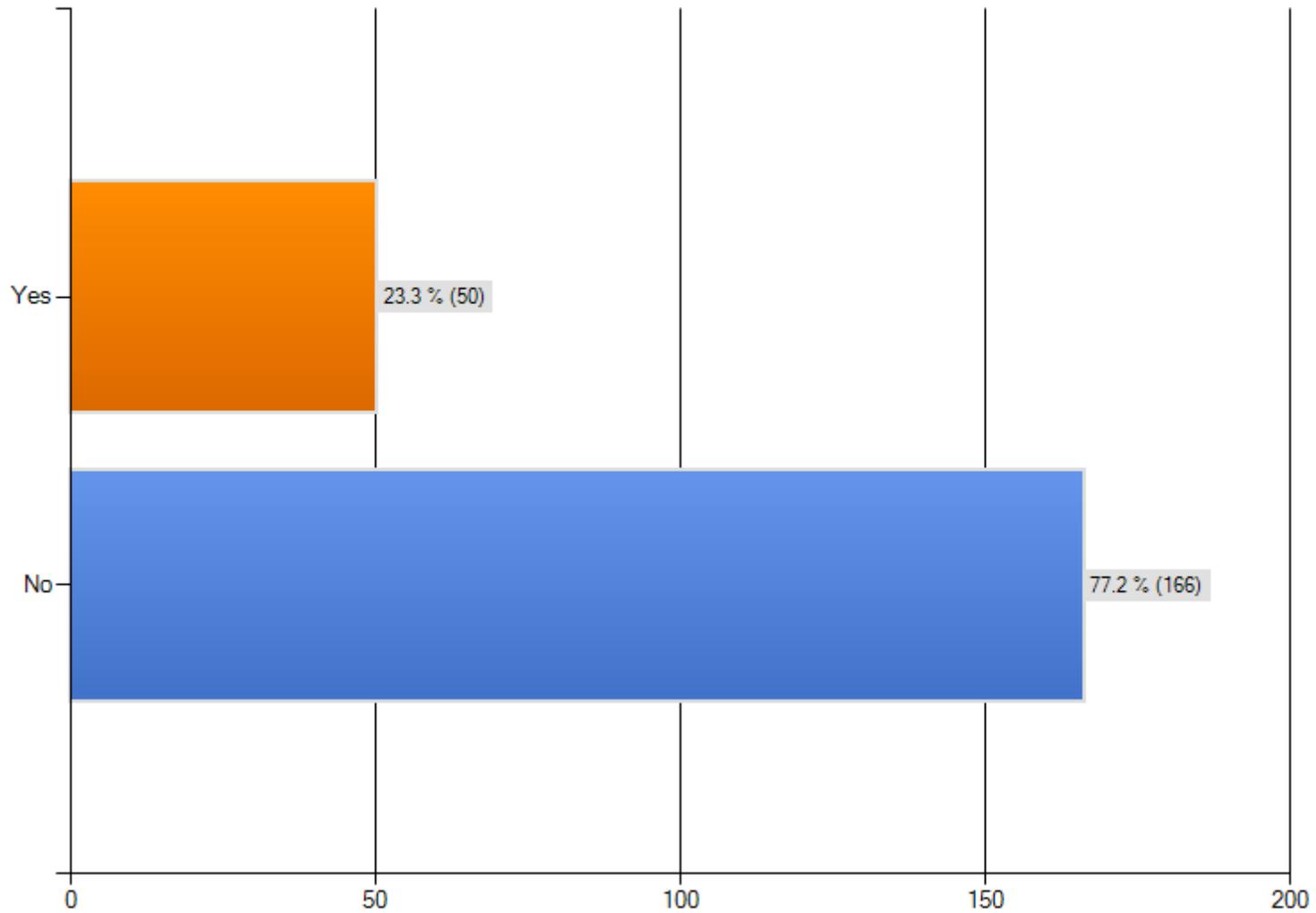
8. Do you feel that your training as an RDAEF has been worthwhile?

		Response Percent	Response Count
Yes		94.6%	209
No		6.8%	15
		answered question	221
		skipped question	0

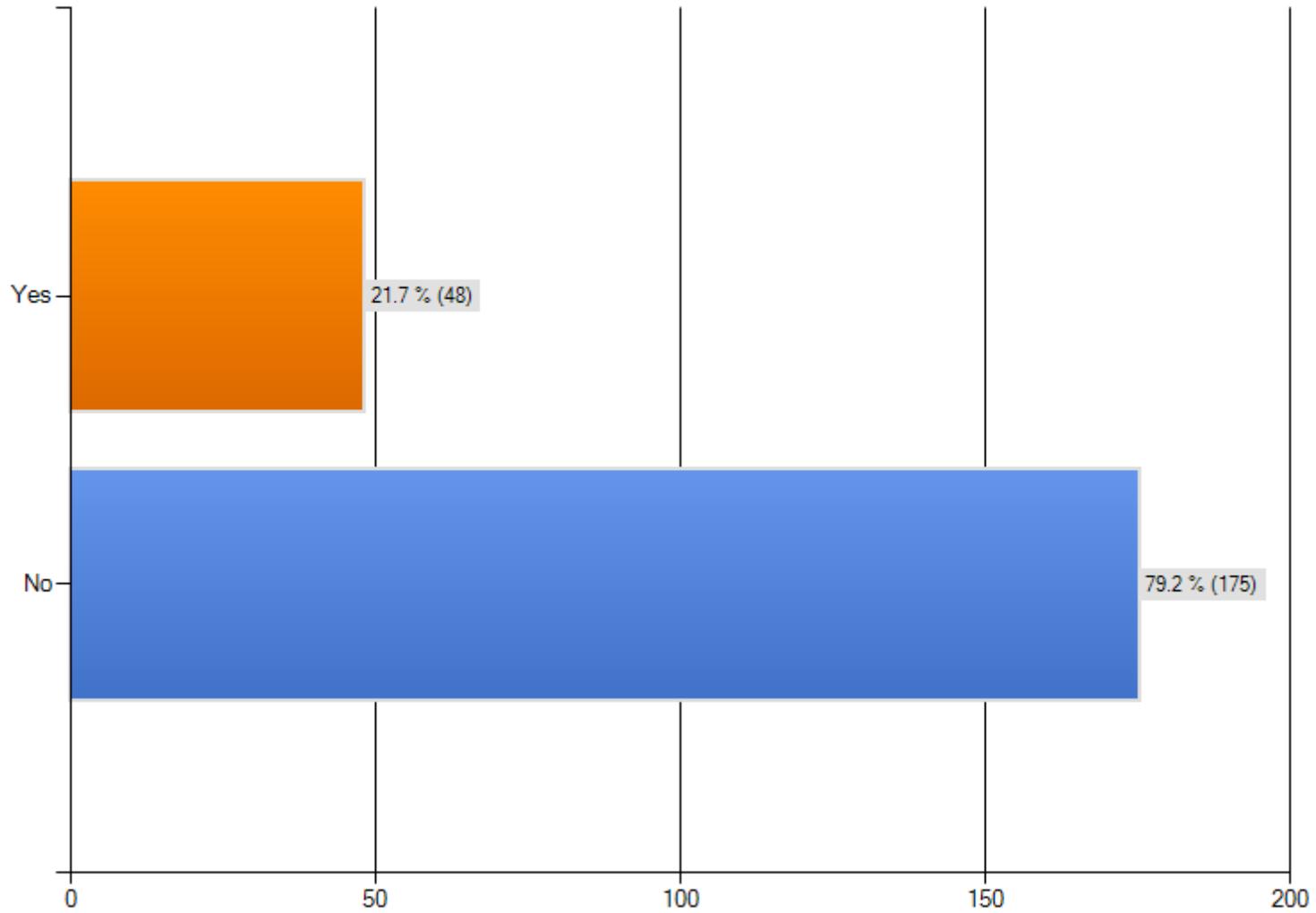
9. Do you plan to seek training in the new RDAEF duties allowed after January 1, 2010? If yes, please indicate why, if no please state why not.

		Response Percent	Response Count
Yes		44.8%	90
No		56.2%	113
		Other (please specify)	175
		answered question	201
		skipped question	20

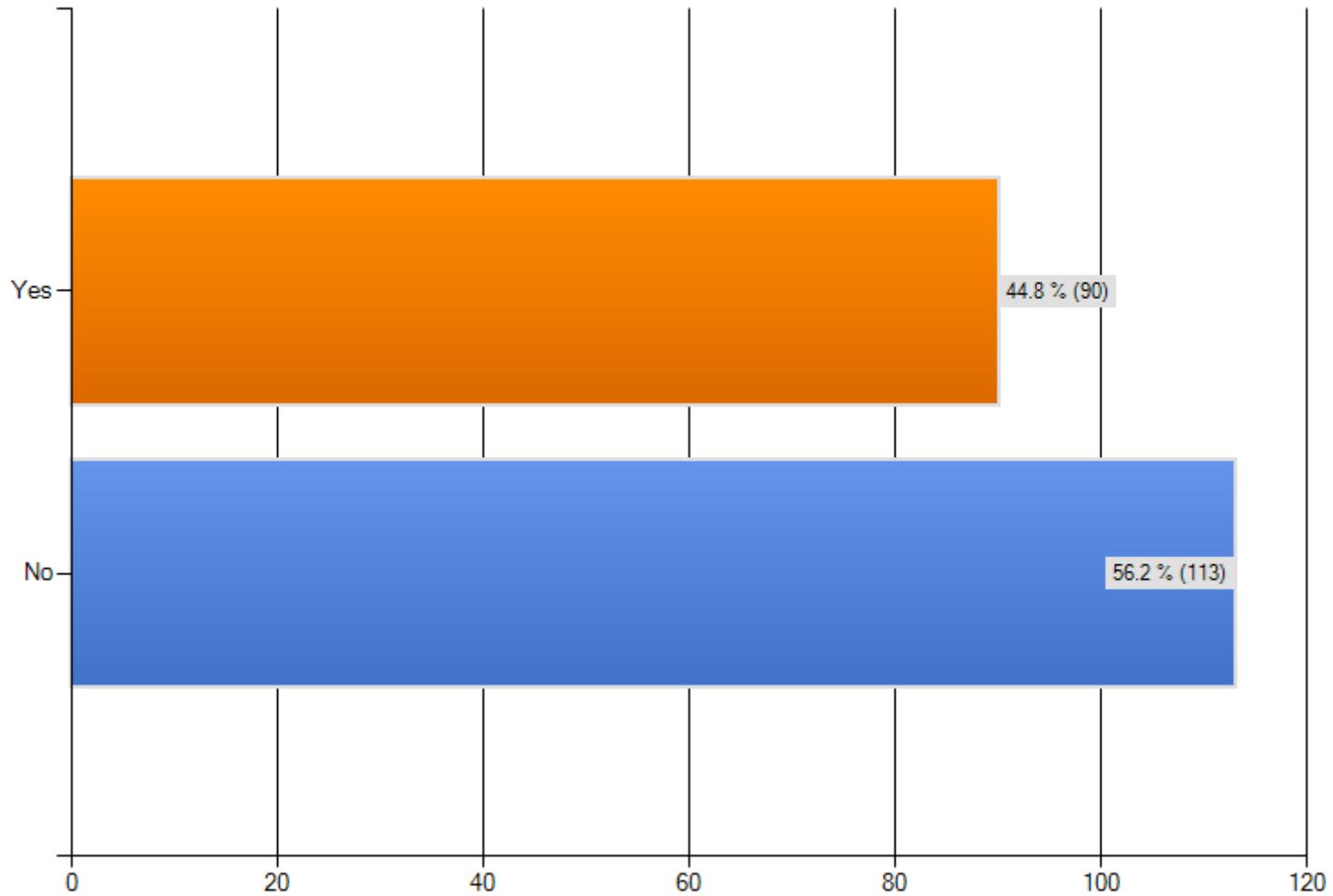
Q1. Have you received additional training in the new duties allowed for RDAEF's.



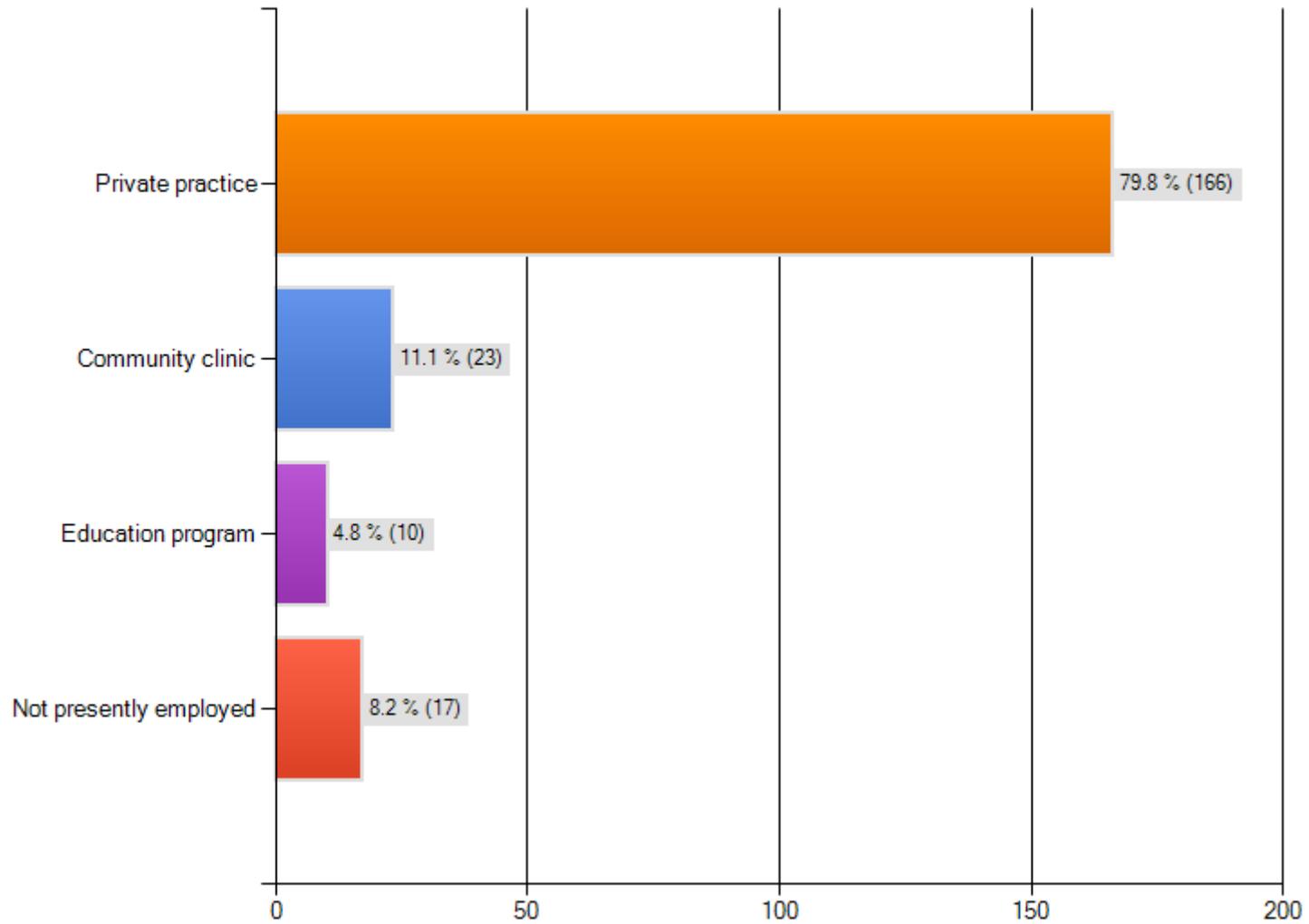
Q2. Were you licensed as an RDAEF after January 1, 2010?



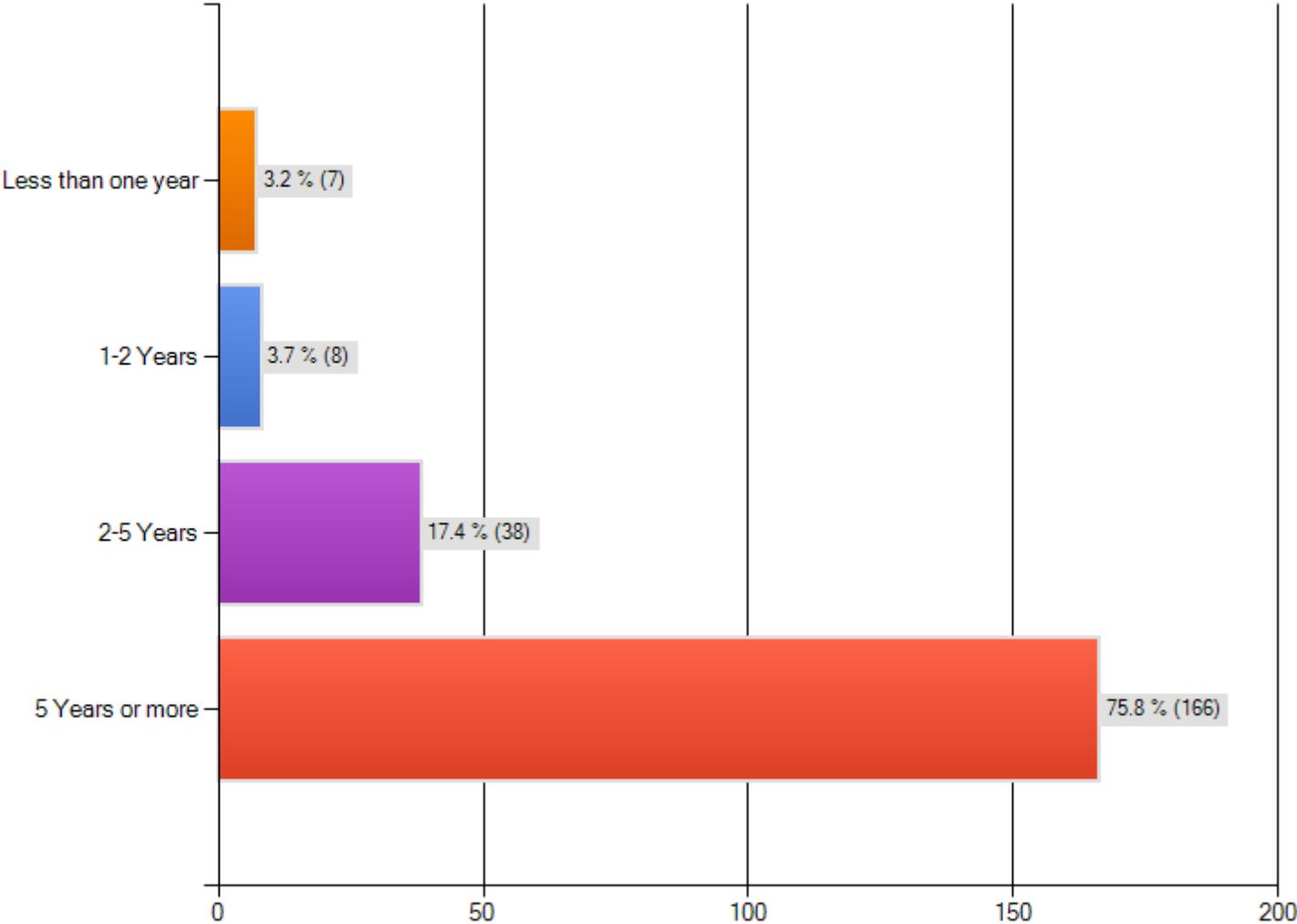
Q9. Do you plan to seek training in the new RDAEF duties allowed after January 1, 2010? If yes, please indicate why, if no please state why not.



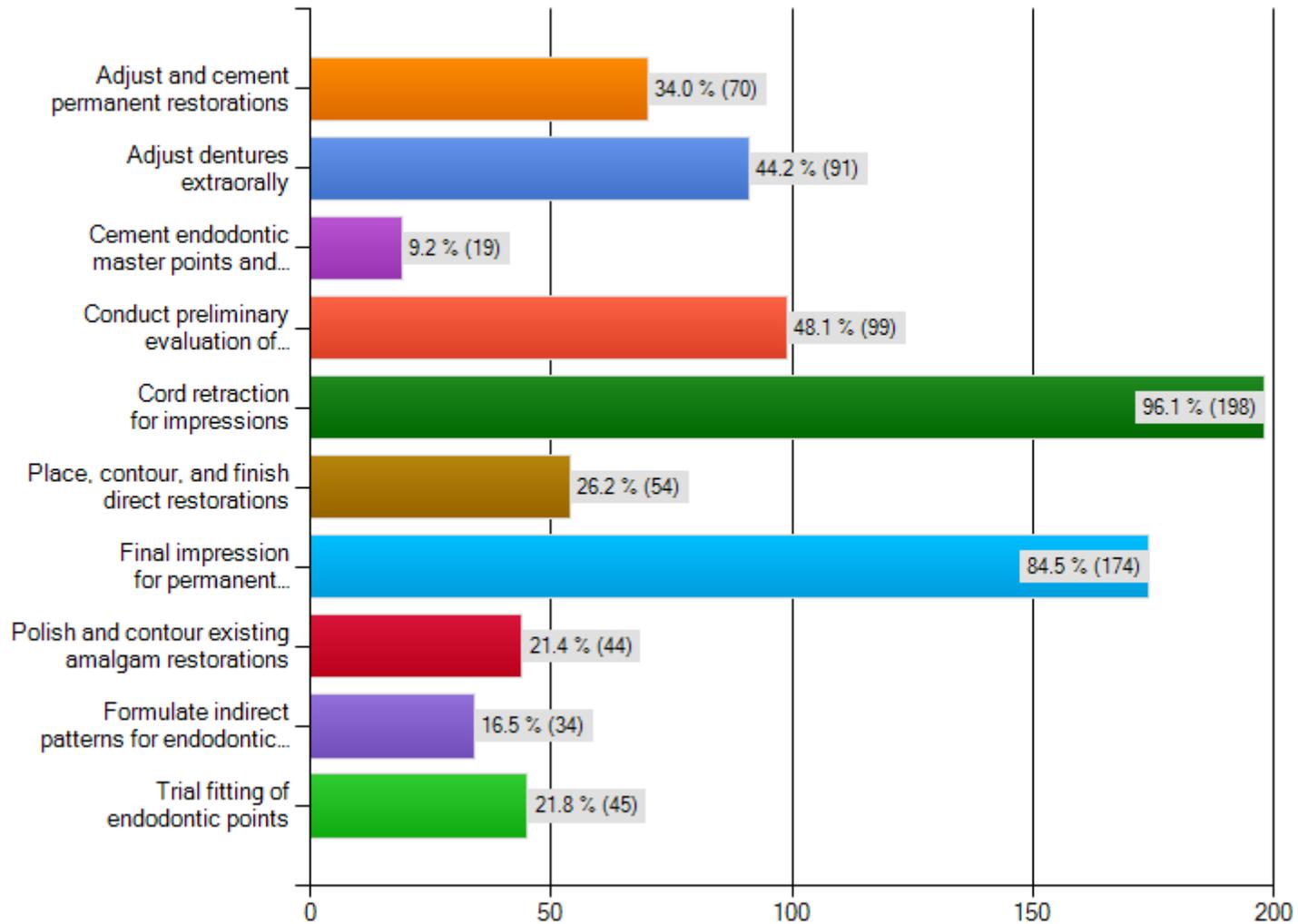
Q3. In what type of practice are you employed?



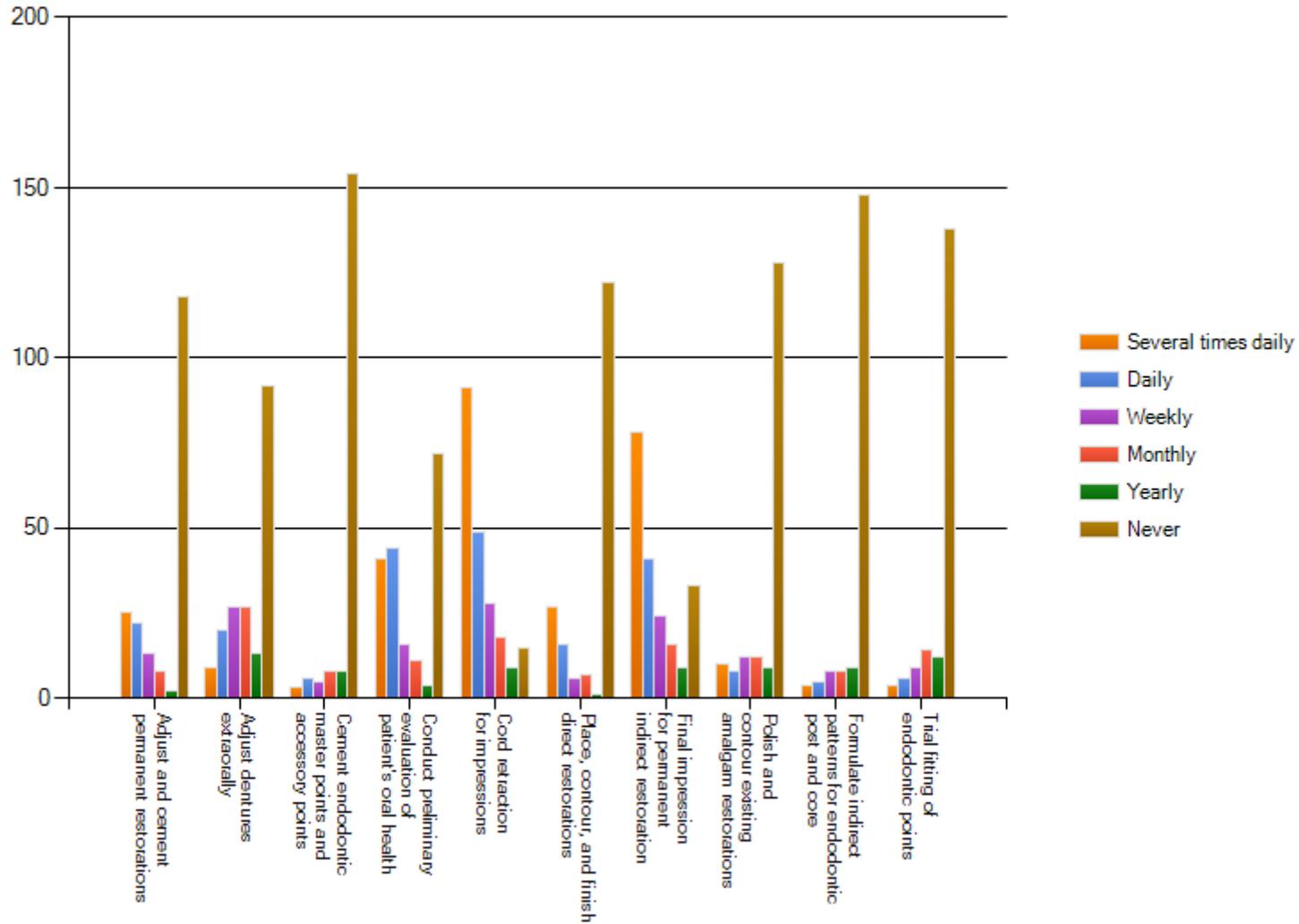
Q4. How long have you been employed as an RDAEF?



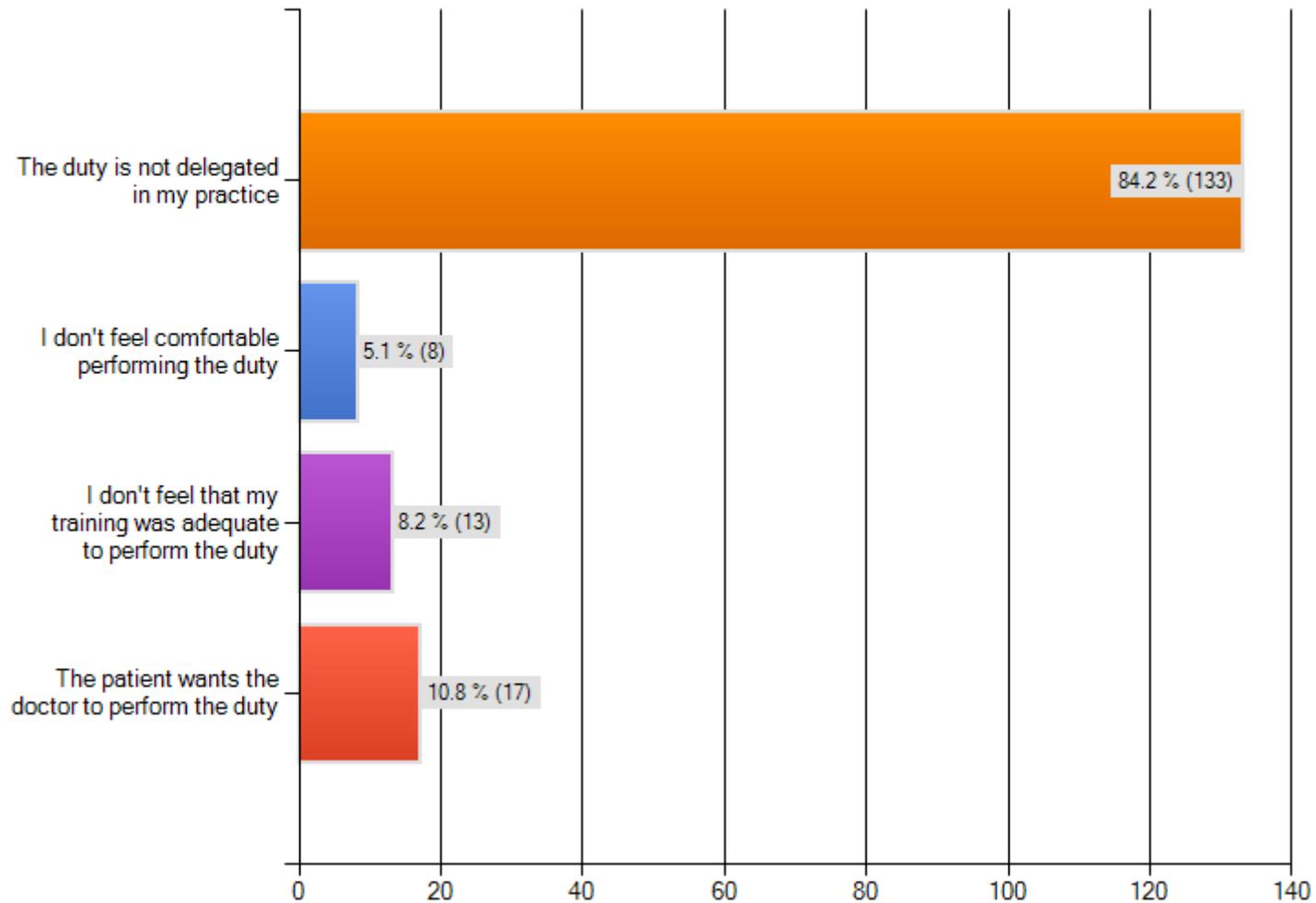
Q5. Which of the following duties do you perform?



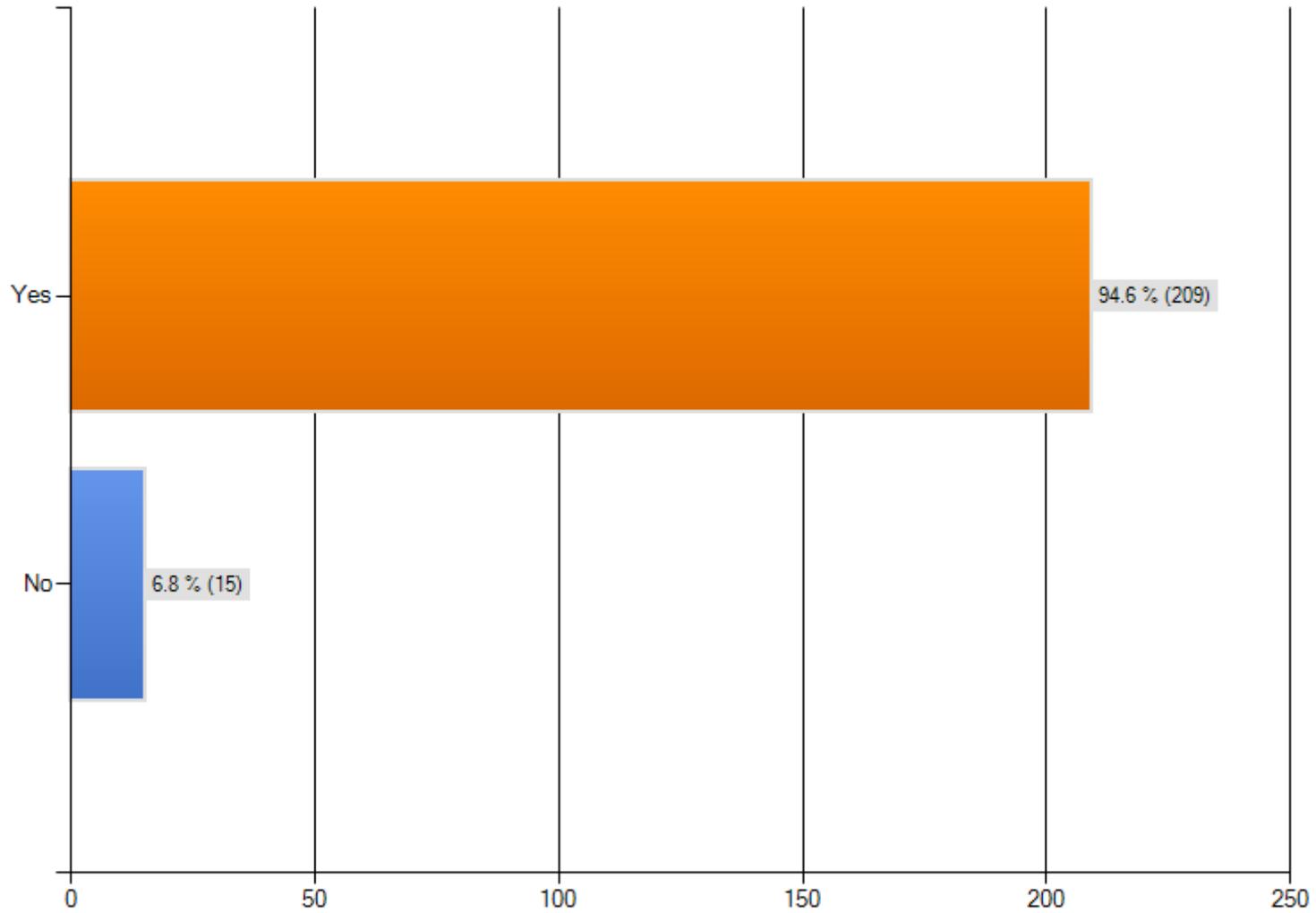
Q6. How often do you perform each of the following procedures?



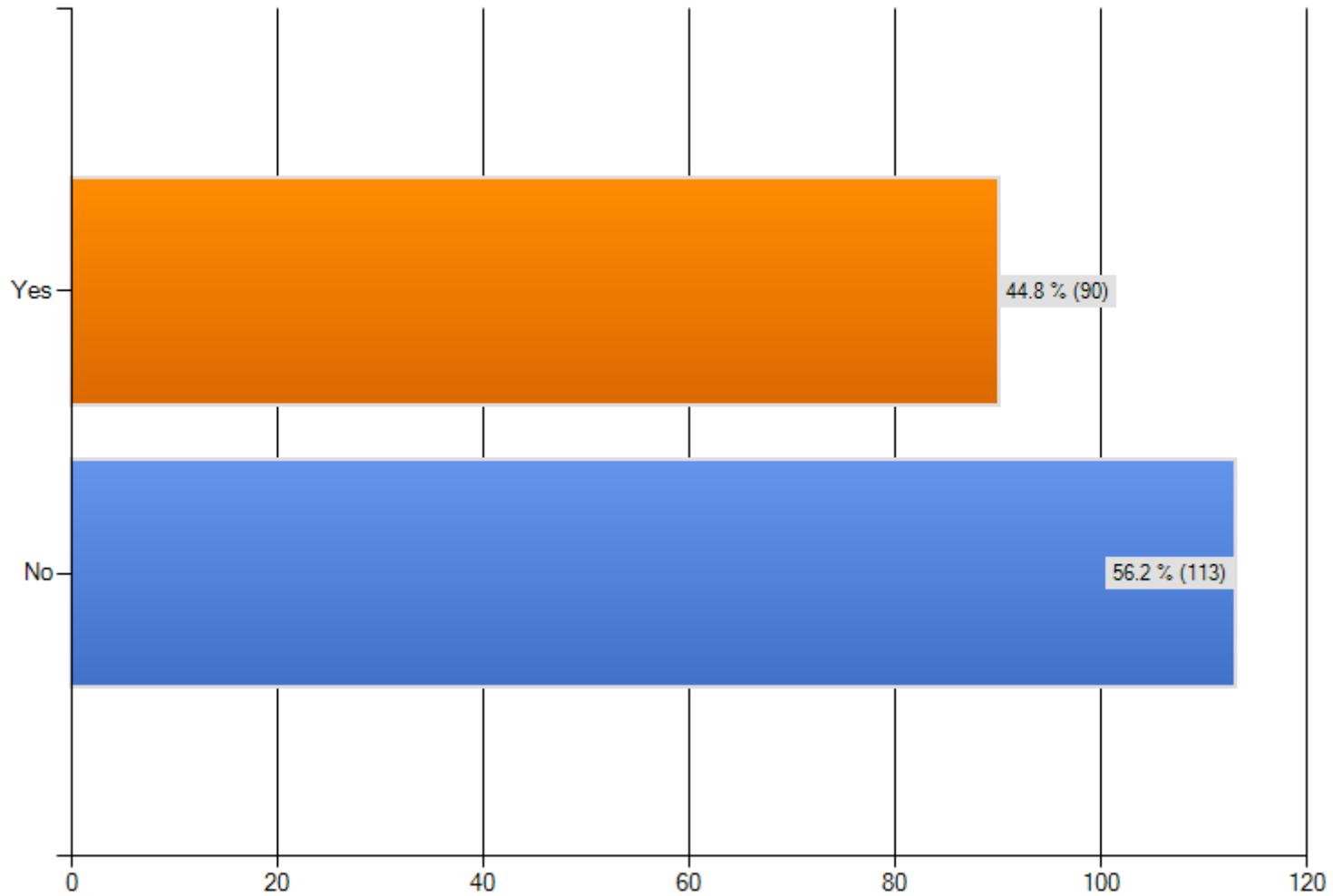
Q7. For any of the duties you do not perform more than once per month, please indicate why you do not perform them.



