

BACKGROUND PAPER FOR The Dental Hygiene Board of California

**Joint Sunset Review Oversight Hearing, March 16, 2023
Assembly Committee on Business and Professions and the
Senate Committee on Business, Professions, and Economic Development**

IDENTIFIED ISSUES, BACKGROUND, AND RECOMMENDATIONS REGARDING THE DENTAL HYGIENE BOARD OF CALIFORNIA

BRIEF OVERVIEW OF THE DENTAL HYGIENE BOARD OF CALIFORNIA

The Dental Hygiene Board of California (DHBC) regulates three categories of mid-level dental professionals: registered dental hygienists (RDH), registered dental hygienists in alternative practice (RDHAP), and registered dental hygienists in extended functions (RDHEF). The DHBC maintains authority over all aspects of licensure, enforcement, and investigation of California dental hygienists.

The DHBC is also responsible for approving the state's dental hygiene educational programs (DHEPs). In all, there are 29 educational programs in California. The DHBC provides prospective dental hygienists and dental professionals the state's education and training standards to become California licensed dental hygienists. The DHBC also dedicates time toward outreach efforts to support new professionals entering the dental hygiene community.

The DHBC has authority to regulate the dental hygiene profession under the direction of Business and Professions Code (BPC) Sections 1900-1967.4 as well as sections of the California Code of Regulations (CCR). Current law grants the DHBC with responsibility to do all of the following:

- Pursue legislation;
- Author and enforce regulations;
- Grant, renew, review, and withdraw approval of dental hygiene programs;
- Periodically conduct site visits, cite and fine, and place dental hygiene educational programs on probation;
- Conduct feasibility standards for new dental hygiene educational programs;
- Develop and maintain the dental hygiene Law of Ethics Examination in conjunction with the Office of Professional Examination Services;
- Review and approve RDHAP applications for mobile dental hygiene clinics to enhance access to care in underserved areas of the state.
- Issue, suspend, and revoke dental hygiene licenses and permits;
- Conduct random continuing education audits of licensees for compliance of license renewal laws;
- Oversee licenses placed on probation;

- Conduct investigation of and administer enforcement for licensing violations; and
- Participate in outreach and support of the dental and dental hygiene community.

Dental hygiene practice includes dental hygiene assessment and development, planning, implementation of a dental hygiene care plan, health education, counseling, and health screenings. Dental hygiene does not include diagnosis or comprehensive treatment planning, placing or removal of permanent restorations, surgery, prescribing medication, or administering anesthesia or conscious sedation.

History of the DHBC

More than twenty years ago in 2002, the Joint Legislative Sunset Review Committee (JLSRC) reached a consensus that dental hygienists had attained a status where the profession's roles and responsibilities justified granting dental hygienists an independent regulatory body separate from the Dental Board of California (DBC). Prior to this decision, dental hygienists and dental assisting professions were co-regulated under the DBC through its Committee on Dental Auxiliaries (COMDA), which was established by the Legislature in 1974. Beginning in 2001, COMDA was repeatedly criticized by the JLSRC because of its consistent failure to implement and "permit the full utilization of dental auxiliaries in order to meet the dental care needs of all the state's citizens."

One of the perceived flaws of COMDA was that it did not have the independent authority to regulate dental auxiliaries, which included dental assistants, registered dental hygienists, registered dental hygienists in extended functions, and registered dental hygienists in alternative practice; it could merely provide recommendations to DBC. The recommendations provided were regularly rejected by the DBC, with a majority of its members consisting of practicing dentists. With allegations of bias and conflict between COMDA and DBC, it was determined that COMDA needed significant reform and restructuring. The JLSRC, believing that the DBC advocated only for dentists, urged the Legislature to move COMDA into its own independent licensing agency for dental auxiliaries.

The Legislature responded to the JLSRC's recommendation and introduced Senate Bill (SB) 853 (Chapter 31, Statutes of 2008) to address the JLSRC's ongoing concerns. One provision of SB 853 eliminated COMDA and authorized the Committee on Dental Auxiliaries (CODA) to operate as its own independent licensing agency for dental auxiliaries. In 2008, Governor Schwarzenegger signed SB 853 into law. The Dental Hygiene Committee of California (DHCC) was officially established in Fiscal Year (FY) 2009-10, nominally still within the jurisdiction of the DBC.

Ten years after the dental hygiene profession successfully advocated and established a separate committee, the Legislature revisited whether its name should be changed to reflect its status as a truly independent regulatory body. In 2018, the Legislature granted the DHCC approval to change its name to the DHBC. The official name change from "Committee" to "Board" was accomplished through the DHBC's sunset bill, SB 1482 (Chapter 858, Statutes of 2018).

The changes in SB 1482 were considered significant for a variety of reasons. The name change was viewed as legitimizing the DHBC as an independent, semiautonomous state agency and not a subdivision of another entity, and operating within the Department of Consumer Affairs (DCA). Although the DHBC's revised name could be seen as purely technical, the change was considered notable as it conveyed the regulator's independence from the DBC, and focus on the dental hygienist profession. Although the DHCC was never meaningfully under the purview of the DBC, it was perceived to be under the DBC because the majority of dental hygiene licensing entities are structured this way.

It is worth noting that the DHBC is the only self-regulating dental hygiene oversight government agency with the mission of consumer protection in the United States. Other states are watching what the DHBC does in regulating the profession to possibly initiate an autonomous dental hygiene oversight agency themselves. During the DHBC/DHCC's early years and under its former name, it functioned as an independent committee that acted as the sole authority for regulating every aspect of the dental hygiene profession. The DHCC maintained authority of dental hygiene profession for licensing, enforcement, and approval of dental hygiene education programs. Since its last sunset review, the DHBC has continued that mission with a name that is more reflective of its status and autonomy.