Q8. Do you feel that your training as an RDAEF has been worthwhile?



Q9. Do you plan to seek training in the new RDAEF duties allowed after January 1, 2010? If yes, please indicate why, if no please state why not.





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

NOTICE OF LEGISLATIVE AND REGULATORY COMMITTEE MEETING

Thursday, May 17, 2012

Upon Conclusion of Dental Assisting Council Meeting
2005 Evergreen Street, Hearing Room
Sacramento, CA 95815
916-263-2300

**LEGISLATIVE & REGULATORY
COMMITTEE**

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

CALL TO ORDER

ROLL CALL AND ESTABLISHMENT OF QUORUM

LEG 1 - Approval of the May 17, 2012 Legislative and Regulatory Committee Meeting Minutes

LEG 2 - 2012 Tentative Legislative Calendar – Information Only

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

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

- AB 2570 (Hill) Licensees: Settlement Agreements
- SB 103 (Liu) State Government: Meetings
- SB 694 (Padilla) Dental Care
- SB 1002 (Yee) Public Records: Electronic Format
- SB 1099 (Wright) Regulations
- SB 1171 (Harman) Maintenance of Codes
- SB 1186 (Steinberg) Disability Access: Liability
- SB 1202 (Leno) Dental Hygienists
- SB 1327 (Cannella) State Government: Business Information: Web Site
- SB 1520 (Calderon) State Government” Administrative Efficiency
- SB 1575 (Senate B.P. & E.D. Committee) Professions and Vocations
- SB 1576 (Senate B.P. & E.D. Committee) Professions and Vocations
- Any additional legislation impacting the Board that staff becomes aware of between the time the meeting notice is posted and the Board meeting

LEG 4 - Update Regarding Delegation of Authority to Accept the Findings of any Commission or Accreditation Committee Approved by the Board and Adopt Those Findings as its Own for Foreign Dental Schools

LEG 5 – Discussion Regarding the Need for Background Checks of Out-of-State and Foreign Trained Dental School Instructors

LEG 6 - Discussion of Prospective Legislative Proposals:
Stakeholders Are Encouraged to Submit Proposals in Writing to the Board Before or During the Meeting for Possible Consideration by the Board at a Future Meeting

PUBLIC COMMENT

ADJOURNMENT

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



LEGISLATIVE AND REGULATORY COMMITTEE

Meeting Minutes

Thursday, May 17, 2012

Embassy Suites SFO Airport Waterfront
150 Anza Blvd., Burlingame, CA 94010

DRAFT

Members Present

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

Staff Present

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

ROLL CALL AND ESTABLISHMENT OF QUORUM

Fran Burton, Chair, called the meeting to order at 4:56 p.m. Roll was called and a quorum established.

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

M/S/C (Casagrande/Le) to approve the minutes of the February 23, 2012 Legislative and Regulatory Committee meeting. The motion passed unanimously.

LEG 2 - 2012 Tentative Legislative Calendar – Information Only

Ms. Burton reviewed pertinent items on the Legislative calendar.

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

Sarah Wallace, Legislative and Regulatory Analyst, reported that Board staff is currently tracking thirty-six (36) bills, the majority of which pertain to the Administrative Procedure Act, government accountability, and military licensing. The only two bills that amend provisions of the Dental Practice Act are Senate Bill 1202 (Leno) and Senate Bill 1575 (Senate Business, Professions and Economic Development Committee), both of which contain amendments to provisions governing the licensing of dental hygienists. Ms. Wallace commented that in the interest of time 7 of the Bills would be

discussed, including an additional Bill, SB 1186 (Steinberg/Dutton) pertaining to disability access and liability, requested by Dr. Bettinger.

Ms. Wallace reported that AB 1588 (Atkins) would require boards, commissions, or bureaus within the Department of Consumer Affairs to waive renewal fees and continuing education requirements of any licensee or registrant who is a reservist called to active duty as a member of the Military Reserve or the California National Guard if certain requirements are met. Dr. Olinger stated that based on his former military background, this would be applicable to a very small number of reservists. Ms. Shellans suggested that the Board seek clarification on what is meant by "...in good standing". She suggested changing the wording to "...current, active and unrestricted license". Ms. Shellans also suggested that the Board needs to have the authority to adopt regulations so that they can clarify some of the provisions such as how it would be implemented and when the waiver would expire. Ms. Burton suggested a phone call to the author's office to clarify concerns. M/S/C (Olinger/Casagrande) to support AB 1588. Dr. Earl Johnson asked how long the waiver would last. Ms. Wallace stated that the waiver only applies to licenses that expire while a service person is on active duty. Ms. Wallace stated that she will seek further clarification regarding the length of time a waiver would last, and the other issues pointed out by Ms. Shellans. The motion passed unanimously.

AB 1932 (Gorell/Cook) requires every healing arts board to issue a written report to the Department of Veterans Affairs and the Legislature that details methods of evaluating the education, training, and experience obtained in military service and whether such education, training and experience is applicable to the Board's requirements for licensure. Ms. Wallace stated that the Board's existing licensure requirements, B & P Code §710, would allow most, if not all military officers who serve as Dentists to become licensed in the State of California. Enlisted soldiers trained as "Dental Specialists" would qualify for licensure as Registered Dental Assistants with the work experience gained during military service. Dr. Olinger stated that he is opposed to this bill because he feels that the military has no bearing on how we conduct licensure in the state of California. He stated that you can have a license from any state and practice dentistry in the military. Dr. Olinger commented that he does not think that military training equates to the kinds of things we do to prepare our candidates for licensure as RDA's or Hygienists. Mr. DeCuir commented that there are a number of Bills relating to the military and the transferring of military personnel back into the civilian workforce. These Bills are written broadly to encompass all Healing Arts Boards so keep in mind that there is a broader based intent by the Legislature to encompass that purpose. Ms. Shellans pointed out that one of the requirements was to report how many service people use their military experience to gain licensure. She stated that there is no legal requirement for people to disclose that information. She feels that if they want this information tracked then they should give the Boards the authority to collect the data. M/S/C (Morrow/Olinger) to watch AB 1932. Lori Hubble, Executive Officer of the Dental Hygiene Committee of California commented that DHCC did not take a position on this bill they are watching it. She stated that she met with staff from the authors' office and explained that in order to be licensed as a Dental Hygienist in California you must graduate from an approved school program. There is no on-the-job training pathway to Hygiene licensure. The motion passed unanimously.

AB 1976 (Logue) requires a healing arts board within the Department of Consumer Affairs, upon the presentation of qualifying evidence by an applicant for licensure, to accept military service related education, training, and practical experience towards licensure or certification qualifications. This bill requires schools seeking accreditation or approval to have procedures in place to accept that same information toward completion of education to qualify a person to apply for licensure. This bill would require healing arts boards and the State Department of Public Health to adopt regulations to implement the provisions of this bill. M/S/C (Olinger/Morrow) to watch AB 1976. The motion passed unanimously.

SB 694 (Padilla) makes provisions of existing law regarding the maintenance of a state dental program inoperative for a specified period of time upon the creation of an Office of Oral Health within the Department of Public Health. This bill provides that no General Fund moneys will be used to implement the provisions creating the office. This bill authorizes other public and private funds. This bill authorizes the office to conduct a specified study under described circumstances. Ms. Wallace reported that at the February Board meeting, the Board took a watch position on this bill. As of this date there have been no amendments to this bill. Ms. Burton commented that we have been invited to a stakeholders meeting on Monday, May 21, 2012. Ms Burton will attend on behalf of the Board. There was no further comment, continue to watch.

SB 1186 (Steinberg/Dutton) would require an attorney to provide a written advisory to a building owner or tenant with each complaint or settlement demand for any construction-related accessibility claim. The requirement to provide the written advisory would apply where the attorney or party has filed a complaint in state or federal court on the basis of one or more construction-related accessibility claims. This bill would prohibit an attorney or other person from issuing a demand for money to a building owner or tenant, or an agent or employee of a building owner or tenant, or from receiving any payment, settlement, compensation, or other remuneration pursuant to a demand for money that is provided or issued without or prior to the filing of a complaint on the basis of one or more construction-related accessibility violations. The bill would require an attorney to provide to a building owner or tenant, or an agent or employee of a building owner or tenant, a document that notifies the recipient of any alleged construction-related accessibility violation that may be the basis for a damages claim at least 30-days prior to filing any claim for damages based on an alleged construction-related accessibility violation or violations, except in a case solely seeking injunctive relief. The bill would provide that a violation of these requirements may subject the attorney to disciplinary action. This bill would require a commercial property owner to state on a lease form or rental agreement if the property being leased or rented has been inspected by a certified access specialist. Ms. Wallace commented that this bill is in response to serial lawsuits involving non-compliance with the Americans with Disabilities Act (ADA). This bill strives to promote compliance with the ADA rather than paying for litigation. M/S/C (Casagrande/Olinger) to support SB 1186. The motion passed unanimously.

SB 1202 (Leno) authorizes dental hygiene programs to be approved by the Dental Hygiene Committee. This bill requires an applicant for licensure as a registered dental hygienist to satisfactorily complete committee-approved instruction in gingival soft tissue curettage, nitrous oxide-oxygen analgesia, and local anesthesia. This bill authorizes special permits to teach in a dental hygiene program. Dr. Casagrande stated that it appears that Section 1926.1 and 1926.2 would allow an RDHAP to operate a mobile dental hygiene clinic. Ms. Shellans stated that is correct. Katie Dawson, representing CDHA, commented that currently, RDHAP's are only allowed to operate a fixed site, with portable equipment in a federally designated shortage area. What this bill would establish is the ability for RDHAP's to have a mobile van, equipped as an office, with the necessary tools to care for patients in the van. Dr. Morrow stated that there are many other provisions in this bill. Lori Hubble, Executive Officer of the Dental Hygiene Committee of California (DHCC), commented that this bill is intended to clean-up, add and amend provisions of the original bill that were inadvertently left out and to give them the authority to do the work they need to do. Ms. Burton stated that there is a lot to discuss regarding this bill. M/S/C (Burton/Le) to watch SB 1202. The motion passed unanimously.

SB 1575 (Senate Committee on Business, Professions and Economic Development) makes several changes to various provisions of the Business and Professions Code pertaining to the Medical Practice Act, the Dental Practice Act, the Board of Podiatric Medicine, the Licensed Midwifery Practice Act, the Psychology Licensing Law, the Respiratory Care Practice Act, the Board of Behavioral Sciences, the Marriage and Family Therapist Act, and the Licensed Professional Clinical Counselor Act, the Pharmacy Law, and the Massage Therapy Council. Specifically, this bill makes changes to the provisions within the Dental Practice Act as it relates to the licensure and regulation of dental

hygienists by the Dental Hygiene Committee of California (DHCC). There was discussion regarding a portion of this bill that would amend Code Section 1950.5 relating to unprofessional conduct. Specifically, that this bill would add language to the provisions relating to unprofessional conduct to specify infection control guideline requirements. The proposed language would emulate the Board's statutory language contained in Section 1680(ad) of the Code, except all references to "board" would be replaced with "committee". The proposed language would imply that the DHCC is the responsible agency for the review of the infection control guidelines and that the Board should submit recommended changes to the DHCC, rather than vice versa as provided in Code Section 1680(ad). This proposed language would be in conflict with existing law and creates ambiguity regarding the responsible agency for the promulgation of infection control guideline regulations. It is unclear as to the necessity of having two separate agency regulations governing the infection control guidelines for dental offices. Dr. Le commented that the way this language reads, the Dental Board would have to submit changes to the DHCC instead of vice versa and this is not acceptable. M/S/C (Burton/Le) to oppose unless 1715.5 and 1950.5 are amended. Tom Baker, CSP, commented that it is vitally important to have one clear voice on Infection Control. Lisa Okamoto, CDHA, commented that there seems to be deterioration in collaboration between the Dental Board and DHCC. She would like to see the vacant RDH seat on the Board filled to help facilitate discussions on these issues. Ms. Burton stated that is up to the Governor, he makes the appointments. The motion passed unanimously.

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

Bill Lewis, California Dental Association (CDA), stated that this proposal is intended to clarify whether or not individuals who graduated and received their dental degree from a foreign school, but completed a CODA approved residency are qualified under the original, uncapped side, of the special permit law or the newer statute that was enacted about 10 years ago that was intended to pertain to general and non-CODA accredited specialists. The language that CDA has drafted would add clarity to the existing language. Mr. Lewis is asking, on behalf of CDA, for the Board's approval of this amended language. Mr. DeCuir explained that this language would be included in SB 1575. Board Staff, along with Legal Counsel and CDA representatives got together to compromise on the language at the request of the Business and Professions Committee staff. Dr. Morrow pointed out that §1027 of Title 16, California Code of Regulations provides definitions including what "graduated from a dental college approved by the board" means. Ms. Shellans stated that she would like more time to review this before she makes a recommendation. She stated that this amended language was an attempt to clarify whether the Dental Board programs should accept candidates who didn't graduate with a doctorate, from a dental college approved by the Board. Mr. Lewis stated that at first glance the language in §1027 still seems too ambiguous. Dr. Morrow commented that in his conversation with Senator Emerson, the senator's understanding of the intent was that it would include graduates from non-CODA approved dental schools that had graduated from an advanced education program that was CODA approved. Ms. Shellans pointed out that the language says "Approved by the Board" not CODA. She stated that if the Committee is comfortable with the concept, a statutory amendment isn't going to hurt. Ms. Shellans explained that it would change the law from the current cap of 5 permits per dental school to no cap if they went to a CODA approved program. Mr. DeCuir offered that the cap of 5 permits per school, or more if needed, could be added to the language. Mr. Lewis stated that it was the intent of this language to clarify what had always been the interpretation of §1640. M/S/C (Casagrande/Burton) to support CDA's proposal to amend Business and Professions Code §1640 relative to special permits. The motion passed unanimously.

LEG 5 - Discussion of Prospective Legislative Proposals:

There were no other proposals.

There was no further public comment. The committee adjourned at 6:59 p.m.



MEMORANDUM

DATE	July 18, 2012
TO	Legislative and Regulatory Committee, Dental Board of California
FROM	Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item LEG 2: 2012 Tentative Legislative Calendar – Information Only

Background

The 2012 Tentative Legislative Calendar is enclosed.

2012 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY OFFICE OF THE SECRETARY OF THE SENATE & THE OFFICE OF THE ASSEMBLY CHIEF CLERK
Revised 10-5-11

DEADLINES

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 4** Legislature reconvenes (J.R. 51(a)(4)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12 (a)).
- Jan. 13** Last day for **policy committees** to hear and report bills introduced in 2011 for referral to **fiscal committees** (J.R. 61(b)(1)).
- Jan. 16** Martin Luther King, Jr. Day.
- Jan. 20** Last day for any committee to hear and report to the **Floor** bills introduced in their house in 2011 (J.R. 61(b)(2)).
- Jan. 27** Last day to submit **bill requests** to the Office of Legislative Counsel.
- Jan. 31** Last day for each house to pass **bills** introduced in 2011 (Art. IV, Sec. 10(c)) (J.R. 61(b)(3)).
-
- Feb. 20** Presidents' Day.
- Feb. 24** Last day for bills to be **introduced** (J.R. 61(b)(4), J.R. 54(a)).
-
- Mar. 29** **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).
- Mar. 30** Cesar Chavez Day observed.
-
- Apr. 9** Legislature reconvenes from Spring Recess (J.R. 51 (b)(1)).
- Apr. 27** Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).
-
- May 11** Last day for **policy committees** to hear and report to the floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).
- May 18** Last day for **policy committees** to meet prior to June 4 (J.R. 61(b)(7)).
- May 25** Last day for **fiscal committees** to hear and report to the floor bills introduced in their house (J.R. 61 (b)(8)). Last day for **fiscal committees** to meet prior to June 4 (J.R. 61 (b)(9)).
- May 28** Memorial Day.
- May 29 – June 1 Floor session only.** No committee may meet for any purpose (J.R. 61(b)(10)).

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

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

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

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

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

*Holiday schedule subject to final approval by Rules Committee.

2012 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY OFFICE OF THE SECRETARY OF THE SENATE & THE OFFICE OF THE ASSEMBLY CHIEF CLERK
Revised 10-5-11

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

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

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

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

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

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

July 4 Independence Day.

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

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

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

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

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

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

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

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2012

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

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

Nov. 6 General Election.

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

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

2013

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



MEMORANDUM

DATE	July 20, 2012
TO	Legislative and Regulatory Committee, Dental Board of California
FROM	Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item LEG 3: Discussion and Possible Action on Legislation

Background

Board staff is currently tracking thirty-eight(38) bills, the majority of which pertain to the Administrative Procedure Act, government accountability, and military licensing. In the interest of time, staff will not be presenting each of these bills to the Legislative and Regulatory Committee, as the majority are bills that should be watched at this time. However, if a Committee Member wish to discuss a measure, staff will pull the bill for discussion during the Committee's meeting.

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

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

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

- AB 1588 (Atkins) Professions and vocations: Reservist licensees
- AB 1976 (Logue) Licensure and certification: Military experience
- SB 694 (Padilla) Dental care
- SB 1202 (Leno) Dental hygienists
- SB 1575 (Senate Business, Professions, and Economic Development Committee) Professions and vocations

Copies of each of these bills and staff analyses are enclosed in the meeting packet.

Action Requested:

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

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

**DENTAL BOARD OF CALIFORNIA
AUGUST 2012 BOARD MEETING**

TRACKED LEGISLATION – BILL SUMMARIES

ASSEMBLY BILL 338

AUTHOR: Wagner (R)
TITLE: Regulations: Legislative Validation: Effective Date
INTRODUCED: 02/10/2011
LAST AMEND: 02/17/2012
DISPOSITION: Pending
LOCATION: Senate Environmental Quality Committee
SUMMARY: Requires the Office of Administrative Law to submit to the Legislature for review a copy of each disapproved regulation where the basis for that disapproval was a determination that the agency exceeded its statutory authority in adopting the regulation. Requires that a regulation become effective on a specified day after it is filed with the Secretary of State, unless prescribed conditions occur.
STATUS: 05/14/2012 In SENATE Committee on ENVIRONMENTAL QUALITY: Not heard.

ASSEMBLY BILL 1504

AUTHOR: Morrell (R)
TITLE: Administrative Regulations
INTRODUCED: 01/10/2012
LAST AMEND: 04/16/2012
DISPOSITION: Failed
LOCATION: ASSEMBLY
SUMMARY: Amends the Administrative Procedure Act. Requires each state agency that is considering adopting, amending or repealing a regulation, to complete an economic assessment of the proposed action prior to submitting a notice of proposed action to the Office of Administrative Law. Requires an agency to conduct a standardized regulatory impact assessment when the economic impact on businesses and individuals within the state exceeds a specified amount. Relates to alternatives that meet the regulation's purpose.
STATUS: 07/03/2012 From ASSEMBLY Committee on BUSINESS, PROFESSIONS & CONSUMER PROTECTION without further action pursuant to JR 62(a).

ASSEMBLY BILL 1537

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

ASSEMBLY BILL 1538

AUTHOR: Cook (R)
TITLE: Recovery Audits
INTRODUCED: 01/24/2012
LAST AMEND: 04/19/2012
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: Authorizes the Controller to contract with consultants to provide semiannual recovery audits of state agencies with expenditures exceeding a specified amount in a fiscal year, unless excepted by regulation. Authorizes reasonable payment to the consultants. Requires these contracts to apply the specified confidentiality provisions to consultants as applicable to the Controller, the state agency or their employees that are subject to the audit. Requires providing report copies to specified entities.
STATUS: 05/25/2012 In ASSEMBLY Committee on APPROPRIATIONS: Held in committee.

ASSEMBLY BILL 1588

AUTHOR: Atkins (D)
TITLE: Professions and Vocations: Reservist Licensees
INTRODUCED: 02/06/2012
LAST AMEND: 06/25/2012
DISPOSITION: Pending
COMMITTEE: Senate Appropriations Committee
HEARING: 08/06/2012 11:00 am, Burton Hearing Room (4203)
SUMMARY: Requires boards within the Department of Consumer Affairs to waive renewal fees, continuing education and other renewal requirements as determined by the board, of any licensee or registrant who is a reservist called to active duty as a member of the Military Reserve or the California National Guard if certain requirements are met. Requires a licensee or registrant to meet certain renewal requirements within a specified period after discharge and prior to engaging in activity requiring a license.
STATUS: 07/02/2012 From SENATE Committee on BUSINESS, PROFESSIONS AND ECON. DEVELOPMENT: Do pass to Committee on APPROPRIATIONS.
BOARD POSITION: SUPPORT

ASSEMBLY BILL 1896

AUTHOR: Chesbro (D)
TITLE: Tribal Health Programs: Health Care Practitioners
INTRODUCED: 02/22/2012
LAST AMEND: 03/27/2012
DISPOSITION: Enacted
LOCATION: Chaptered
SUMMARY: Codifies a federal requirement, concerning the licensing of health professionals employed by a tribal health program, by specifying that person who is licensed as a health care practitioner in any other state and is employed by a tribal health program is exempt from any state licensing requirement with respect to acts authorized under the person's license where the tribal health program performs specified services.
STATUS: 07/13/2012 Signed by GOVERNOR. 07/13/2012 Chaptered by Secretary of State. Chapter No. 119

ASSEMBLY BILL 1904

AUTHOR: Block (D)
TITLE: Professions and Vocations: Military Spouses
INTRODUCED: 02/22/2012
LAST AMEND: 06/12/2012
DISPOSITION: Pending
COMMITTEE: Senate Appropriations Committee
HEARING: 08/06/2012 11:00 am, Burton Hearing Room (4203)
SUMMARY: Relates to the issuance of reciprocal licenses, regulated by the Department of Consumer Affairs, in certain fields. Requires a board within the department to expedite the licensure process for an applicant who holds a license in the same profession or vocation in another jurisdiction and is married to or in a 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 under official active duty military orders.

STATUS: 07/02/2012 From SENATE Committee on BUSINESS, PROFESSIONS AND ECON. DEVELOPMENT: Do pass to Committee on APPROPRIATIONS.

ASSEMBLY BILL 1914

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

STATUS: 05/25/2012 In ASSEMBLY Committee on APPROPRIATIONS: Held in committee.

ASSEMBLY BILL 1932

AUTHOR: Gorell (R)
TITLE: United States Armed Services: Healing Arts Boards
INTRODUCED: 02/22/2012
LAST AMEND: 04/17/2012
DISPOSITION: Pending
LOCATION: Senate Rules Committee
SUMMARY: Requires every healing arts board to issue a written report to the Department of Veterans Affairs and the Legislature that details methods of evaluating the education, training, and experience obtained in military service and whether such education, training and experience is applicable to the board's requirements for licensure.
STATUS: 06/07/2012 To SENATE Committee on RULES.
BOARD POSITION: WATCH

ASSEMBLY BILL 1976

AUTHOR: Logue (R)
TITLE: Licensure and Certification: Military Experience
INTRODUCED: 02/23/2012
LAST AMEND: 04/11/2012
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: Requires a health arts board within the Department of Consumer Affairs, upon the presentation of qualifying evidence by an applicant for licensure, to accept military service related education, training, and practical experience towards licensure or certification qualifications. Requires schools seeking accreditation or approval to have procedures in place to accept that same information toward completion of education to qualify a person to apply for licensure. Relates to the adoption of regulations.
STATUS: 05/25/2012 In ASSEMBLY Committee on APPROPRIATIONS: Held in committee.
BOARD POSITION: WATCH

ASSEMBLY BILL 1982

AUTHOR: Gorell (R)
TITLE: Regulations: Effective Date: Legislative Review
INTRODUCED: 02/23/2012
LAST AMEND: 04/18/2012
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: Relates to regulations and administrative reviews to determine economic impact. Requires the Office of Administrative Law to submit to the Legislature for review a copy of each major regulation that it submits to the Secretary of State. Extends the time period that a regulation becomes effective after being filed with the Secretary of State. Specifies that the list of prescribed conditions that prevent a regulation from becoming effective include a statutory override of the regulation.
STATUS: 05/25/2012 In ASSEMBLY Committee on APPROPRIATIONS: Held in committee.

ASSEMBLY BILL 2022

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

ASSEMBLY BILL 2041

AUTHOR: Swanson (D)
TITLE: Regulations: Adoption: Disability Access
INTRODUCED: 02/23/2012
LAST AMEND: 06/12/2012
DISPOSITION: Pending
COMMITTEE: Senate Appropriations Committee
HEARING: 08/06/2012 11:00 am, Burton Hearing Room (4203)
SUMMARY: Requires an agency to publish a notice of proposed action that includes specified information at least 45 days prior to a hearing and the close of the public comment period. Requires an agency that proposes specified types of regulations to include within the

notice of proposed action a specified statement regarding the availability of narrative description for persons with visual or other specified disabilities.

STATUS: 06/26/2012 From SENATE Committee on GOVERNMENTAL ORGANIZATION: Do pass to Committee on APPROPRIATIONS.

ASSEMBLY BILL 2090

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

STATUS: 05/25/2012 In ASSEMBLY Committee on APPROPRIATIONS: Held in committee.

ASSEMBLY BILL 2091

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

STATUS: 07/03/2012 From ASSEMBLY Committee on BUSINESS, PROFESSIONS & CONSUMER PROTECTION without further action pursuant to JR 62(a).

ASSEMBLY BILL 2120

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

ASSEMBLY BILL 2380

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

ASSEMBLY BILL 2401

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

ASSEMBLY BILL 2458

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

ASSEMBLY BILL 2506

AUTHOR: Perez V (D)
TITLE: State Government
INTRODUCED: 02/24/2012
LAST AMEND: 03/29/2012
DISPOSITION: Pending
LOCATION: Assembly Business, Professions and Consumer Protection Committee
SUMMARY: Requires state agencies to submit regulatory actions to a specified legislative committee to be submitted to certain policy committees for review. Provides for the establishment of regional innovation and job creation boards as mutual benefit corporations. Exempts from the sales tax property purchased for use in manufacturing, processing, refining, fabricating, or recycling. Increases research and development income tax credits. Authorizes a credit for contributions to postsecondary education institutions.
STATUS: 03/29/2012 From ASSEMBLY Committee on BUSINESS, PROFESSIONS & CONSUMER PROTECTION with author's amendments.
03/29/2012 In ASSEMBLY. Read second time and amended. Re-referred to Committee on BUSINESS, PROFESSIONS & CONSUMER PROTECTION.

ASSEMBLY BILL 2570

AUTHOR: Hill (D)
TITLE: Licensees: Settlement Agreements
INTRODUCED: 02/24/2012
DISPOSITION: Pending
COMMITTEE: Senate Appropriations Committee
HEARING: 08/06/2012 11:00 am, Burton Hearing Room (4203)

SUMMARY: Relates to professional misconduct by an attorney. Prohibits a licensee who is regulated by the Department of Consumer Affairs or various boards, bureaus, or programs from including a provision in an agreement to settle a civil dispute that prohibits the other party in that dispute from contacting, filing a complaint with, or cooperating with the department, board, bureau, or program.

STATUS: 07/03/2012 From SENATE Committee on JUDICIARY: Do pass to Committee on APPROPRIATIONS.

SENATE BILL 103

AUTHOR: Liu (D)
TITLE: State Government: Meetings
INTRODUCED: 01/12/2011
LAST AMEND: 07/12/2011
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: Authorizes a state body, to the extent practicable, to conduct teleconferencing meetings. Requires a state body to provide a supplemental live audio broadcast on the Internet Web site of its board meetings that are open to the public unless it is determined to be too costly. Prohibits teleconference meetings as a matter of convenience. Requires a body that operates an Internet Web site to provide a supplemental live audio or video broadcast on the Web site of board meetings open to the public.

STATUS: 08/25/2011 In ASSEMBLY Committee on APPROPRIATIONS: Held in committee.

STATUS: 06/19/2012 From ASSEMBLY Committee on HEALTH: Do pass to Committee on APPROPRIATIONS.

SENATE BILL 694

AUTHOR: Padilla (D)
TITLE: Dental Care
INTRODUCED: 02/18/2011
LAST AMEND: 06/28/2012
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: Makes provisions of existing law regarding the maintenance of a state dental program inoperative for a specified period of time upon the creation of an Office of Oral Health within the Department of Public Health. Provides that no General Fund moneys will be used to implement the provisions creating the office. Authorizes other public and private funds. Authorizes the office to conduct a specified study under described circumstances.

STATUS: 07/03/2012 From ASSEMBLY Committee on BUSINESS, PROFESSIONS & CONSUMER PROTECTION: Do pass to Committee on APPROPRIATIONS.

BOARD POSITION: WATCH

SENATE BILL 1002

AUTHOR: Yee (D)
TITLE: Public Records: Electronic Format
INTRODUCED: 02/06/2012
LAST AMEND: 06/21/2012
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: Amends the Public Records Act. Authorizes an agency, upon request, to provide a copy of an electronic record in a format in which the text in the electronic record is searchable by commonly used software. Requires the requestor to bear the cost of converting the into a searchable format. Requires that in certain circumstances the data or document be made available to the public in open format. Provides that requirement would not apply if the agency does not maintain the document in that format.

STATUS: 06/27/2012 From ASSEMBLY Committee on LOCAL GOVERNMENT: Do pass to Committee on APPROPRIATIONS.

SENATE BILL 1099

AUTHOR: Wright (D)
TITLE: Regulations
INTRODUCED: 02/16/2012
LAST AMEND: 05/17/2012
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: Amends the Administrative Procedure Act. Provides that a regulation or order of repeal is effective on specified dates, subject to specified exceptions. Requires the Office of Administrative Law to make a free copy of the full text of the Code of Regulations available on its Internet Web site. Requires state agencies and the office to provide on its Internet site a list of, and a link to the full text of, each regulation filed with the Secretary of State that is pending effectiveness.

STATUS: 06/19/2012 From ASSEMBLY Committee on BUSINESS, PROFESSIONS & CONSUMER PROTECTION: Do pass to Committee on APPROPRIATIONS.

SENATE BILL 1171

AUTHOR: Harman (R)
TITLE: Maintenance of Codes
INTRODUCED: 02/22/2012
LAST AMEND: 05/21/2012
DISPOSITION: Enacted
LOCATION: Chaptered
SUMMARY: Amends existing law directing the Legislative Counsel to advise the Legislature from time to time as to legislation necessary to maintain the codes. Makes nonsubstantive changes in various provisions of law to effectuate the recommendations made by the Legislative Counsel to the Legislature; includes changes regarding insurer gross premium taxation and nonadmitted insurers, nonprofit organization property tax exemption, life insurance contracts, and Medi-Cal contracting.
STATUS: 07/23/2012 Signed by GOVERNOR.
07/23/2012 Chaptered by Secretary of State. Chapter No. 162

SENATE BILL 1186

AUTHOR: Steinberg (D)
TITLE: Disability Access: Liability
INTRODUCED: 02/22/2012
LAST AMEND: 06/20/2012
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: Requires an attorney to provide written advisory to a building owner or tenant with each complaint or settlement demand for any construction-related accessibility claim. Provides potential disciplinary action for a violation. Provides that a violation may subject the attorney to disciplinary action. Requires notification that leased or rental property has been inspected by a certified access specialist. Updates the responsibilities of the State Commission on Disability Access.
STATUS: 07/03/2012 From ASSEMBLY Committee on JUDICIARY: Do pass to Committee on APPROPRIATIONS.
BOARD POSITION: SUPPORT

SENATE BILL 1202

AUTHOR: Leno (D)
TITLE: Dental Hygienists
INTRODUCED: 02/22/2012
LAST AMEND: 05/29/2012
DISPOSITION: Pending

LOCATION: Assembly Appropriations Committee
SUMMARY: Relates to the practice of dental hygiene to include the approval, revocation, or approval withdrawal of dental hygiene educational programs by the Dental Hygiene Committee, licensure educational requirements, licensure prior experience requirements, the taking of mandatory remedial training for persons failing the clinical portion of the licensure examination, the registration of alternative places of practice, requiring a prescription for services, and licensure fees.
STATUS: 06/19/2012 From ASSEMBLY Committee on BUSINESS, PROFESSIONS & CONSUMER PROTECTION: Do pass to Committee on APPROPRIATIONS.
BOARD POSITION: WATCH

SENATE BILL 1327

AUTHOR: Cannella (R)
TITLE: State Government: Business Information: Web Site
INTRODUCED: 02/23/2012
LAST AMEND: 07/03/2012
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: Requires the Governor to establish an Internet Web site to assist an individual with the licensing, permitting, and registration requirements necessary to start a business. Authorizes the imposition of a reasonable fee, not to exceed the actual cost to provide the service, upon users of the Internet Web site.
STATUS: 07/03/2012 In ASSEMBLY. Read second time and amended. Referred to Committee on APPROPRIATIONS.

SENATE BILL 1520

AUTHOR: Calderon R (D)
TITLE: State Government: Administrative Efficiency
INTRODUCED: 02/24/2012
LAST AMEND: 05/30/2012
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: Amends the Administrative Procedure Act regarding an initial statement of reasons that include standardized economic impact analysis for each major regulation proposed. Requires that the statement of reasons include a standardized impact analysis for each major regulation proposed. Amends the Permit Streamlining Act. Requires the Office of Planning and Research to provide specified information to a permit applicant. Relates to dispute resolution by the office and a fee for such services.

STATUS: 06/26/2012 From ASSEMBLY Committee on BUSINESS, PROFESSIONS & CONSUMER PROTECTION: Do pass to Committee on APPROPRIATIONS.

SENATE BILL 1575

AUTHOR: Senate Business, Professions & Economic Development Committee
TITLE: Professions and Vocations
INTRODUCED: 03/12/2012
LAST AMEND: 06/28/2012
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: Makes amendments to the Medical Practice Act, the Dental Practice Act, the Board of Podiatric Medicine, the Licensed Midwifery Practice Act, the Psychology Licensing Law, the Respiratory Care Practice Act, the Board of Behavioral Sciences, the Marriage and Family Therapist Act, and the Licensed professional Clinical Counselor Act, the Pharmacy Law, and the Occupational Therapy Practice Act.
STATUS: 06/28/2012 From ASSEMBLY Committee on APPROPRIATIONS with author's amendments.
06/28/2012 In ASSEMBLY. Read second time and amended. Re-referred to Committee on APPROPRIATIONS.
BOARD POSITION: OPPOSE UNLESS SECTIONS 1715.5 AND 1950.5 ARE AMENDED

SENATE BILL 1576

AUTHOR: Senate Business, Professions & Economic Development Committee
TITLE: Professions and Vocations
INTRODUCED: 03/12/2012
LAST AMEND: 07/02/2012
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
SUMMARY: Relates to an acknowledgment of professional conduct rules by an applicant for accountancy licensure, the licensure of partners in an accountancy partnership, the accountancy ethics curriculum committee, accountant license retired status, the issuance of a citation for a false report regarding a licensed contractor, licensed land surveyors or civil engineers and land surveys, and technical changes to provisions relating to the supervision of weights and measures.

STATUS:

07/02/2012 From ASSEMBLY Committee on APPROPRIATIONS with author's amendments.

07/02/2012 In ASSEMBLY. Read second time and amended. Referred to Committee on APPROPRIATIONS.

DENTAL BOARD OF CALIFORNIA BILL ANALYSIS

Bill No.: Assembly Bill 1588 (Amended in Senate June 25, 2012)

Topic: Professions and vocations: reservist licensees: fees and continuing education

Author: Assembly Member Atkins

Principal coauthors: Assembly Members Cook and Nielson

Coauthors: Assembly Members Allen, Bill Berryhill, Block, Butler, Beth Gaines, Pan, V. Manuel Pérez, Williams, and Yamada

Status: 07/02/2012 - From Senate Committee On Business, Professions and Econ. Development: Do pass to Committee on Appropriations.

Location: Senate Appropriations Committee

Summary:

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

- The licensee possessed a current and valid license with the board at the time he or she was called to active duty.
- The renewal requirements are waived only for the period during which the licensee is on active duty service.
- Written documentation that that substantiates the licensee's active duty is provided to the Board.

The licensee would not be authorized to engage in the activities requiring a license during the period that the waivers are in effect. In order to engage in any activities for which they are licensed, the licensee must meet all necessary renewal requirements within one year from the date of discharge from active duty service.

Additionally, this bill provides express rulemaking authority for the boards to implement the provisions of this bill.

Analysis:

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

These amendments will enable the Board to provide waivers from our licensing renewal fees and continuing education requirements for military reservists called to active duty.

The important amendments of this bill clarify that only those licensees with current and active licenses may apply and establish the parameters by which the waiver would be obtained. Additionally, the amendments provide express rulemaking authority for the Board to implement the provisions of the bill. The Board's highest priority is the protection of the public when exercising its licensing, regulatory, and disciplinary functions. This measure provides the Board with the ability to provide waivers from our licensing renewal fees and continuing education requirements for military reservists called to active duty while continuing to provide public protection.

If a reservist who serves on active duty as a dental officer is required by the military to have an active license, then this waiver would not be applicable and it would be up to the individual licensee to make that determination.

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

Registered Support/Opposition

Support:

American Federation of State, County and Municipal Employees
American Legion-Department of California
American Nurses Association of California
AMVETS-Department of California
Blood Centers of California
California Association of County Veterans Service Officers
California State Commanders Veterans Council
California State Commanders Veterans Council
Department of Defense State Liaison Office
Hearing HealthCare Providers
Los Angeles County Democratic Party
Respiratory Care Board of California
Veterans of Foreign Wars of the United States Department of California
Vietnam Veterans of America-California State Council

Opposition:

None on file as of June 27, 2012.

Board Position

The Board took a position of "Support If Amended" at its May 2012 meeting. Subsequently, the author took all of the Board's proposed amendments.

AMENDED IN SENATE JUNE 25, 2012

AMENDED IN ASSEMBLY MARCH 5, 2012

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 1588

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

February 6, 2012

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

LEGISLATIVE COUNSEL'S DIGEST

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

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

This bill would require the boards, ~~commissions, or bureaus~~ described above to waive the renewal fees ~~and~~, continuing education requirements, ~~if either is applicable~~ *and other renewal requirements as determined by the board, if any are applicable*, of any licensee or registrant who is a reservist called to active duty as a member of the United States

Military Reserve or the California National Guard if certain requirements are met. *The bill would require a licensee or registrant to meet certain renewal requirements within a specified time period after being discharged from active duty service prior to engaging in any activity requiring a license.*

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

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

1 SECTION 1. Section 114.3 is added to the Business and
2 Professions Code, to read:

3 114.3. (a) Notwithstanding any other provision of law, every
4 board, ~~commission, or bureau~~ *as defined in Section 22*, within the
5 department shall waive the renewal fees ~~and~~, continuing education
6 requirements, ~~if either is applicable~~ *and other renewal requirements*
7 *as determined by the board, if any are applicable*, for any licensee
8 or registrant who is a reservist called to active duty as a member
9 of the United States Military Reserve or the California National
10 Guard if all of the following requirements are met:

11 (a)

12 (1) The licensee or registrant ~~was in good standing~~ *possessed*
13 *a current and valid license* with the board, ~~commission, or bureau~~
14 ~~at the time the reservist he or she was called to active duty.~~

15 (b)

16 (2) The renewal fees ~~or continuing education~~ requirements are
17 waived only for the period during which the ~~reservist~~ *licensee or*
18 *registrant* is on active duty service.

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

23 (3) *Written documentation that substantiates the licensee or*
24 *registrant's active duty service is provided to the board.*

25 (b) *The licensee or registrant shall not engage in any activities*
26 *requiring a license during the period that the waivers provided by*
27 *this section are in effect. In order to engage in any activities for*
28 *which he or she is licensed, the licensee or registrant shall meet*
29 *all necessary renewal requirements as determined by the board*

- 1 *within one year from the reservist's date of discharge from active*
- 2 *duty service.*
- 3 *(c) A board may adopt regulations to carry out the provisions*
- 4 *of this section.*

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DENTAL BOARD OF CALIFORNIA BILL ANALYSIS

Bill No.: Assembly Bill 1976 (Amended in Assembly April 11, 2012)

Topic: Professions and vocations: licensure and certification requirements: military experience

Author: Assembly Member Logue

Principal Coauthor: Assembly Member Pan

Coauthors: Assembly Members Bill Berryhill and Jeffries

Status: 05/25/2012 In Assembly Committee on Appropriations: Held in committee.

Location: Assembly Appropriations Committee

Summary:

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

1. Requires healing arts boards within the Department of Consumer Affairs to accept the education, training, and practical experience completed by an applicant as a member of the United States (U.S.) Armed Forces or Military Reserves of the U.S., the national guard of any state, the military reserves of any state, or the naval militia of any state, toward the qualifications and requirements to receive a license issued by that board unless the board determines that the education, training, or practical experience is not substantially equivalent to the standards of the board.
2. Requires, by July 1, 2014, any healing arts boards within the Department of Consumer Affairs that accredits or otherwise approves schools offering educational course credit for meeting licensing qualifications and requirements to require those schools seeking accreditation or approval to have procedures in place to fully accept an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure.
3. Requires each healing arts boards within the Department of Consumer Affairs to determine whether it is necessary to adopt regulations to implement the above provisions. If a board determines it is necessary to adopt regulations, the board shall adopt those regulations not later than January 1, 2014.
4. If a board determines it is not necessary to adopt regulations, the board shall, not later than January 1, 2014, submit to the Governor and the Legislature a written report explaining why such regulations are not necessary. This provision becomes inoperative on January 1, 2017.

5. Requires the California Department of Veterans Affairs to provide technical assistance to healing arts boards within the Department of Consumer Affairs the Director with respect to complying with the above requirements, including the determination of substantial equivalency between the education, training, or practical experience of an applicant and the board's standards, and obtaining state, federal, or private funds to support compliance with this bill's requirements.
6. Requires the Director of the Department of Consumer Affairs to submit a written report to the Governor and the Legislature by January 1, 2016, on the progress of healing arts boards toward compliance with his bill's provisions, as specified. This provision becomes inoperative on January 1, 2017.
7. Establishes identical provisions as outlined above for the Department of Public Health, for applicants for licensure or certification in any of the following professions:
 - a) Medical Laboratory Technician (MLT);
 - b) Clinical Laboratory Scientist (CLS);
 - c) Radiologic Technologist (RT);
 - d) Nuclear Medicine Technologist (NMT);
 - e) Certified Nurse Assistant (CNA);
 - f) Certified Home Health Aide (HHA);
 - g) Certified Hemodialysis Technician (CHT); and,
 - h) Nursing Home Administrator (NHA).

Analysis:

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

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

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

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

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

Registered Support/Opposition

Support:

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

Opposition:

None on file.

Board Position

The Board took a “Watch” position on this bill at its May 2012 meeting.

AMENDED IN ASSEMBLY APRIL 11, 2012
AMENDED IN ASSEMBLY MARCH 29, 2012
CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 1976

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

February 23, 2012

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

LEGISLATIVE COUNSEL'S DIGEST

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

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

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

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

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

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

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

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

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

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

1 SECTION 1. This act shall be known, and may be cited, as the
2 Veterans Health Care Workforce Act of 2012.

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

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

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

11 (3) According to the federal Department of Defense, as of June
12 2011, one million veterans were unemployed nationally and the
13 jobless rate for post-9/11 veterans was 13.3 percent, with young
14 male veterans 18 to 24 years of age experiencing an unemployment
15 rate of 21.9 percent.

16 (4) According to the federal Department of Defense, during the
17 2011 federal fiscal year, 8,854 enlisted service members with
18 medical classifications separated from active duty.

19 (5) According to the federal Department of Defense, during the
20 2011 federal fiscal year, 16,777 service members who separated
21 from active duty listed California as their state of residence.

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

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

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

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

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

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

25 (c) (1) Each board described in this division shall *determine*
26 *whether it is necessary to* adopt regulations to implement this
27 section. ~~The adoption, amendment, repeal, or readoption of a~~
28 ~~regulation authorized by this section is deemed to address an~~
29 ~~emergency, for purposes of Sections 11346.1 and 11349.6 of the~~
30 ~~Government Code, and each board is hereby exempted for this~~
31 ~~purpose from the requirements of subdivision (b) of Section~~
32 ~~11346.1 of the Government Code.~~

33 (2) *If a board determines it is necessary to adopt regulations,*
34 *the board shall adopt those regulations not later than January 1,*
35 *2014.*

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

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

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

12 (2) *This subdivision shall become inoperative on January 1,*
13 *2017.*

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

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

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

20 131136. (a) Notwithstanding any other provision of law, the
21 department shall, upon the presentation of satisfactory evidence
22 by an applicant for licensure or certification in one of the
23 professions described in subdivision (b), accept the education,
24 training, and practical experience completed by an applicant as a
25 member of the United States Armed Forces or Military Reserves
26 of the United States, the national guard of any state, the military
27 reserves of any state, or the naval militia of any state, toward the
28 qualifications and requirements to receive a license issued by the
29 department *unless the department determines that the education,*
30 *training, or practical experience is not substantially equivalent to*
31 *the standards of the department.*

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

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

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

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

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

- 1 (5) Certified nurse assistant as described in Article 9
 2 (commencing with Section 1337) of Chapter 2 of Division 2.
- 3 (6) Certified home health aide as described in Section 1736.1.
- 4 (7) Certified hemodialysis technician as described in Article
 5 3.5 (commencing with Section 1247) of Chapter 3 of Division 2
 6 of the Business and Professions Code.
- 7 (8) Nursing home administrator as described in Chapter 2.35
 8 (commencing with Section 1416) of Division 2.
- 9 (c) Not later than July 1, 2014, if the department accredits or
 10 otherwise approves schools offering educational course credit for
 11 meeting licensing and certification qualifications and requirements,
 12 the department shall ~~only accredit or otherwise approve~~ *require*
 13 those schools ~~that seeking accreditation or approval to~~ have
 14 procedures in place to fully accept an applicant’s military
 15 education, training, and practical experience toward the completion
 16 of an educational program that would qualify a person to apply
 17 for licensure or certification.
- 18 ~~(d) With respect to complying with the requirements of this~~
 19 ~~section, the~~ *(1) Not later than January 1, 2014, the department*
 20 *shall determine whether it is necessary to adopt regulations to*
 21 *implement this section. The adoption, amendment, repeal, or*
 22 *readoption of a regulation authorized by this section is deemed to*
 23 *address an emergency, for purposes of Sections 11346.1 and*
 24 *11349.6 of the Government Code, and the department is hereby*
 25 *exempted for this purpose from the requirements of subdivision*
 26 *(b) of Section 11346.1 of the Government Code.*
- 27 *(2) If the department determines it is necessary to adopt*
 28 *regulations, the department shall adopt those regulations not later*
 29 *than January 1, 2014.*
- 30 *(3) If the department determines it is not necessary to adopt*
 31 *regulations, the department shall, not later than January 1, 2014,*
 32 *submit to the Governor and the Legislature a written report*
 33 *explaining why such regulations are not necessary. This paragraph*
 34 *shall become inoperative on January 1, 2017.*
- 35 (e) With respect to complying with the requirements of this
 36 section *including the determination of substantial equivalency*
 37 *between the education, training, or practical experience of an*
 38 *applicant and the department’s standards, and obtaining state,*
 39 *federal, or private funds to support compliance with this section,*

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

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

6 (2) *This subdivision shall become inoperative on January 1,*
7 *2017.*

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

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

O

DENTAL BOARD OF CALIFORNIA BILL ANALYSIS

Bill No.: Senate Bill 694 (As Amended June 28, 2012)

Topic: Dental care

Author: Padilla

Coauthors: Senators Emmerson and Price)

Status: 7/03/2012 From Assembly Committee on Business, Professions & Consumer Protection: Do pass to Committee on Appropriations.

Location: Assembly Appropriations Committee

Summary:

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

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

This bill creates the Office within DPH and specifies that a licensed dentist shall serve as the dental director. The dental director shall be appointed by the Governor and subject to confirmation by the Senate. The dental director is required to be a licensed dentist in good standing who has demonstrated dental and management experience, including at least five years of experience in public dental health.

The dental director and staff shall have the responsibilities of:

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

This bill authorizes that state to accept public and private funds for the purposed of implementing this bill. This bill specifies that no General Fund moneys shall be used for the purposes of implementing the Office, and would authorize the state to accept other

public or private funds for the purpose of implementation of the proposed Office. This bill specifies that DOF shall make a determination regarding the funding status of the Office on January 1, 2014, and annually thereafter.

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

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

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

This bill requires the dental directory or, in the absence of a dental director, the Secretary of California Health and Human Services (HHS) or his or her designee to convene an advisory group on study design and implementation. The advisory group shall be comprised of representatives of all dental practices, including traditional and nontraditional, as well as non-dentists and consumer advocates. The dental director, or designees as specified above, are required to provide input regarding study design and implementation, receive all study data and reports, and develop a report and recommendations to be submitted to the Legislature based on the study findings. The dental director or, in the absence of a dental director, the Secretary of HHS or his or her designee shall also consult with the Legislative Analyst's Office in designing the study and selecting any contractors.

This bill limits the study to a California licensed dentist, and at least two registered dental hygienists (RDHs) and registered dental assistants (RDAs) in extended functions educated in a limited number of additional dental procedures. This bill limits the dental procedures that may be examined in the study to the following: administration of local anesthesia; tooth preparation for, and the placement and finishing of, direct restorations; placement of interim therapeutic restorations; stainless steel crown placement; therapeutic pulpotomy; pulp cap placement, direct and indirect; and, extraction of primary teeth.

This bill requires the study to examine and compare the specified procedures, as performed under the following types of supervision:

- Direct supervision,

- General supervision, or
- Remote supervision by a dentist where the supervising dentist is not onsite while a dental care provider is practicing as authorized by the study and shall be facilitated by "standing orders" as an agreement between the dental care provider and supervising dentist. The dental care provider shall not perform duties beyond what is agreed upon in the standing orders.

This bill requires the study to examine dental care providers in public health settings that represent the racial, ethnic, urban, and rural diversity of California's child population. The settings may include, but not be limited to, community health clinics, Head Start, and schools with greater than 50% participation in the federal free and reduced-price lunch program.

This bill requires the study to be conducted through a dental school at an institution of higher education within the state.

This bill prohibits any GF moneys from being used to carry out the study. Moneys to fund the study, including analysis and findings, and all procedures administered by dental care providers during the study, shall be secured from other public or private sources. No one provider group or interest group may provide more than half the private funding for the study. This bill provides that the provisions authorizing the study inoperative on January 1, 2014, if the study is not sufficiently funded and commenced by that date, and repeals this bill's provisions authorizing the study on January 1, 2017, as specified.

Analysis:

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

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

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

According to information provided by DPH, loss of funding during the past 10 years has forced DPH to significantly cut back the functions of the Oral Health Unit (OHU, formerly the Office of Oral Health). Until 1995, there was a dentist leading the OHU. In 2000, OHU entered into a contract with the University of California, San Francisco to employ a

dentist for the Community Water Fluoridation program to provide training and technical assistance to communities. The dentist provided content expertise on other areas of oral health as well. Due to funding reductions from the Preventive Health & Health Services Block Grant (PHHSBG), which funded the Community Water Fluoridation Program, the position for the dentist was terminated in September 2011. OHU has been researching possible funding opportunities to restore partially or fully the California Children's Dental Disease Prevention Program, which had been a cost-effective children's dental program prior to the loss of funding in 2009. OHU has maintained a Community Water Fluoridation Program which has been funded through the PHHSBG.

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

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

Support and Opposition:

The Children's Partnership (sponsor)
California Dental Association
California District of the American Academy of Pediatrics
California Primary Care Association
California School Health Centers Association
California Society of Pediatric Dentistry
Center for Oral Health
Children Now
First 5 Los Angeles
First 5 Marin Children and Families Commission
First 5 Trinity County
Los Angeles Area Chamber of Commerce
Regional Economic Association Leaders Coalition
Santa Barbara County Children's Oral Health Collaborative
Executive Committee
Shasta Community Health Center
The Arc and United Cerebral Palsy in California
Worksite Wellness Los Angeles
One individual

Opposition:

California Nurses Association
Numerous individuals

Board Position:

The Board took a “watch” position at its February 2012 meeting and held the position at its May 2012 meeting.

AMENDED IN ASSEMBLY JUNE 28, 2012
AMENDED IN ASSEMBLY JUNE 20, 2012
AMENDED IN SENATE JANUARY 25, 2012
AMENDED IN SENATE JANUARY 12, 2012
AMENDED IN SENATE JANUARY 4, 2012
AMENDED IN SENATE MARCH 29, 2011

SENATE BILL

No. 694

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

February 18, 2011

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

LEGISLATIVE COUNSEL'S DIGEST

SB 694, as amended, Padilla. Dental care.

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

This bill would make these provisions inoperative for a specified period of time upon the creation of a Statewide Office of Oral Health within the State Department of Public Health with a licensed dentist who serves as the dental director. This bill would provide that no General Fund moneys shall be used to implement the provisions creating

the office, but would authorize the state to accept other public and private funds for the purpose of implementing these provisions, and would provide that these provisions become inoperative, as specified, if other public or private funds are not deposited with the state in an amount sufficient to fully support the activities of the office. This bill would authorize, until January 1, 2017, the office to conduct a specified study under described circumstances.

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

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

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) Nationally and statewide, tooth decay ranks as the most
- 4 common chronic disease and unmet health care need of children.
- 5 (b) Poor dental health can disrupt normal childhood
- 6 development, seriously damage overall health, and impair a child’s
- 7 ability to learn, concentrate, and perform well in school. In rare
- 8 cases, untreated tooth decay can lead to death.
- 9 (c) Unmet dental needs have significant human and financial
- 10 costs. In 2007, it was estimated that California schools lost nearly
- 11 thirty million dollars (\$30,000,000) in attendance-based school
- 12 district funding due to 874,000 missed school days related to dental
- 13 problems; and California’s hospitals experienced over 83,000
- 14 emergency room visits for preventable dental problems at a cost
- 15 of fifty-five million dollars (\$55,000,000).
- 16 (d) With full implementation of the federal Patient Protection
- 17 and Affordable Care Act (Public Law 111-148), approximately
- 18 1.2 million additional children in California are expected to gain
- 19 dental coverage.
- 20 (e) The burden of oral disease can be markedly decreased
- 21 through early intervention, including education, prevention, and
- 22 treatment. Effective prevention reduces the need for costly
- 23 treatment of advanced dental disease.
- 24 (f) To address this unmet need, a comprehensive coordinated
- 25 strategy is necessary, at the foundation of which is a strong state
- 26 oral health infrastructure to coordinate essential public dental health
- 27 functions, including assessing need and capacity to address that
- 28 need.

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

3 104766. This article shall become inoperative on the date the
4 Department of Finance memorializes in writing, pursuant to
5 paragraph (2) of subdivision (e) of Section 104767, that sufficient
6 funds have been deposited with the state to establish the Statewide
7 Office of Oral Health, and shall become operative again on the
8 date the Department of Finance memorializes in writing, pursuant
9 to paragraph (2) of subdivision (f) of Section 104767, that the
10 office has not secured sustainable funding sources to maintain the
11 activities of the office, or on January 1, 2016, whichever occurs
12 first.

13 SEC. 3. Article 2.5 (commencing with Section 104767) is
14 added to Chapter 3 of Part 3 of Division 103 of the Health and
15 Safety Code, to read:

16
17 Article 2.5. Statewide Office of Oral Health
18

19 104767. (a) There shall be a Statewide Office of Oral Health
20 within the State Department of Public Health.

21 (b) Within the office there shall be a licensed dentist who serves
22 as the dental director. *The dental director shall be appointed by*
23 *the Governor, subject to confirmation by the Senate, and shall*
24 *serve at the pleasure of the Governor. The dental director shall*
25 *be a licensed dentist in good standing who has demonstrated dental*
26 *and management experience, including at least five years of*
27 *experience in public dental health.*

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

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

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

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

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

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

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

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

3 (e) (1) No General Fund moneys shall be used for purposes of
4 this section. Moneys to fund the office shall be secured from other
5 public or private sources. The Department of Finance shall, on
6 January 1, 2014, and annually thereafter, make a determination
7 regarding the funding status of the office. Moneys needed to
8 sufficiently fund and commence the study pursuant to Section
9 104767.1 shall not be considered for purposes of determining the
10 funding status of the office pursuant to this paragraph.

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

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

24 (2) If the Department of Finance makes a determination that
25 the office has not secured sustainable funding sources to maintain
26 the activities of the office pursuant to paragraph (1), the Department
27 of Finance shall file a written statement with the Secretary of the
28 Senate, the Chief Clerk of the Assembly, and the Legislative
29 Counsel memorializing that this determination has been made.

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

31 104767.1. (a) The Legislature finds and declares that, as part
32 of a comprehensive integrated system of dental care, with the
33 dentist as the head of that system, additional dental care providers
34 who provide basic preventive and restorative oral health care to
35 underserved children, located at or near where children live or go
36 to school, may have the potential to reduce the oral health disease
37 burden in the population most in need.

38 (b) The office may design and implement a scientifically
39 rigorous study to assess the safety, quality, cost-effectiveness, and
40 patient satisfaction of expanded dental procedures performed by

1 dental care providers for the purpose of informing future decisions
2 about how to meet the state’s unmet oral health need for the state’s
3 children. The research parameters of the study shall include public
4 health settings, multiple models of dentist supervision, multiple
5 pathways of education and training, and multiple dental providers.
6 Procedures performed during the study shall be performed only
7 by dental care providers within the confines of a university-based
8 study.

9 (c) The dental director or, in the absence of a dental director,
10 the Secretary of California Health and Human Services or his or
11 her designee shall convene an advisory group on study design and
12 implementation. The advisory group shall be comprised of
13 representatives of all dental practices, including traditional and
14 nontraditional, as well as nondentists and consumer advocates.

15 (d) The dental director or, in the absence of a dental director,
16 the Secretary of California Health and Human Services or his or
17 her designee shall provide input regarding study design and
18 implementation, receive all study data and reports, and develop a
19 report and recommendations to be submitted to the Legislature
20 based on the study findings. The dental director or, in the absence
21 of a dental director, the Secretary of California Health and Human
22 Services or his or her designee shall also consult with the
23 Legislative Analyst’s Office in designing the study and selecting
24 any contractors.

25 (e) (1) The study shall be limited to a dentist licensed pursuant
26 to Article 2 (commencing with Section 1625) of Chapter 4 of
27 Division 2 of the Business and Professions Code and at least two
28 of each of the following dental care providers:

29 (A) A registered dental hygienist, as defined in Article 9
30 (commencing with Section 1900) of Chapter 4 of Division 2 of
31 the Business and Professions Code, who is educated in a limited
32 number of additional dental procedures.

33 (B) A registered dental assistant in extended function licensed
34 pursuant to Section 1753 of the Business and Professions Code
35 who is educated in a limited number of additional dental
36 procedures.

37 (2) The dental procedures that may be examined in the study
38 shall be limited to the following:

39 (A) Administration of local anesthesia.

- 1 (B) Tooth preparation for, and the placement and finishing of,
2 direct restorations.
- 3 (C) Placement of interim therapeutic restorations.
- 4 (D) Stainless steel crown placement.
- 5 (E) Therapeutic pulpotomy.
- 6 (F) Pulp cap placement, direct and indirect.
- 7 (G) Extraction of primary teeth.
- 8 (3) The study shall examine and compare the procedures
9 described in paragraph (2), as performed under the following types
10 of supervision:
 - 11 (A) Direct supervision, as defined in subdivision (c) of Section
12 1902 of the Business and Professions Code.
 - 13 (B) General supervision, as defined in subdivision (d) of Section
14 1902 of the Business and Professions Code.
 - 15 (C) Remote supervision by a dentist where the supervising
16 dentist is not onsite while a dental care provider is practicing as
17 authorized by this section and shall be facilitated by “standing
18 orders” as an agreement between the dental care provider and
19 supervising dentist. The dental care provider shall not perform
20 duties beyond what is agreed upon in the standing orders. Remote
21 supervision may consist of all of the following:
 - 22 (i) Incorporate the use of technology, such as telehealth, to
23 facilitate dentists providing remote supervision to the dental care
24 provider, where the dental care provider does not have to be in the
25 same location as the supervising dentist.
 - 26 (ii) Include a mechanism for the dental care provider to seek
27 and receive additional professional advice in a timely manner as
28 needed.
 - 29 (iii) Include a mechanism for the dental care provider to make
30 referrals to a qualified dentist, as needed.
 - 31 (4) The study shall examine dental care providers in public
32 health settings that represent the racial, ethnic, urban, and rural
33 diversity of California’s child population. Settings may include,
34 but not be limited to, community health clinics, Head Start, and
35 schools with greater than 50 percent participation in the federal
36 free and reduced-price lunch program.
 - 37 (5) The study shall be conducted through a dental school at an
38 institution of higher education within the state.
 - 39 (f) No General Fund moneys shall be used to implement this
40 section. Moneys to fund the study, including analysis and findings,

1 and all procedures administered by dental care providers during
2 the study, shall be secured from other public or private sources.
3 No one provider group or interest group may provide more than
4 half the private funding for the study.

5 (g) Notwithstanding subdivision (h), if the study described in
6 this section is not sufficiently funded and commenced by January
7 1, 2014, this section shall become inoperative on January 1, 2014.

8 (h) This section shall remain in effect only until January 1, 2017,
9 and as of that date is repealed, unless a later enacted statute, that
10 is enacted before January 1, 2017, deletes or extends that date.

DENTAL BOARD OF CALIFORNIA BILL ANALYSIS

Bill No.: Senate Bill 1202 (As Amended May 29, 2012)

Topic: Dental hygienists

Coauthors: Senators Leno and Wyland

Status: 06/19/2012 From Assembly Committee on Business, Professions & Consumer Protection: Do pass to Committee on Appropriations.

Location: Assembly Appropriations Committee

Summary:

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

1. This bill authorizes the DHCC to issue a special permit to a registered dental hygienist (RDH), licensed in another state, to teach in a dental hygiene program in California without holding a California license upon meeting certain requirements, including the educational and examination requirements and the payment of an application fee for the special permit.
2. This bill recasts the provisions requiring the DHCC to approve an educational program accredited by the Commission on Dental Accreditation to instead make it permissive, that the DHCC may approve such an educational program.
3. This bill authorizes the DHCC to additionally employ examiners to carry out its functions and responsibilities.
4. This bill requires an applicant for a RDH license to complete a Committee-approved instruction in gingival soft tissue curettage, nitrous oxide-oxygen analgesia, and local anesthesia.
5. This bill revises the requirements for issuing a California license to a RDH licensed in another state to require:
 - a. The out-of-state experience to have been obtained in the 5 years immediately preceding the application date.
 - b. Expands the information relating to disciplinary action to include any other state where the applicant was previously issued any professional or vocational license.
 - c. Proof that the applicant has not, more than one time in the prior 5 years, failed the DHCC's clinical examination, the examination given by the Western Regional Examining Board, or any other clinical dental hygiene examination approved by the DHCC.

6. This bill prohibits an applicant for a RDH license who has failed the state clinical examination three times, or who has failed the examination because he or she has imposed gross trauma on a patient from being eligible to take the examination again until the applicant completes remedial education approved by the DHCC.
7. This bill authorizes a registered dental hygienist in advanced practice (RDHAP) to operate a mobile dental hygiene clinic, as specified, and establishes a fee not to exceed \$250.
8. This bill requires a RDHAP to register his or her place or places of practice, within 30 days with the DHCC.
9. This bill authorizes a RDHAP to apply for approval of the DHCC to have an additional place of practice, and establishes a biennial renewal fee.
10. Authorizes the DHCC to seek an injunction against a violation by a RDHAP of the requirement to obtain a prescription prior to rendering services.
11. This bill specifies that providing services without a written prescription on the part of a RDHAP shall constitute unprofessional practice and a cause revocation of suspension of the license.
12. This bill Increases the mandatory continuing education course requirement to not exceed 10 hours per renewal period, and specifies that providers approved by the Dental Board of California may be deemed approved by the DHCC.
13. This bill authorizes the DHCC to adopt by regulation a measure of continued competency as a condition of license renewal.
14. This bill defines "extramural dental facility" to mean any clinical facility employed by an approved dental hygiene educational program for instruction in dental hygiene which exists outside or beyond the walls, boundaries, or precincts of the primary campus of the approved program and in which dental hygiene services are rendered. This bill requires a dental hygiene educational program shall register an extramural dental facility with the DHCC as specified.
15. This bill increases the maximum fee amounts for various fees as follows.
 - a. Application for an original license from \$50 to \$250.
 - b. Biennial license renewal fee from \$80 to \$250.
 - c. Curriculum review and site evaluation for dental hygiene educational programs fee from \$1,400 to \$2,100.

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

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

Analysis:

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

Support and Opposition:

Support :

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

Opposition:

Non on file.

Board Position:

The Board took a "Watch" position on this bill at its May 2012 meeting.

AMENDED IN SENATE MAY 29, 2012
AMENDED IN SENATE MAY 8, 2012
AMENDED IN SENATE APRIL 12, 2012
AMENDED IN SENATE MARCH 29, 2012

SENATE BILL

No. 1202

Introduced by Senators Leno and Wyland

February 22, 2012

An act to amend Sections 1905, 1917, 1917.1, 1931, 1936.1, 1941, and 1944 of, and to add Sections 1902.3, 1917.3, 1926.1, 1926.2, 1926.3, 1926.4, and 1942 to, the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

SB 1202, as amended, Leno. Dental hygienists.

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

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

committee. Existing law authorizes the committee to withdraw or revoke a dental hygiene educational program approval if the program has been placed on probation by the commission. ~~Existing law also authorizes the committee to employ employees and examiners.~~

This bill would eliminate the good standing requirement and would instead authorize any dental hygiene program accredited by the commission to be approved by the committee. The bill would authorize the committee to withdraw or revoke program approval if the commission intends to withdraw or has withdrawn approval. ~~The bill would additionally authorize the committee to employ consultants and would authorize the committee to establish an advisory committee to provide the committee with information about the clinical examination.~~

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

This bill would additionally require an applicant for licensure as a registered dental hygienist to satisfactorily complete committee-approved instruction in gingival soft tissue curettage, nitrous oxide-oxygen analgesia, and local anesthesia. The bill would authorize the committee to issue a special permit to a registered dental hygienist licensed in another state authorizing him or her to teach in a dental hygiene program without being licensed by this state if certain requirements are met, including, but not limited to, the completion of educational requirements and the payment of an application fee, subject to a biennial renewal fee.

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

This bill would require that proof of prior experience to have been obtained at least 5 years immediately preceding the applicant's date of application and would expand that proof relating to disciplinary action

to include any other state where the applicant was previously issued any professional or vocational license.

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

This bill would prohibit an examinee for a registered dental hygiene license who either fails to pass the clinical examination after 3 attempts or fails to pass the clinical examination because he or she imposed gross trauma on a patient from being eligible for further reexamination until the examinee completes specified remedial education.

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

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

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

Existing law provides circumstances under which the committee may revoke or suspend a license to practice dental hygiene.

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

(7) Under existing law, the committee may also, as a condition of license renewal, require licensees to complete a portion of the required continuing education hours in specific areas, and the committee may prescribe this mandatory coursework within the general areas of patient care, health and safety, and law and ethics. Existing law provides that this mandatory coursework shall not exceed 7.5 hours per renewal period. Existing law requires course providers to be approved by the committee and specifies that providers approved by the Dental Board of California shall be deemed approved by the committee.

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

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

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

(9) Existing law declares it is the intent of the Legislature that the committee grant or renew approval of only those educational programs for, among others, a registered dental hygienist that continuously maintain a high quality standard of instruction.

This bill would instead require the committee to grant or renew approval of only those educational programs that meet the standard described above and, where appropriate, meet the minimum standards set by the commission or an equivalent body, as determined by the committee. The bill would require a new educational program for registered dental hygienists, as defined, to also submit a feasibility study demonstrating a need for a new educational program and would require a new educational program to apply to the committee for specified approval prior to seeking initial accreditation from the commission or an equivalent body, as determined by the committee.

(10) This bill would make various technical, nonsubstantive, and conforming changes.

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

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

- 1 SECTION 1. Section 1902.3 is added to the Business and
2 Professions Code, to read:
3 1902.3. A registered dental hygienist licensed in another state
4 may teach in a dental hygiene college without being licensed in
5 this state if he or she has a special permit. The committee may
6 issue a special permit to practice dental hygiene in a discipline at
7 a dental hygiene college in this state to any person who submits
8 an application and satisfies all of the following eligibility
9 requirements:
10 (a) Furnishing satisfactory evidence of having a pending contract
11 with a California dental hygiene college approved by the committee
12 as a full-time or part-time professor, associate professor, assistant
13 professor, faculty member, or instructor.
14 (b) Furnishing satisfactory evidence of having graduated from
15 a dental hygiene college approved by the committee.
16 (c) Furnishing satisfactory evidence of having been certified as
17 a diplomate of a specialty committee or, in lieu thereof, establishing
18 his or her qualifications to take a specialty committee examination
19 or furnishing satisfactory evidence of having completed an
20 advanced educational program in a discipline from a dental hygiene
21 college approved by the committee.

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

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

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

8 1905. (a) The committee shall perform the following functions:

9 (1) Evaluate all registered dental hygienist, registered dental
10 hygienist in alternative practice, and registered dental hygienist in
11 extended functions educational programs that apply for approval
12 and grant or deny approval of those applications in accordance
13 with regulations adopted by the committee. Any such educational
14 programs approved by the dental board on or before June 30, 2009,
15 shall be deemed approved by the committee. Any dental hygiene
16 program accredited by the Commission on Dental Accreditation
17 may be approved.

18 (2) Withdraw or revoke its prior approval of a registered dental
19 hygienist, registered dental hygienist in alternative practice, or
20 registered dental hygienist in extended functions educational
21 program in accordance with regulations adopted by the committee.
22 The committee may withdraw or revoke a dental hygiene program
23 approval if the Commission on Dental Accreditation has indicated
24 an intent to withdraw approval or has withdrawn approval.

25 (3) Review and evaluate all registered dental hygienist,
26 registered dental hygienist in alternative practice, and registered
27 dental hygienist in extended functions applications for licensure
28 to ascertain whether the applicant meets the appropriate licensing
29 requirements specified by statute and regulations, maintain
30 application records, cashier application fees, issue and renew
31 licenses, and perform any other tasks that are incidental to the
32 application and licensure processes.

33 (4) Determine the appropriate type of license examination
34 consistent with the provisions of this article, and develop or cause
35 to be developed and administer examinations in accordance with
36 regulations adopted by the committee.

37 (5) Determine the amount of fees assessed under this article,
38 not to exceed the actual cost.

39 (6) Determine and enforce the continuing education
40 requirements specified in Section 1936.1.

1 (7) Deny, suspend, or revoke a license under this article, or
2 otherwise enforce the provisions of this article. Any such
3 proceedings shall be conducted in accordance with Chapter 5
4 (commencing with Section 11500) of Part 1 of Division 3 of Title
5 2 of the Government Code, and the committee shall have all of
6 the powers granted therein.

7 (8) Make recommendations to the dental board regarding dental
8 hygiene scope of practice issues.

9 (9) Adopt, amend, and revoke rules and regulations to implement
10 the provisions of this article, including the amount of required
11 supervision by a registered dental hygienist, a registered dental
12 hygienist in alternative practice, or a registered dental hygienist
13 in extended functions of a registered dental assistant.

14 (b) The committee may employ employees; ~~and~~ examiners; ~~and~~
15 ~~consultants~~ that it deems necessary to carry out its functions and
16 responsibilities under this article.

17 ~~(e) The committee may establish an advisory committee to~~
18 ~~provide information about the clinical examination to the~~
19 ~~committee as requested by the committee.~~

20 SEC. 3. Section 1917 of the Business and Professions Code is
21 amended to read:

22 1917. The committee shall grant initial licensure as a registered
23 dental hygienist to a person who satisfies all of the following
24 requirements:

25 (a) Completion of an educational program for registered dental
26 hygienists, approved by the committee, accredited by the
27 Commission on Dental Accreditation, and conducted by a
28 degree-granting, postsecondary institution.

29 (b) Satisfactory performance on the state clinical examination,
30 or satisfactory completion of the dental hygiene examination given
31 by the Western Regional Examining Board or any other clinical
32 dental hygiene examination approved by the committee.

33 (c) Satisfactory completion of the National Dental Hygiene
34 Board Examination.

35 (d) Satisfactory completion of the examination in California
36 law and ethics as prescribed by the committee.

37 (e) Submission of a completed application form and all fees
38 required by the committee.

1 (f) Satisfactory completion of committee-approved instruction
2 in gingival soft tissue curettage, nitrous oxide-oxygen analgesia,
3 and local anesthesia.

4 SEC. 4. Section 1917.1 of the Business and Professions Code
5 is amended to read:

6 1917.1. (a) The committee may grant a license as a registered
7 dental hygienist to an applicant who has not taken a clinical
8 examination before the committee, if the applicant submits all of
9 the following to the committee:

10 (1) A completed application form and all fees required by the
11 committee.

12 (2) Proof of a current license as a registered dental hygienist
13 issued by another state that is not revoked, suspended, or otherwise
14 restricted.

15 (3) Proof that the applicant has been in clinical practice as a
16 registered dental hygienist or has been a full-time faculty member
17 in an accredited dental hygiene education program for a minimum
18 of 750 hours per year for at least five years immediately preceding
19 the date of his or her application under this section. The clinical
20 practice requirement shall be deemed met if the applicant provides
21 proof of at least three years of clinical practice and commits to
22 completing the remaining two years of clinical practice by filing
23 with the committee a copy of a pending contract to practice dental
24 hygiene in any of the following facilities:

25 (A) A primary care clinic licensed under subdivision (a) of
26 Section 1204 of the Health and Safety Code.

27 (B) A primary care clinic exempt from licensure pursuant to
28 subdivision (c) of Section 1206 of the Health and Safety Code.

29 (C) A clinic owned or operated by a public hospital or health
30 system.