Strategic Plan and Mission Statement

The DHBC's Strategic Plan states that it accomplishes its mission through the following responsibilities:

Licensing and Law & Ethics Examination – The DHBC establishes and maintains licensing standards and the Law and Ethics examination(s) to protect consumers while allowing reasonable access to the profession.

Enforcement – The DHBC protects the health and safety of California consumers through the enforcement of laws and regulations governing the practice of dental hygiene

Legislation & Regulation – The DHBC advocates for statutes and adopts regulations, policies, and procedures that strengthen and support its mandates, mission, and vision.

Educational Oversight – The DHBC regulates and enforces dental hygiene educational program standards to increase consistency and quality in order to protect consumers.

Organizational Development – The DHBC continues to build and maintain an excellent organization with effective Board governance, strong leadership, and responsible management.

Mission Statement

The DHBC's mission statement is as follows:

The DHBC licenses, enforces, and regulates the dental hygiene professionals to protect the public and meet the oral hygiene needs of all Californians.

Board Membership and Committees

The DHBC is comprised of nine members, which include four hygienists, four public members, and one practicing general or public health dentist. Prior to 2019, all DHBC members were appointed by the Governor. The current selection of the DHBC has been updated to provide for seven members appointed by the Governor, one public member appointed by the Assembly Speaker, and one public member appointed by the Senate Rules Committee. The DHBC is responsible for conducting meetings, discussions, deliberating on topics relevant to the dental hygiene profession, hear and address public comments, taking action on programmatic, legislative, regulatory, or policies that impact the profession. The DHBC's role is to ensure laws related to the dental hygiene profession—specifically individuals licensed as an RDH, RDHAP, and RDHEF—are properly implemented and enforced.

The DHBC has four committees, which are staffed by three to four members appointed by the Board President. Each committee is assigned to hone in on specific issues related to the profession. Each committee has a specific jurisdiction for issues requiring committee members’ review, discussions, deliberation, public comment input, and eventual action/vote/recommendation on the issue. After the committee votes on an issue, it offers its recommendation(s) to the full Board for all DHBC members to discuss and potentially take action. The four committees of the DHBC are as follows:

- (1) **Education Committee:** Oversees the dental hygiene educational programs and makes recommendations to the DHBC on policy matters related to curriculum;
- (2) **Enforcement Committee:** Counsels the DHBC on policy matters related to protecting the health and safety of consumers;
- (3) **Legislative and Regulatory Committee:** Promotes changes in law, promulgates regulations, and adopt policies to enhance the DHBC’s operations, missions, and goals; and
- (4) **Licensing and Examination Committee:** Guides the DHBC on examination and licensure for the profession.

The DHBC is required to meet at least two times a year: once in Northern California and once in Southern California; however, in recent years, the Board has met 3-5 times to address board business. In the past four years, the DHBC only cancelled three meetings. These cancellations were not due to a lack of quorum, but because of potential risk associated with COVID-19. In March of 2020, California faced a plethora of unprecedented challenges created by the COVID-19 pandemic. As California entered into a state of emergency, local and state government still needed to function, but were met with significant challenges when convening public meetings, engaging the DHBC members, addressing serious issues requiring the DHBC’s action, and receiving public comment from stakeholders while simultaneously expected to maintain public health and social distancing protocols. The current composition of the DHBC is as follows, including four vacancies:

Name and Bio	Original Appointment	Expiration of Current Term	Appointing Authority
<p>Dr. Carmen Dones, President, RDH Educator Member</p> <p>Dr. Dones was appointed by Governor Newsom on October 20, 2020 as the new RDH Educator member. Her background is that she graduated in 2004 from West Los Angeles College dental hygiene school and began teaching dental hygiene there in 2006 while working in private practice. She currently serves as a dean at West LA College where she implemented the baccalaureate pilot program in dental hygiene. She earned her doctorate degree in Educational Leadership in 2020 from Cal State Northridge and serves as a mentor to students and faculty.</p>	October 20, 2020	January 1, 2024	Governor
<p>Sonia “Pat” Hansen, Vice President, RDH Member</p> <p>Ms. Hansen, 56, of Concord, has been appointed to the Dental Hygiene Board of California. Hansen has been a Registered Hygienist at Janis Richard DDS since 2013. Hansen was a Registered Dental Assistant at the Contra Costa Dental Program from 2001 to 2010. She was a Reserve Police Officer for the Walnut Creek Police</p>	July 7, 2022	January 1, 2026	Governor

<p>Department from 1995 to 2006. Hansen is a member of the California Dental Association, Community Dental Health Coordinators, Walnut Festival and the Mount Diablo Dental Hygiene Society.</p>			
<p style="text-align: center;">Denise Davis, Public Member</p> <p>Ms. Davis is the Mayor Pro Tem for the City of Redlands. She was elected to the Redlands City Council in 2018 and has spent her career working full-time in higher education. She earned her master's degree in Social and Cultural Psychology from the London School of Economics while there as a Rotary International Scholar in 2008. Denise graduated with her B.A. from the Johnston Center for Integrative Studies at the University of Redlands in 2006. She is also a graduate of Emerge California, is passionate about women's participation in government at every level and serves as the Director of the Women's Resource Center at UC Riverside.</p>	<p>October 13, 2020</p>	<p>January 1, 2024</p>	<p>Senate Rules Committee</p>
<p style="text-align: center;">Sherman T. King, Public Member</p> <p>Mr. King, 63, of San Francisco, has been appointed to the Dental Hygiene Board of California. King was Chief Executive Officer at King Oasis LTD from 2010 to 2016. He was Director of Corporate Accounts at Infineon Technologies Inc. from 2000 to 2010. King was Applications Manager at AuraVision Inc. from 1991 to 1998. He was Principal Engineer at Western Digital Imaging Inc. from 1989 to 1991. King was Design Engineer at Advanced Micro Devices Inc. from 1983 to 1989. King is a member of the board of directors of the Video Engineering Standards Association USA, Chinese American Institute of Engineers and Scientists, San Francisco Chinatown Club, Charity Cultural Services Center and the San Francisco Chinatown Salvation Army. He earned a Master of Science degree in electronic engineering from Santa Clara University and a Doctor of Philosophy degree in business administration from American Liberty University.</p>	<p>October 20, 2020</p>	<p>January 1, 2026</p>	<p>Assembly Speaker</p>
<p style="text-align: center;">Erin Yee, Public Member</p> <p>Ms. Yee, appointed as a public member by Anthony Rendon, Speaker of the Assembly, January 4, 2021, is the Deputy Director and Senior Advisor of the COVID Contact and Tracing Initiative with the Public Health Institute and is the previous Chief Operating Officer of Planned Parenthood Northern California. Erin has spent her career working in community health services, working in organizations that impact women and families. She is also on the board of Charlotte Maxwell Clinic in Oakland. She graduated with her B.S. from the University of Hawaii in Non-Profit Management.</p>	<p>January 4, 2021</p>	<p>January 1, 2024</p>	<p>Assembly Speaker</p>