31 (D) A clinic owned and operated by a hospital that maintains
32 the primary contract with a county government to fill the county's
33 role under Section 17000 of the Welfare and Institutions Code.

34 (4) Satisfactory performance on a California law and ethics
35 examination and any examination that may be required by the
36 committee.

37 (5) Proof that the applicant has not been subject to disciplinary
38 action by any state in which he or she is or has been previously
39 issued any professional or vocational license. If the applicant has
40 been subject to disciplinary action, the committee shall review that

1 action to determine if it warrants refusal to issue a license to the
2 applicant.

3 (6) Proof of graduation from a school of dental hygiene
4 accredited by the Commission on Dental Accreditation.

5 (7) Proof of satisfactory completion of the National Dental
6 Hygiene Board Examination and of a state clinical examination,
7 regional clinical licensure examination, or any other clinical dental
8 hygiene examination approved by the committee.

9 (8) Proof that the applicant has not failed the state clinical
10 examination, the examination given by the Western Regional
11 Examining Board, or any other clinical dental hygiene examination
12 approved by the committee for licensure to practice dental hygiene
13 under this chapter more than once or once within five years prior
14 to the date of his or her application for a license under this section.

15 (9) Documentation of completion of a minimum of 25 units of
16 continuing education earned in the two years preceding application,
17 including completion of any continuing education requirements
18 imposed by the committee on registered dental hygienists licensed
19 in this state at the time of application.

20 (10) Any other information as specified by the committee to
21 the extent that it is required of applicants for licensure by
22 examination under this article.

23 (b) The committee may periodically request verification of
24 compliance with the requirements of paragraph (3) of subdivision
25 (a), and may revoke the license upon a finding that the employment
26 requirement or any other requirement of paragraph (3) of
27 subdivision (a) has not been met.

28 (c) The committee shall provide in the application packet to
29 each out-of-state dental hygienist pursuant to this section the
30 following information:

31 (1) The location of dental manpower shortage areas in the state.

32 (2) Any not-for-profit clinics, public hospitals, and accredited
33 dental hygiene education programs seeking to contract with
34 licensees for dental hygiene service delivery or training purposes.

35 (d) The committee shall review the impact of this section on
36 the availability of actively practicing registered dental hygienists
37 in California and report to the appropriate policy and fiscal
38 committees of the Legislature by January 1, 2012. The report shall
39 include a separate section providing data specific to registered
40 dental hygienists who intend to fulfill the alternative clinical

1 practice requirements of subdivision (a). The report shall include,
2 but shall not be limited to, the following:

3 (1) The number of applicants from other states who have sought
4 licensure.

5 (2) The number of registered dental hygienists from other states
6 licensed pursuant to this section, the number of licenses not
7 granted, and the reason why the license was not granted.

8 (3) The practice location of registered dental hygienists licensed
9 pursuant to this section. In identifying a registered dental
10 hygienist’s location of practice, the committee shall use medical
11 service study areas or other appropriate geographic descriptions
12 for regions of the state.

13 (4) The number of registered dental hygienists licensed pursuant
14 to this section who establish a practice in a rural area or in an area
15 designated as having a shortage of practicing registered dental
16 hygienists or no registered dental hygienists or in a safety net
17 facility identified in paragraph (3) of subdivision (a).

18 (5) The length of time registered dental hygienists licensed
19 pursuant to this section practiced in the reported location.

20 SEC. 5. Section 1917.3 is added to the Business and Professions
21 Code, to read:

22 1917.3. Notwithstanding Section 135, an examinee for a
23 registered dental hygienist license who either fails to pass the
24 clinical examination required by Section 1917 after three attempts
25 or fails to pass the clinical examination as a result of a single
26 incidence of imposing gross trauma on a patient shall not be
27 eligible for further reexamination until the examinee has
28 successfully completed remedial education at an approved dental
29 hygiene program or a comparable organization approved by the
30 committee.

31 SEC. 6. Section 1926.1 is added to the Business and Professions
32 Code, to read:

33 1926.1. Notwithstanding any other provision of law, a
34 registered dental hygienist in alternative practice may operate a
35 mobile dental hygiene clinic provided by his or her property and
36 casualty insurer as a temporary substitute site for the practice
37 registered by him or her pursuant to Section 1926.3, if both of the
38 following requirements are met:

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

1 (b) The licensee’s insurer registers the mobile dental hygiene
2 clinic with the committee in compliance with Section 1926.3.

3 SEC. 7. Section 1926.2 is added to the Business and Professions
4 Code, to read:

5 1926.2. (a) Notwithstanding any other provision of law, a
6 registered dental hygienist in alternative practice may operate one
7 mobile dental hygiene clinic registered as a dental hygiene office
8 or facility. The owner or operator of the mobile dental hygiene
9 clinic or unit shall be registered and operated in accordance with
10 regulations established by the committee, which regulations shall
11 not be designed to prevent or lessen competition in service areas,
12 and shall pay the fees described in Section 1944.

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

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

27 SEC. 8. Section 1926.3 is added to the Business and Professions
28 Code, to read:

29 1926.3. Every person who is now or hereafter licensed as a
30 registered dental hygienist in alternative practice in this state shall
31 register with the executive officer, on forms prescribed by the
32 committee, his or her place of practice, or, if he or she has more
33 than one place of practice pursuant to Section 1926.4, all of the
34 places of practice. If he or she has no place of practice, he or she
35 shall so notify the executive officer. A person licensed by the
36 committee shall register with the executive officer within 30 days
37 after the date of the issuance of his or her license as a registered
38 dental hygienist in alternative practice.

39 SEC. 9. Section 1926.4 is added to the Business and Professions
40 Code, to read:

1 1926.4. When a registered dental hygienist in alternative
2 practice desires to have more than one place of practice, he or she
3 shall, prior to the opening of the additional office, apply to the
4 committee, pay the fee required by Section 1944, and obtain
5 permission in writing from the committee to have the additional
6 place of practice, subject to a biennial renewal fee described in
7 Section 1944.

8 SEC. 10. Section 1931 of the Business and Professions Code
9 is amended to read:

10 1931. (a) (1) A dental hygienist in alternative practice may
11 provide services to a patient without obtaining written verification
12 that the patient has been examined by a dentist or physician and
13 surgeon licensed to practice in this state.

14 (2) If the dental hygienist in alternative practice provides
15 services to a patient 18 months or more after the first date that he
16 or she provides services to a patient, he or she shall obtain written
17 verification that the patient has been examined by a dentist or
18 physician and surgeon licensed to practice in this state. The
19 verification shall include a prescription for dental hygiene services
20 as described in subdivision (b).

21 (b) A registered dental hygienist in alternative practice may
22 provide dental hygiene services for a patient who presents to the
23 registered dental hygienist in alternative practice a written
24 prescription for dental hygiene services issued by a dentist or
25 physician and surgeon licensed to practice in this state. The
26 prescription shall be valid for a time period based on the dentist's
27 or physician and surgeon's professional judgment, but not to exceed
28 two years from the date it was issued.

29 (c) (1) The committee may seek to obtain an injunction against
30 any registered dental hygienist in alternative practice who provides
31 services pursuant to this section, if the committee has reasonable
32 cause to believe that the services are being provided to a patient
33 who has not received a prescription for those services from a dentist
34 or physician and surgeon licensed to practice in this state.

35 (2) Providing services pursuant to this section without obtaining
36 a prescription in accordance with subdivision (b) shall constitute
37 unprofessional conduct on the part of the registered dental hygienist
38 in alternative practice, and reason for the committee to revoke or
39 suspend the license of the registered dental hygienist in alternative
40 practice pursuant to Section 1947.

1 SEC. 11. Section 1936.1 of the Business and Professions Code
2 is amended to read:

3 1936.1. (a) If the committee determines that the public health
4 and safety would be served by requiring all holders of licenses
5 under this article to continue their education after receiving a
6 license, the committee may require, as a condition of license
7 renewal, that licensees submit assurances satisfactory to the
8 committee that they will, during the succeeding two-year period,
9 inform themselves of the developments in the practice of dental
10 hygiene occurring since the original issuance of their licenses by
11 pursuing one or more courses of study satisfactory to the
12 committee, or by other means deemed equivalent by the committee.
13 The committee shall adopt, amend, and revoke regulations
14 providing for the suspension of the licenses at the end of the
15 two-year period until compliance with the assurances provided for
16 in this section is accomplished.

17 (b) The committee may also, as a condition of license renewal,
18 require licensees to successfully complete a portion of the required
19 continuing education hours in specific areas adopted in regulations
20 by the committee. The committee may prescribe this mandatory
21 coursework within the general areas of patient care, health and
22 safety, and law and ethics. The mandatory coursework prescribed
23 by the committee shall not exceed 10 hours per renewal period.
24 Any mandatory coursework required by the committee shall be
25 credited toward the continuing education requirements established
26 by the committee pursuant to subdivision (a).

27 (c) The committee may also adopt by regulation a measure of
28 continued competency as a condition of license renewal.

29 (d) The providers of courses referred to in this section shall be
30 approved by the committee. Providers approved by the board may
31 be deemed approved by the committee.

32 SEC. 12. Section 1941 of the Business and Professions Code
33 is amended to read:

34 1941. (a) The committee shall grant or renew approval of only
35 those educational programs for a registered dental hygienist, a
36 registered dental hygienist in alternative practice, or a registered
37 dental hygienist in extended functions that continuously maintain
38 a high quality standard of instruction and, where appropriate, meet
39 the minimum standards set by the Commission on Dental

1 Accreditation of the American Dental Association or an equivalent
2 body, as determined by the committee.

3 (b) A new educational program for registered dental hygienists
4 shall submit a feasibility study demonstrating a need for a new
5 educational program and shall apply for approval from the
6 committee prior to seeking approval for initial accreditation from
7 the Commission on Dental Accreditation of the American Dental
8 Association or an equivalent body, as determined by the committee.
9 The committee may approve, provisionally approve, or deny
10 approval of any such new educational program.

11 (c) For purposes of this section, a new educational program for
12 registered dental hygienists means a program provided by a college
13 or institution of higher education that is accredited by a regional
14 accrediting agency recognized by the United States Department
15 of Education and that has as its primary purpose providing college
16 level courses leading to an associate or higher degree, that is either
17 affiliated with or conducted by a dental school approved by the
18 dental board, or that is accredited to offer college level or college
19 parallel programs by the Commission on Dental Accreditation of
20 the American Dental Association or an equivalent body, as
21 determined by the committee.

22 SEC. 13. Section 1942 is added to the Business and Professions
23 Code, to read:

24 1942. (a) As used in this article “extramural dental facility”
25 means any clinical facility that has contracted with an approved
26 dental hygiene educational program for instruction in dental
27 hygiene, that exists outside or beyond the walls, boundaries, or
28 precincts of the primary campus of the approved program, and in
29 which dental hygiene services are rendered.

30 (b) An approved dental hygiene educational program shall
31 register an extramural dental facility with the committee. That
32 registration shall be accompanied by information supplied by the
33 dental hygiene program pertaining to faculty supervision, scope
34 of treatment to be rendered, name and location of the facility, date
35 on which the operation will commence, discipline of which the
36 instruction is a part, and a brief description of the equipment and
37 facilities available. The foregoing information shall be
38 supplemented by a copy of the agreement between the approved
39 dental hygiene educational program or parent university, and the
40 affiliated institution establishing the contractual relationship. Any

1 change in the information initially provided to the committee shall
2 be communicated to the committee.

3 SEC. 14. Section 1944 of the Business and Professions Code
4 is amended to read:

5 1944. (a) The committee shall establish by resolution the
6 amount of the fees that relate to the licensing of a registered dental
7 hygienist, a registered dental hygienist in alternative practice, and
8 a registered dental hygienist in extended functions. The fees
9 established by board resolution in effect on June 30, 2009, as they
10 relate to the licensure of registered dental hygienists, registered
11 dental hygienists in alternative practice, and registered dental
12 hygienists in extended functions, shall remain in effect until
13 modified by the committee. The fees are subject to the following
14 limitations:

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

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

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

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

26 (5) The fee for examination for licensure as a registered dental
27 hygienist in alternative practice shall not exceed the actual cost of
28 administering the examination.

29 (6) The biennial renewal fee shall not exceed two hundred fifty
30 dollars (\$250).

31 (7) The delinquency fee shall not exceed one-half of the renewal
32 fee. Any delinquent license may be restored only upon payment
33 of all fees, including the delinquency fee, and compliance with all
34 other applicable requirements of this article.

35 (8) The fee for issuance of a duplicate license to replace one
36 that is lost or destroyed, or in the event of a name change, shall
37 not exceed twenty-five dollars (\$25) or one-half of the renewal
38 fee, whichever is greater.

39 (9) The fee for certification of licensure shall not exceed the
40 renewal fee.

1 (10) The fee for each curriculum review and site evaluation for
2 educational programs for dental hygienists who are not accredited
3 by a committee-approved agency shall not exceed two thousand
4 one hundred dollars (\$2,100).

5 (11) The fee for each review of courses required for licensure
6 that are not accredited by a committee-approved agency, the
7 Council for Private Postsecondary and Vocational Education, or
8 the Chancellor's Office of the California Community Colleges
9 shall not exceed three hundred dollars (\$300).

10 (12) The initial application and biennial fee for a provider of
11 continuing education shall not exceed five hundred dollars (\$500).

12 (13) The amount of fees payable in connection with permits
13 issued under Section 1962 is as follows:

14 (A) The initial permit fee is an amount equal to the renewal fee
15 for the applicant's license to practice dental hygiene in effect on
16 the last regular renewal date before the date on which the permit
17 is issued.

18 (B) If the permit will expire less than one year after its issuance,
19 then the initial permit fee is an amount equal to 50 percent of the
20 renewal fee in effect on the last regular renewal date before the
21 date on which the permit is issued.

22 (b) The renewal and delinquency fees shall be fixed by the
23 committee by resolution at not more than the current amount of
24 the renewal fee for a license to practice under this article nor less
25 than five dollars (\$5).

26 (c) Fees fixed by the committee by resolution pursuant to this
27 section shall not be subject to the approval of the Office of
28 Administrative Law.

29 (d) Fees collected pursuant to this section shall be collected by
30 the committee and deposited into the State Dental Hygiene Fund,
31 which is hereby created. All money in this fund shall, upon
32 appropriation by the Legislature in the annual Budget Act, be used
33 to implement the provisions of this article.

34 (e) No fees or charges other than those listed in this section shall
35 be levied by the committee in connection with the licensure of
36 registered dental hygienists, registered dental hygienists in
37 alternative practice, or registered dental hygienists in extended
38 functions.

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

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

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

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

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

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

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

DENTAL BOARD OF CALIFORNIA BILL ANALYSIS

Bill No.: Senate Bill 1575 (As Amended June 28, 2012)

Topic: Professions and Vocations

Coauthors: Senate Committee on Business, Professions and Economic Development

Status: 6/28/2012 In Assembly. Read second time and amended. Re-referred to Committee on Appropriations.

Location: Assembly Appropriations Committee

Summary:

This bill makes several non-controversial, minor, non-substantive, or technical changes to various provisions of the Business and Professions Code (Code) pertaining to healing arts boards within the Department of Consumer Affairs. Specifically, this bill makes changes to provisions within the Dental Practice relating to the Dental Board of California (Board) and the Dental Hygiene Committee of California (DHCC).

Analysis:

This bill revises eligibility requirements for a person applying for a special permit with the Board to allow for alternative eligibility for a person who completes an advanced education program accredited by the Commission on Dental Accreditation of the American Dental Association or a national accrediting body approved by the Board.

This bill deletes obsolete references in Code section 1715.5. When enacted into law, Code Section 1715.5 applied to the Board and the Committee on Dental Auxiliaries (COMDA). Subdivision (f) specifies that if COMDA ceases to exist, the responsibility of collecting licensure data shall be transferred to the successor entity or entities responsible for licensing registered dental hygienists and registered dental assistants. Since the enactment of AB 269, COMDA has been abolished; the responsibility of regulating the practice of dental assisting has been placed on the Dental Board and the responsibility of regulating the practice of dental hygiene has been placed on the DHCC. These amendments clarify the Board's role in the collection of the specified information.

This bill would add Code Section 1902.2 to specify requirements for the reporting of licensure data relative to dental hygienists. This clarifies that the DHCC is the entity responsible for collecting licensure data for dental hygienists. If possible, the Board may wish to consider proposing technical clean-up language to Code Section 1715.5 to clarify that the Board is the entity responsible for collecting licensure data for dentists and dental assistants.

This bill would repeal Code Section 1909.5 and delete the requirement that courses for instruction for direct supervision duties added to the scope of practice of dental hygiene on or after July 1, 2009, shall be submitted by the DHCC for approval by the Dental Board.

This bill would make technical amendments to Code Section 1934 to specify that licensees are required to notify the DHCC within 30 days if a licensee changes their physical address of record or e-mail address.

This bill would add Code Section 1942 to define “extramural dental facility” and specify requirements for the registration of extramural dental facilities in relation to dental hygiene educational programs. This proposed language emulates the Board’s regulatory language contained in Cal. Code of Regs., Title 16, Sections 1070.1(c) and 1025(d).

This bill would amend Code Section 1950.5 relating to unprofessional conduct. This bill would add Code Section 1958.1 to authorize the DHCC deny, revoke, or suspend a license of an individual who is required to register as a sex offender.

Support and Opposition:

Support :

Board of Behavioral Sciences
Medical Board of California

Opposition:

None on file.

Board Position:

The Board took a position of “Oppose unless Code sections 1715.5 and 1950.5 are amended”. Subsequent to the last meeting, the Senate Committee on Business, Professions, and Economic Development worked with Board staff and both sections have been amended.

AMENDED IN ASSEMBLY JUNE 28, 2012

AMENDED IN ASSEMBLY JUNE 20, 2012

AMENDED IN ASSEMBLY JUNE 12, 2012

AMENDED IN SENATE APRIL 16, 2012

SENATE BILL

No. 1575

Introduced by Committee on Business, Professions and Economic Development (Senators Price (Chair), Corbett, Correa, Emmerson, Hernandez, Negrete McLeod, Strickland, Vargas, and Wyland)

March 12, 2012

An act to amend Sections 1640, 1715.5, 1934, 1950.5, 2021, 2064, 2184, 2220, 2424, 2516, 2518, 2570.13, 2904.5, 3057.5, 3742, 3750, 3750.5, 4209, 4980.04, 4980.34, 4980.397, 4980.398, 4980.399, 4980.40, 4980.43, 4980.44, 4980.48, 4980.50, 4980.78, 4980.80, 4984.01, 4984.4, 4984.7, 4984.72, 4989.16, 4989.42, 4992.05, 4992.07, 4992.09, 4992.1, 4996.1, 4996.3, 4996.4, 4996.6, 4996.28, 4999.22, 4999.32, 4999.45, 4999.46, 4999.50, 4999.52, 4999.53, 4999.55, 4999.57, 4999.58, 4999.59, 4999.62, 4999.63, 4999.64, 4999.76, 4999.90, 4999.100, 4999.106, and 4999.120 of, to add Sections 1902.2, 1942, 1958.1, and 4300.1 to, and to repeal Section 1909.5 of, the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 1575, as amended, Committee on Business, Professions and Economic Development. Professions and vocations.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs.

(1) Existing law, the Dental Practice Act, provides for the licensure and regulation of the practice of dentistry by the Dental Board of California within the Department of Consumer Affairs. Existing law establishes the Dental Hygiene Committee of California under the jurisdiction of the board and provides for the licensure and regulation of the practice of dental hygienists by the committee.

This bill would require dental hygienists, upon initial licensure and renewal, to report their employment status to the committee and would require that information to be posted on the committee's Internet Web site. This bill would also require an approved dental hygiene education program to register extramural dental facilities, as defined, with the committee.

Existing law provides that a dental hygienist may have his or her license suspended or revoked by the board for committing acts of unprofessional conduct, as defined.

This bill would include within the definition of unprofessional conduct the aiding or abetting of the unlicensed or unlawful practice of dental hygiene.

Existing law authorizes the committee to deny an application for licensure or to revoke or suspend a license for specified reasons.

This bill would require the committee to deny a license or renewal of a license to any person who is required by law to register as a sex offender.

Existing law authorizes the Dental Board of California to issue a special permit to persons meeting certain requirements, including furnishing satisfactory evidence of having graduated from a dental college.

This bill would allow that requirement to also be met through completion of an accredited advanced education program.

The bill would delete obsolete references.

(2) Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under existing law, the board issues a physician and surgeon's certificate to a licensed physician and surgeon. Existing law provides for the licensure and regulation of the practice of podiatric medicine by the California Board of Podiatric Medicine within the Medical Board of California.

Existing law requires the Medical Board of California and the California Board of Podiatric Medicine to provide written notification

by certified mail to any physician and surgeon or podiatrist who does not renew his or her license within 60 days of expiration.

This bill would require the Medical Board of California and the California Board of Podiatric Medicine to provide that written notification either by certified mail or by electronic mail if requested by the licensee. The bill would require the Medical Board of California to annually send an electronic notice to all licensees and applicants requesting confirmation that his or her electronic mail address is current.

Existing law authorizes the Medical Board of California to take action against all persons guilty of violating the Medical Practice Act. Existing law requires the Medical Board of California to enforce and administer various disciplinary provisions as to physician and surgeon certificate holders.

This bill would specify that those certificate holders include those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders.

(3) Existing law, the Licensed Midwifery Practice Act of 1993, provides for the licensure and regulation of the practice of licensed midwifery by the Medical Board of California. A violation of the act is a crime. Under existing law, these licenses are subject to biennial renewal that includes the payment of a specified fee and the completion of specified continuing education.

This bill would exempt a licensee from those renewal requirements if the licensee has applied to the board and has been issued a retired status license. The bill would prohibit the holder of a retired status license from engaging in the practice of midwifery. Because a violation of that prohibition would constitute a crime, the bill would impose a state-mandated local program.

(4) Existing law, the Occupational Therapy Practice Act, requires the California Board of Occupational Therapy to ensure proper supervision of occupational therapy assistants and aides. An aide is required to be supervised by an occupational therapist.

This bill would also provide for an aide to be supervised by an occupational therapy assistant.

(5) Existing law, the Psychology Licensing Law, provides for the licensure and regulation of psychologists by the Board of Psychology. Existing law provides that a licensed psychologist is a health care practitioner for purposes of specified telehealth provisions that concern

the delivery of health care via information and communication technologies.

This bill would instead provide that a licensed psychologist is a health care provider subject to those telehealth provisions.

(6) Existing law, the Respiratory Care Practice Act, provides for the licensure and regulation of the practice of respiratory care by the Respiratory Care Board of California.

Under existing law, during the period of any clinical training, a student respiratory care practitioner is required to be under the direct supervision, as defined, of a person holding a valid and current license.

This bill would require such a student to be under the direct supervision of a person with a valid, current, and unrestricted license.

Existing law authorizes the board to order the denial, suspension, or revocation of, or the imposition of probationary conditions upon, a license for specified causes including a pattern of substandard care.

This bill would expand that provision to also include negligence in the licensee's practice as a respiratory care practitioner, or in any capacity as a health care worker, consultant, supervisor, manager or health facility owner, or as a party responsible for the care of another.

Existing law authorizes the board to deny, suspend, place on probation, or revoke the license of any applicant or licenseholder who has obtained, possessed, used, or administered to himself or herself, or furnished or administered to another, any controlled substances or dangerous drug, except as directed by a specified health care provider.

This bill would also make illegally possessing any associated paraphernalia a ground for the denial, suspension, placing on probation, or revocation of a license.

(7) Existing law, the Pharmacy Law, provides for the California State Board of Pharmacy within the Department of Consumer Affairs, to license and regulate the practice of pharmacy.

Existing law authorizes the board to suspend or revoke a license if the holder has been convicted of certain crimes or has engaged in unprofessional conduct, as specified.

This bill would modify the practice requirements applicable to intern pharmacists. The bill would also provide that the board continues to have jurisdiction in a disciplinary action against a licensee, even if the license is expired, canceled, forfeited, suspended, revoked, placed on retired status, or voluntarily surrendered.

(8) Under existing law, the Board of Behavioral Sciences is responsible for the licensure and regulation of marriage and family

therapists, licensed educational psychologists, licensed clinical social workers, and licensed professional clinical counselors.

Under existing law, a license that is not renewed within 3 years after its expiration may not be renewed. However, the former licensee is authorized to apply for and obtain a new license if certain requirements are met, including, but not limited to, passing one or more current licensing examinations, as specified and submitting certain fees.

This bill would additionally require a former licensee to comply with the fingerprint requirements established by board regulation or as directed by the board. The bill would make other technical and clarifying changes.

Existing law makes various changes to the licensing and associated examination requirements for marriage and family therapists, clinical social workers, and professional clinical counselors, effective January 1, 2013.

This bill would delay the implementation of these and other related changes until January 1, 2014.

(9) Existing law, the Marriage and Family Therapist Act, with respect to applicants for licensure or registration by reciprocity or for those applicants who obtained education or experience outside of California that apply on and after January 1, 2014, existing law provides that education is substantially equivalent if certain requirements are met, including the completion of a course in California law and professional ethics.

This bill would require that course to be 18 hours in length.

For persons who apply for licensure between January 1, 2010, and December 31, 2013, existing law authorizes the board to issue a license to a person who holds a valid license from another state if certain requirements are met, including the completion of specified coursework or training. Existing law provides that an applicant who completed a specified course in law and professional ethics is required to complete an 18-hour course in California law and professional ethics.

This bill would instead specify that an 18-hour course in California law and professional ethics is only required if the above specified course in law and professional ethics does not meet certain requirements. The bill would make other technical changes to those provisions.

The bill would rename the act as the Licensed Marriage and Family Therapist Act.

(10) Existing law, the Licensed Professional Clinical Counselor Act, provides for the licensure and regulation of the practice of professional clinical counseling by the Board of Behavioral Sciences.

Under existing law, to qualify for registration, an intern applicant is required to meet certain qualifications. With respect to applicants for registration who began graduate study before August 1, 2012, and complete study on or before December 31, 2018, an applicant is required to complete a minimum of 18 contact hours of instruction in California law and professional ethics prior to registration as an intern.

This bill would describe the content of that instruction for professional clinical counselors.

Existing law authorizes the board to refuse to issue any registration or license, or to suspend or revoke the registration or license of any intern or licensed professional clinical counselor, if the applicant, licensee, or registrant has been guilty of unprofessional conduct that includes, but is not limited to, the conviction of more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of specified substances, or any combination thereof.

This bill would delete the conviction of more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of specified substances, or any combination thereof, from the list of what constitutes professional conduct. The bill would make it unprofessional conduct to willfully violate specified provisions governing patient access to health care records.

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

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

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

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

- 1 SECTION 1. Section 1640 of the Business and Professions
- 2 Code is amended to read:
- 3 1640. Any person meeting all the following eligibility
- 4 requirements may apply for a special permit:

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

4 (b) Furnishing satisfactory evidence of having graduated from
5 a dental college approved by the board, or of having completed
6 an advanced education program accredited by either the
7 Commission on Dental Accreditation of the American Dental
8 Association or a national accrediting body approved by the board.

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

15 (d) Furnishing satisfactory evidence of successfully completing
16 an examination in California law and ethics developed and
17 administered by the board.

18 (e) Paying a fee for applications as provided by this chapter.

19 *SEC. 2. Section 1715.5 of the Business and Professions Code*
20 *is amended to read:*

21 1715.5. (a) A licensee shall, upon his or her initial licensure
22 and any subsequent application for renewal, report the completion
23 of any advanced educational program accredited by the Committee
24 on Dental Accreditation in a dental specialty recognized by the
25 American Dental Association.

26 (b) The licensee shall also report, upon his or her initial licensure
27 and any subsequent application for renewal, the practice or
28 employment status of the licensee, designated as one of the
29 following:

30 (1) Full-time practice or employment in a dental practice of 32
31 hours per week or more in California. This reporting requirement
32 shall also apply to a dental auxiliary licensee.

33 (2) Full-time practice or employment in a dental practice outside
34 of California.

35 (3) Part-time practice or employment in a dental practice for
36 less than 32 hours per week in California.

37 (4) Dental administrative employment that does not include
38 direct patient care, as may further be defined by the board.

39 (5) Retired.

1 (6) Other practice or employment status, as may be further
2 defined by the board.

3 (c) Information collected pursuant to subdivision (b) shall be
4 posted on the Internet Web site of the board or the Committee on
5 Dental Auxiliaries (COMDA), as appropriate.

6 (d) (1) A licensee, ~~including a dental auxiliary licensee,~~ may
7 report, in his or her application for renewal, and the board or
8 COMDA, as appropriate shall collect, information regarding the
9 licensee’s cultural background and foreign language proficiency.
10 This requirement shall be phased in by January 1, 2009, as provided
11 in paragraph (2):

12 ~~(2) Prior to collecting information beginning on January 1, 2009,~~
13 ~~pursuant to this subdivision, the board and COMDA shall, on or~~
14 ~~before the preceding March 1, prepare the survey questions and~~
15 ~~prepare for a test run of dental students to ensure the efficiency of~~
16 ~~the data being collected. On or before the preceding July 1, the~~
17 ~~board and COMDA shall advise their licensees that they are~~
18 ~~collecting this data before commencing collection of data under~~
19 ~~this subdivision. On or before the preceding October 1, the board~~
20 ~~and COMDA shall conduct the test run of dental students and make~~
21 ~~appropriate changes to the survey questions prior to data collection~~
22 ~~implementation.~~

23 ~~(3)~~

24 (2) Information collected pursuant to this subdivision shall be
25 aggregated on an annual basis, based on categories utilized by the
26 board and COMDA in the collection of the data, into both statewide
27 totals and ZIP Code of primary practice or employment location
28 totals.

29 ~~(4)~~

30 (3) Aggregated information under this subdivision shall be
31 compiled annually, and reported on the Internet Web site of the
32 board or COMDA, as appropriate, on or before July 1 of each year.

33 (e) ~~It is the intent of the Legislature to utilize moneys in the~~
34 ~~State Dental Auxiliary Fund to pay any cost incurred by the~~
35 ~~Committee on Dental Auxiliaries in implementing this section.~~

36 (f) ~~If COMDA ceases to exist, the responsibilities placed upon~~
37 ~~it by this section shall be transferred to the successor entity or~~
38 ~~entities responsible for licensing registered dental hygienists and~~
39 ~~registered dental assistants.~~

1 ~~SEC. 2.~~

2 SEC. 3. Section 1902.2 is added to the Business and Professions
3 Code, to read:

4 1902.2. (a) A licensee shall report, upon his or her initial
5 licensure and any subsequent application for renewal or inactive
6 license, the practice or employment status of the licensee,
7 designated as one of the following:

8 (1) Full-time practice or employment in a dental or dental
9 hygiene practice of 32 hours per week or more in California.

10 (2) Full-time practice or employment in a dental or dental
11 hygiene practice of 32 hours or more outside of California.

12 (3) Part-time practice or employment in a dental or dental
13 hygiene practice for less than 32 hours per week in California.

14 (4) Part-time practice or employment in a dental or dental
15 hygiene practice for less than 32 hours per week outside of
16 California.

17 (5) Dental hygiene administrative employment that does not
18 include direct patient care, as may be further defined by the
19 committee.

20 (6) Retired.

21 (7) Other practice or employment status, as may be further
22 defined by the committee.

23 (b) Information collected pursuant to subdivision (a) shall be
24 posted on the Internet Web site of the committee.

25 (c) (1) A licensee may report on his or her application for
26 renewal, and the committee, as appropriate, shall collect,
27 information regarding the licensee's cultural background and
28 foreign language proficiency.

29 (2) Information collected pursuant to this subdivision shall be
30 aggregated on an annual basis, based on categories utilized by the
31 committee in the collection of the data, into both statewide totals
32 and ZIP Code of primary practice or employment location totals.

33 (3) Aggregated information under this subdivision shall be
34 compiled annually, and reported on the Internet Web site of the
35 committee as appropriate, on or before July 1 of each year.

36 (d) It is the intent of the Legislature to utilize moneys in the
37 State Dental Hygiene Fund to pay any cost incurred by the
38 committee in implementing this section.

1 ~~SEC. 3.~~

2 *SEC. 4.* Section 1909.5 of the Business and Professions Code
3 is repealed.

4 ~~SEC. 4.~~

5 *SEC. 5.* Section 1934 of the Business and Professions Code is
6 amended to read:

7 1934. A licensee who changes his or her physical address of
8 record or email address shall notify the committee within 30 days
9 of the change. A licensee who changes his or her legal name shall
10 provide the committee with documentation of the change within
11 10 days.

12 ~~SEC. 5.~~

13 *SEC. 6.* Section 1942 is added to the Business and Professions
14 Code, to read:

15 1942. (a) As used in this section “extramural dental facility”
16 means any clinical facility employed by an approved dental hygiene
17 educational program for instruction in dental hygiene that exists
18 outside or beyond the walls, boundaries, or precincts of the primary
19 campus of the approved program and in which dental hygiene
20 services are rendered.

21 (b) An approved dental hygiene educational program shall
22 register extramural dental facilities with the committee. The
23 registration shall be accompanied by information supplied by the
24 dental hygiene program pertaining to faculty supervision, scope
25 of treatment to be rendered, name and location of the facility, date
26 operation will commence, discipline of which such instruction is
27 a part, and a brief description of the equipment and facilities
28 available. That information shall be supplemented by a copy of
29 the agreement between the approved dental hygiene educational
30 program or parent university and the affiliated institution
31 establishing the contractual relationship. Any change in the
32 information provided to the committee shall be communicated to
33 the committee.

34 ~~SEC. 6.~~

35 *SEC. 7.* Section 1950.5 of the Business and Professions Code
36 is amended to read:

37 1950.5. Unprofessional conduct by a person licensed under
38 this article is defined as, but is not limited to, any one of the
39 following:

40 (a) The obtaining of any fee by fraud or misrepresentation.

1 (b) The aiding or abetting of any unlicensed person to practice
2 dentistry or dental hygiene.

3 (c) The aiding or abetting of a licensed person to practice
4 dentistry or dental hygiene unlawfully.

5 (d) The committing of any act or acts of sexual abuse,
6 misconduct, or relations with a patient that are substantially related
7 to the practice of dental hygiene.

8 (e) The use of any false, assumed, or fictitious name, either as
9 an individual, firm, corporation, or otherwise, or any name other
10 than the name under which he or she is licensed to practice, in
11 advertising or in any other manner indicating that he or she is
12 practicing or will practice dentistry, except that name as is specified
13 in a valid permit issued pursuant to Section 1962.

14 (f) The practice of accepting or receiving any commission or
15 the rebating in any form or manner of fees for professional services,
16 radiographs, prescriptions, or other services or articles supplied to
17 patients.

18 (g) The making use by the licensee or any agent of the licensee
19 of any advertising statements of a character tending to deceive or
20 mislead the public.

21 (h) The advertising of either professional superiority or the
22 advertising of performance of professional services in a superior
23 manner. This subdivision shall not prohibit advertising permitted
24 by subdivision (h) of Section 651.

25 (i) The employing or the making use of solicitors.

26 (j) Advertising in violation of Section 651.

27 (k) Advertising to guarantee any dental hygiene service, or to
28 perform any dental hygiene procedure painlessly. This subdivision
29 shall not prohibit advertising permitted by Section 651.

30 (l) The violation of any of the provisions of this division.

31 (m) The permitting of any person to operate dental radiographic
32 equipment who has not met the requirements to do so, as
33 determined by the committee.

34 (n) The clearly excessive administering of drugs or treatment,
35 or the clearly excessive use of treatment procedures, or the clearly
36 excessive use of treatment facilities, as determined by the
37 customary practice and standards of the dental hygiene profession.

38 Any person who violates this subdivision is guilty of a
39 misdemeanor and shall be punished by a fine of not less than one
40 hundred dollars (\$100) or more than six hundred dollars (\$600),

1 or by imprisonment for a term of not less than 60 days or more
2 than 180 days, or by both a fine and imprisonment.

3 (o) The use of threats or harassment against any patient or
4 licensee for providing evidence in any possible or actual
5 disciplinary action, or other legal action; or the discharge of an
6 employee primarily based on the employee's attempt to comply
7 with the provisions of this chapter or to aid in the compliance.

8 (p) Suspension or revocation of a license issued, or discipline
9 imposed, by another state or territory on grounds that would be
10 the basis of discipline in this state.

11 (q) The alteration of a patient's record with intent to deceive.

12 (r) Unsanitary or unsafe office conditions, as determined by the
13 customary practice and standards of the dental hygiene profession.

14 (s) The abandonment of the patient by the licensee, without
15 written notice to the patient that treatment is to be discontinued
16 and before the patient has ample opportunity to secure the services
17 of another registered dental hygienist, registered dental hygienist
18 in alternative practice, or registered dental hygienist in extended
19 functions and provided the health of the patient is not jeopardized.

20 (t) The willful misrepresentation of facts relating to a
21 disciplinary action to the patients of a disciplined licensee.

22 (u) Use of fraud in the procurement of any license issued
23 pursuant to this article.

24 (v) Any action or conduct that would have warranted the denial
25 of the license.

26 (w) The aiding or abetting of a registered dental hygienist,
27 registered dental hygienist in alternative practice, or registered
28 dental hygienist in extended functions to practice dental hygiene
29 in a negligent or incompetent manner.