<p style="text-align: center;">Justin Matthews, Public Member</p> <p>Mr. Matthews has been an Associate Professor of General Experimental Psychology at California State University, Monterey Bay since 2014 and a Subject Matter Expert for the Monterey County Department of Human Resources since 2019. He was a Commissioner and Vice Chairperson for the Monterey County Equal Opportunity and Civil Rights Advisory Commission from 2016 to 2021. Matthews was a Teaching Fellow and Staff Research Associate at University of California, Merced from 2005 to 2014 and a Lecturer at California State University, Fresno from 2005 to 2006. Matthews earned a Doctor of Philosophy degree in Cognitive and Information Sciences and a Master of Science degree in Social and Cognitive Sciences from the University of California, Merced. He earned a Master of Arts degree in Experimental Psychology from California State University, Fresno.</p>	February 17, 2023	January 1, 2027	Governor
<p style="text-align: center;">Naleni Tribble-Agarwal</p> <p>Ms. Naleni has been a Dental Hygienist at Casey Herrera DDS since 2007. She was a Dental Hygienist at Marisa Walker DDS from 2014 to 2020, at Shital Kazi DDS from 2008 to 2018 and at Gurjit Randhawa DDS from 2008 to 2015. She was a Dental Hygienist at Ross Stangeland DDS and Richard Jenson DMD from 2008 to 2014.</p>	February 17, 2023	January 1, 2027	Governor
<i>VACANT</i>	--	--	Governor
<i>VACANT</i>	--	--	Governor

Staff

The Executive Officer (EO) for DHBC is the chief administrative officer responsible for implementing the policies and directives of the DHBC. The EO is responsible for managing fifteen staff and a personnel budget of \$1.7 million. The DHBC states that over the past four years since its last sunset review, it has experienced minor issues when submitting budget change proposals (BCP) to request additional positions. The DHBC works closely with the DCA Budgets Unit for BCP requests and the DCA Office of Human Resources for any personnel issues such as reclassification of positions and the recruitment of staff.

The DHBC has experienced moderate turnover and the staff that has left have moved on for promotional opportunities. Although the DHBC saw numerous staff leave DHBC for promotions, recruitment has been stable and slightly slowed because of the recovery time and other adjustments after the pandemic. Fortunately, there are promising signs recruitment will see an increase due to several Board vacancies that need to be filled. However, post-COVID hiring has changed the way applicants want to work and how they may work more efficiently. In fact, many potential candidates are electing for a hybrid or full telework schedule, which may pose a challenge when trying to find suitable candidates to fill positions.

The main challenge for the DHBC is receiving authorization for additional positions to address current workloads. The DHBC has endured multiple years of staffing shortages due to its relatively small budget and previous hiring freeze. However, once the hiring freeze was lifted, the DHBC submitted several budget change proposals (BCP) requesting additional positions that were approved. The DHBC anticipates its workload will continue to grow and will submit additional BCPs when necessary.

Fiscal and Fund Analysis

The DHBC is a self-supporting, special funded agency that obtains its revenues from fees, which support the licensing, examination, enforcement, and administration programs of DHBC. Currently, the DHBC’s fund is solvent and should remain solvent for several years until another fee increase is necessary. Current fund solvency projections show that a License Renewal Fee increase will not be required for at least five years depending on the number of unexpected expenditures or mandates that arise during this time period. Other smaller fees may be increased on occasion to cover labor and processing costs; although, they do not have a significant impact on the DHBC’s overall fund reserve. The main fee that sustains and impacts the DHBC’s fund for an extended period is the License Renewal Fees.

Pursuant to the DHBC’s most recent Fund Condition, the DHBC maintains a current reserve of approximately \$1.8 million at the end of Fiscal Year (FY) 2022/23 which, if additional revenue is not received, would sustain the DHBC’s operations for over seven months. The DHBC’s expenditures are about \$200,000 per month, but this will increase substantially once current vacant positions are filled. Pursuant to BPC section 128.5(a), the DHBC may maintain up to a maximum of 24 months reserve in its fund; however, its historical ongoing fund reserve has been much lower than this.