30 (x) The failure to report to the committee in writing within seven
31 days any of the following: (1) the death of his or her patient during
32 the performance of any dental hygiene procedure; (2) the discovery
33 of the death of a patient whose death is related to a dental hygiene
34 procedure performed by him or her; or (3) except for a scheduled
35 hospitalization, the removal to a hospital or emergency center for
36 medical treatment for a period exceeding 24 hours of any patient
37 as a result of dental or dental hygiene treatment. Upon receipt of
38 a report pursuant to this subdivision, the committee may conduct
39 an inspection of the dental hygiene practice office if the committee
40 finds that it is necessary.

1 (y) A registered dental hygienist, registered dental hygienist in
2 alternative practice, or registered dental hygienist in extended
3 functions shall report to the committee all deaths occurring in his
4 or her practice with a copy sent to the dental board if the death
5 occurred while working as an employee in a dental office. A dentist
6 shall report to the dental board all deaths occurring in his or her
7 practice with a copy sent to the committee if the death was the
8 result of treatment by a registered dental hygienist, registered dental
9 hygienist in alternative practice, or registered dental hygienist in
10 extended functions.

11 ~~SEC. 7.~~

12 *SEC. 8.* Section 1958.1 is added to the Business and Professions
13 Code, to read:

14 1958.1. (a) Notwithstanding any other law, with regard to an
15 individual who is required to register as a sex offender pursuant
16 to Section 290 of the Penal Code, or the equivalent in another state
17 or territory, under military law, or under federal law, all of the
18 following shall apply:

19 (1) The committee shall deny an application by the individual
20 for licensure pursuant to this article.

21 (2) If the individual is licensed under this article, the committee
22 shall promptly revoke the license of the individual. The committee
23 shall not stay the revocation nor place the license on probation.

24 (3) The committee shall not reinstate or reissue the individual's
25 licensure under this article. The committee shall not issue a stay
26 of license denial and place the license on probation.

27 (b) This section shall not apply to any of the following:

28 (1) An individual who has been relieved under Section 290.5
29 of the Penal Code of his or her duty to register as a sex offender,
30 or whose duty to register has otherwise been formally terminated
31 under California law or the law of the jurisdiction that requires his
32 or her registration as a sex offender.

33 (2) An individual who is required to register as a sex offender
34 pursuant to Section 290 of the Penal Code solely because of a
35 misdemeanor conviction under Section 314 of the Penal Code.
36 However, nothing in this paragraph shall prohibit the committee
37 from exercising its discretion to discipline a licensee under other
38 provisions of state law based upon the licensee's conviction under
39 Section 314 of the Penal Code.

1 (3) Any administrative adjudication proceeding under Chapter
 2 5 (commencing with Section 11500) of Part 1 of Division 3 of
 3 Title 2 of the Government Code that is fully adjudicated prior to
 4 January 1, 2013. A petition for reinstatement of a revoked or
 5 surrendered license shall be considered a new proceeding for
 6 purposes of this paragraph, and the prohibition against reinstating
 7 a license to an individual who is required to register as a sex
 8 offender shall be applicable.

9 ~~SEC. 8.~~

10 *SEC. 9.* Section 2021 of the Business and Professions Code is
 11 amended to read:

12 2021. (a) If the board publishes a directory pursuant to Section
 13 112, it may require persons licensed pursuant to this chapter to
 14 furnish any information as it may deem necessary to enable it to
 15 compile the directory.

16 (b) Each licensee shall report to the board each and every change
 17 of address within 30 days after each change, giving both the old
 18 and new address. If an address reported to the board at the time of
 19 application for licensure or subsequently is a post office box, the
 20 applicant shall also provide the board with a street address. If
 21 another address is the licensee’s address of record, he or she may
 22 request that the second address not be disclosed to the public.

23 (c) Each licensee shall report to the board each and every change
 24 of name within 30 days after each change, giving both the old and
 25 new names.

26 (d) The board shall annually send an electronic notice to each
 27 applicant and licensee who has chosen to receive correspondence
 28 via electronic mail that requests confirmation from the applicant
 29 or licensee that his or her electronic mail address is current. An
 30 applicant or licensee that does not confirm his or her electronic
 31 mail address shall receive correspondence at a mailing address
 32 provided pursuant to subdivision (b).

33 ~~SEC. 9.~~

34 *SEC. 10.* Section 2064 of the Business and Professions Code
 35 is amended to read:

36 2064. Nothing in this chapter shall be construed to prevent a
 37 regularly matriculated student undertaking a course of professional
 38 instruction in an approved medical school, or to prevent a foreign
 39 medical student who is enrolled in an approved medical school or
 40 clinical training program in this state, or to prevent students

1 enrolled in a program of supervised clinical training under the
2 direction of an approved medical school pursuant to Section 2104,
3 from engaging in the practice of medicine whenever and wherever
4 prescribed as a part of his or her course of study.

5 ~~SEC. 10.~~

6 *SEC. 11.* Section 2184 of the Business and Professions Code
7 is amended to read:

8 2184. (a) Each applicant shall obtain on the written
9 examination a passing score, established by the board pursuant to
10 Section 2177.

11 (b) (1) Passing scores on each step of the United States Medical
12 Licensing Examination shall be valid for a period of 10 years from
13 the month of the examination for purposes of qualification for
14 licensure in California.

15 (2) The period of validity provided for in paragraph (1) may be
16 extended by the board for any of the following:

17 (A) For good cause.

18 (B) For time spent in a postgraduate training program, including,
19 but not limited to, residency training, clinical training, fellowship
20 training, remedial or refresher training, or other training that is
21 intended to maintain or improve medical skills.

22 (C) For an applicant who is a physician and surgeon in another
23 state or a Canadian province who is currently and actively
24 practicing medicine in that state or province.

25 (3) Upon expiration of the 10-year period plus any extension
26 granted by the board under paragraph (2), the applicant shall pass
27 the Special Purpose Examination of the Federation of State Medical
28 Boards or a clinical competency written examination determined
29 by the board to be equivalent.

30 ~~SEC. 11.~~

31 *SEC. 12.* Section 2220 of the Business and Professions Code
32 is amended to read:

33 2220. Except as otherwise provided by law, the board may
34 take action against all persons guilty of violating this chapter. The
35 board shall enforce and administer this article as to physician and
36 surgeon certificate holders, including those who hold certificates
37 that do not permit them to practice medicine, such as, but not
38 limited to, retired, inactive, or disabled status certificate holders,
39 and the board shall have all the powers granted in this chapter for
40 these purposes including, but not limited to:

1 (a) Investigating complaints from the public, from other
2 licensees, from health care facilities, or from the board that a
3 physician and surgeon may be guilty of unprofessional conduct.
4 The board shall investigate the circumstances underlying a report
5 received pursuant to Section 805 or 805.01 within 30 days to
6 determine if an interim suspension order or temporary restraining
7 order should be issued. The board shall otherwise provide timely
8 disposition of the reports received pursuant to Section 805 and
9 Section 805.01.

10 (b) Investigating the circumstances of practice of any physician
11 and surgeon where there have been any judgments, settlements,
12 or arbitration awards requiring the physician and surgeon or his
13 or her professional liability insurer to pay an amount in damages
14 in excess of a cumulative total of thirty thousand dollars (\$30,000)
15 with respect to any claim that injury or damage was proximately
16 caused by the physician's and surgeon's error, negligence, or
17 omission.

18 (c) Investigating the nature and causes of injuries from cases
19 which shall be reported of a high number of judgments, settlements,
20 or arbitration awards against a physician and surgeon.

21 ~~SEC. 12.~~

22 *SEC. 13.* Section 2424 of the Business and Professions Code
23 is amended to read:

24 2424. (a) The board or the California Board of Podiatric
25 Medicine, as the case may be, shall notify in writing either by
26 certified mail, return receipt requested, or by electronic mail if
27 requested by the licensee, any physician and surgeon or any
28 podiatrist who does not renew his or her license within 60 days
29 from its date of expiration.

30 (b) Notwithstanding Section 163.5, any such licensee who does
31 not renew his or her expired license within 90 days of its date of
32 expiration shall pay all the following fees:

33 (1) The renewal fee in effect at the time of renewal.

34 (2) A penalty fee equal to 50 percent of the renewal fee.

35 (3) The delinquency fee required by Section 2435 or 2499.5, as
36 the case may be.

37 (c) Notwithstanding any other provision of law, the renewal of
38 any expired physician's and surgeon's or podiatrist's license within
39 six months from its date of expiration shall be retroactive to the
40 date of expiration of that license. The division or board, for good

1 cause, may waive the 50 percent penalty fee and may extend
2 retroactivity up to two years from the expiration date of any such
3 license.

4 ~~SEC. 13.~~

5 *SEC. 14.* Section 2516 of the Business and Professions Code
6 is amended to read:

7 2516. (a) Each licensed midwife who assists, or supervises a
8 student midwife in assisting, in childbirth that occurs in an
9 out-of-hospital setting shall annually report to the Office of
10 Statewide Health Planning and Development. The report shall be
11 submitted no later than March 30, with the first report due in March
12 2008, for the prior calendar year, in a form specified by the board
13 and shall contain all of the following:

14 (1) The midwife's name and license number.

15 (2) The calendar year being reported.

16 (3) The following information with regard to cases in California
17 in which the midwife, or the student midwife supervised by the
18 midwife, assisted during the previous year when the intended place
19 of birth at the onset of care was an out-of-hospital setting:

20 (A) The total number of clients served as primary caregiver at
21 the onset of care.

22 (B) The total number of clients served with collaborative care
23 available through, or given by, a licensed physician and surgeon.

24 (C) The total number of clients served under the supervision of
25 a licensed physician and surgeon.

26 (D) The number by county of live births attended as primary
27 caregiver.

28 (E) The number, by county, of cases of fetal demise, infant
29 deaths, and maternal deaths attended as primary caregiver at the
30 discovery of the demise or death.

31 (F) The number of women whose primary care was transferred
32 to another health care practitioner during the antepartum period,
33 and the reason for each transfer.

34 (G) The number, reason, and outcome for each elective hospital
35 transfer during the intrapartum or postpartum period.

36 (H) The number, reason, and outcome for each urgent or
37 emergency transport of an expectant mother in the antepartum
38 period.

- 1 (I) The number, reason, and outcome for each urgent or
2 emergency transport of an infant or mother during the intrapartum
3 or immediate postpartum period.
- 4 (J) The number of planned out-of-hospital births at the onset of
5 labor and the number of births completed in an out-of-hospital
6 setting.
- 7 (K) The number of planned out-of-hospital births completed in
8 an out-of-hospital setting that were any of the following:
 - 9 (i) Twin births.
 - 10 (ii) Multiple births other than twin births.
 - 11 (iii) Breech births.
 - 12 (iv) Vaginal births after the performance of a cesarean section.
- 13 (L) A brief description of any complications resulting in the
14 morbidity or mortality of a mother or a neonate.
- 15 (M) Any other information prescribed by the board in
16 regulations.
 - 17 (b) The Office of Statewide Health Planning and Development
18 shall maintain the confidentiality of the information submitted
19 pursuant to this section, and shall not permit any law enforcement
20 or regulatory agency to inspect or have copies made of the contents
21 of any reports submitted pursuant to subdivision (a) for any
22 purpose, including, but not limited to, investigations for licensing,
23 certification, or regulatory purposes.
 - 24 (c) The office shall report to the board, by April 30, those
25 licensees who have met the requirements of subdivision (a) for
26 that year.
 - 27 (d) The board shall send a written notice of noncompliance to
28 each licensee who fails to meet the reporting requirement of
29 subdivision (a). Failure to comply with subdivision (a) will result
30 in the midwife being unable to renew his or her license without
31 first submitting the requisite data to the Office of Statewide Health
32 Planning and Development for the year for which that data was
33 missing or incomplete. The board shall not take any other action
34 against the licensee for failure to comply with subdivision (a).
 - 35 (e) The board, in consultation with the office and the Midwifery
36 Advisory Council, shall devise a coding system related to data
37 elements that require coding in order to assist in both effective
38 reporting and the aggregation of data pursuant to subdivision (f).
39 The office shall utilize this coding system in its processing of
40 information collected for purposes of subdivision (f).

1 (f) The office shall report the aggregate information collected
2 pursuant to this section to the board by July 30 of each year. The
3 board shall include this information in its annual report to the
4 Legislature.

5 (g) Notwithstanding any other provision of law, a violation of
6 this section shall not be a crime.

7 ~~SEC. 14.~~

8 *SEC. 15.* Section 2518 of the Business and Professions Code
9 is amended to read:

10 2518. (a) Licenses issued pursuant to this article shall be
11 renewable every two years upon payment of the fee prescribed by
12 Section 2520 and submission of documentation that the
13 licenseholder has completed 36 hours of continuing education in
14 areas that fall within the scope of the practice of midwifery, as
15 specified by the board.

16 (b) Each license not renewed shall expire, but may be reinstated
17 within five years from the expiration upon payment of the
18 prescribed fee and upon submission of proof of the applicant's
19 qualifications as the board may require.

20 (c) A licensee is exempt from the payment of the renewal fee
21 required by Section 2520 and the requirement for continuing
22 education if the licensee has applied to the board for, and been
23 issued, a retired status license. The holder of a retired status license
24 may not engage in the practice of midwifery.

25 ~~SEC. 15.~~

26 *SEC. 16.* Section 2570.13 of the Business and Professions Code
27 is amended to read:

28 2570.13. (a) Consistent with this section, subdivisions (a), (b),
29 and (c) of Section 2570.2, and accepted professional standards,
30 the board shall adopt rules necessary to assure appropriate
31 supervision of occupational therapy assistants and aides.

32 (b) An occupational therapy assistant may practice only under
33 the supervision of an occupational therapist who is authorized to
34 practice occupational therapy in this state.

35 (c) An aide providing delegated, client-related supportive
36 services shall require continuous and direct supervision by an
37 occupational therapist or occupational therapy assistant.

38 ~~SEC. 16.~~

39 *SEC. 17.* Section 2904.5 of the Business and Professions Code
40 is amended to read:

1 2904.5. A psychologist licensed under this chapter is a licentiate
2 for purposes of paragraph (2) of subdivision (a) of Section 805,
3 and thus is a health care provider subject to the provisions of
4 Section 2290.5.

5 ~~SEC. 17.~~

6 *SEC. 18.* Section 3057.5 of the Business and Professions Code
7 is amended to read:

8 3057.5. Notwithstanding any other provision of this chapter,
9 the board shall permit a graduate of a foreign university who meets
10 all of the following requirements to take the examinations for a
11 certificate of registration as an optometrist:

12 (a) Is over the age of 18 years.

13 (b) Is not subject to denial of a certificate under Section 480.

14 (c) Has a degree as a doctor of optometry issued by a university
15 located outside of the United States.

16 ~~SEC. 18.~~

17 *SEC. 19.* Section 3742 of the Business and Professions Code
18 is amended to read:

19 3742. During the period of any clinical training, a student
20 respiratory care practitioner shall be under the direct supervision
21 of a person holding a valid, current, and unrestricted license issued
22 under this chapter. “Under the direct supervision” means assigned
23 to a respiratory care practitioner who is on duty and immediately
24 available in the assigned patient care area.

25 ~~SEC. 19.~~

26 *SEC. 20.* Section 3750 of the Business and Professions Code
27 is amended to read:

28 3750. The board may order the denial, suspension, or revocation
29 of, or the imposition of probationary conditions upon, a license
30 issued under this chapter, for any of the following causes:

31 (a) Advertising in violation of Section 651 or Section 17500.

32 (b) Fraud in the procurement of any license under this chapter.

33 (c) Knowingly employing unlicensed persons who present
34 themselves as licensed respiratory care practitioners.

35 (d) Conviction of a crime that substantially relates to the
36 qualifications, functions, or duties of a respiratory care practitioner.
37 The record of conviction or a certified copy thereof shall be
38 conclusive evidence of the conviction.

39 (e) Impersonating or acting as a proxy for an applicant in any
40 examination given under this chapter.

1 (f) Negligence in his or her practice as a respiratory care
2 practitioner.

3 (g) Conviction of a violation of any of the provisions of this
4 chapter or of any provision of Division 2 (commencing with
5 Section 500), or violating, or attempting to violate, directly or
6 indirectly, or assisting in or abetting the violation of, or conspiring
7 to violate any provision or term of this chapter or of any provision
8 of Division 2 (commencing with Section 500).

9 (h) The aiding or abetting of any person to violate this chapter
10 or any regulations duly adopted under this chapter.

11 (i) The aiding or abetting of any person to engage in the unlawful
12 practice of respiratory care.

13 (j) The commission of any fraudulent, dishonest, or corrupt act
14 which is substantially related to the qualifications, functions, or
15 duties of a respiratory care practitioner.

16 (k) Falsifying, or making grossly incorrect, grossly inconsistent,
17 or unintelligible entries in any patient, hospital, or other record.

18 (l) Changing the prescription of a physician and surgeon, or
19 falsifying verbal or written orders for treatment or a diagnostic
20 regime received, whether or not that action resulted in actual patient
21 harm.

22 (m) Denial, suspension, or revocation of any license to practice
23 by another agency, state, or territory of the United States for any
24 act or omission that would constitute grounds for the denial,
25 suspension, or revocation of a license in this state.

26 (n) Except for good cause, the knowing failure to protect patients
27 by failing to follow infection control guidelines of the board,
28 thereby risking transmission of bloodborne infectious diseases
29 from licensee to patient, from patient to patient, and from patient
30 to licensee. In administering this subdivision, the board shall
31 consider referencing the standards, regulations, and guidelines of
32 the State Department of Health Services developed pursuant to
33 Section 1250.11 of the Health and Safety Code and the standards,
34 regulations, and guidelines pursuant to the California Occupational
35 Safety and Health Act of 1973 (Part 1 (commencing with Section
36 6300) of Division 5 of the Labor Code) for preventing the
37 transmission of HIV, hepatitis B, and other bloodborne pathogens
38 in health care settings. As necessary, the board shall consult with
39 the California Medical Board, the Board of Podiatric Medicine,
40 the Board of Dental Examiners, the Board of Registered Nursing,

1 and the Board of Vocational Nursing and Psychiatric Technicians,
2 to encourage appropriate consistency in the implementation of this
3 subdivision.

4 The board shall seek to ensure that licensees are informed of the
5 responsibility of licensees and others to follow infection control
6 guidelines, and of the most recent scientifically recognized
7 safeguards for minimizing the risk of transmission of bloodborne
8 infectious diseases.

9 (o) Incompetence in his or her practice as a respiratory care
10 practitioner.

11 (p) A pattern of substandard care or negligence in his or her
12 practice as a respiratory care practitioner, or in any capacity as a
13 health care worker, consultant, supervisor, manager or health
14 facility owner, or as a party responsible for the care of another.

15 ~~SEC. 20.~~

16 *SEC. 21.* Section 3750.5 of the Business and Professions Code
17 is amended to read:

18 3750.5. In addition to any other grounds specified in this
19 chapter, the board may deny, suspend, place on probation, or
20 revoke the license of any applicant or licenseholder who has done
21 any of the following:

22 (a) Obtained, possessed, used, or administered to himself or
23 herself in violation of law, or furnished or administered to another,
24 any controlled substances as defined in Division 10 (commencing
25 with Section 11000) of the Health and Safety Code, or any
26 dangerous drug as defined in Article 2 (commencing with Section
27 4015) of Chapter 9, except as directed by a licensed physician and
28 surgeon, dentist, podiatrist, or other authorized health care provider,
29 or illegally possessed any associated paraphernalia.

30 (b) Used any controlled substance as defined in Division 10
31 (commencing with Section 11000) of the Health and Safety Code,
32 or any dangerous drug as defined in Article 2 (commencing with
33 Section 4015) of Chapter 9 of this code, or alcoholic beverages,
34 to an extent or in a manner dangerous or injurious to himself or
35 herself, or to others, or that impaired his or her ability to conduct
36 with safety the practice authorized by his or her license.

37 (c) Applied for employment or worked in any health care
38 profession or environment while under the influence of alcohol.

39 (d) Been convicted of a criminal offense involving the
40 consumption or self-administration of any of the substances

1 described in subdivisions (a) and (b), or the possession of, or
2 falsification of a record pertaining to, the substances described in
3 subdivision (a), in which event the record of the conviction is
4 conclusive evidence thereof.

5 (e) Been committed or confined by a court of competent
6 jurisdiction for intemperate use of or addiction to the use of any
7 of the substances described in subdivisions (a), (b), and (c), in
8 which event the court order of commitment or confinement is
9 prima facie evidence of that commitment or confinement.

10 (f) Falsified, or made grossly incorrect, grossly inconsistent, or
11 unintelligible entries in any hospital, patient, or other record
12 pertaining to the substances described in subdivision (a).

13 ~~SEC. 21.~~

14 *SEC. 22.* Section 4209 of the Business and Professions Code
15 is amended to read:

16 4209. (a) (1) An intern pharmacist shall complete 1,500 hours
17 of pharmacy practice before applying for the pharmacist licensure
18 examination.

19 (2) This pharmacy practice shall comply with the Standards of
20 Curriculum established by the Accreditation Council for Pharmacy
21 Education or with regulations adopted by the board.

22 (b) An intern pharmacist shall submit proof of his or her
23 experience on board-approved affidavits, or another form specified
24 by the board, which shall be certified under penalty of perjury by
25 a pharmacist under whose supervision such experience was
26 obtained or by the pharmacist-in-charge at the pharmacy while the
27 pharmacist intern obtained the experience. Intern hours earned in
28 another state may be certified by the licensing agency of that state
29 to document proof of those hours.

30 (c) An applicant for the examination who has been licensed as
31 a pharmacist in any state for at least one year, as certified by the
32 licensing agency of that state, may submit this certification to
33 satisfy the required 1,500 hours of intern experience, provided that
34 the applicant has obtained a minimum of 900 hours of pharmacy
35 practice experience in a pharmacy as a pharmacist. Certification
36 of an applicant's licensure in another state shall be submitted in
37 writing and signed, under oath, by a duly authorized official of the
38 state in which the license is held.

1 ~~SEC. 22.~~

2 SEC. 23. Section 4300.1 is added to the Business and
3 Professions Code, to read:

4 4300.1. The expiration, cancellation, forfeiture, or suspension
5 of a board-issued license by operation of law or by order or
6 decision of the board or a court of law, the placement of a license
7 on a retired status, or the voluntary surrender of a license by a
8 licensee shall not deprive the board of jurisdiction to commence
9 or proceed with any investigation of, or action or disciplinary
10 proceeding against, the licensee or to render a decision suspending
11 or revoking the license.

12 ~~SEC. 23.~~

13 SEC. 24. Section 4980.04 of the Business and Professions Code
14 is amended to read:

15 4980.04. This chapter shall be known and may be cited as the
16 Licensed Marriage and Family Therapist Act.

17 ~~SEC. 24.~~

18 SEC. 25. Section 4980.34 of the Business and Professions Code
19 is amended to read:

20 4980.34. It is the intent of the Legislature that the board employ
21 its resources for each and all of the following functions:

22 (a) The licensing of marriage and family therapists, clinical
23 social workers, professional clinical counselors, and educational
24 psychologists.

25 (b) The development and administration of licensing
26 examinations and examination procedures, as specified, consistent
27 with prevailing standards for the validation and use of licensing
28 and certification tests. Examinations shall measure knowledge and
29 abilities demonstrably important to the safe, effective practice of
30 the profession.

31 (c) Enforcement of laws designed to protect the public from
32 incompetent, unethical, or unprofessional practitioners.

33 (d) Consumer education.

34 ~~SEC. 25.~~

35 SEC. 26. Section 4980.397 of the Business and Professions
36 Code is amended to read:

37 4980.397. (a) Effective January 1, 2014, an applicant for
38 licensure as a marriage and family therapist shall pass the following
39 two examinations as prescribed by the board:

40 (1) A California law and ethics examination.

1 (2) A clinical examination.

2 (b) Upon registration with the board, a marriage and family
3 therapist intern shall, within the first year of registration, take an
4 examination on California law and ethics.

5 (c) A registrant may take the clinical examination only upon
6 meeting all of the following requirements:

7 (1) Completion of all required supervised work experience.

8 (2) Completion of all education requirements.

9 (3) Passage of the California law and ethics examination.

10 (d) This section shall become operative on January 1, 2014.

11 ~~SEC. 26.~~

12 *SEC. 27.* Section 4980.398 of the Business and Professions
13 Code is amended to read:

14 4980.398. (a) Each applicant who had previously taken and
15 passed the standard written examination but had not passed the
16 clinical vignette examination shall also obtain a passing score on
17 the clinical examination in order to be eligible for licensure.

18 (b) An applicant who had previously failed to obtain a passing
19 score on the standard written examination shall obtain a passing
20 score on the California law and ethics examination and the clinical
21 examination.

22 (c) An applicant who had obtained eligibility for the standard
23 written examination shall take the California law and ethics
24 examination and the clinical examination.

25 (d) This section shall become operative on January 1, 2014.

26 ~~SEC. 27.~~

27 *SEC. 28.* Section 4980.399 of the Business and Professions
28 Code is amended to read:

29 4980.399. (a) Except as provided in subdivision (a) of Section
30 4980.398, each applicant and registrant shall obtain a passing score
31 on a board-administered California law and ethics examination in
32 order to qualify for licensure.

33 (b) A registrant shall participate in a board-administered
34 California law and ethics examination prior to his or her registration
35 renewal.

36 (c) If an applicant fails the California law and ethics
37 examination, he or she may retake the examination, upon payment
38 of the required fees, without further application except as provided
39 in subdivision (d).

1 (d) If a registrant fails to obtain a passing score on the California
2 law and ethics examination described in subdivision (a) within his
3 or her first renewal period on or after the operative date of this
4 section, he or she shall complete, at a minimum, a 12-hour course
5 in California law and ethics in order to be eligible to participate
6 in the California law and ethics examination. Registrants shall only
7 take the 12-hour California law and ethics course once during a
8 renewal period. The 12-hour law and ethics course required by the
9 section shall be taken through a board-approved continuing
10 education provider, a county, state or governmental entity, or a
11 college or university.

12 (e) The board shall not issue a subsequent registration number
13 unless the registrant has passed the California law and ethics
14 examination.

15 (f) This section shall become operative on January 1, 2014.

16 ~~SEC. 28.~~

17 *SEC. 29.* Section 4980.40 of the Business and Professions
18 Code, as amended by Section 5 of Chapter 387 of the Statutes of
19 2011, is amended to read:

20 4980.40. To qualify for a license, an applicant shall have all
21 of the following qualifications:

22 (a) Meet the educational requirements of Section 4980.36 or
23 both Sections 4980.37 and 4980.41, as applicable.

24 (b) Be at least 18 years of age.

25 (c) Have at least two years of experience that meet the
26 requirements of Section 4980.43.

27 (d) Pass a board administered written or oral examination or
28 both types of examinations, except that an applicant who passed
29 a written examination and who has not taken and passed an oral
30 examination shall instead be required to take and pass a clinical
31 vignette written examination.

32 (e) Not have committed acts or crimes constituting grounds for
33 denial of licensure under Section 480. The board shall not issue a
34 registration or license to any person who has been convicted of a
35 crime in this or another state or in a territory of the United States
36 that involves sexual abuse of children or who is required to register
37 pursuant to Section 290 of the Penal Code or the equivalent in
38 another state or territory.

1 (f) This section shall remain in effect only until January 1, 2014,
2 and as of that date is repealed, unless a later enacted statute, that
3 is enacted before January 1, 2014, deletes or extends that date.

4 ~~SEC. 29.~~

5 *SEC. 30.* Section 4980.40 of the Business and Professions
6 Code, as added by Section 6 of Chapter 387 of the Statutes of
7 2011, is amended to read:

8 4980.40. To qualify for a license, an applicant shall have all
9 of the following qualifications:

10 (a) Meet the educational requirements of Section 4980.36 or
11 both Sections 4980.37 and 4980.41, as applicable.

12 (b) Be at least 18 years of age.

13 (c) Have at least two years of experience that meet the
14 requirements of Section 4980.43.

15 (d) Effective January 1, 2014, successfully pass a California
16 law and ethics examination and a clinical examination. An
17 applicant who has successfully passed a previously administered
18 written examination may be subsequently required to take and pass
19 another written examination.

20 (e) Not have committed acts or crimes constituting grounds for
21 denial of licensure under Section 480. The board shall not issue a
22 registration or license to any person who has been convicted of a
23 crime in this or another state or in a territory of the United States
24 that involves sexual abuse of children or who is required to register
25 pursuant to Section 290 of the Penal Code or the equivalent in
26 another state or territory.

27 (f) This section shall become operative on January 1, 2014.

28 ~~SEC. 30.~~

29 *SEC. 31.* Section 4980.43 of the Business and Professions Code
30 is amended to read:

31 4980.43. (a) Prior to applying for licensure examinations, each
32 applicant shall complete experience that shall comply with the
33 following:

34 (1) A minimum of 3,000 hours completed during a period of at
35 least 104 weeks.

36 (2) Not more than 40 hours in any seven consecutive days.

37 (3) Not less than 1,700 hours of supervised experience
38 completed subsequent to the granting of the qualifying master's
39 or doctoral degree.

- 1 (4) Not more than 1,300 hours of supervised experience obtained
2 prior to completing a master’s or doctoral degree.
- 3 The applicant shall not be credited with more than 750 hours of
4 counseling and direct supervisor contact prior to completing the
5 master’s or doctoral degree.
- 6 (5) No hours of experience may be gained prior to completing
7 either 12 semester units or 18 quarter units of graduate instruction
8 and becoming a trainee except for personal psychotherapy.
- 9 (6) No hours of experience may be gained more than six years
10 prior to the date the application for examination eligibility was
11 filed, except that up to 500 hours of clinical experience gained in
12 the supervised practicum required by subdivision (c) of Section
13 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d)
14 of Section 4980.36 shall be exempt from this six-year requirement.
- 15 (7) Not more than a combined total of 1,000 hours of experience
16 in the following:
 - 17 (A) Direct supervisor contact.
 - 18 (B) Professional enrichment activities. For purposes of this
19 chapter, “professional enrichment activities” include the following:
 - 20 (i) Workshops, seminars, training sessions, or conferences
21 directly related to marriage and family therapy attended by the
22 applicant that are approved by the applicant’s supervisor. An
23 applicant shall have no more than 250 hours of verified attendance
24 at these workshops, seminars, training sessions, or conferences.
 - 25 (ii) Participation by the applicant in personal psychotherapy,
26 which includes group, marital or conjoint, family, or individual
27 psychotherapy by an appropriately licensed professional. An
28 applicant shall have no more than 100 hours of participation in
29 personal psychotherapy. The applicant shall be credited with three
30 hours of experience for each hour of personal psychotherapy.
- 31 (8) Not more than 500 hours of experience providing group
32 therapy or group counseling.
- 33 (9) For all hours gained on or after January 1, 2012, not more
34 than 500 hours of experience in the following:
 - 35 (A) Experience administering and evaluating psychological
36 tests, writing clinical reports, writing progress notes, or writing
37 process notes.
 - 38 (B) Client centered advocacy.
- 39 (10) Not less than 500 total hours of experience in diagnosing
40 and treating couples, families, and children. For up to 150 hours

1 of treating couples and families in conjoint therapy, the applicant
2 shall be credited with two hours of experience for each hour of
3 therapy provided.

4 (11) Not more than 375 hours of experience providing personal
5 psychotherapy, crisis counseling, or other counseling services via
6 telehealth in accordance with Section 2290.5.

7 (12) It is anticipated and encouraged that hours of experience
8 will include working with elders and dependent adults who have
9 physical or mental limitations that restrict their ability to carry out
10 normal activities or protect their rights.

11 This subdivision shall only apply to hours gained on and after
12 January 1, 2010.

13 (b) All applicants, trainees, and registrants shall be at all times
14 under the supervision of a supervisor who shall be responsible for
15 ensuring that the extent, kind, and quality of counseling performed
16 is consistent with the training and experience of the person being
17 supervised, and who shall be responsible to the board for
18 compliance with all laws, rules, and regulations governing the
19 practice of marriage and family therapy. Supervised experience
20 shall be gained by interns and trainees either as an employee or as
21 a volunteer. The requirements of this chapter regarding gaining
22 hours of experience and supervision are applicable equally to
23 employees and volunteers. Experience shall not be gained by
24 interns or trainees as an independent contractor.

25 (1) If employed, an intern shall provide the board with copies
26 of the corresponding W-2 tax forms for each year of experience
27 claimed upon application for licensure.

28 (2) If volunteering, an intern shall provide the board with a letter
29 from his or her employer verifying the intern's employment as a
30 volunteer upon application for licensure.

31 (c) Except for experience gained pursuant to subparagraph (B)
32 of paragraph (7) of subdivision (a), supervision shall include at
33 least one hour of direct supervisor contact in each week for which
34 experience is credited in each work setting, as specified:

35 (1) A trainee shall receive an average of at least one hour of
36 direct supervisor contact for every five hours of client contact in
37 each setting.

38 (2) An individual supervised after being granted a qualifying
39 degree shall receive at least one additional hour of direct supervisor
40 contact for every week in which more than 10 hours of client

1 contact is gained in each setting. No more than five hours of
2 supervision, whether individual or group, shall be credited during
3 any single week.

4 (3) For purposes of this section, “one hour of direct supervisor
5 contact” means one hour per week of face-to-face contact on an
6 individual basis or two hours per week of face-to-face contact in
7 a group.

8 (4) Direct supervisor contact shall occur within the same week
9 as the hours claimed.

10 (5) Direct supervisor contact provided in a group shall be
11 provided in a group of not more than eight supervisees and in
12 segments lasting no less than one continuous hour.

13 (6) Notwithstanding paragraph (3), an intern working in a
14 governmental entity, a school, a college, or a university, or an
15 institution that is both nonprofit and charitable may obtain the
16 required weekly direct supervisor contact via two-way, real-time
17 videoconferencing. The supervisor shall be responsible for ensuring
18 that client confidentiality is upheld.

19 (7) All experience gained by a trainee shall be monitored by the
20 supervisor as specified by regulation.

21 (d) (1) A trainee may be credited with supervised experience
22 completed in any setting that meets all of the following:

23 (A) Lawfully and regularly provides mental health counseling
24 or psychotherapy.

25 (B) Provides oversight to ensure that the trainee’s work at the
26 setting meets the experience and supervision requirements set forth
27 in this chapter and is within the scope of practice for the profession
28 as defined in Section 4980.02.

29 (C) Is not a private practice owned by a licensed marriage and
30 family therapist, a licensed psychologist, a licensed clinical social
31 worker, a licensed physician and surgeon, or a professional
32 corporation of any of those licensed professions.

33 (2) Experience may be gained by the trainee solely as part of
34 the position for which the trainee volunteers or is employed.

35 (e) (1) An intern may be credited with supervised experience
36 completed in any setting that meets both of the following:

37 (A) Lawfully and regularly provides mental health counseling
38 or psychotherapy.

39 (B) Provides oversight to ensure that the intern’s work at the
40 setting meets the experience and supervision requirements set forth

1 in this chapter and is within the scope of practice for the profession
2 as defined in Section 4980.02.

3 (2) An applicant shall not be employed or volunteer in a private
4 practice, as defined in subparagraph (C) of paragraph (1) of
5 subdivision (d), until registered as an intern.

6 (3) While an intern may be either a paid employee or a
7 volunteer, employers are encouraged to provide fair remuneration
8 to interns.

9 (4) Except for periods of time during a supervisor's vacation or
10 sick leave, an intern who is employed or volunteering in private
11 practice shall be under the direct supervision of a licensee that has
12 satisfied the requirements of subdivision (g) of Section 4980.03.
13 The supervising licensee shall either be employed by and practice
14 at the same site as the intern's employer, or shall be an owner or
15 shareholder of the private practice. Alternative supervision may
16 be arranged during a supervisor's vacation or sick leave if the
17 supervision meets the requirements of this section.

18 (5) Experience may be gained by the intern solely as part of the
19 position for which the intern volunteers or is employed.

20 (f) Except as provided in subdivision (g), all persons shall
21 register with the board as an intern in order to be credited for
22 postdegree hours of supervised experience gained toward licensure.

23 (g) Except when employed in a private practice setting, all
24 postdegree hours of experience shall be credited toward licensure
25 so long as the applicant applies for the intern registration within
26 90 days of the granting of the qualifying master's or doctoral
27 degree and is thereafter granted the intern registration by the board.

28 (h) Trainees, interns, and applicants shall not receive any
29 remuneration from patients or clients, and shall only be paid by
30 their employers.

31 (i) Trainees, interns, and applicants shall only perform services
32 at the place where their employers regularly conduct business,
33 which may include performing services at other locations, so long
34 as the services are performed under the direction and control of
35 their employer and supervisor, and in compliance with the laws
36 and regulations pertaining to supervision. Trainees and interns
37 shall have no proprietary interest in their employers' businesses
38 and shall not lease or rent space, pay for furnishings, equipment
39 or supplies, or in any other way pay for the obligations of their
40 employers.

1 (j) Trainees, interns, or applicants who provide volunteered
2 services or other services, and who receive no more than a total,
3 from all work settings, of five hundred dollars (\$500) per month
4 as reimbursement for expenses actually incurred by those trainees,
5 interns, or applicants for services rendered in any lawful work
6 setting other than a private practice shall be considered an
7 employee and not an independent contractor. The board may audit
8 applicants who receive reimbursement for expenses, and the
9 applicants shall have the burden of demonstrating that the payments
10 received were for reimbursement of expenses actually incurred.

11 (k) Each educational institution preparing applicants for
12 licensure pursuant to this chapter shall consider requiring, and
13 shall encourage, its students to undergo individual, marital or
14 conjoint, family, or group counseling or psychotherapy, as
15 appropriate. Each supervisor shall consider, advise, and encourage
16 his or her interns and trainees regarding the advisability of
17 undertaking individual, marital or conjoint, family, or group
18 counseling or psychotherapy, as appropriate. Insofar as it is deemed
19 appropriate and is desired by the applicant, the educational
20 institution and supervisors are encouraged to assist the applicant
21 in locating that counseling or psychotherapy at a reasonable cost.

22 ~~SEC. 31.~~

23 *SEC. 32.* Section 4980.44 of the Business and Professions Code
24 is amended to read:

25 4980.44. An unlicensed marriage and family therapist intern
26 employed under this chapter shall comply with the following
27 requirements:

28 (a) Possess, at a minimum, a master's degree as specified in
29 Section 4980.36 or 4980.37, as applicable.

30 (b) Register with the board prior to performing any duties,
31 except as otherwise provided in subdivision (g) of Section 4980.43.

32 (c) Prior to performing any professional services, inform each
33 client or patient that he or she is an unlicensed marriage and family
34 therapist registered intern, provide his or her registration number
35 and the name of his or her employer, and indicate whether he or
36 she is under the supervision of a licensed marriage and family
37 therapist, licensed clinical social worker, licensed professional
38 clinical counselor, licensed psychologist, or a licensed physician
39 and surgeon certified in psychiatry by the American Board of
40 Psychiatry and Neurology.

1 (d) (1) Any advertisement by or on behalf of a marriage and
2 family therapist registered intern shall include, at a minimum, all
3 of the following information:

4 (A) That he or she is a marriage and family therapist registered
5 intern.

6 (B) The intern’s registration number.

7 (C) The name of his or her employer.

8 (D) That he or she is supervised by a licensed person.

9 (2) The abbreviation “MFTI” shall not be used in an
10 advertisement unless the title “marriage and family therapist
11 registered intern” appears in the advertisement.

12 ~~SEC. 32.~~

13 *SEC. 33.* Section 4980.48 of the Business and Professions Code
14 is amended to read:

15 4980.48. (a) A trainee shall, prior to performing any
16 professional services, inform each client or patient that he or she
17 is an unlicensed marriage and family therapist trainee, provide the
18 name of his or her employer, and indicate whether he or she is
19 under the supervision of a licensed marriage and family therapist,
20 a licensed clinical social worker, a licensed professional clinical
21 counselor, a licensed psychologist, or a licensed physician certified
22 in psychiatry by the American Board of Psychiatry and Neurology.

23 (b) Any person that advertises services performed by a trainee
24 shall include the trainee’s name, the supervisor’s license
25 designation or abbreviation, and the supervisor’s license number.

26 (c) Any advertisement by or on behalf of a marriage and family
27 therapist trainee shall include, at a minimum, all of the following
28 information:

29 (1) That he or she is a marriage and family therapist trainee.

30 (2) The name of his or her employer.

31 (3) That he or she is supervised by a licensed person.

32 ~~SEC. 33.~~

33 *SEC. 34.* Section 4980.50 of the Business and Professions
34 Code, as amended by Section 7 of Chapter 387 of the Statutes of
35 2011, is amended to read:

36 4980.50. (a) Every applicant who meets the educational and
37 experience requirements and applies for a license as a marriage
38 and family therapist shall be examined by the board. The
39 examinations shall be as set forth in subdivision (d) of Section
40 4980.40. The examinations shall be given at least twice a year at

1 a time and place and under supervision as the board may determine.
2 The board shall examine the candidate with regard to his or her
3 knowledge and professional skills and his or her judgment in the
4 utilization of appropriate techniques and methods.

5 (b) The board shall not deny any applicant, who has submitted
6 a complete application for examination, admission to the licensure
7 examinations required by this section if the applicant meets the
8 educational and experience requirements of this chapter, and has
9 not committed any acts or engaged in any conduct that would
10 constitute grounds to deny licensure.

11 (c) The board shall not deny any applicant, whose application
12 for licensure is complete, admission to the standard written
13 examination, nor shall the board postpone or delay any applicant's
14 standard written examination or delay informing the candidate of
15 the results of the standard written examination, solely upon the
16 receipt by the board of a complaint alleging acts or conduct that
17 would constitute grounds to deny licensure.

18 (d) If an applicant for examination who has passed the standard
19 written examination is the subject of a complaint or is under board
20 investigation for acts or conduct that, if proven to be true, would
21 constitute grounds for the board to deny licensure, the board shall
22 permit the applicant to take the clinical vignette written
23 examination for licensure, but may withhold the results of the
24 examination or notify the applicant that licensure will not be
25 granted pending completion of the investigation.

26 (e) Notwithstanding Section 135, the board may deny any
27 applicant who has previously failed either the standard written or
28 clinical vignette written examination permission to retake either
29 examination pending completion of the investigation of any
30 complaints against the applicant. Nothing in this section shall
31 prohibit the board from denying an applicant admission to any
32 examination, withholding the results, or refusing to issue a license
33 to any applicant when an accusation or statement of issues has
34 been filed against the applicant pursuant to Sections 11503 and
35 11504 of the Government Code, respectively, or the applicant has
36 been denied in accordance with subdivision (b) of Section 485.

37 (f) Notwithstanding any other provision of law, the board may
38 destroy all examination materials two years following the date of
39 an examination.

1 (g) On or after January 1, 2002, no applicant shall be eligible
2 to participate in a clinical vignette written examination if his or
3 her passing score on the standard written examination occurred
4 more than seven years before.

5 (h) An applicant who has qualified pursuant to this chapter shall
6 be issued a license as a marriage and family therapist in the form
7 that the board may deem appropriate.

8 (i) This section shall remain in effect only until January 1, 2014,
9 and as of that date is repealed, unless a later enacted statute, that
10 is enacted before January 1, 2014, deletes or extends that date.

11 ~~SEC. 34.~~

12 *SEC. 35.* Section 4980.50 of the Business and Professions
13 Code, as added by Section 8 of Chapter 387 of the Statutes of
14 2011, is amended to read:

15 4980.50. Effective January 1, 2014, the following shall apply:

16 (a) Every applicant who meets the educational and experience
17 requirements and applies for a license as a marriage and family
18 therapist shall be examined by the board. The examinations shall
19 be as set forth in subdivision (d) of Section 4980.40. The
20 examinations shall be given at least twice a year at a time and place
21 and under supervision as the board may determine. The board shall
22 examine the candidate with regard to his or her knowledge and
23 professional skills and his or her judgment in the utilization of
24 appropriate techniques and methods.

25 (b) The board shall not deny any applicant, who has submitted
26 a complete application for examination, admission to the licensure
27 examinations required by this section if the applicant meets the
28 educational and experience requirements of this chapter, and has
29 not committed any acts or engaged in any conduct that would
30 constitute grounds to deny licensure.

31 (c) The board shall not deny any applicant, whose application
32 for licensure is complete, admission to the clinical examination,
33 nor shall the board postpone or delay any applicant's clinical
34 examination or delay informing the candidate of the results of the
35 clinical examination, solely upon the receipt by the board of a
36 complaint alleging acts or conduct that would constitute grounds
37 to deny licensure.

38 (d) If an applicant for examination who has passed the California
39 law and ethics examination is the subject of a complaint or is under
40 board investigation for acts or conduct that, if proven to be true,

1 would constitute grounds for the board to deny licensure, the board
2 shall permit the applicant to take the clinical examination for
3 licensure, but may withhold the results of the examination or notify
4 the applicant that licensure will not be granted pending completion
5 of the investigation.

6 (e) Notwithstanding Section 135, the board may deny any
7 applicant who has previously failed either the California law and
8 ethics examination or the clinical examination permission to retake
9 either examination pending completion of the investigation of any
10 complaints against the applicant. Nothing in this section shall
11 prohibit the board from denying an applicant admission to any
12 examination, withholding the results, or refusing to issue a license
13 to any applicant when an accusation or statement of issues has
14 been filed against the applicant pursuant to Sections 11503 and
15 11504 of the Government Code, respectively, or the applicant has
16 been denied in accordance with subdivision (b) of Section 485.

17 (f) Notwithstanding any other provision of law, the board may
18 destroy all examination materials two years following the date of
19 an examination.

20 (g) Effective January 1, 2014, no applicant shall be eligible to
21 participate in the clinical examination if he or she fails to obtain
22 a passing score on the clinical examination within seven years
23 from his or her initial attempt, unless he or she takes and obtains
24 a passing score on the current version of the California law and
25 ethics examination.

26 (h) An applicant who has qualified pursuant to this chapter shall
27 be issued a license as a marriage and family therapist in the form
28 that the board may deem appropriate.

29 (i) This section shall become operative on January 1, 2014.

30 ~~SEC. 35.~~

31 *SEC. 36.* Section 4980.78 of the Business and Professions Code
32 is amended to read:

33 4980.78. (a) This section applies to persons who apply for
34 licensure or registration on or after January 1, 2014.

35 (b) For purposes of Sections 4980.72 and 4980.74, education
36 is substantially equivalent if all of the following requirements are
37 met:

38 (1) The degree is obtained from a school, college, or university
39 accredited by an accrediting agency recognized by the United
40 States Department of Education and consists of, at a minimum, 48

1 semester or 72 quarter units, including, but not limited to, both of
2 the following:

3 (A) Six semester or nine quarter units of practicum, including,
4 but not limited to, a minimum of 150 hours of face-to-face
5 counseling.

6 (B) Twelve semester or 18 quarter units in the areas of marriage,
7 family, and child counseling and marital and family systems
8 approaches to treatment, as specified in subparagraph (A) of
9 paragraph (1) of subdivision (d) of Section 4980.36.

10 (2) The applicant completes any units and course content
11 requirements under subdivision (d) of Section 4980.36 not already
12 completed in his or her education.

13 (3) The applicant completes credit level coursework from a
14 degree-granting institution that provides all of the following:

15 (A) Instruction regarding the principles of mental health
16 recovery-oriented care and methods of service delivery in recovery
17 model practice environments.

18 (B) An understanding of various California cultures and the
19 social and psychological implications of socioeconomic position.

20 (C) Structured meeting with various consumers and family
21 members of consumers of mental health services to enhance
22 understanding of their experience of mental illness, treatment, and
23 recovery.

24 (D) Instruction in addiction and co-occurring substance abuse
25 and mental health disorders, as specified in subparagraph (I) of
26 paragraph (2) of subdivision (d) of Section 4980.36.

27 (4) The applicant completes an 18-hour course in California
28 law and professional ethics. The content of the course shall include,
29 but not be limited to, advertising, scope of practice, scope of
30 competence, treatment of minors, confidentiality, dangerous
31 patients, psychotherapist-patient privilege, recordkeeping, patient
32 access to records, state and federal laws relating to confidentiality
33 of patient health information, dual relationships, child abuse, elder
34 and dependent adult abuse, online therapy, insurance
35 reimbursement, civil liability, disciplinary actions and
36 unprofessional conduct, ethics complaints and ethical standards,
37 termination of therapy, standards of care, relevant family law,
38 therapist disclosures to patients, differences in legal and ethical
39 standards in different types of work settings, and licensing law
40 and licensing process.

1 (5) The applicant’s degree title need not be identical to that
2 required by subdivision (b) of Section 4980.36.

3 ~~SEC. 36.~~

4 *SEC. 37.* Section 4980.80 of the Business and Professions Code
5 is amended to read:

6 4980.80. (a) This section applies to persons who apply for
7 licensure between January 1, 2010, and December 31, 2013,
8 inclusive.

9 (b) The board may issue a license to a person who, at the time
10 of application, holds a valid license issued by a board of marriage
11 counselor examiners, marriage therapist examiners, or
12 corresponding authority of any state, if all of the following
13 requirements are satisfied:

14 (1) The person has held that license for at least two years
15 immediately preceding the date of application.

16 (2) The education and supervised experience requirements are
17 substantially the equivalent of this chapter.

18 (3) The person complies with Section 4980.76, if applicable.

19 (4) The person successfully completes the board administered
20 licensing examinations as specified by subdivision (d) of Section
21 4980.40 and pays the fees specified.

22 (5) The person completes all of the following coursework or
23 training:

24 (A) (i) An applicant who completed a two semester or three
25 quarter unit course in law and professional ethics for marriage and
26 family therapists that does not meet the requirements of Section
27 4980.41 as part of his or her qualifying degree shall complete an
28 18-hour course in California law and professional ethics that
29 includes, but is not limited to, the following subjects: advertising,
30 scope of practice, scope of competence, treatment of minors,
31 confidentiality, dangerous patients, psychotherapist-patient
32 privilege, recordkeeping, patient access to records, state and federal
33 laws relating to the confidentiality of patient health information,
34 dual relationships, child abuse, elder and dependent adult abuse,
35 online therapy, insurance reimbursement, civil liability, disciplinary
36 actions and unprofessional conduct, ethics complaints and ethical
37 standards, termination of therapy, standards of care, relevant family
38 law, and therapist disclosures to patients.

39 (ii) An applicant who has not completed a two semester or three
40 quarter unit course in law and professional ethics for marriage and

1 family therapists that included areas of study as specified in Section
2 4980.41 as part of his or her qualifying degree, shall complete a
3 two semester or three quarter unit course in California law and
4 professional ethics that includes, at minimum, the areas of study
5 specified in Section 4980.41.

6 (B) A minimum of seven contact hours of training or coursework
7 in child abuse assessment and reporting as specified in Section 28
8 and any regulations promulgated thereunder.

9 (C) A minimum of 10 contact hours of training or coursework
10 in human sexuality as specified in Section 25 and any regulations
11 promulgated thereunder.

12 (D) A minimum of 15 contact hours of training or coursework
13 in alcoholism and other chemical substance dependency as
14 specified by regulation.

15 (E) (i) Instruction in spousal or partner abuse assessment,
16 detection, and intervention. This instruction may be taken either
17 in fulfillment of other requirements for licensure or in a separate
18 course.

19 (ii) A minimum of 15 contact hours of coursework or training
20 in spousal or partner abuse assessment, detection, and intervention
21 strategies.

22 (F) A minimum of a two semester or three quarter unit survey
23 course in psychological testing. This course may be taken either
24 in fulfillment of other requirements for licensure or in a separate
25 course.

26 (G) A minimum of a two semester or three quarter unit survey
27 course in psychopharmacology. This course may be taken either
28 in fulfillment of other requirements for licensure or in a separate
29 course.

30 (H) With respect to human sexuality, alcoholism and other
31 chemical substance dependency, spousal or partner abuse
32 assessment, detection, and intervention, psychological testing, and
33 psychopharmacology, the board may accept training or coursework
34 acquired out of state.

35 (c) This section shall remain in effect only until January 1, 2014,
36 and as of that date is repealed, unless a later enacted statute, that
37 is enacted before January 1, 2014, deletes or extends that date.

1 ~~SEC. 37.~~

2 *SEC. 38.* Section 4984.01 of the Business and Professions
3 Code, as amended by Section 9 of Chapter 387 of the Statutes of
4 2011, is amended to read:

5 4984.01. (a) The marriage and family therapist intern
6 registration shall expire one year from the last day of the month
7 in which it was issued.

8 (b) To renew the registration, the registrant shall, on or before
9 the expiration date of the registration, complete all of the following
10 actions:

11 (1) Apply for renewal on a form prescribed by the board.

12 (2) Pay a renewal fee prescribed by the board.

13 (3) Notify the board whether he or she has been convicted, as
14 defined in Section 490, of a misdemeanor or felony, and whether
15 any disciplinary action has been taken against him or her by a
16 regulatory or licensing board in this or any other state subsequent
17 to the last renewal of the registration.

18 (c) The registration may be renewed a maximum of five times.
19 No registration shall be renewed or reinstated beyond six years
20 from the last day of the month during which it was issued,
21 regardless of whether it has been revoked. When no further
22 renewals are possible, an applicant may apply for and obtain a new
23 intern registration if the applicant meets the educational
24 requirements for registration in effect at the time of the application
25 for a new intern registration. An applicant who is issued a
26 subsequent intern registration pursuant to this subdivision may be
27 employed or volunteer in any allowable work setting except private
28 practice.

29 (d) This section shall remain in effect only until January 1, 2014,
30 and as of that date is repealed, unless a later enacted statute, that
31 is enacted before January 1, 2014, deletes or extends that date.

32 ~~SEC. 38.~~

33 *SEC. 39.* Section 4984.01 of the Business and Professions
34 Code, as added by Section 10 of Chapter 387 of the Statutes of
35 2011, is amended to read:

36 4984.01. (a) The marriage and family therapist intern
37 registration shall expire one year from the last day of the month
38 in which it was issued.

1 (b) To renew the registration, the registrant shall, on or before
2 the expiration date of the registration, complete all of the following
3 actions:

4 (1) Apply for renewal on a form prescribed by the board.

5 (2) Pay a renewal fee prescribed by the board.

6 (3) Participate in the California law and ethics examination
7 pursuant to Section 4980.399 each year until successful completion
8 of this examination.

9 (4) Notify the board whether he or she has been convicted, as
10 defined in Section 490, of a misdemeanor or felony, and whether
11 any disciplinary action has been taken against him or her by a
12 regulatory or licensing board in this or any other state subsequent
13 to the last renewal of the registration.

14 (c) The registration may be renewed a maximum of five times.
15 No registration shall be renewed or reinstated beyond six years
16 from the last day of the month during which it was issued,
17 regardless of whether it has been revoked. When no further
18 renewals are possible, an applicant may apply for and obtain a new
19 intern registration if the applicant meets the educational
20 requirements for registration in effect at the time of the application
21 for a new intern registration and has passed the California law and
22 ethics examination described in Section 4980.399. An applicant
23 who is issued a subsequent intern registration pursuant to this
24 subdivision may be employed or volunteer in any allowable work
25 setting except private practice.

26 (d) This section shall become operative on January 1, 2014.

27 ~~SEC. 39.~~

28 *SEC. 40.* Section 4984.4 of the Business and Professions Code
29 is amended to read:

30 4984.4. A license that is not renewed within three years after
31 its expiration may not be renewed, restored, reinstated, or reissued;
32 however, the former licensee may apply for and obtain a new
33 license if the following criteria are satisfied:

34 (a) No fact, circumstance, or condition exists that, if the license
35 were issued, would constitute grounds for its revocation or
36 suspension.

37 (b) He or she submits an application for examination eligibility
38 and the fee for that application.

39 (c) He or she takes and passes the current licensing
40 examinations.

1 (d) He or she submits the fee for initial license issuance.

2 (e) He or she complies with the fingerprint requirements
3 established by board regulation.

4 ~~SEC. 40.~~

5 *SEC. 41.* Section 4984.7 of the Business and Professions Code,
6 as amended by Section 11 of Chapter 387 of the Statutes of 2011,
7 is amended to read:

8 4984.7. (a) The board shall assess the following fees relating
9 to the licensure of marriage and family therapists:

10 (1) The application fee for an intern registration shall be
11 seventy-five dollars (\$75).

12 (2) The renewal fee for an intern registration shall be
13 seventy-five dollars (\$75).

14 (3) The fee for the application for examination eligibility shall
15 be one hundred dollars (\$100).

16 (4) The fee for the standard written examination shall be one
17 hundred dollars (\$100). The fee for the clinical vignette
18 examination shall be one hundred dollars (\$100).

19 (A) An applicant who fails to appear for an examination, after
20 having been scheduled to take the examination, shall forfeit the
21 examination fee.

22 (B) The amount of the examination fees shall be based on the
23 actual cost to the board of developing, purchasing, and grading
24 each examination and the actual cost to the board of administering
25 each examination. The examination fees shall be adjusted
26 periodically by regulation to reflect the actual costs incurred by
27 the board.

28 (5) The fee for rescoring an examination shall be twenty dollars
29 (\$20).

30 (6) The fee for issuance of an initial license shall be a maximum
31 of one hundred eighty dollars (\$180).

32 (7) The fee for license renewal shall be a maximum of one
33 hundred eighty dollars (\$180).

34 (8) The fee for inactive license renewal shall be a maximum of
35 ninety dollars (\$90).

36 (9) The renewal delinquency fee shall be a maximum of ninety
37 dollars (\$90). A person who permits his or her license to expire is
38 subject to the delinquency fee.

39 (10) The fee for issuance of a replacement registration, license,
40 or certificate shall be twenty dollars (\$20).

1 (11) The fee for issuance of a certificate or letter of good
2 standing shall be twenty-five dollars (\$25).

3 (12) The fee for issuance of a retired license shall be forty dollars
4 (\$40).

5 (b) With regard to license, examination, and other fees, the
6 board shall establish fee amounts at or below the maximum
7 amounts specified in this chapter.

8 (c) This section shall remain in effect only until January 1, 2014,
9 and as of that date is repealed, unless a later enacted statute, that
10 is enacted before January 1, 2014, deletes or extends that date.

11 ~~SEC. 41.~~

12 *SEC. 42.* Section 4984.7 of the Business and Professions Code,
13 as added by Section 12 of Chapter 387 of the Statutes of 2011, is
14 amended to read:

15 4984.7. (a) The board shall assess the following fees relating
16 to the licensure of marriage and family therapists:

17 (1) The application fee for an intern registration shall be
18 seventy-five dollars (\$75).

19 (2) The renewal fee for an intern registration shall be
20 seventy-five dollars (\$75).

21 (3) The fee for the application for examination eligibility shall
22 be one hundred dollars (\$100).

23 (4) The fee for the clinical examination shall be one hundred
24 dollars (\$100). The fee for the California law and ethics
25 examination shall be one hundred dollars (\$100).

26 (A) An applicant who fails to appear for an examination, after
27 having been scheduled to take the examination, shall forfeit the
28 examination fee.

29 (B) The amount of the examination fees shall be based on the
30 actual cost to the board of developing, purchasing, and grading
31 each examination and the actual cost to the board of administering
32 each examination. The examination fees shall be adjusted
33 periodically by regulation to reflect the actual costs incurred by
34 the board.

35 (5) The fee for rescoring an examination shall be twenty dollars
36 (\$20).

37 (6) The fee for issuance of an initial license shall be a maximum
38 of one hundred eighty dollars (\$180).

39 (7) The fee for license renewal shall be a maximum of one
40 hundred eighty dollars (\$180).

1 (8) The fee for inactive license renewal shall be a maximum of
2 ninety dollars (\$90).

3 (9) The renewal delinquency fee shall be a maximum of ninety
4 dollars (\$90). A person who permits his or her license to expire is
5 subject to the delinquency fee.

6 (10) The fee for issuance of a replacement registration, license,
7 or certificate shall be twenty dollars (\$20).

8 (11) The fee for issuance of a certificate or letter of good
9 standing shall be twenty-five dollars (\$25).

10 (12) The fee for issuance of a retired license shall be forty dollars
11 (\$40).

12 (b) With regard to license, examination, and other fees, the
13 board shall establish fee amounts at or below the maximum
14 amounts specified in this chapter.

15 (c) This section shall become operative on January 1, 2014.

16 ~~SEC. 42.~~

17 *SEC. 43.* Section 4984.72 of the Business and Professions
18 Code, as amended by Section 13 of Chapter 387 of the Statutes of
19 2011, is amended to read:

20 4984.72. (a) An applicant who fails a standard or clinical
21 vignette written examination may, within one year from the
22 notification date of that failure, retake the examination as regularly
23 scheduled without further application upon payment of the fee for
24 the examination. Thereafter, the applicant shall not be eligible for
25 further examination until he or she files a new application, meets
26 all requirements in effect on the date of application, and pays all
27 required fees.

28 (b) This section shall remain in effect only until January 1, 2014,
29 and as of that date is repealed, unless a later enacted statute, that
30 is enacted before January 1, 2014, deletes or extends that date.

31 ~~SEC. 43.~~

32 *SEC. 44.* Section 4984.72 of the Business and Professions
33 Code, as added by Section 14 of Chapter 387 of the Statutes of
34 2011, is amended to read:

35 4984.72. (a) Effective January 1, 2014, an applicant who fails
36 the clinical examination may, within one year from the notification
37 date of that failure, retake the examination as regularly scheduled
38 without further application upon payment of the fee for the
39 examination. Thereafter, the applicant shall not be eligible for
40 further examination until he or she files a new application, meets

1 all requirements in effect on the date of application, and pays all
2 required fees.

3 (b) This section shall become operative on January 1, 2014.

4 ~~SEC. 44.~~

5 *SEC. 45.* Section 4989.16 of the Business and Professions Code
6 is amended to read:

7 4989.16. (a) A person appropriately credentialed by the
8 Commission on Teacher Credentialing may perform the functions
9 authorized by that credential in a public school without a license
10 issued under this chapter by the board.

11 (b) Nothing in this chapter shall be construed to constrict, limit,
12 or withdraw the Medical Practice Act (Chapter 5 (commencing
13 with Section 2000)), the Nursing Practice Act (Chapter 6
14 (commencing with Section 2700)), the Psychology Licensing Law
15 (Chapter 6.6 (commencing with Section 2900)), the Licensed
16 Marriage and Family Therapist Practice Act (Chapter 13
17 (commencing with Section 4980)), or the Clinical Social Worker
18 Practice Act (Chapter 14 (commencing with Section 4991)).

19 ~~SEC. 45.~~

20 *SEC. 46.* Section 4989.42 of the Business and Professions Code
21 is amended to read:

22 4989.42. A license that is not renewed within three years after
23 its expiration may not be renewed, restored, reinstated, or reissued
24 thereafter. A former licensee may apply for a new license if he or
25 she satisfies all of the following requirements:

26 (a) No fact, circumstance, or condition exists that, if the license
27 were issued, would constitute grounds for its revocation or
28 suspension.

29 (b) Payment of the fees that would be required if he or she were
30 applying for a license for the first time.

31 (c) Passage of the current licensure examination.

32 (d) He or she complies with the fingerprint requirements
33 established by board regulation.

34 ~~SEC. 46.~~

35 *SEC. 47.* Section 4992.05 of the Business and Professions Code
36 is amended to read:

37 4992.05. (a) Effective January 1, 2014, an applicant for
38 licensure as a clinical social worker shall pass the following two
39 examinations as prescribed by the board:

40 (1) A California law and ethics examination.

1 (2) A clinical examination.

2 (b) Upon registration with the board, an associate social worker
3 registrant shall, within the first year of registration, take an
4 examination on California law and ethics.

5 (c) A registrant may take the clinical examination only upon
6 meeting all of the following requirements:

7 (1) Completion of all education requirements.

8 (2) Passage of the California law and ethics examination.

9 (3) Completion of all required supervised work experience.

10 (d) This section shall become operative on January 1, 2014.

11 ~~SEC. 47.~~

12 *SEC. 48.* Section 4992.07 of the Business and Professions Code
13 is amended to read:

14 4992.07. (a) An applicant who had previously taken and passed
15 the standard written examination but had not passed the clinical
16 vignette examination shall also obtain a passing score on the
17 clinical examination in order to be eligible for licensure.

18 (b) An applicant who had previously failed to obtain a passing
19 score on the standard written examination shall obtain a passing
20 score on the California law and ethics examination and the clinical
21 examination.

22 (c) An applicant who had obtained eligibility for the standard
23 written examination shall take the California law and ethics
24 examination and the clinical examination.

25 (d) This section shall become operative on January 1, 2014.

26 ~~SEC. 48.~~

27 *SEC. 49.* Section 4992.09 of the Business and Professions Code
28 is amended to read:

29 4992.09. (a) Except as provided in subdivision (a) of Section
30 4992.07, an applicant and registrant shall obtain a passing score
31 on a board-administered California law and ethics examination in
32 order to qualify for licensure.

33 (b) A registrant shall participate in a board-administered
34 California law and ethics examination prior to his or her registration
35 renewal.

36 (c) If an applicant fails the California law and ethics
37 examination, he or she may retake the examination, upon payment
38 of the required fees, without further application except for as
39 provided in subdivision (d).

1 (d) If a registrant fails to obtain a passing score on the California
2 law and ethics examination described in subdivision (a) within his
3 or her first renewal period on or after the operative date of this
4 section, he or she shall complete, at a minimum, a 12-hour course
5 in California law and ethics in order to be eligible to participate
6 in the California law and ethics examination. Registrants shall only
7 take the 12-hour California law and ethics course once during a
8 renewal period. The 12-hour law and ethics course required by the
9 section shall be taken through a board-approved continuing
10 education provider, a county, state or governmental entity, or a
11 college or university.

12 (e) The board shall not issue a subsequent registration number
13 unless the registrant has passed the California law and ethics
14 examination.

15 (f) This section shall become operative on January 1, 2014.

16 ~~SEC. 49.~~

17 *SEC. 50.* Section 4992.1 of the Business and Professions Code,
18 as amended by Section 18 of Chapter 387 of the Statutes of 2011,
19 is amended to read:

20 4992.1. (a) Only individuals who have the qualifications
21 prescribed by the board under this chapter are eligible to take the
22 examination.

23 (b) Every applicant who is issued a clinical social worker license
24 shall be examined by the board.

25 (c) Notwithstanding any other provision of law, the board may
26 destroy all examination materials two years following the date of
27 an examination.

28 (d) The board shall not deny any applicant, whose application
29 for licensure is complete, admission to the standard written
30 examination, nor shall the board postpone or delay any applicant's
31 standard written examination or delay informing the candidate of
32 the results of the standard written examination, solely upon the
33 receipt by the board of a complaint alleging acts or conduct that
34 would constitute grounds to deny licensure.

35 (e) If an applicant for examination who has passed the standard
36 written examination is the subject of a complaint or is under board
37 investigation for acts or conduct that, if proven to be true, would
38 constitute grounds for the board to deny licensure, the board shall
39 permit the applicant to take the clinical vignette written
40 examination for licensure, but may withhold the results of the

1 examination or notify the applicant that licensure will not be
2 granted pending completion of the investigation.

3 (f) Notwithstanding Section 135, the board may deny any
4 applicant who has previously failed either the standard written or
5 clinical vignette written examination permission to retake either
6 examination pending completion of the investigation of any
7 complaint against the applicant. Nothing in this section shall
8 prohibit the board from denying an applicant admission to any
9 examination, withholding the results, or refusing to issue a license
10 to any applicant when an accusation or statement of issues has
11 been filed against the applicant pursuant to Section 11503 or 11504
12 of the Government Code, or the applicant has been denied in
13 accordance with subdivision (b) of Section 485.

14 (g) On or after January 1, 2002, no applicant shall be eligible
15 to participate in a clinical vignette written examination if his or
16 her passing score on the standard written examination occurred
17 more than seven years before.

18 (h) This section shall remain in effect only until January 1, 2014,
19 and as of that date is repealed, unless a later enacted statute, that
20 is enacted before January 1, 2014, deletes or extends that date.

21 ~~SEC. 50.~~

22 *SEC. 51.* Section 4992.1 of the Business and Professions Code,
23 as added by Section 19 of Chapter 387 of the Statutes of 2011, is
24 amended to read:

25 4992.1. (a) Only individuals who have the qualifications
26 prescribed by the board under this chapter are eligible to take an
27 examination under this chapter.

28 (b) Every applicant who is issued a clinical social worker license
29 shall be examined by the board.

30 (c) Notwithstanding any other provision of law, the board may
31 destroy all examination materials two years following the date of
32 an examination.

33 (d) The board shall not deny any applicant, whose application
34 for licensure is complete, admission to the clinical examination,
35 nor shall the board postpone or delay any applicant's clinical
36 examination or delay informing the candidate of the results of the
37 clinical examination, solely upon the receipt by the board of a
38 complaint alleging acts or conduct that would constitute grounds
39 to deny licensure.

1 (e) If an applicant for examination who has passed the California
2 law and ethics examination is the subject of a complaint or is under
3 board investigation for acts or conduct that, if proven to be true,
4 would constitute grounds for the board to deny licensure, the board
5 shall permit the applicant to take the clinical examination for
6 licensure, but may withhold the results of the examination or notify
7 the applicant that licensure will not be granted pending completion
8 of the investigation.

9 (f) Notwithstanding Section 135, the board may deny any
10 applicant who has previously failed either the California law and
11 ethics examination or the clinical examination permission to retake
12 either examination pending completion of the investigation of any
13 complaint against the applicant. Nothing in this section shall
14 prohibit the board from denying an applicant admission to any
15 examination, withholding the results, or refusing to issue a license
16 to any applicant when an accusation or statement of issues has
17 been filed against the applicant pursuant to Section 11503 or 11504
18 of the Government Code, or the applicant has been denied in
19 accordance with subdivision (b) of Section 485.

20 (g) Effective January 1, ~~2013~~, 2014, no applicant shall be
21 eligible to participate in the clinical examination if he or she fails
22 to obtain a passing score on the clinical examination within seven
23 years from his or her initial attempt, unless he or she takes and
24 obtains a passing score on the current version of the California
25 law and ethics examination.

26 (h) This section shall become operative on January 1, 2014.

27 ~~SEC. 51.~~

28 *SEC. 52.* Section 4996.1 of the Business and Professions Code,
29 as amended by Section 21 of Chapter 387 of the Statutes of 2011,
30 is amended to read:

31 4996.1. (a) The board shall issue a clinical social worker
32 license to each applicant who qualifies pursuant to this article and
33 successfully passes a board-administered written or oral
34 examination or both examinations. An applicant who has
35 successfully passed a previously administered written examination
36 may be subsequently required to take and pass another written
37 examination.

38 (b) This section shall remain in effect only until January 1, 2014,
39 and as of that date is repealed, unless a later enacted statute, that
40 is enacted before January 1, 2014, deletes or extends that date.

1 ~~SEC. 52.~~

2 *SEC. 53.* Section 4996.1 of the Business and Professions Code,
3 as added by Section 22 of Chapter 387 of the Statutes of 2011, is
4 amended to read:

5 4996.1. (a) Effective January 1, 2014, the board shall issue a
6 clinical social worker license to each applicant who qualifies
7 pursuant to this article and who successfully passes a California
8 law and ethics examination and a clinical examination. An
9 applicant who has successfully passed a previously administered
10 written examination may be subsequently required to take and pass
11 another written examination.

12 (b) This section shall become operative on January 1, 2014.

13 ~~SEC. 53.~~

14 *SEC. 54.* Section 4996.3 of the Business and Professions Code,
15 as amended by Section 24 of Chapter 387 of the Statutes of 2011,
16 is amended to read:

17 4996.3. (a) The board shall assess the following fees relating
18 to the licensure of clinical social workers:

19 (1) The application fee for registration as an associate clinical
20 social worker shall be seventy-five dollars (\$75).

21 (2) The fee for renewal of an associate clinical social worker
22 registration shall be seventy-five dollars (\$75).

23 (3) The fee for application for examination eligibility shall be
24 one hundred dollars (\$100).

25 (4) The fee for the standard written examination shall be a
26 maximum of one hundred fifty dollars (\$150). The fee for the
27 clinical vignette examination shall be one hundred dollars (\$100).

28 (A) An applicant who fails to appear for an examination, after
29 having been scheduled to take the examination, shall forfeit the
30 examination fees.

31 (B) The amount of the examination fees shall be based on the
32 actual cost to the board of developing, purchasing, and grading
33 each examination and the actual cost to the board of administering
34 each examination. The written examination fees shall be adjusted
35 periodically by regulation to reflect the actual costs incurred by
36 the board.

37 (5) The fee for rescoring an examination shall be twenty dollars
38 (\$20).

39 (6) The fee for issuance of an initial license shall be a maximum
40 of one hundred fifty-five dollars (\$155).

1 (7) The fee for license renewal shall be a maximum of one
2 hundred fifty-five dollars (\$155).

3 (8) The fee for inactive license renewal shall be a maximum of
4 seventy-seven dollars and fifty cents (\$77.50).

5 (9) The renewal delinquency fee shall be seventy-five dollars
6 (\$75). A person who permits his or her license to expire is subject
7 to the delinquency fee.

8 (10) The fee for issuance of a replacement registration, license,
9 or certificate shall be twenty dollars (\$20).

10 (11) The fee for issuance of a certificate or letter of good
11 standing shall be twenty-five dollars (\$25).

12 (12) The fee for issuance of a retired license shall be forty dollars
13 (\$40).

14 (b) With regard to license, examination, and other fees, the
15 board shall establish fee amounts at or below the maximum
16 amounts specified in this chapter.

17 (c) This section shall remain in effect only until January 1, 2014,
18 and as of that date is repealed, unless a later enacted statute, that
19 is enacted before January 1, 2014, deletes or extends that date.

20 ~~SEC. 54.~~

21 *SEC. 55.* Section 4996.3 of the Business and Professions Code,
22 as added by Section 25 of Chapter 387 of the Statutes of 2011, is
23 amended to read:

24 4996.3. (a) The board shall assess the following fees relating
25 to the licensure of clinical social workers:

26 (1) The application fee for registration as an associate clinical
27 social worker shall be seventy-five dollars (\$75).

28 (2) The fee for renewal of an associate clinical social worker
29 registration shall be seventy-five dollars (\$75).

30 (3) The fee for application for examination eligibility shall be
31 one hundred dollars (\$100).

32 (4) The fee for the clinical examination shall be one hundred
33 dollars (\$100). The fee for the California law and ethics
34 examination shall be one hundred dollars (\$100).

35 (A) An applicant who fails to appear for an examination, after
36 having been scheduled to take the examination, shall forfeit the
37 examination fees.

38 (B) The amount of the examination fees shall be based on the
39 actual cost to the board of developing, purchasing, and grading
40 each examination and the actual cost to the board of administering

1 each examination. The written examination fees shall be adjusted
2 periodically by regulation to reflect the actual costs incurred by
3 the board.

4 (5) The fee for rescoring an examination shall be twenty dollars
5 (\$20).

6 (6) The fee for issuance of an initial license shall be a maximum
7 of one hundred fifty-five dollars (\$155).