The following is an overview of the condition of the DHBC’s funds, with dollars in thousands:

Fund Condition						
(Dollars in Thousands)	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23*	FY 2023/24*
Beginning Balance	\$2,348	\$2,572	\$2,237	\$1,939	\$1,552	\$1,822
Revenues and Transfers	-	-	-	-	-	-
Total Revenue	\$ 1,873	\$1,856	\$1,887	\$1,867	\$3,276	\$3,281
Budget Authority	\$2,075	\$2,369	\$2,354	\$2,511	\$2,799	\$2,799
Expenditures	\$1,625	\$2,127	\$2,131	\$2,151	\$3,006	\$3,090
Fund Balance	\$2,596	\$2,301	\$1,993	\$ 1,655	\$1,822	\$2,013
Months in Reserve	14.5	12.6	10.0	6.2	7.1	7.6
*Projected						

Expenditures by Program Component								
<i>(dollars in thousands)</i>								
(Dollars in Thousands)	FY 2018/19		FY 2019/20		FY 2020/21		FY 2021/22	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	\$202	\$109	\$272	\$344	\$282	\$313	\$322	\$245
Examination	-	-	-	-	-	-	-	-
Licensing	\$189	\$48	\$255	\$63	\$424	\$110	\$403	\$83
Administration *	\$350	\$65	\$439	\$89	\$306	\$62	\$434	\$71
DCA Pro Rata	-	\$535	-	\$532	-	\$516	-	\$539

Diversion (if applicable)	-	-	-	-	-	-	-	-
TOTALS	\$ 741	\$757	\$966	\$ 1,028	\$1,012	\$1,001	\$1,159	\$938
*Administration includes costs for executive staff, board, administrative support, and fiscal services.								

The following outlines fees currently charged by the DHBC:

- The application fee for an original license and the fee for issuance of an original license shall not exceed two hundred fifty dollars (\$250).
- The biennial renewal fee shall not exceed five hundred dollars (\$500).
- The delinquency fee shall not exceed one-half of the renewal fee. Any delinquent license may be restored only upon payment of all fees, including the delinquency fee, and compliance with all other applicable requirements of this article.
- The fee for issuance of a duplicate license to replace one that is lost or destroyed, or in the event of a name change, shall not exceed twenty-five dollars (\$25) or one-half of the renewal fee, whichever is greater.
- The fee for certification of licensure shall not exceed one-half of the renewal fee.
- The fee for each curriculum review and feasibility study review for educational programs for dental hygienists who are not accredited by a dental hygiene board-approved agency shall not exceed two thousand one hundred dollars (\$2,100).
- The fee for each review or approval of course requirements for licensure or procedures that require additional training shall not exceed seven hundred fifty dollars (\$750).
- The initial application and biennial fee for a provider of continuing education shall not exceed five hundred dollars (\$500).

These fees support the licensing, examination, enforcement, and administration programs, including processing and issuing licenses, maintaining Board records, dental hygiene law and ethics examinations, mediating consumer complaints, investigation costs, enforcing statutes, disciplinary actions, personnel expenditures, administrative costs, and general operating expenses. The fees also pay for the oversight of Board-approved dental hygiene educational programs in California. The license renewal cycle is a biennial process. Licenses expire every two years on the last day of a licensee’s birth month of an odd or even year.

The DHBC’s authority to charge the fees in its schedule is provided in BPC Section 1944. The DHBC must increase its fees when its fund is projected to be insolvent. In the past five years, the DHBC raised the following fees

1. Biennial License Renewal Fee for RDH and RDHEF – fee was increased on July 1, 2022, from \$160 to \$300.
2. License Renewal Delinquency Fee for RDH and RDHEF – fee was increased concurrently with the Biennial License Renewal Fee. It increased from \$80 to \$150.
3. Certification of Licensure Fee – fee was increased from \$25 to \$50 to send information to other states and jurisdictions of a licensee’s licensure status.
4. Special Permit Fee – fee was increased from \$150 to \$300 for out-of-state teachers to come to California to temporarily teach in dental hygiene programs until they obtain a CA dental hygiene license.

Licensing

The DHBC issues licenses for RDHs, RDHAPs, and RDHEFs:

- (1) RDH is a dental professional who is authorized to perform all duties assigned to dental assistants (DAs) and RDAs if licensed prior to December 31, 2005, plus those additionally enumerated in statute and regulation, under the supervision of a licensed dentist.
- (2) An RDHAP may perform all the functions of a DA, RDA, and RDH under general supervision, and certain RDH duties independently, if prescribed by a dentist or physician and under other qualifying conditions.
- (3) An RDHEF may perform all the functions of a DA, RDA, and RDH under general supervision, and other procedures specified in regulation under the direct supervision of a dentist.

Licensee Population					
	Active	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22
Registered Dental Hygienist (RDH)					
Registered Dental Hygienist (RDH)	Out of State	18,185	18,195	18,201	17,863
	Out of Country	0	0	0	0
	Delinquent/Expired	0	0	0	0
	Retired Status <i>if applicable</i>	3,295	3,430	3,638	3,911
Registered Dental Hygienist in Alternative Practice (RDHAP)	Inactive	34	34	41	34
Registered Dental Hygienist in Alternative Practice (RDHAP)	Other	1,738	1,645	1,666	1,876
	Active	8,479	9,059	9,610	10,096
Registered Dental Hygienist in Alternative Practice (RDHAP)	Out of State	580	598	655	691
	Out of Country	0	0	0	0
	Delinquent/Expired	0	0	0	0
	Retired Status <i>if applicable</i>	92	105	109	111
	Inactive	0	0	1	0
	Other	50	43	38	45
Registered Dental Hygienist In Extended Functions (RDHEF)	Active	20	26	39	66
Registered Dental Hygienist In Extended Functions (RDHEF)	Out of State	23	24	22	21
	Out of Country	0	0	0	0
	Delinquent/Expired	0	0	0	0
	Retired Status <i>if applicable</i>	6	5	5	6
	Inactive	0	0	0	0
	Other	2	2	2	1
Fictitious Name Permits (FNP)	Active	1	3	4	4
Fictitious Name Permits (FNP)	Out of State	127	126	116	126
	Out of Country	0	0	0	0
	Delinquent/Expired	0	0	0	0
	Retired Status <i>if applicable</i>	69	75	94	77
	Inactive	0	0	0	0
	Other	0	0	0	0
		42	50	55	80

During FY 2021/22, the DHBC issued nearly 900 new licenses and registrations and renewed over 9,505 licenses and registrations. The DHBC’s performance targets/expectations for its licensing program meet the guidelines outlined under 16 CCR Section 1069, which provides a detailed timeline for the processing of permits, applications, certifications, registrations, or other form of authorization required by a dental state agency to engage in a particular activity or act.

The DHBC follows these timelines to process its applications and maintains a processing period that is less than the maximum. The maximum time allotted to notify an applicant that their application is complete or deficient is 90 days. The DHBC is currently processing applications within 45 business days, which is well within the specified timeframe of 120 days. The length of time to process an application for licensure is heavily reliant on the applicant to complete and submit all of the requirements for licensure to process and record.

The DHBC has denied four licenses over the past four years based on criminal history.

License Denial			
	FY 2019/20	FY 2020/21	FY 2021/22
License Applications Denied (no hearing requested)	1	1	2
SOIs Filed	2	0	7
Average Days to File SOI (from request for hearing to SOI filed)	100	0	270
SOIs Declined	0	0	0
SOIs Withdrawn	0	0	3
SOIs Dismissed (license granted)	0	0	0
License Issued with Probation / Probationary License Issued	1	0	3
Average Days to Complete (from SOI filing to outcome)	72	0	120

Education

The DHBC maintains sole approval of dental hygiene educational programs in California pursuant to BPC Section 1941. If a California dental hygiene educational program does not have the DHBC’s approval, graduates of the California dental hygiene educational program are not eligible for licensure in California. Additionally, all dental hygiene educational programs must be accredited by the Commission on Dental Accreditation of the American Dental Association (CODA). CODA was established in 1975 and is nationally recognized by the United States Department of Education as the sole agency to accredit dental and dental-related education programs conducted at the post-secondary level.

The DHBC approves 26 dental hygiene educational programs (DHEPs) and three Registered Dental Hygiene in Alternative Practice (RDHAP) educational programs for a total of 29 dental hygiene educational programs. The DHBC began the review of the DHEPs in 2016 with the intention of reviewing all programs within five years to establish an educational baseline/standard for comparison with future site visits. Issues at a few of the DHEPs that required Board attention with multiple visits as well as the COVID-19 pandemic caused delays for finishing its initial review of all DHEPs. Since the perceived intensity of the COVID-19 pandemic has slightly diminished, the DHBC has reviewed all 29 dental hygiene educational programs in 37 separate site visits since the DHBC’s inception of the review program in December of 2016.

For the future, each dental hygiene educational program will be reviewed by the Board on a rotational basis based upon their CODA accreditation timeline and site visit, which is about every seven years. This is to minimize the burden on DHEPs to provide the information necessary to review a program twice.

However, a program may be reviewed sooner if the DHBC becomes aware of substantive changes to the dental hygiene educational program or receives complaints about the dental hygiene educational program. Much of the information gathered by the DHEP for the CODA site reviews overlaps with information the DHBC reviews for its approval so it can be used for both agencies. The DHBC may withdraw a DHEP's approval pursuant to BPC section 1902(a)(2) if warranted, but this would occur only after intermediate steps of probation, citation and fine and possibly after a DHEP's appeal to the DHBC's decision to remove its approval. The DHBC makes every effort to provide ample opportunity for a DHEP to comply with the law.

Continuing Education

The DHBC requires licensees to complete a certain number of continuing education (CE) hours to renew the dental hygiene license and to assist with continued competency for the practitioner in the profession. CE hour requirements are as follows:

- 1) Registered Dental Hygienists – 25 CE hours.
- 2) Registered Dental Hygienists in Alternative Practice – 35 CE hours.
- 3) Registered Dental Hygienists in Extended Functions – 25 CE hours.

Pursuant to BPC Section 1936.1(a), the DHBC requires as a condition of license renewal that licensees provide assurances satisfactory to the DHBC that they will, during the preceding two-year period, stay informed of developments in the practice of dental hygiene since the original issuance of their licenses. Licensees may satisfy this by pursuing one or more courses of study satisfactory to the DHBC. The DHBC also requires as a condition of license renewal, specific coursework to be completed in Basic Life Support, Infection Control, and the Dental Practice Act (DPA) for each renewal.

This attestation under the penalty of perjury of CE completion is noted on the licensee's License Renewal Application. The only change to the law pertaining to CE since the last review was to amend BPC Section 1936.1(a) to revise the language to complete the CE requirements for the renewal of the license from "succeeding two-year period" to "preceding two-year period" which is the practice followed by the majority of DCA boards that require CE as a condition of license renewal.

Examination

There are three examinations that are required for licensure:

1. CRDTS – Central Regional Dental Testing Services.
2. WREB – Western Regional Examination Board (merged with the CDCA/ADEX exam administrators last year).
3. CDCA/WREB/ADEX – Commission on Dental Competency Assessments/Western Regional Examination Board/American Board of Dental Examiners.

California RDH licensure is attained by meeting specific educational and experience requirements and passing the following exams:

- National Board Dental Hygiene Examination (NBDHE);
- The Western Regional Examination Board (WREB) (both patient-based and manikin-based exams temporarily).
- The National Dental Hygiene Clinical Examination developed by Central Regional Dental Testing Services (CRDTS); (both patient-based and manikin-based exams temporarily).
- The CDCA/WREB/CITA manikin-based clinical examination (temporary acceptance through July 31, 2023, unless the Board votes to extend the acceptance deadline or other decision); and
- The California RDH Laws and Ethics Examination.

The purpose of the NBDHE is to ensure that each examination and applicant for licensure has achieved a certain level of knowledge, skill, and judgment necessary to practice in a safe and responsible manner. All candidates are expected to pass the examination on their own merit without assistance and are expected to maintain the confidentiality of the examination. The NBDHE is a comprehensive examination consisting of 350 multiple-choice examination items. The examination has two components: a discipline-based component and a case-based component. The discipline-based component includes 200 items addressing three major areas:

- 1) Scientific Basis for Dental Hygiene Practice;
- 2) Provision of Clinical Dental Hygiene Services; and
- 3) Community Health/Research Principles.