8 (7) The fee for license renewal shall be a maximum of one
9 hundred fifty-five dollars (\$155).

10 (8) The fee for inactive license renewal shall be a maximum of
11 seventy-seven dollars and fifty cents (\$77.50).

12 (9) The renewal delinquency fee shall be seventy-five dollars
13 (\$75). A person who permits his or her license to expire is subject
14 to the delinquency fee.

15 (10) The fee for issuance of a replacement registration, license,
16 or certificate shall be twenty dollars (\$20).

17 (11) The fee for issuance of a certificate or letter of good
18 standing shall be twenty-five dollars (\$25).

19 (12) The fee for issuance of a retired license shall be forty dollars
20 (\$40).

21 (b) With regard to license, examination, and other fees, the
22 board shall establish fee amounts at or below the maximum
23 amounts specified in this chapter.

24 (c) This section shall become operative on January 1, 2014.

25 ~~SEC. 55.~~

26 *SEC. 56.* Section 4996.4 of the Business and Professions Code,
27 as amended by Section 28 of Chapter 387 of the Statutes of 2011,
28 is amended to read:

29 4996.4. (a) An applicant who fails a standard or clinical
30 vignette written examination may, within one year from the
31 notification date of failure, retake that examination as regularly
32 scheduled, without further application, upon payment of the
33 required examination fees. Thereafter, the applicant shall not be
34 eligible for further examination until he or she files a new
35 application, meets all current requirements, and pays all required
36 fees.

37 (b) This section shall remain in effect only until January 1, 2014,
38 and as of that date is repealed, unless a later enacted statute, that
39 is enacted before January 1, 2014, deletes or extends that date.

1 ~~SEC. 56.~~

2 *SEC. 57.* Section 4996.4 of the Business and Professions Code,
3 as added by Section 29 of Chapter 387 of the Statutes of 2011, is
4 amended to read:

5 4996.4. (a) Effective January 1, 2014, an applicant who fails
6 the clinical examination may, within one year from the notification
7 date of failure, retake that examination as regularly scheduled,
8 without further application, upon payment of the required
9 examination fees. Thereafter, the applicant shall not be eligible
10 for further examination until he or she files a new application,
11 meets all current requirements, and pays all required fees.

12 (b) This section shall become operative on January 1, 2014.

13 ~~SEC. 57.~~

14 *SEC. 58.* Section 4996.6 of the Business and Professions Code
15 is amended to read:

16 4996.6. (a) Licenses issued under this chapter shall expire no
17 more than 24 months after the issue date. The expiration date of
18 the original license shall be set by the board.

19 (b) To renew an unexpired license, the licensee shall, on or
20 before the expiration date of the license, complete the following
21 actions:

22 (1) Apply for a renewal on a form prescribed by the board.

23 (2) Pay a two-year renewal fee prescribed by the board.

24 (3) Certify compliance with the continuing education
25 requirements set forth in Section 4996.22.

26 (4) Notify the board whether he or she has been convicted, as
27 defined in Section 490, of a misdemeanor or felony, or whether
28 any disciplinary action has been taken by any regulatory or
29 licensing board in this or any other state, subsequent to the
30 licensee's last renewal.

31 (c) To renew an expired license within three years of its
32 expiration, the licensee shall, as a condition precedent to renewal,
33 complete all of the actions described in subdivision (b) and pay a
34 delinquency fee.

35 (d) A license that is not renewed within three years after its
36 expiration may not be renewed, restored, reinstated, or reissued
37 thereafter; however, the former licensee may apply for and obtain
38 a new license if he or she satisfies all of the following requirements:

39 (1) No fact, circumstance, or condition exists that, if the license
40 were issued, would justify its revocation or suspension.

1 (2) He or she submits an application for examination eligibility.

2 (3) He or she takes and passes the current licensing
3 examinations.

4 (4) He or she submits the fees for examination eligibility and
5 for initial license issuance.

6 (5) He or she complies with the fingerprint requirements
7 established by board regulation.

8 ~~SEC. 58.~~

9 *SEC. 59.* Section 4996.28 of the Business and Professions Code
10 is amended to read:

11 4996.28. (a) Registration as an associate clinical social worker
12 shall expire one year from the last day of the month during which
13 it was issued. To renew a registration, the registrant shall, on or
14 before the expiration date of the registration, complete all of the
15 following actions:

16 (1) Apply for renewal on a form prescribed by the board.

17 (2) Pay a renewal fee prescribed by the board.

18 (3) Notify the board whether he or she has been convicted, as
19 defined in Section 490, of a misdemeanor or felony, and whether
20 any disciplinary action has been taken by a regulatory or licensing
21 board in this or any other state, subsequent to the last renewal of
22 the registration.

23 (4) On and after January 1, 2014, obtain a passing score on the
24 California law and ethics examination pursuant to Section 4992.09.

25 (b) A registration as an associate clinical social worker may be
26 renewed a maximum of five times. When no further renewals are
27 possible, an applicant may apply for and obtain a new associate
28 clinical social worker registration if the applicant meets all
29 requirements for registration in effect at the time of his or her
30 application for a new associate clinical social worker registration.
31 An applicant issued a subsequent associate registration pursuant
32 to this subdivision may be employed or volunteer in any allowable
33 work setting except private practice.

34 ~~SEC. 59.~~

35 *SEC. 60.* Section 4999.22 of the Business and Professions Code
36 is amended to read:

37 4999.22. (a) Nothing in this chapter shall prevent qualified
38 persons from doing work of a psychosocial nature consistent with
39 the standards and ethics of their respective professions. However,
40 these qualified persons shall not hold themselves out to the public

1 by any title or description of services incorporating the words
2 “licensed professional clinical counselor” and shall not state that
3 they are licensed to practice professional clinical counseling, unless
4 they are otherwise licensed to provide professional clinical
5 counseling services.

6 (b) Nothing in this chapter shall be construed to constrict, limit,
7 or withdraw provisions of the Medical Practice Act, the Clinical
8 Social Worker Practice Act, the Nursing Practice Act, the
9 Psychology Licensing Law, or the Licensed Marriage and Family
10 Therapist Act.

11 (c) This chapter shall not apply to any priest, rabbi, or minister
12 of the gospel of any religious denomination who performs
13 counseling services as part of his or her pastoral or professional
14 duties, or to any person who is admitted to practice law in this
15 state, or who is licensed to practice medicine, who provides
16 counseling services as part of his or her professional practice.

17 (d) This chapter shall not apply to an employee of a
18 governmental entity or a school, college, or university, or of an
19 institution both nonprofit and charitable, if his or her practice is
20 performed solely under the supervision of the entity, school,
21 college, university, or institution by which he or she is employed,
22 and if he or she performs those functions as part of the position
23 for which he or she is employed.

24 (e) All persons registered as interns or licensed under this
25 chapter shall not be exempt from this chapter or the jurisdiction
26 of the board.

27 ~~SEC. 60.~~

28 *SEC. 61.* Section 4999.32 of the Business and Professions Code
29 is amended to read:

30 4999.32. (a) This section shall apply to applicants for
31 examination eligibility or registration who begin graduate study
32 before August 1, 2012, and complete that study on or before
33 December 31, 2018. Those applicants may alternatively qualify
34 under paragraph (2) of subdivision (a) of Section 4999.33.

35 (b) To qualify for examination eligibility or registration,
36 applicants shall possess a master’s or doctoral degree that is
37 counseling or psychotherapy in content and that meets the
38 requirements of this section, obtained from an accredited or
39 approved institution, as defined in Section 4999.12. For purposes
40 of this subdivision, a degree is “counseling or psychotherapy in

1 content” if it contains the supervised practicum or field study
2 experience described in paragraph (3) of subdivision (c) and, except
3 as provided in subdivision (d), the coursework in the core content
4 areas listed in subparagraphs (A) to (I), inclusive, of paragraph (1)
5 of subdivision (c).

6 (c) The degree described in subdivision (b) shall contain not
7 less than 48 graduate semester or 72 graduate quarter units of
8 instruction, which shall, except as provided in subdivision (d),
9 include all of the following:

10 (1) The equivalent of at least three semester units or four and
11 one-half quarter units of graduate study in each of following core
12 content areas:

13 (A) Counseling and psychotherapeutic theories and techniques,
14 including the counseling process in a multicultural society, an
15 orientation to wellness and prevention, counseling theories to assist
16 in selection of appropriate counseling interventions, models of
17 counseling consistent with current professional research and
18 practice, development of a personal model of counseling, and
19 multidisciplinary responses to crises, emergencies, and disasters.

20 (B) Human growth and development across the lifespan,
21 including normal and abnormal behavior and an understanding of
22 developmental crises, disability, psychopathology, and situational
23 and environmental factors that affect both normal and abnormal
24 behavior.

25 (C) Career development theories and techniques, including
26 career development decisionmaking models and interrelationships
27 among and between work, family, and other life roles and factors,
28 including the role of multicultural issues in career development.

29 (D) Group counseling theories and techniques, including
30 principles of group dynamics, group process components,
31 developmental stage theories, therapeutic factors of group work,
32 group leadership styles and approaches, pertinent research and
33 literature, group counseling methods, and evaluation of
34 effectiveness.

35 (E) Assessment, appraisal, and testing of individuals, including
36 basic concepts of standardized and nonstandardized testing and
37 other assessment techniques, norm-referenced and
38 criterion-referenced assessment, statistical concepts, social and
39 cultural factors related to assessment and evaluation of individuals

1 and groups, and ethical strategies for selecting, administering, and
2 interpreting assessment instruments and techniques in counseling.

3 (F) Multicultural counseling theories and techniques, including
4 counselors' roles in developing cultural self-awareness, identity
5 development, promoting cultural social justice, individual and
6 community strategies for working with and advocating for diverse
7 populations, and counselors' roles in eliminating biases and
8 prejudices, and processes of intentional and unintentional
9 oppression and discrimination.

10 (G) Principles of the diagnostic process, including differential
11 diagnosis, and the use of current diagnostic tools, such as the
12 current edition of the Diagnostic and Statistical Manual, the impact
13 of co-occurring substance use disorders or medical psychological
14 disorders, established diagnostic criteria for mental or emotional
15 disorders, and the treatment modalities and placement criteria
16 within the continuum of care.

17 (H) Research and evaluation, including studies that provide an
18 understanding of research methods, statistical analysis, the use of
19 research to inform evidence-based practice, the importance of
20 research in advancing the profession of counseling, and statistical
21 methods used in conducting research, needs assessment, and
22 program evaluation.

23 (I) Professional orientation, ethics, and law in counseling,
24 including professional ethical standards and legal considerations,
25 licensing law and process, regulatory laws that delineate the
26 profession's scope of practice, counselor-client privilege,
27 confidentiality, the client dangerous to self or others, treatment of
28 minors with or without parental consent, relationship between
29 practitioner's sense of self and human values, functions and
30 relationships with other human service providers, strategies for
31 collaboration, and advocacy processes needed to address
32 institutional and social barriers that impede access, equity, and
33 success for clients.

34 (2) In addition to the course requirements described in paragraph
35 (1), a minimum of 12 semester units or 18 quarter units of advanced
36 coursework to develop knowledge of specific treatment issues,
37 special populations, application of counseling constructs,
38 assessment and treatment planning, clinical interventions,
39 therapeutic relationships, psychopathology, or other clinical topics.

- 1 (3) Not less than six semester units or nine quarter units of
2 supervised practicum or field study experience, or the equivalent,
3 in a clinical setting that provides a range of professional clinical
4 counseling experience, including the following:
- 5 (A) Applied psychotherapeutic techniques.
 - 6 (B) Assessment.
 - 7 (C) Diagnosis.
 - 8 (D) Prognosis.
 - 9 (E) Treatment.
 - 10 (F) Issues of development, adjustment, and maladjustment.
 - 11 (G) Health and wellness promotion.
 - 12 (H) Other recognized counseling interventions.
 - 13 (I) A minimum of 150 hours of face-to-face supervised clinical
14 experience counseling individuals, families, or groups.
- 15 (d) (1) An applicant whose degree is deficient in no more than
16 two of the required areas of study listed in subparagraphs (A) to
17 (I), inclusive, of paragraph (1) of subdivision (c) may satisfy those
18 deficiencies by successfully completing post-master's or
19 postdoctoral degree coursework at an accredited or approved
20 institution, as defined in Section 4999.12.
- 21 (2) Coursework taken to meet deficiencies in the required areas
22 of study listed in subparagraphs (A) to (I), inclusive, of paragraph
23 (1) of subdivision (c) shall be the equivalent of three semester units
24 or four and one-half quarter units of study.
- 25 (3) The board shall make the final determination as to whether
26 a degree meets all requirements, including, but not limited to,
27 course requirements, regardless of accreditation.
- 28 (e) In addition to the degree described in this section, or as part
29 of that degree, an applicant shall complete the following
30 coursework or training prior to registration as an intern:
- 31 (1) A minimum of 15 contact hours of instruction in alcoholism
32 and other chemical substance abuse dependency, as specified by
33 regulation.
 - 34 (2) A minimum of 10 contact hours of training or coursework
35 in human sexuality as specified in Section 25, and any regulations
36 promulgated thereunder.
 - 37 (3) A two semester unit or three quarter unit survey course in
38 psychopharmacology.
 - 39 (4) A minimum of 15 contact hours of instruction in spousal or
40 partner abuse assessment, detection, and intervention strategies,

1 including knowledge of community resources, cultural factors,
2 and same gender abuse dynamics.

3 (5) A minimum of seven contact hours of training or coursework
4 in child abuse assessment and reporting as specified in Section 28
5 and any regulations adopted thereunder.

6 (6) A minimum of 18 contact hours of instruction in California
7 law and professional ethics for professional clinical counselors
8 that includes, but is not limited to, instruction in advertising, scope
9 of practice, scope of competence, treatment of minors,
10 confidentiality, dangerous clients, psychotherapist-client privilege,
11 recordkeeping, client access to records, dual relationships, child
12 abuse, elder and dependent adult abuse, online therapy, insurance
13 reimbursement, civil liability, disciplinary actions and
14 unprofessional conduct, ethics complaints and ethical standards,
15 termination of therapy, standards of care, relevant family law,
16 therapist disclosures to clients, and state and federal laws related
17 to confidentiality of patient health information. When coursework
18 in a master's or doctoral degree program is acquired to satisfy this
19 requirement, it shall be considered as part of the 48 semester unit
20 or 72 quarter unit requirement in subdivision (c).

21 (7) A minimum of 10 contact hours of instruction in aging and
22 long-term care, which may include, but is not limited to, the
23 biological, social, and psychological aspects of aging. On and after
24 January 1, 2012, this coursework shall include instruction on the
25 assessment and reporting of, as well as treatment related to, elder
26 and dependent adult abuse and neglect.

27 (8) A minimum of 15 contact hours of instruction in crisis or
28 trauma counseling, including multidisciplinary responses to crises,
29 emergencies, or disasters, and brief, intermediate, and long-term
30 approaches.

31 (f) This section shall remain in effect only until January 1, 2019,
32 and as of that date is repealed, unless a later enacted statute that
33 is enacted before January 1, 2019, deletes or extends that date.

34 ~~SEC. 61.~~

35 *SEC. 62.* Section 4999.45 of the Business and Professions
36 Code, as amended by Section 32 of Chapter 387 of the Statutes of
37 2011, is amended to read:

38 4999.45. An intern employed under this chapter shall:

39 (a) Not perform any duties, except for those services provided
40 as a clinical counselor trainee, until registered as an intern.

1 (b) Not be employed or volunteer in a private practice until
2 registered as an intern.

3 (c) Inform each client prior to performing any professional
4 services that he or she is unlicensed and under supervision.

5 (d) Renew annually for a maximum of five years after initial
6 registration with the board.

7 (e) When no further renewals are possible, an applicant may
8 apply for and obtain a new intern registration if the applicant meets
9 the educational requirements for registration in effect at the time
10 of the application for a new intern registration. An applicant issued
11 a subsequent intern registration pursuant to this subdivision may
12 be employed or volunteer in any allowable work setting except
13 private practice.

14 (f) This section shall remain in effect only until January 1, 2014,
15 and as of that date is repealed, unless a later enacted statute, that
16 is enacted before January 1, 2014, deletes or extends that date.

17 ~~SEC. 62.~~

18 *SEC. 63.* Section 4999.45 of the Business and Professions
19 Code, as added by Section 33 of Chapter 387 of the Statutes of
20 2011, is amended to read:

21 4999.45. (a) An intern employed under this chapter shall:

22 (1) Not perform any duties, except for those services provided
23 as a clinical counselor trainee, until registered as an intern.

24 (2) Not be employed or volunteer in a private practice until
25 registered as an intern.

26 (3) Inform each client prior to performing any professional
27 services that he or she is unlicensed and under supervision.

28 (4) Renew annually for a maximum of five years after initial
29 registration with the board.

30 (b) When no further renewals are possible, an applicant may
31 apply for and obtain a new intern registration if the applicant meets
32 the educational requirements for registration in effect at the time
33 of the application for a new intern registration and has passed the
34 California law and ethics examination described in Section
35 4999.53. An applicant issued a subsequent intern registration
36 pursuant to this subdivision may be employed or volunteer in any
37 allowable work setting except private practice.

38 (c) This section shall become operative on January 1, 2014.

1 ~~SEC. 63.~~

2 *SEC. 64.* Section 4999.46 of the Business and Professions
3 Code, as amended by Section 34 of Chapter 387 of the Statutes of
4 2011, is amended to read:

5 4999.46. (a) To qualify for the licensure examinations specified
6 in subdivision (c) of Section 4999.52, applicants shall complete
7 clinical mental health experience under the general supervision of
8 an approved supervisor as defined in Section 4999.12.

9 (b) The experience shall include a minimum of 3,000 postdegree
10 hours of supervised clinical mental health experience related to
11 the practice of professional clinical counseling, performed over a
12 period of not less than two years (104 weeks), which shall include:

13 (1) Not more than 40 hours in any seven consecutive days.

14 (2) Not less than 1,750 hours of direct counseling with
15 individuals or groups in a setting described in Section 4999.44
16 using a variety of psychotherapeutic techniques and recognized
17 counseling interventions within the scope of practice of licensed
18 professional clinical counselors.

19 (3) Not more than 500 hours of experience providing group
20 therapy or group counseling.

21 (4) Not more than 250 hours of experience providing counseling
22 or crisis counseling on the telephone.

23 (5) Not less than 150 hours of clinical experience in a hospital
24 or community mental health setting, as defined in Section 1820 of
25 Title 16 of the California Code of Regulations.

26 (6) Not more than a combined total of 1,250 hours of experience
27 in the following related activities:

28 (A) Direct supervisor contact.

29 (B) Client centered advocacy.

30 (C) Not more than 250 hours of experience administering tests
31 and evaluating psychological tests of clients, writing clinical
32 reports, writing progress notes, or writing process notes.

33 (D) Not more than 250 hours of verified attendance at
34 workshops, training sessions, or conferences directly related to
35 professional clinical counseling that are approved by the applicant's
36 supervisor.

37 (c) No hours of clinical mental health experience may be gained
38 more than six years prior to the date the application for examination
39 eligibility was filed.

1 (d) An applicant shall register with the board as an intern in
2 order to be credited for postdegree hours of experience toward
3 licensure. Postdegree hours of experience shall be credited toward
4 licensure, provided that the applicant applies for intern registration
5 within 90 days of the granting of the qualifying degree and is
6 registered as an intern by the board.

7 (e) All applicants and interns shall be at all times under the
8 supervision of a supervisor who shall be responsible for ensuring
9 that the extent, kind, and quality of counseling performed is
10 consistent with the training and experience of the person being
11 supervised, and who shall be responsible to the board for
12 compliance with all laws, rules, and regulations governing the
13 practice of professional clinical counseling.

14 (f) Experience obtained under the supervision of a spouse or
15 relative by blood or marriage shall not be credited toward the
16 required hours of supervised experience. Experience obtained
17 under the supervision of a supervisor with whom the applicant has
18 had or currently has a personal, professional, or business
19 relationship that undermines the authority or effectiveness of the
20 supervision shall not be credited toward the required hours of
21 supervised experience.

22 (g) Supervision shall include at least one hour of direct
23 supervisor contact in each week for which experience is credited
24 in each work setting.

25 (1) No more than five hours of supervision, whether individual
26 or group, shall be credited during any single week.

27 (2) An intern shall receive at least one additional hour of direct
28 supervisor contact for every week in which more than 10 hours of
29 face-to-face psychotherapy is performed in each setting in which
30 experience is gained.

31 (3) For purposes of this section, “one hour of direct supervisor
32 contact” means one hour of face-to-face contact on an individual
33 basis or two hours of face-to-face contact in a group of not more
34 than eight persons in segments lasting no less than one continuous
35 hour.

36 (4) Notwithstanding paragraph (3), an intern working in a
37 governmental entity, a school, a college, or a university, or an
38 institution that is both nonprofit and charitable, may obtain the
39 required weekly direct supervisor contact via two-way, real-time

1 videoconferencing. The supervisor shall be responsible for ensuring
2 that client confidentiality is upheld.

3 (h) This section shall remain in effect only until January 1, 2014,
4 and as of that date is repealed, unless a later enacted statute, that
5 is enacted before January 1, 2014, deletes or extends that date.

6 ~~SEC. 64.~~

7 *SEC. 65.* Section 4999.46 of the Business and Professions
8 Code, as added by Section 35 of Chapter 387 of the Statutes of
9 2011, is amended to read:

10 4999.46. (a) To qualify for the licensure examination specified
11 by paragraph (2) of subdivision (a) of Section 4999.53, applicants
12 shall complete clinical mental health experience under the general
13 supervision of an approved supervisor as defined in Section
14 4999.12.

15 (b) The experience shall include a minimum of 3,000 postdegree
16 hours of supervised clinical mental health experience related to
17 the practice of professional clinical counseling, performed over a
18 period of not less than two years (104 weeks), which shall include:

19 (1) Not more than 40 hours in any seven consecutive days.

20 (2) Not less than 1,750 hours of direct counseling with
21 individuals or groups in a setting described in Section 4999.44
22 using a variety of psychotherapeutic techniques and recognized
23 counseling interventions within the scope of practice of licensed
24 professional clinical counselors.

25 (3) Not more than 500 hours of experience providing group
26 therapy or group counseling.

27 (4) Not more than 250 hours of experience providing counseling
28 or crisis counseling on the telephone.

29 (5) Not less than 150 hours of clinical experience in a hospital
30 or community mental health setting, as defined in Section 1820 of
31 Title 16 of the California Code of Regulations.

32 (6) Not more than a combined total of 1,250 hours of experience
33 in the following related activities:

34 (A) Direct supervisor contact.

35 (B) Client centered advocacy.

36 (C) Not more than 250 hours of experience administering tests
37 and evaluating psychological tests of clients, writing clinical
38 reports, writing progress notes, or writing process notes.

39 (D) Not more than 250 hours of verified attendance at
40 workshops, training sessions, or conferences directly related to

1 professional clinical counseling that are approved by the applicant’s
2 supervisor.

3 (c) No hours of clinical mental health experience may be gained
4 more than six years prior to the date the application for examination
5 eligibility was filed.

6 (d) An applicant shall register with the board as an intern in
7 order to be credited for postdegree hours of experience toward
8 licensure. Postdegree hours of experience shall be credited toward
9 licensure, provided that the applicant applies for intern registration
10 within 90 days of the granting of the qualifying degree and is
11 registered as an intern by the board.

12 (e) All applicants and interns shall be at all times under the
13 supervision of a supervisor who shall be responsible for ensuring
14 that the extent, kind, and quality of counseling performed is
15 consistent with the training and experience of the person being
16 supervised, and who shall be responsible to the board for
17 compliance with all laws, rules, and regulations governing the
18 practice of professional clinical counseling.

19 (f) Experience obtained under the supervision of a spouse or
20 relative by blood or marriage shall not be credited toward the
21 required hours of supervised experience. Experience obtained
22 under the supervision of a supervisor with whom the applicant has
23 had or currently has a personal, professional, or business
24 relationship that undermines the authority or effectiveness of the
25 supervision shall not be credited toward the required hours of
26 supervised experience.

27 (g) Supervision shall include at least one hour of direct
28 supervisor contact in each week for which experience is credited
29 in each work setting.

30 (1) No more than five hours of supervision, whether individual
31 or group, shall be credited during any single week.

32 (2) An intern shall receive at least one additional hour of direct
33 supervisor contact for every week in which more than 10 hours of
34 face-to-face psychotherapy is performed in each setting in which
35 experience is gained.

36 (3) For purposes of this section, “one hour of direct supervisor
37 contact” means one hour of face-to-face contact on an individual
38 basis or two hours of face-to-face contact in a group of not more
39 than eight persons in segments lasting no less than one continuous
40 hour.

1 (4) Notwithstanding paragraph (3), an intern working in a
2 governmental entity, a school, a college, or a university, or an
3 institution that is both nonprofit and charitable, may obtain the
4 required weekly direct supervisor contact via two-way, real-time
5 videoconferencing. The supervisor shall be responsible for ensuring
6 that client confidentiality is upheld.

7 (h) This section shall become operative on January 1, 2014.

8 ~~SEC. 65.~~

9 *SEC. 66.* Section 4999.50 of the Business and Professions
10 Code, as amended by Section 36 of Chapter 387 of the Statutes of
11 2011, is amended to read:

12 4999.50. (a) The board may issue a professional clinical
13 counselor license to any person who meets all of the following
14 requirements:

15 (1) He or she has received a master's or doctoral degree
16 described in Section 4999.32 or 4999.33, as applicable.

17 (2) He or she has completed at least 3,000 hours of supervised
18 experience in the practice of professional clinical counseling as
19 provided in Section 4999.46.

20 (3) He or she provides evidence of a passing score, as
21 determined by the board, on examinations designated by the board
22 pursuant to Section 4999.52.

23 (b) An applicant who has satisfied the requirements of this
24 chapter shall be issued a license as a professional clinical counselor
25 in the form that the board may deem appropriate.

26 (c) The board shall begin accepting applications for examination
27 eligibility on January 1, 2012.

28 (d) This section shall remain in effect only until January 1, 2014,
29 and as of that date is repealed, unless a later enacted statute, that
30 is enacted before January 1, 2014, deletes or extends that date.

31 ~~SEC. 66.~~

32 *SEC. 67.* Section 4999.50 of the Business and Professions
33 Code, as added by Section 37 of Chapter 387 of the Statutes of
34 2011, is amended to read:

35 4999.50. (a) The board may issue a professional clinical
36 counselor license to any person who meets all of the following
37 requirements:

38 (1) He or she has received a master's or doctoral degree
39 described in Section 4999.32 or 4999.33, as applicable.

1 (2) He or she has completed at least 3,000 hours of supervised
2 experience in the practice of professional clinical counseling as
3 provided in Section 4999.46.

4 (3) He or she provides evidence of a passing score, as
5 determined by the board, on the examinations designated in Section
6 4999.53.

7 (b) An applicant who has satisfied the requirements of this
8 chapter shall be issued a license as a professional clinical counselor
9 in the form that the board may deem appropriate.

10 (c) This section shall become operative on January 1, 2014.

11 ~~SEC. 67.~~

12 *SEC. 68.* Section 4999.52 of the Business and Professions
13 Code, as amended by Section 38 of Chapter 387 of the Statutes of
14 2011, is amended to read:

15 4999.52. (a) Except as provided in Sections 4999.54 and
16 4999.56, every applicant for a license as a professional clinical
17 counselor shall be examined by the board. The board shall examine
18 the candidate with regard to his or her knowledge and professional
19 skills and his or her judgment in the utilization of appropriate
20 techniques and methods.

21 (b) The examinations shall be given at least twice a year at a
22 time and place and under supervision as the board may determine.

23 (c) (1) It is the intent of the Legislature that national licensing
24 examinations, such as the National Counselor Examination for
25 Licensure and Certification (NCE) and the National Clinical Mental
26 Health Counselor Examination (NCMHCE), be evaluated by the
27 board as requirements for licensure as a professional clinical
28 counselor.

29 (2) The board shall evaluate various national examinations in
30 order to determine whether they meet the prevailing standards for
31 the validation and use of licensing and certification tests in
32 California.

33 (3) The Department of Consumer Affairs' Office of Professional
34 Examination Services shall review the occupational analysis that
35 was used for developing the national examinations in order to
36 determine if it adequately describes the licensing group and
37 adequately determines the tasks, knowledge, skills, and abilities
38 the licensed professional clinical counselor would need to perform
39 the functions under this chapter.

1 (4) Examinations shall measure knowledge and abilities
2 demonstrably important to the safe, effective practice of the
3 profession.

4 (5) If national examinations do not meet the standards specified
5 in paragraph (2), the board may require a passing score on either
6 of the following:

7 (A) The national examinations plus one or more
8 board-developed examinations.

9 (B) One or more board-developed examinations.

10 (6) The licensing examinations shall also incorporate a
11 California law and ethics examination element that is acceptable
12 to the board, or, as an alternative, the board may develop a separate
13 California law and ethics examination.

14 (d) The board shall not deny any applicant who has submitted
15 a complete application for examination admission to the licensure
16 examinations required by this section if the applicant meets the
17 educational and experience requirements of this chapter, and has
18 not committed any acts or engaged in any conduct that would
19 constitute grounds to deny licensure.

20 (e) The board shall not deny any applicant whose application
21 for licensure is complete admission to the examinations, nor shall
22 the board postpone or delay any applicant's examinations or delay
23 informing the candidate of the results of the examinations, solely
24 upon the receipt by the board of a complaint alleging acts or
25 conduct that would constitute grounds to deny licensure.

26 (f) If an applicant for examination is the subject of a complaint
27 or is under board investigation for acts or conduct that, if proven
28 to be true, would constitute grounds for the board to deny licensure,
29 the board shall permit the applicant to take the examinations, but
30 may notify the applicant that licensure will not be granted pending
31 completion of the investigation.

32 (g) Notwithstanding Section 135, the board may deny any
33 applicant who has previously failed an examination permission to
34 retake that examination pending completion of the investigation
35 of any complaints against the applicant.

36 (h) Nothing in this section shall prohibit the board from denying
37 an applicant admission to any examination, withholding the results,
38 or refusing to issue a license to any applicant when an accusation
39 or statement of issues has been filed against the applicant pursuant
40 to Section 11503 or 11504 of the Government Code, respectively,

1 or the application has been denied in accordance with subdivision
2 (b) of Section 485.

3 (i) Notwithstanding any other provision of law, the board may
4 destroy all examination materials two years following the date of
5 an examination.

6 (j) This section shall remain in effect only until January 1, 2014,
7 and as of that date is repealed, unless a later enacted statute, that
8 is enacted before January 1, 2014, deletes or extends that date.

9 ~~SEC. 68.~~

10 *SEC. 69.* Section 4999.52 of the Business and Professions
11 Code, as added by Section 39 of Chapter 387 of the Statutes of
12 2011, is amended to read:

13 4999.52. (a) Except as provided in Sections 4999.54 and
14 4999.56, every applicant for a license as a professional clinical
15 counselor shall be examined by the board. The board shall examine
16 the candidate with regard to his or her knowledge and professional
17 skills and his or her judgment in the utilization of appropriate
18 techniques and methods.

19 (b) The examinations shall be given at least twice a year at a
20 time and place and under supervision as the board may determine.

21 (c) The board shall not deny any applicant who has submitted
22 a complete application for examination admission to the licensure
23 examinations required by this section if the applicant meets the
24 educational and experience requirements of this chapter, and has
25 not committed any acts or engaged in any conduct that would
26 constitute grounds to deny licensure.

27 (d) The board shall not deny any applicant whose application
28 for licensure is complete admission to the examinations specified
29 by paragraph (2) of subdivision (a) of Section 4999.53, nor shall
30 the board postpone or delay this examination for any applicant or
31 delay informing the candidate of the results of this examination,
32 solely upon the receipt by the board of a complaint alleging acts
33 or conduct that would constitute grounds to deny licensure.

34 (e) If an applicant for the examination specified by paragraph
35 (2) of subdivision (a) of Section 4999.53, who has passed the
36 California law and ethics examination, is the subject of a complaint
37 or is under board investigation for acts or conduct that, if proven
38 to be true, would constitute grounds for the board to deny licensure,
39 the board shall permit the applicant to take this examination, but

1 may notify the applicant that licensure will not be granted pending
2 completion of the investigation.

3 (f) Notwithstanding Section 135, the board may deny any
4 applicant who has previously failed either the California law and
5 ethics examination, or the examination specified by paragraph (2)
6 of subdivision (a) of Section 4999.53, permission to retake either
7 examination pending completion of the investigation of any
8 complaints against the applicant.

9 (g) Nothing in this section shall prohibit the board from denying
10 an applicant admission to any examination, withholding the results,
11 or refusing to issue a license to any applicant when an accusation
12 or statement of issues has been filed against the applicant pursuant
13 to Section 11503 or 11504 of the Government Code, respectively,
14 or the application has been denied in accordance with subdivision
15 (b) of Section 485.

16 (h) Notwithstanding any other provision of law, the board may
17 destroy all examination materials two years following the date of
18 an examination.

19 (i) On and after January 1, 2014, the examination specified by
20 paragraph (2) of subdivision (a) of Section 4999.53 shall be passed
21 within seven years of an applicant's initial attempt.

22 (j) No applicant shall be eligible to participate in the examination
23 specified by paragraph (2) of subdivision (a) of Section 4999.53,
24 if he or she fails to obtain a passing score on this examination
25 within seven years from his or her initial attempt. If the applicant
26 fails to obtain a passing score within seven years of initial attempt,
27 he or she shall obtain a passing score on the current version of the
28 California law and ethics examination in order to be eligible to
29 retake this examination.

30 (k) The provisions of this section shall become operative on
31 January 1, 2014.

32 ~~SEC. 69:~~

33 *SEC. 70.* Section 4999.53 of the Business and Professions Code
34 is amended to read:

35 4999.53. (a) Effective January 1, 2014, a clinical counselor
36 intern applying for licensure as a clinical counselor shall pass the
37 following examinations as prescribed by the board:

38 (1) A California law and ethics examination.

39 (2) A clinical examination administered by the board, or the
40 National Clinical Mental Health Counselor Examination if the

1 board finds that this examination meets the prevailing standards
2 for validation and use of the licensing and certification tests in
3 California.

4 (b) Upon registration with the board, a clinical counselor intern
5 shall, within the first year of registration, take an examination on
6 California law and ethics.

7 (c) A registrant may take the clinical examination or the National
8 Clinical Mental Health Counselor Examination, as established by
9 the board through regulation, only upon meeting all of the
10 following requirements:

11 (1) Completion of all required supervised work experience.

12 (2) Completion of all education requirements.

13 (3) Passage of the California law and ethics examination.

14 (d) This section shall become operative on January 1, 2014.

15 ~~SEC. 70.~~

16 *SEC. 71.* Section 4999.55 of the Business and Professions Code
17 is amended to read:

18 4999.55. (a) Each applicant and registrant shall obtain a
19 passing score on a board-administered California law and ethics
20 examination in order to qualify for licensure.

21 (b) A registrant shall participate in a board-administered
22 California law and ethics examination prior to his or her registration
23 renewal.

24 (c) If an applicant fails the California law and ethics exam, he
25 or she may retake the examination, upon payment of the required
26 fees, without further application, except as provided in subdivision
27 (d).

28 (d) If a registrant fails to obtain a passing score on the California
29 law and ethics examination described in subdivision (a) within his
30 or her first renewal period on or after the operative date of this
31 section, he or she shall complete, at minimum, a 12-hour course
32 in California law and ethics in order to be eligible to participate
33 in the California law and ethics examination. Registrants shall only
34 take the 12-hour California law and ethics course once during a
35 renewal period. The 12-hour law and ethics course required by
36 this section shall be taken through a board-approved continuing
37 education provider, a county, state, or governmental entity, or a
38 college or university.

1 (e) The board shall not issue a subsequent registration number
2 unless the registrant has passed the California law and ethics
3 examination.

4 (f) This section shall become operative January 1, 2014.

5 ~~SEC. 71.~~

6 *SEC. 72.* Section 4999.57 of the Business and Professions Code
7 is amended to read:

8 4999.57. (a) This section applies to a person who applies for
9 examination eligibility or registration between January 1, 2011,
10 and December 31, 2013, inclusive, who does not hold a license
11 described in subdivision (a) of Section 4999.58.

12 (b) Experience gained outside of California shall be accepted
13 toward the licensure requirements if it is substantially equivalent
14 to that required by this chapter, if the applicant complies with
15 Section 4999.40, if applicable, and if the applicant has gained a
16 minimum of 250 hours of supervised experience in direct
17 counseling within California while registered as an intern with the
18 board.

19 (c) Education gained while residing outside of California shall
20 be accepted toward the licensure requirements if it is substantially
21 equivalent to the education requirements of this chapter, and if the
22 applicant has completed the training or coursework required under
23 subdivision (e) of Section 4999.32, which includes, in addition to
24 the course described in subparagraph (I) of paragraph (1) of
25 subdivision (c) of Section 4999.32, an 18-hour course in California
26 law and professional ethics for professional clinical counselors.

27 (d) For purposes of this section, the board may, in its discretion,
28 accept education as substantially equivalent if the applicant's
29 education meets the requirements of Section 4999.32. If the
30 applicant's degree does not contain the content or the overall units
31 required by Section 4999.32, the board may, in its discretion, accept
32 the applicant's education as substantially equivalent if the following
33 criteria are satisfied:

34 (1) The applicant's degree contains the required number of
35 practicum units under paragraph (3) of subdivision (c) of Section
36 4999.32.