The case-based component includes 150 case-based items that refer to 12 to 15 dental hygiene patient cases. These cases presented in this component contain information dealing with adult and child patients by means of patient histories, dental charts, radiographs, and clinical photographs. Prior to issuance of a license, an applicant for licensure as a dental hygienist shall successfully complete a supplemental written examination approved by the DHBC in Law and Ethics. The DHBC’s Law and Ethics Examination requires:

- (1) The examination shall test the applicant’s knowledge of California Law as it relates to the practice of dental hygiene.
- (2) The examination on ethics shall test the applicant’s ability to recognize and apply ethical principles as they relate to the practice of dental hygiene.
- (3) An examinee shall be deemed to have passed the examination if his/her score is at least 75% in each examination. All of the above examinations (national boards, clinical, and law and ethics examinations) are, for now, only available in English.

Examination Data				
License Type		RDH	RDHAP	RDHEF
Exam Title		Registered Dental Hygienist Law and Ethics Written Examination	CA Registered Dental Hygienist in Alternative Practice Law and Ethics Written Examination	CA Registered Dental Hygienist in Extended Functions (License no longer issued)
FY 2018/19	Number of Candidates	988	53	-
	Overall Pass %	82	82	-

	Overall Fail %	18	18	-
FY 2019/20	Number of Candidates	811	39	-
	Overall Pass %	80	69	-
	Overall Fail %	20	31	-
FY 2020/21	Number of Candidates	917	97	-
	Overall Pass %	89	81	-
	Overall Fail %	11	19	-
FY 2021/22	Number of Candidates	895	95	-
	Overall Pass %	85	66	-
	Overall Fail %	15	34	-
	Date of Last OA	August 2019	September 2019	-
	Name of OA Developer	DCA Office of Professional Examination Services (OPES)	DCA Office of Professional Examination Services (OPES)	-
	Target OA Date	2026	2026	-

Enforcement

The most recent Fiscal Year (FY) 2021/2022, a total of 422 complaints have been received. For FY 2020/2021, a total of 507 complaints were received. Finally, FY 2019/2020 received a total of 219 complaints. The DHBC and staff continue to strive to address complaints in a timely manner by having them assigned for investigation within 10 days. The DHBC and staff's efforts have resulted in improvements regarding its investigations of complaints and the processing timeframe of cases received by the DHBC. The DHBC notes that it continues to reevaluate workload data and internal protocol to identify inefficiencies or other methods to streamline and constantly improve its enforcement program and protection of the public.

The volume of enforcement investigations increased 88% between FY 2019/2020 and FY 2020/2021 — from 182 cases to 342 cases received. The increase in cases is attributed to the rise in the number of Continuing Education (CE) audits the DHBC conducted. As a result, the DHBC has been issuing an increasing number of Citation and Fine to licensees for failing their CE audit. The DHBC's intake statistics show a consistent trend in the case volume related to convictions and complaints received by the DHBC. The DHBC assigned an average of 842 cases for investigation and closed 1,128.

One performance barrier the DHBC has experienced is due to the substantial delays of outside agencies involved in the review of cases. In many cases, multiple documents are needed from other agencies, and repeated requests are required. Additional delays may be caused when processing fees are required by courts and arresting agencies. Even though the AG's (Attorney General) Office has improved significantly in processing the DHBC's cases, there are continued delays in settlement cases and administrative hearings with OAH.

As a healing arts board under the DCA, the DHBC is responsible for determining its performance measure targets under of the Consumer Protection Enforcement Initiative (CPEI). The goal of the CPEI is to reduce the average enforcement completion timeline from 36 months to between twelve and eighteen months; at this time, the DHBC is meeting this goal.

Enforcement Statistics			
	FY 2019/20	FY 2020/21	FY 2021/22
COMPLAINTS			
Intake			
Received	182	342	323
Closed without Referral for Investigation	2	3	1
Referred to INV	106	412	324
Pending (close of FY)	74	2	0
Conviction / Arrest			
CONV Received	111	92	98
CONV Closed Without Referral for Investigation	0	0	0
CONV Referred to INV	113	92	98
CONV Pending (close of FY)	0	0	0
Source of Complaint			
Public	7	11	5
Licensee/Professional Groups	1	2	7
Governmental Agencies	0	2	3
Internal	261	370	322
Other	21	43	68
Anonymous	3	6	16
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	3	3	2

Public Information Policies

The DHBC ensures the public has access to important information through its website. For example, the public may conduct a License Search if they know the name of the licensee to be researched. After conducting the search, the following information may be shown: Name, License Number, License Type, License Status, Expiration Date, Secondary Status (if any, meaning there may be an issue with the license), City, State, County, and Zip Code. There is also further details and information about the licensee if the user clicks on the More Details button to the right of the record, which lists any Additional Qualifications, Previous Names the licensee may have been known by, License Issuance Date, Expiration Date, and, if applicable, any Enforcement or Disciplinary Action taken on the license.

Finally, the DHBC takes preemptive steps to ensure California dental hygiene educational programs are maintaining specific standards. The DHBC conducts site visits to California dental hygiene educational programs and is frequently invited to provide presentations to graduating dental hygiene students, dental hygiene associations, and interested stakeholders. The DHBC is in constant communication with professional stakeholders, educational programs, and distributes email blasts to its subscribers and licensees for any Board meetings, events, or announcements and updates. In the future, the DHBC will explore the use of social media for consumer outreach and education.

Workforce Development

The DHBC has made efforts in seeking pathways to implement BPC Section 1900 which states: “It is the intent of the Legislature by enactment of this article to permit the full utilization of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions in order to meet the dental care needs of all of the state's citizens.”