37 (2) The applicant remediates his or her specific deficiency by
38 completing the course content and units required by Section
39 4999.32.

40 (3) The applicant's degree otherwise complies with this section.

1 (e) This section shall become inoperative on January 1, 2014,
2 and as of that date is repealed, unless a later enacted statute, which
3 is enacted before January 1, 2014, deletes or extends that date.

4 ~~SEC. 72.~~

5 *SEC. 73.* Section 4999.58 of the Business and Professions Code
6 is amended to read:

7 4999.58. (a) This section applies to a person who applies for
8 examination eligibility between January 1, 2011, and December
9 31, 2013, inclusive, and who meets both of the following
10 requirements:

11 (1) At the time of application, holds a valid license as a
12 professional clinical counselor, or other counseling license that
13 allows the applicant to independently provide clinical mental health
14 services, in another jurisdiction of the United States.

15 (2) Has held the license described in paragraph (1) for at least
16 two years immediately preceding the date of application.

17 (b) The board may issue a license to a person described in
18 subdivision (a) if all of the following requirements are satisfied:

19 (1) The education and supervised experience requirements of
20 the other jurisdiction are substantially the equivalent of this chapter,
21 as described in subdivision (e) and in Section 4999.46.

22 (2) The person complies with subdivision (b) of Section 4999.40,
23 if applicable.

24 (3) The person successfully completes the examinations required
25 by the board pursuant to paragraph (3) of subdivision (a) of Section
26 4999.50.

27 (4) The person pays the required fees.

28 (c) Experience gained outside of California shall be accepted
29 toward the licensure requirements if it is substantially equivalent
30 to that required by this chapter. The board shall consider hours of
31 experience obtained in another state during the six-year period
32 immediately preceding the applicant's initial licensure by that state
33 as a licensed professional clinical counselor.

34 (d) Education gained while residing outside of California shall
35 be accepted toward the licensure requirements if it is substantially
36 equivalent to the education requirements of this chapter, and if the
37 applicant has completed the training or coursework required under
38 subdivision (e) of Section 4999.32, which includes, in addition to
39 the course described in subparagraph (I) of paragraph (1) of

1 subdivision (c) of Section 4999.32, an 18-hour course in California
2 law and professional ethics for professional clinical counselors.

3 (e) For purposes of this section, the board may, in its discretion,
4 accept education as substantially equivalent if the applicant's
5 education meets the requirements of Section 4999.32. If the
6 applicant's degree does not contain the content or the overall units
7 required by Section 4999.32, the board may, in its discretion, accept
8 the applicant's education as substantially equivalent if the following
9 criteria are satisfied:

10 (1) The applicant's degree contains the required number of
11 practicum units under paragraph (3) of subdivision (c) of Section
12 4999.32.

13 (2) The applicant remediates his or her specific deficiency by
14 completing the course content and units required by Section
15 4999.32.

16 (3) The applicant's degree otherwise complies with this section.

17 (f) This section shall become inoperative on January 1, 2014,
18 and as of that date is repealed, unless a later enacted statute, which
19 is enacted before January 1, 2014, deletes or extends that date.

20 ~~SEC. 73:~~

21 *SEC. 74.* Section 4999.59 of the Business and Professions Code
22 is amended to read:

23 4999.59. (a) This section applies to a person who applies for
24 examination eligibility or registration between January 1, 2011,
25 and December 31, 2013, inclusive, who meets both of the following
26 requirements:

27 (1) At the time of application, holds a valid license described
28 in paragraph (1) of subdivision (a) of Section 4999.58.

29 (2) Has held the license described in paragraph (1) for less than
30 two years immediately preceding the date of application.

31 (b) Experience gained outside of California shall be accepted
32 toward the licensure requirements if it is substantially equivalent
33 to that required by this chapter, if the applicant complies with
34 Section 4999.40, if applicable, and if the applicant has gained a
35 minimum of 250 hours of supervised experience in direct
36 counseling within California while registered as an intern with the
37 board. The board shall consider hours of experience obtained in
38 another state during the six-year period immediately preceding the
39 applicant's initial licensure in that state as a professional clinical
40 counselor.

1 (c) Education gained while residing outside of California shall
2 be accepted toward the licensure requirements if it is substantially
3 equivalent to the education requirements of this chapter, and if the
4 applicant has completed the training or coursework required under
5 subdivision (e) of Section 4999.32, which includes, in addition to
6 the course described in subparagraph (I) of paragraph (1) of
7 subdivision (c) of Section 4999.32, an 18-hour course in California
8 law and professional ethics for professional clinical counselors.

9 (d) For purposes of this section, the board may, in its discretion,
10 accept education as substantially equivalent if the applicant's
11 education meets the requirements of Section 4999.32. If the
12 applicant's degree does not contain the content or the overall units
13 required by Section 4999.32, the board may, in its discretion, accept
14 the applicant's education as substantially equivalent if the following
15 criteria are satisfied:

16 (1) The applicant's degree contains the required number of
17 practicum units under paragraph (3) of subdivision (c) of Section
18 4999.32.

19 (2) The applicant remediates his or her specific deficiency by
20 completing the course content and units required by Section
21 4999.32.

22 (3) The applicant's degree otherwise complies with this section.

23 (e) This section shall become inoperative on January 1, 2014,
24 and as of that date is repealed, unless a later enacted statute, which
25 is enacted before January 1, 2014, deletes or extends that date.

26 ~~SEC. 74.~~

27 *SEC. 75.* Section 4999.62 of the Business and Professions Code
28 is amended to read:

29 4999.62. (a) This section applies to persons who apply for
30 examination eligibility or registration on or after January 1, 2014.

31 (b) For purposes of Sections 4999.60 and 4999.61, education
32 is substantially equivalent if all of the following requirements are
33 met:

34 (1) The degree is obtained from an accredited or approved
35 institution, as defined in Section 4999.12, and consists of, at a
36 minimum, 48 semester or 72 quarter units, including, but not
37 limited to, both of the following:

38 (A) Six semester or nine quarter units of practicum, including,
39 but not limited to, a minimum of 280 hours of face-to-face
40 counseling.

1 (B) The required areas of study listed in subparagraphs (A) to
2 (M), inclusive, of paragraph (1) of subdivision (c) of Section
3 4999.33.

4 (2) The applicant completes any units and course content
5 requirements under Section 4999.33 not already completed in his
6 or her education.

7 (3) The applicant completes credit level coursework from a
8 degree-granting institution that provides all of the following:

9 (A) Instruction regarding the principles of mental health
10 recovery-oriented care and methods of service delivery in recovery
11 model practice environments.

12 (B) An understanding of various California cultures and the
13 social and psychological implications of socioeconomic position.

14 (C) Structured meeting with various consumers and family
15 members of consumers of mental health services to enhance
16 understanding of their experience of mental illness, treatment, and
17 recovery.

18 (D) Instruction in behavioral addiction and co-occurring
19 substance abuse and mental health disorders, as specified in
20 subparagraph (K) of paragraph (1) of subdivision (c) of Section
21 4999.33.

22 (4) The applicant completes, in addition to the course described
23 in subparagraph (I) of paragraph (1) of subdivision (c) of Section
24 4999.33, an 18-hour course in California law and professional
25 ethics that includes, but is not limited to, instruction in advertising,
26 scope of practice, scope of competence, treatment of minors,
27 confidentiality, dangerous clients, psychotherapist-client privilege,
28 recordkeeping, client access to records, state and federal laws
29 relating to confidentiality of patient health information, dual
30 relationships, child abuse, elder and dependent adult abuse, online
31 therapy, insurance reimbursement, civil liability, disciplinary
32 actions and unprofessional conduct, ethics complaints and ethical
33 standards, termination of therapy, standards of care, relevant family
34 law, and therapist disclosures to clients.

35 ~~SEC. 75.~~

36 *SEC. 76.* Section 4999.63 of the Business and Professions Code
37 is amended to read:

38 4999.63. (a) For applicants who submit an application for a
39 license on or before January 1, 2014, a valid passing score on the
40 examination referenced in subdivision (c) of Section 4999.52 shall

1 have been obtained less than seven years prior to the application
2 date.

3 (b) For applicants who submit an application for a license on
4 and after January 1, 2014, a valid passing score on the examination
5 referenced in paragraph (2) of subdivision (a) of Section 4999.53
6 shall have been obtained less than seven years prior to the
7 application date.

8 ~~SEC. 76.~~

9 *SEC. 77.* Section 4999.64 of the Business and Professions Code
10 is amended to read:

11 4999.64. (a) Effective January 1, 2014, an applicant who fails
12 the examination specified in paragraph (2) of subdivision (a) of
13 Section 4999.53 may, within one year from the notification date
14 of that failure, retake the examination as regularly scheduled
15 without further application upon payment of the fee for the
16 examination. Thereafter, the applicant shall not be eligible for
17 further examination until he or she files a new application, meets
18 all requirements in effect on the date of application, and pays all
19 required fees.

20 (b) This section shall become operative on January 1, 2014.

21 ~~SEC. 77.~~

22 *SEC. 78.* Section 4999.76 of the Business and Professions Code
23 is amended to read:

24 4999.76. (a) Except as provided in subdivision (c), the board
25 shall not renew any license pursuant to this chapter unless the
26 applicant certifies to the board, on a form prescribed by the board,
27 that he or she has completed not less than 36 hours of approved
28 continuing education in or relevant to the field of professional
29 clinical counseling in the preceding two years, as determined by
30 the board.

31 (b) The board shall have the right to audit the records of any
32 applicant to verify the completion of the continuing education
33 requirement. Applicants shall maintain records of completed
34 continuing education coursework for a minimum of two years and
35 shall make these records available to the board for auditing
36 purposes upon request.

37 (c) The board may establish exceptions from the continuing
38 education requirement of this section for good cause, as defined
39 by the board.

1 (d) The continuing education shall be obtained from one of the
2 following sources:

3 (1) A school, college, or university that is accredited or
4 approved, as defined in Section 4999.12. Nothing in this paragraph
5 shall be construed as requiring coursework to be offered as part
6 of a regular degree program.

7 (2) Other continuing education providers, including, but not
8 limited to, a professional clinical counseling association, a licensed
9 health facility, a governmental entity, a continuing education unit
10 of a four-year institution of higher learning that is accredited or
11 approved, or a mental health professional association, approved
12 by the board.

13 (e) The board shall establish, by regulation, a procedure for
14 approving providers of continuing education courses, and all
15 providers of continuing education, as described in paragraphs (1)
16 and (2) of subdivision (d), shall adhere to procedures established
17 by the board. The board may revoke or deny the right of a provider
18 to offer continuing education coursework pursuant to this section
19 for failure to comply with the requirements of this section or any
20 regulation adopted pursuant to this section.

21 (f) Training, education, and coursework by approved providers
22 shall incorporate one or more of the following:

23 (1) Aspects of the discipline that are fundamental to the
24 understanding or the practice of professional clinical counseling.

25 (2) Significant recent developments in the discipline of
26 professional clinical counseling.

27 (3) Aspects of other disciplines that enhance the understanding
28 or the practice of professional clinical counseling.

29 (g) A system of continuing education for licensed professional
30 clinical counselors shall include courses directly related to the
31 diagnosis, assessment, and treatment of the client population being
32 served.

33 (h) The board shall, by regulation, fund the administration of
34 this section through continuing education provider fees to be
35 deposited in the Behavioral Sciences Fund. The fees related to the
36 administration of this section shall be sufficient to meet, but shall
37 not exceed, the costs of administering the corresponding provisions
38 of this section. For the purposes of this subdivision, a provider of
39 continuing education as described in paragraph (1) of subdivision
40 (d) shall be deemed to be an approved provider.

1 (i) The continuing education requirements of this section shall
2 fully comply with the guidelines for mandatory continuing
3 education established by the Department of Consumer Affairs
4 pursuant to Section 166.

5 ~~SEC. 78:~~

6 *SEC. 79.* Section 4999.90 of the Business and Professions Code
7 is amended to read:

8 4999.90. The board may refuse to issue any registration or
9 license, or may suspend or revoke the registration or license of
10 any intern or licensed professional clinical counselor, if the
11 applicant, licensee, or registrant has been guilty of unprofessional
12 conduct. Unprofessional conduct includes, but is not limited to,
13 the following:

14 (a) The conviction of a crime substantially related to the
15 qualifications, functions, or duties of a licensee or registrant under
16 this chapter. The record of conviction shall be conclusive evidence
17 only of the fact that the conviction occurred. The board may inquire
18 into the circumstances surrounding the commission of the crime
19 in order to fix the degree of discipline or to determine if the
20 conviction is substantially related to the qualifications, functions,
21 or duties of a licensee or registrant under this chapter. A plea or
22 verdict of guilty or a conviction following a plea of nolo contendere
23 made to a charge substantially related to the qualifications,
24 functions, or duties of a licensee or registrant under this chapter
25 shall be deemed to be a conviction within the meaning of this
26 section. The board may order any license or registration suspended
27 or revoked, or may decline to issue a license or registration when
28 the time for appeal has elapsed, or the judgment of conviction has
29 been affirmed on appeal, or, when an order granting probation is
30 made suspending the imposition of sentence, irrespective of a
31 subsequent order under Section 1203.4 of the Penal Code allowing
32 the person to withdraw a plea of guilty and enter a plea of not
33 guilty, or setting aside the verdict of guilty, or dismissing the
34 accusation, information, or indictment.

35 (b) Securing a license or registration by fraud, deceit, or
36 misrepresentation on any application for licensure or registration
37 submitted to the board, whether engaged in by an applicant for a
38 license or registration, or by a licensee in support of any application
39 for licensure or registration.

- 1 (c) Administering to himself or herself any controlled substance
2 or using any of the dangerous drugs specified in Section 4022, or
3 any alcoholic beverage to the extent, or in a manner, as to be
4 dangerous or injurious to the person applying for a registration or
5 license or holding a registration or license under this chapter, or
6 to any other person, or to the public, or, to the extent that the use
7 impairs the ability of the person applying for or holding a
8 registration or license to conduct with safety to the public the
9 practice authorized by the registration or license. The board shall
10 deny an application for a registration or license or revoke the
11 license or registration of any person, other than one who is licensed
12 as a physician and surgeon, who uses or offers to use drugs in the
13 course of performing licensed professional clinical counseling
14 services.
- 15 (d) Gross negligence or incompetence in the performance of
16 licensed professional clinical counseling services.
- 17 (e) Violating, attempting to violate, or conspiring to violate any
18 of the provisions of this chapter or any regulation adopted by the
19 board.
- 20 (f) Misrepresentation as to the type or status of a license or
21 registration held by the person, or otherwise misrepresenting or
22 permitting misrepresentation of his or her education, professional
23 qualifications, or professional affiliations to any person or entity.
- 24 (g) Impersonation of another by any licensee, registrant, or
25 applicant for a license or registration, or, in the case of a licensee
26 or registrant, allowing any other person to use his or her license
27 or registration.
- 28 (h) Aiding or abetting, or employing, directly or indirectly, any
29 unlicensed or unregistered person to engage in conduct for which
30 a license or registration is required under this chapter.
- 31 (i) Intentionally or recklessly causing physical or emotional
32 harm to any client.
- 33 (j) The commission of any dishonest, corrupt, or fraudulent act
34 substantially related to the qualifications, functions, or duties of a
35 licensee or registrant.
- 36 (k) Engaging in sexual relations with a client, or a former client
37 within two years following termination of therapy, soliciting sexual
38 relations with a client, or committing an act of sexual abuse, or
39 sexual misconduct with a client, or committing an act punishable
40 as a sexually related crime, if that act or solicitation is substantially

1 related to the qualifications, functions, or duties of a licensed
2 professional clinical counselor.

3 (l) Performing, or holding oneself out as being able to perform,
4 or offering to perform, or permitting any trainee, applicant, or
5 registrant under supervision to perform, any professional services
6 beyond the scope of the license authorized by this chapter.

7 (m) Failure to maintain confidentiality, except as otherwise
8 required or permitted by law, of all information that has been
9 received from a client in confidence during the course of treatment
10 and all information about the client which is obtained from tests
11 or other means.

12 (n) Prior to the commencement of treatment, failing to disclose
13 to the client or prospective client the fee to be charged for the
14 professional services, or the basis upon which that fee will be
15 computed.

16 (o) Paying, accepting, or soliciting any consideration,
17 compensation, or remuneration, whether monetary or otherwise,
18 for the referral of professional clients. All consideration,
19 compensation, or remuneration shall be in relation to professional
20 clinical counseling services actually provided by the licensee.
21 Nothing in this subdivision shall prevent collaboration among two
22 or more licensees in a case or cases. However, no fee shall be
23 charged for that collaboration, except when disclosure of the fee
24 has been made in compliance with subdivision (n).

25 (p) Advertising in a manner that is false, fraudulent, misleading,
26 or deceptive, as defined in Section 651.

27 (q) Reproduction or description in public, or in any publication
28 subject to general public distribution, of any psychological test or
29 other assessment device, the value of which depends in whole or
30 in part on the naivete of the subject, in ways that might invalidate
31 the test or device.

32 (r) Any conduct in the supervision of a registered intern,
33 associate clinical social worker, or clinical counselor trainee by
34 any licensee that violates this chapter or any rules or regulations
35 adopted by the board.

36 (s) Performing or holding oneself out as being able to perform
37 professional services beyond the scope of one's competence, as
38 established by one's education, training, or experience. This
39 subdivision shall not be construed to expand the scope of the
40 license authorized by this chapter.

1 (t) Permitting a clinical counselor trainee or intern under one's
2 supervision or control to perform, or permitting the clinical
3 counselor trainee or intern to hold himself or herself out as
4 competent to perform, professional services beyond the clinical
5 counselor trainee's or intern's level of education, training, or
6 experience.

7 (u) The violation of any statute or regulation of the standards
8 of the profession, and the nature of the services being rendered,
9 governing the gaining and supervision of experience required by
10 this chapter.

11 (v) Failure to keep records consistent with sound clinical
12 judgment, the standards of the profession, and the nature of the
13 services being rendered.

14 (w) Failure to comply with the child abuse reporting
15 requirements of Section 11166 of the Penal Code.

16 (x) Failing to comply with the elder and dependent adult abuse
17 reporting requirements of Section 15630 of the Welfare and
18 Institutions Code.

19 (y) Repeated acts of negligence.

20 (z) (1) Engaging in an act described in Section 261, 286, 288a,
21 or 289 of the Penal Code with a minor or an act described in
22 Section 288 or 288.5 of the Penal Code regardless of whether the
23 act occurred prior to or after the time the registration or license
24 was issued by the board. An act described in this subdivision
25 occurring prior to the effective date of this subdivision shall
26 constitute unprofessional conduct and shall subject the licensee to
27 refusal, suspension, or revocation of a license under this section.

28 (2) The Legislature hereby finds and declares that protection of
29 the public, and in particular minors, from sexual misconduct by a
30 licensee is a compelling governmental interest, and that the ability
31 to suspend or revoke a license for sexual conduct with a minor
32 occurring prior to the effective date of this section is equally
33 important to protecting the public as is the ability to refuse a license
34 for sexual conduct with a minor occurring prior to the effective
35 date of this section.

36 (aa) Engaging in any conduct that subverts or attempts to subvert
37 any licensing examination or the administration of an examination
38 as described in Section 123.

39 (ab) Revocation, suspension, or restriction by the board of a
40 license, certificate, or registration to practice as a professional

1 clinical counselor, clinical social worker, educational psychologist,
2 ~~professional clinical counselor~~, or marriage and family therapist.

3 (ac) Failing to comply with the procedures set forth in Section
4 2290.5 when delivering health care via telemedicine.

5 (ad) Willful violation of Chapter 1 (commencing with Section
6 123100) of Part 1 of Division 106 of the Health and Safety Code.

7 ~~SEC. 79.~~

8 *SEC. 80.* Section 4999.100 of the Business and Professions
9 Code, as amended by Section 44 of Chapter 387 of the Statutes of
10 2011, is amended to read:

11 4999.100. (a) An intern registration shall expire one year from
12 the last day of the month in which it was issued.

13 (b) To renew a registration, the registrant shall, on or before the
14 expiration date of the registration, do the following:

15 (1) Apply for a renewal on a form prescribed by the board.

16 (2) Pay a renewal fee prescribed by the board.

17 (3) Notify the board whether he or she has been convicted, as
18 defined in Section 490, of a misdemeanor or felony, or whether
19 any disciplinary action has been taken by any regulatory or
20 licensing board in this or any other state, subsequent to the
21 registrant’s last renewal.

22 (c) This section shall remain in effect only until January 1, 2014,
23 and as of that date is repealed, unless a later enacted statute, that
24 is enacted before January 1, 2014, deletes or extends that date.

25 ~~SEC. 80.~~

26 *SEC. 81.* Section 4999.100 of the Business and Professions
27 Code, as added by Section 45 of Chapter 387 of the Statutes of
28 2011, is amended to read:

29 4999.100. (a) An intern registration shall expire one year from
30 the last day of the month in which it was issued.

31 (b) To renew a registration, the registrant shall, on or before the
32 expiration date of the registration, do the following:

33 (1) Apply for a renewal on a form prescribed by the board.

34 (2) Pay a renewal fee prescribed by the board.

35 (3) Notify the board whether he or she has been convicted, as
36 defined in Section 490, of a misdemeanor or felony, or whether
37 any disciplinary action has been taken by any regulatory or
38 licensing board in this or any other state, subsequent to the
39 registrant’s last renewal.

1 (4) Participate in the California law and ethics examination
2 pursuant to Section 4999.53 each year until successful completion
3 of this examination.

4 (c) The intern registration may be renewed a maximum of five
5 times. No registration shall be renewed or reinstated beyond six
6 years from the last day of the month during which it was issued,
7 regardless of whether it has been revoked. When no further
8 renewals are possible, an applicant may apply for and obtain a new
9 intern registration if the applicant meets the educational
10 requirements for registration in effect at the time of the application
11 for a new intern registration and has passed the California law and
12 ethics examination described in Section 4999.53. An applicant
13 who is issued a subsequent intern registration pursuant to this
14 subdivision may be employed or volunteer in any allowable work
15 setting except private practice.

16 (d) This section shall become operative on January 1, 2014.

17 ~~SEC. 81.~~

18 *SEC. 82.* Section 4999.106 of the Business and Professions
19 Code is amended to read:

20 4999.106. A license that is not renewed within three years after
21 its expiration may not be renewed, restored, reinstated, or reissued,
22 except that a former licensee may apply for and obtain a new
23 license if he or she complies with all of the following:

24 (a) No fact, circumstance, or condition exists that, if the license
25 were issued, would justify its revocation or suspension.

26 (b) He or she takes and passes the current examinations required
27 for licensing.

28 (c) He or she submits an application for initial licensure.

29 (d) He or she meets the requirements pursuant to Section
30 4999.51.

31 ~~SEC. 82.~~

32 *SEC. 83.* Section 4999.120 of the Business and Professions
33 Code is amended to read:

34 4999.120. The board shall assess fees for the application for
35 and the issuance and renewal of licenses and for the registration
36 of interns to cover administrative and operating expenses of the
37 board related to this chapter. Fees assessed pursuant to this section
38 shall not exceed the following:

39 (a) The fee for the application for examination eligibility shall
40 be up to two hundred fifty dollars (\$250).

- 1 (b) The fee for the application for intern registration shall be up
- 2 to one hundred fifty dollars (\$150).
- 3 (c) The fee for the application for licensure shall be up to one
- 4 hundred eighty dollars (\$180).
- 5 (d) The fee for the board-administered clinical examination, if
- 6 the board chooses to adopt this examination in regulations, shall
- 7 be up to two hundred fifty dollars (\$250).
- 8 (e) The fee for the law and ethics examination shall be up to
- 9 one hundred fifty dollars (\$150).
- 10 (f) The fee for the examination described in subdivision (b) of
- 11 Section 4999.54 shall be up to one hundred dollars (\$100).
- 12 (g) The fee for the issuance of a license shall be up to two
- 13 hundred fifty dollars (\$250).
- 14 (h) The fee for annual renewal of an intern registration shall be
- 15 up to one hundred fifty dollars (\$150).
- 16 (i) The fee for two-year renewal of licenses shall be up to two
- 17 hundred fifty dollars (\$250).
- 18 (j) The fee for issuance of a retired license shall be forty dollars
- 19 (\$40).
- 20 (k) The fee for rescoring an examination shall be twenty dollars
- 21 (\$20).
- 22 (l) The fee for issuance of a replacement license or registration
- 23 shall be twenty dollars (\$20).
- 24 (m) The fee for issuance of a certificate or letter of good standing
- 25 shall be twenty-five dollars (\$25).
- 26 ~~SEC. 83.~~
- 27 *SEC. 84.* No reimbursement is required by this act pursuant to
- 28 Section 6 of Article XIII B of the California Constitution because
- 29 the only costs that may be incurred by a local agency or school
- 30 district will be incurred because this act creates a new crime or
- 31 infraction, eliminates a crime or infraction, or changes the penalty
- 32 for a crime or infraction, within the meaning of Section 17556 of
- 33 the Government Code, or changes the definition of a crime within
- 34 the meaning of Section 6 of Article XIII B of the California
- 35 Constitution.



MEMORANDUM

DATE	July 31, 2012
TO	Legislative and Regulatory Committee, Dental Board of California
FROM	Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item LEG 4: Update Regarding Delegation of Authority to Accept the Findings of any Commission or Accreditation Committee Approved by the Board and Adopt those Findings as its Own for Foreign Dental Schools

Background:

At the May 2012 meeting, the Board granted approval of the University De La Salle Bajio School of Dentistry's renewal application. At the meeting, Dr. Olinger, requested that the Board look at the possibility of having other qualified organizations conduct the evaluations of foreign dental schools and requested the issue be brought back to the Board as an agenda item.

Assembly Bill 1116 (Chapter 792, Statutes of 1997) established requirements for the approval, registration and renewal of foreign dental programs, stating that "the Legislature recognizes the need to ensure that graduates of foreign dental schools who have received an education that is equivalent to that of accredited institutions in the United States and that adequately prepares their students for the practice of dentistry shall be subject to the same licensure requirements as graduates of approved dental schools or colleges." Under the Board's authorization to approve foreign dental schools, Universidad De La Salle Bajio was approved in December 2004.

In 2004 no other entity had established policies, procedures or regulations that allowed for the approval of foreign dental programs. Since that time, the American Dental Association's Commission on Dental Accreditation (CODA) has developed and established an accreditation process for foreign dental programs. Currently, the Board accepts the findings of any commission or accreditation agency for graduates of dental programs in the United States, California Code of Regulations Section 1024(b). There is no current equivalent provision for the Board to accept the findings of any commission or accreditation agency for foreign dental schools.

At its February 25, 2011 meeting, the Board voted to seek statutory amendments to California Business and Professions Code Section 1636.4 to accept the findings of any

commission or accreditation agency and adopt those findings as its own for foreign dental schools. The Board proposed to add the following language to Section 1636.4:

The board may, in lieu of conducting its own independent investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own.

This language would allow the Board to defer to commissions or accreditation agencies that are equipped with the experience, education, and resources necessary to conduct evaluations of foreign dental schools.

Board staff delayed seeking an author to carry the proposed amendments until the review and approval process of University De La Salle Bajio School of Dentistry's renewal application had been completed. Board Legal Counsel, Spencer Walker, agreed now that the school has received Board approval, staff will move forward with seeking an author for the Board's proposed statutory amendments.

Board Action Requested:

Board action is not necessary at this time.



MEMORANDUM

DATE	August 3, 2012
TO	Dental Board of California
FROM	Steven Morrow, DDS Member, Dental Board of California
SUBJECT	LEG 5: Discussion Regarding the Need for Background Checks of Out-of-State and Foreign Trained Dental School Instructors

California License Exemption for School of Dentistry Faculty B&P Code Chapter 4; Article 2; Section 1626(c)

BACKGROUND:

Section 1626 of the California Business and Professions Code states, in pertinent part, the following:

“It is unlawful for any person to engage in the practice of dentistry in the state, either privately or as an employee of a governmental agency or political subdivision, unless the person has a valid, unexpired license or special permit from the board.

The following practices, acts and operations, however, are exempt from the operations of this chapter:

(c) The practice of dentistry by licensed dentists of other states or countries while appearing and operating as bona fide clinicians or instructors in dental colleges approved by the Dental Board of California.”

A member of a faculty of any dental college or dental department of any medical college in the State of California is considered a “practicing dentist”. (B&P Code §1601.5)

“Protection of the public shall be the highest priority for the Dental Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount”. (B&P Code §1601.2)

The eligibility requirements for a “special permit” (B&P Code §1640) have been discussed at previous Dental Board meetings. Briefly, a special permit is granted to a non-California licensed dentist to provide patient care within a university based faculty practice system, with specified limitations. This special permit requires an application to the Dental Board providing specified information. Therefore, all special permit holders are known to the Dental Board.

PERCEIVED PROBLEM:

Members of the dental education community in California have previously presented to the Dental Board that California dental schools are relying more on foreign trained dentists to provide the teaching faculty to meet their needs than was previously necessary.

It is my understanding that non-California licensed United States trained dentists and foreign trained dentists that are exempt from California licensure under B&P Code §1626.1(c) are not required to submit an application or register with the Dental Board. Therefore, the Dental Board has no knowledge of these individuals; what state or country they are licensed through, whether their license is active, or any information regarding their background.

PROPOSED SOLUTION:

Refer this matter to the Legislative and Regulatory Committee for discussion and consideration of a statutory or regulatory revision to require application to the Dental Board for granting an exemption to California licensure for non-California licensed dentists while appearing and operating as bona fide clinicians or instructors in dental colleges approved by the Dental Board of California.



MEMORANDUM

DATE	July 30, 2012
TO	Dental Board of California
FROM	Linda Byers, Administrative Assistant Dental Board of California
SUBJECT	LEG 6: Discussion of Legislative Proposals

Stakeholders are encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future Board meeting.



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

NOTICE OF LICENSING, CERTIFICATION AND PERMITS COMMITTEE MEETING

Thursday, August 16, 2012

Upon Conclusion of Legislative and Regulatory Committee Meeting
2005 Evergreen Street, Hearing Room
Sacramento, CA 95815

**LICENSING, CERTIFICATION, AND
PERMITS COMMITTEE**

Chair – Thomas Olinger, DDS
Vice Chair – Suzanne McCormick, DDS
Steve Afriat, Public Member
Luis Dominicus, DDS
Judith Forsythe, RDA

CALL TO ORDER

ROLL CALL AND ESTABLISHMENT OF QUORUM

LCP 1 - Approval of the May 17, 2012 Licensing, Certification and Permits Committee Meeting Minutes

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

LCP 3 – General Anesthesia/Conscious Sedation Permit Evaluation Statistics

PUBLIC COMMENT

ADJOURNMENT

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



LICENSING, CERTIFICATION AND PERMITS COMMITTEE
Meeting Minutes

Thursday, May 17, 2012

Embassy Suites SFO Airport Waterfront
150 Anza Blvd., Burlingame, CA 94010

DRAFT

Members Present

Chair – Thomas Olinger, DDS
Vice Chair – Suzanne McCormick, DDS
John Bettinger, DDS
Luis Dominicis, DDS

Members Absent

Steve Afriat, Public Member
Judith Forsythe, RDA

Staff Present

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

ROLL CALL AND ESTABLISHMENT OF QUORUM

Dr. Olinger, Chair, called the meeting to order at 4:40 p.m. Roll was called and a quorum established.

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

M/S/C (McCormick/Dominicis) to approve the minutes from the February 23, 2012 Licensing, Certification and Permits Committee Meeting. The motion passed unanimously.

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

Dr. Olinger gave an overview of the statistics. Dr. Bettinger pointed out that the statistics show a loss of 397 Registered Dental Assistants. He also noted that there has been a 46% increase in Dental Licenses. Dr. Bettinger thought it might be useful to publish a trend of the last 5 years so that the public policy makers could see a trend of Dental and Dental Assisting licensures. Mr. DeCuir stated that we can do that trend analysis but what would be the purpose or utilization of those facts; there would be no way to explain why the trends are what they are. Dr. Bettinger commented that he still thought the facts would be useful to policy makers when trying to establish if we have an adequate workforce. Mr. DeCuir agreed to have staff plot a 10 year trend analysis.

LCP 3 – General Anesthesia/Conscious Sedation Permit Evaluation Statistics

Dr. Olinger gave an overview of the GA/CS Permit Evaluation Statistics.

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

Mr. DeCuir introduced Jessica Olney, Licensing Analyst for the General Anesthesia, Conscious Sedation, IV and Special Permits. He stated that the Dental Board took over this program from CALOAMS in January 2009. Ms. Olney reported that the General Anesthesia Evaluations program is up to date. She stated that 10 new evaluators were recently recruited, 2 Conscious Sedation Evaluators and 8 General Anesthesia Evaluators; 4 of whom will be doing Conscious Sedation as well.

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

Ms. Olney reported that when the Board took over this program, the Executive Officer at the time decided that new permit holders were to be tested within 3 months of receiving their permit. When the Board took over the program the testing was already behind and this new deadline made it worse. It was recently decided that the Dental Board would go back to the old method of testing within 1 year. This deadline gives these new permit holders time to establish a practice and patients so that they have a place to have their evaluation done. She stated that they are hoping that with this new deadline they can get everyone current.

There was no public comment.

The committee meeting was adjourned at 4:52 p.m.



MEMORANDUM

DATE	August 6, 2012
TO	Licensing, Certification and Permits Committee Dental Board of California
FROM	Dawn Dill, Manager, Licensing and Examination Unit
SUBJECT	Agenda Item LCP 2 – Dental and Dental Assisting Program Licensure & Permit Statistics

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

License Type	Active	Inactive	Delinquent	Renewal In Process	Total Current Population	Total Cancelled Since Implemented
Dental License	37,975	3,762	2,986	167	44,890	11,877
RDA Licenses	34,073	10,276	9,142	569	54,060	33,507
RDAEF Licenses	1,286	120	173	19	1,598	141
Total Licenses	77,334	14,158	12,301	755	100,548	45,525

New RDAEF licenses issued since January 1, 2010 = 101.

Existing AEF licenses enhanced since January 1, 2010 = 129.

Dental (DDS, OMS SP) License Held for Fingerprinting - 140

RDA License Held for Fingerprinting - 446

AEF License Held for Fingerprinting - 19

Dental Licenses Issued via Pathway	Total Issued in 2012	Total Issued in 2011	Total Issued to Date	Date Pathway Implemented
California Exam	0	0	53,977	Prior to 1929
WREB Exam	414	632	4,527	January 1, 2006
Licensure by Residency	67	181	788	January 1, 2007
Licensure by Credential	98	164	2,362	July 1, 2002
LBC Clinic Contract	0	5	23	July 1, 2002
LBC Faculty Contract	0	0	3	July 1, 2002

License/Permit /Certification/Registration Type	Current Active Permits	Delinquent	Total Cancelled Since Implemented
Additional Office Permit	2,044	442	5,104
Conscious Sedation Permit	483	23	293
Continuing Education Registered Provider Permit	1,321	628	1,173
Elective Facial Cosmetic Surgery Permit	20	0	0
Extramural Facility Registration	*140	n/a	n/a
Fictitious Name Permit	5,309	938	3,577
General Anesthesia Permit	825	18	740
Mobile Dental Clinic Permit	23	12	22
Medical General Anesthesia Permit	64	23	131
Oral Conscious Sedation Certification (Adult Only 1,090; Adult & Minors 1,158)	2,240	393	118
Oral & Maxillofacial Surgery Permit	83	4	11
Referral Service Registration	*285	n/a	n/a
Special Permits	33	11	151
Dental Sedation Assistant Permit	12	0	0
Orthodontic Assistant Permit	29	1	0

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



MEMORANDUM

DATE	August 2, 2012
TO	Dental Board Members
FROM	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item: LCP 3: General Anesthesia/Conscious Sedation/Medical General Anesthesia Evaluation Statistics

2011-2012 Statistical Overview of the On-Site Inspections and Evaluations Administered by the Board

General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
July	10	0	1	4		5
August	5	0	0	3	2	2
September	13	0	0	4	8	0
October	16	0	0	2	3	0
November	15	0	0	0	7	0
December	7	0	0	1	2	5
January	12	0	0	1	2	1
February	13	0	0	2	2	1
March	14	0	2	2	2	0
April	14	0	2	3	3	0
May	14	0	0	2	2	0
June	9	0	0	2	2	0
July*	11	0	0	1	1	0
August*	10	0	0	1	0	0
Total	163	0	5	28	36	14

*Approximate schedule for July/August

Conscious Sedation Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
July	6	0	0	1		0
August	4	0	0	1	3	0
September	2	1	0	1	2	1
October	4	1	0	0	0	0
November	9	1	0	0	1	0
December	1	0	1	1	1	0
January	1	0	0	1	2	0
February	3	1	3	4	1	2
March	4	0	1	1	0	2
April	7	0	1	1	1	2
May	5	0	0	0	2	1
June	3	0	2	2	1	1
July*	4	0	0	1	2	0
August*	4	0	0	0	1	0
Total	57	4	8	14	17	9

*Approximate schedule for July/August

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

Medical General Anesthesia Evaluations

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

*Approximate schedule for July/August

Evaluators Approved after May 2012

Region	GA	CS	MGA
Northern California	1	1	0
Southern California	6	6	0

Pending Evaluator Applications*

Region	GA	CS	MGA
Northern California	0	2	0
Southern California	6	3	0

*Deficient, or do not meet 3 year requirement.

Current Evaluators per Region

Region	GA	CS	MGA
Northern California	158	70	15
Southern California	209	95	14