According to the DHBC's recent sunset review, one primary reason that restrict full utilization of all categories of dental hygienists and decreases their ability to provide care for all of the state's citizens are restrictive supervision levels, scope of practice restrictions limiting the services that dental hygienists are allowed to provide independently, and the inability for dental hygiene practitioners such as the RDHAP to obtain full reimbursement payment for the services rendered. DHBC also points to current law that states which dental hygiene services are completed under the direct supervision of a licensed dentist – the dentist employer must be physically present in the office when the service is performed – and general supervision – the dentist employer need not be present when the services are performed.

Current laws allow the dentist employer to determine the level of supervision necessary for the performance of the services that dental assistants are legally allowed to provide. This same provision should be extended to dental hygienists where the supervising dentist should be able to determine the level of supervision required for a dental hygienist working in the dental office rather than the law dictating the required level of supervision. Although BPC Sections 1912 through 1914 allow for general supervision for most services performed by dental hygienists, some services are still authorized under direct supervision (soft tissue curettage, local anesthesia administration, and nitrous oxide-oxygen analgesia) which, according to the DHBC, limits the full utilization of the dental hygienist services. The DHBC has approved to seek legislation to remove the direct supervision restrictions in the current law for soft tissue curettage and administration of local anesthesia and amend it for the supervising dentist to indicate the level of supervision needed for these procedures.

Regarding DHBC's efforts to address workforce issues, the DHBC collects workforce information data for the California Department of Healthcare Access and Information (HCAI) through surveys required to be completed at the time of the license renewal. This data is forwarded to HCAI annually for its use, however, is not shared with the DHBC. Unfortunately, many dental hygienists could be considered "nomads," an individual constantly moving for a variety of reasons. Many dental hygienists work in several dental locations and do not have typical fulltime jobs at one single office. There is also a consensus in communications with the educational programs and licensees that they prefer to work in the heavier populated areas of the state rather than seeking work in the more rural and underserved areas. Better employment opportunities and higher wages play the largest role in determining where licensees choose to work.

Online Practice Issues

As for unlicensed activity, the DHBC is not aware of any online practicing other than through telehealth or teledentistry. Therefore, DHBC has not experienced any extensive unlicensed activity in this area. The DHBC has encountered unlicensed activity through complaints submitted by the public or other licensees, through self-reporting information from the licensees themselves that they neglected to renew their license, or inadvertently discovered that a licensee is practicing with an Inactive license which does not allow them to provide any dental hygiene services. As this may be a mistake when the licensee last renewed their license; it's ultimately the responsibility of the licensee to ensure their license is current and valid to provide dental hygiene services. Online dental hygiene practice has not been an issue for the DHBC or at a minimum, it has not been brought to the attention of the DHBC except for an occasional complaint about a dental hygienist inappropriately advertising dental hygiene services at a specific location. Registered Dental Hygienists must work under the supervision of a licensed dentist and if a licensee is found to be providing dental hygiene services independently, the DHBC would address it because it's against the law and affects consumer protection.

COVID-19 Pandemic Response

On March 4, 2020, Governor Gavin Newsom proclaimed a State of Emergency as a result of the impacts of the COVID-19 public health crisis. Prior to the Governor's Shelter in Place order in March 2020, the DHBC had the opportunity to review its laws in statutory language and any issues that arose were able to be resolved without the need for statutory amendments. The Governor's and DCA Director's approved waivers helped immensely to provide reasonable solutions to many of the issues created by the pandemic.

No statutory revisions were identified to be requested due to the pandemic or in preparation of any future State of Emergency Declarations; however, a regulatory change was identified to accept other means of wet laboratory completion for dental hygiene educational programs during a declared state of emergency so that students could complete their prerequisite biomedical science coursework and not be on campus if closed.

PRIOR SUNSET REVIEW: CHANGES AND IMPROVEMENTS

The DHBC last underwent a sunset review by the Legislature in 2018. During the prior sunset review, committee staff raised a number of issues and provided recommendations. One issue raised in the prior sunset review was addressed. Below is a summary of actions which have been taken over the last four years to address these issues.

Previous issues that were not completely addressed or may otherwise still be of concern they are further discussed under "Current Sunset Review Issues."

Prior Issue #1 – DHCC is completely comprised of Gubernatorial appointees. The DHCC previously functioned as an independent entity, but grew out of COMDA, which was a dependent committee within the DBC. SB 1428 (Chapter 858, Statutes 2018) restructured the composition of the new DHB to provide that the Senate Committee on Rules and the Speaker of the Assembly may each appoint one public member that was previously within the Governor's appointment authority. The Committees' background paper stated that the Committees may wish to amend BPC § 1903 to designate appointing authority for two of the public members to the Legislature, similar to that of other healing arts boards. The passage of Senate Bill (SB) 1482 (Ch. 858, Statutes of 2018) subsequently provided that one public member to be appointed by the Senate Committee on Rules; and one public member to be appointed by the Speaker of the House.

Prior Issue #2 – DHCC is struggling to meet statutory mandates because of staffing shortages. The DHCC experienced staff shortages since its inception in 2009; it requested three positions to catch up on the mandates it has not been able to address and to prepare for succession planning. The Committees' background recommended that DCA should continue its work with the DHBC to determine appropriate staffing levels in each division, ensure its budget can support additional staff, and develop and submit necessary BCPs. The Committees recommended that the DHCC should report to the Legislature on the results of these efforts. In response to the 2018 sunset, the DHCC submitted additional staff requests in the past that were not successful. The DHCC stated that it would work closely with the DCA and use available resources to improve the data and justifications required to improve the success of our future requests. Over the preceding five years, the DHBC states that it has successfully submitted and received approval for budget change proposals requesting new staff positions and associated funding.

Prior Issue #3 – There may be more effective means to test clinical skills than the traditional hygiene clinical exam.

The DHCC initiated the research of possible alternative pathways to licensure in the past and created a task force to review alternatives to the traditional pathway to licensure. Unfortunately, due to staffing shortages, this project was delayed until additional staff were obtained to address existing workload. The DHBC made this a high priority for 2018 and once completed, stated that they would share findings with the Committees and request statutory changes as needed. Over the past two years, the DHBC created a taskforce to address the issue of alternative pathways to licensure with and without an examination. The taskforce consisted of dental hygiene educators and board members to determine various methods to fulfill requirements for licensure. The outcome and recommendation from the taskforce (to the DHBC's Licensing and Examination Committee; then to the Board) was to eliminate the clinical examination requirement for graduating dental hygiene students if they applied for the license within 3 years of graduation. Students who delay applying until after 3 years are required to complete a board-approved clinical examination in addition to all out-of-state applicants applying under the examination pathway to licensure as a requirement to obtain the license.

Prior Issue #4 – DHCC wants to be renamed as an independent board under the DCA and sever its remaining ties to the DBC.

The issue of whether DHCC's name should be changed to the DHBC was explored in DHCC's 2018 sunset review. Staff's recommendation at the time was that, despite DHCC's stated ability to operate independently, DHCC should undergo further reviews before becoming an independent board. The DHCC existed for eight years and completed two Sunset Review processes with no major issues. DHCC also believed a name change would clarify its independence and resolve any confusion as to the autonomy of its decision making. SB 1482 (Chapter 858, Statutes 2018) renamed and reestablished the DHCC as the Dental Hygiene Board of California (DHBC) and clarifies DHCC's position as an independent regulatory board within the DCA.

Prior Issue #5 – According to the DHCC, RDHAPs are authorized to preform unsupervised dental hygiene services only in specified areas, which created barriers to practice in other dental care settings.

Dental Health Professional Shortage Areas (DHPSA) are established to recognized areas as having a shortage of dental providers on the basis of availability of dentists and dental auxiliaries. A DHPSA designation can be removed if providers in the area do not petition to keep the designation. The designation can also be removed if more providers treat people in the DHPSA. One reason the Legislature created the RDHAP license category was to create was to serve the designated shortage areas of the state where dental hygiene services are scarce and there is a lack of dentists that take Medi-Cal Dental insurance. Licensees are wary of opening a dental hygiene practice with the risk that they could lose the business if the DHPSA designation is lifted by the Federal Government due to the dental hygiene services they are providing to the population. For example, an RDHAP opens a practice in a DHPSA, begins providing dental hygiene care and connecting patients to dentists. The shortage designation is removed, because of the success in connecting patients to oral healthcare and there is no longer a shortage. Current law requires the RDHAP to then close the dental hygiene practice. The Committees recommended that DHCC examine whether it is in the best interest of the public health and safety to authorize RDHAPs to practice unsupervised in any setting, which may include all settings authorized to employ an RDHAP. *This issue is further discussed under "Current Issues."*

CURRENT SUNSET REVIEW ISSUES FOR THE DENTAL HYGIENE BOARD OF CALIFORNIA

ADMINISTRATIVE ISSUES

ISSUE #1: Should the Executive Officer (EO) exempt status be changed to realign the DHBC's effective management?

Background: The DHBC is requesting assistance from the Legislature to approve an elevation of the executive officer's (EO) exempt level to an equivalent of a manager III to obtain higher level subordinate management staff to structure the DHBC's management staff appropriately for current and future growth, efficient program oversight, maintain institutional knowledge, and workforce succession planning. The change in exempt level is the first step to realign the DHBC's management organizational structure to obtain additional management staff for program oversight. If approved, the DHBC would potentially have a stable management structure needed to move forward to efficiently run the DHBC's programs effectively within HR guidelines without over-taxing staff. The DHBC states that it can absorb the modest increase in cost within its existing budget with no fiscal impact to the State's General Fund or raising fees.

Staff Recommendation: *The DHBC should continue its discussions with DCA regarding the requested EO exemption status of DHBC and what necessary BCPs are required.*

ISSUE #2: Should statute be updated to allow for public meetings to be conducted through additional online methods?

Background: The DHBC requested new statutory language to allow the DHBC to conduct its public meetings through online methods or online methods in conjunction with in-person meetings (hybrid meetings) without having to agendaize the physical locations of the participating teleconference members. Through the pandemic and ongoing, the online method of conducting meetings has increased the public's participation in Board meetings well over 100% and one meeting had a 600% increase in the number of participating attendees to the meeting. The DHBC has stated that it intends to conduct hybrid public meetings where both live and online discussion and comments can occur to increase participation. The DHBC argues that the opportunity to provide public comment at meetings is priceless; however, the cost to travel to the meeting locations can be a huge burden in resources and time for public participants.

Staff Recommendation: *The DHBC should continue its internal discussion and coordinate with the DCA on this issue.*

LICENSING ISSUES

ISSUE #3: Should the DHBC issue Restrictive Temporary Licenses (no SLN authority/services provided) for military spouses to practice dental hygiene in California?

Background: Over the years, the DHBC has not received any applicants attempting to use their military education, training, or experience to qualify for a California dental hygiene license. This is because the military primarily focuses on educating and training dentists and not dental hygienists. The majority of the applications for licensure submitted to the DHBC are from the active military person's spouse,

significant other, or family member that has traveled with them to California due to the transfer of assignment. If the military does begin to educate and train dental hygienists, the DHBC states that it would be open to review the curriculum for acceptance to be applied toward a dental hygiene license.

To date, no regulatory changes have been proposed due to the existing statutory requirements required for licensure as a dental hygienist. In researching, it appears the military focuses on dentist training and not dental hygiene training, which naturally has individuals considered for a dentist's license and not a dental hygiene license.

Staff Recommendation: *The DHBC should continue its discussion for increasing the number of military spouses, including recruitment efforts, and current barriers applicants face.*

PRACTICE ISSUES

ISSUE #4: Should Direct Supervision requirements related to SNL (soft tissue curettage, local anesthesia administration, and nitrous oxide-oxygen analgesia) dental services be amended?

Background: The DHBC has requested amendments to BPC Section 1909 for clarification and authorize local anesthesia administration under the direct or general supervision as determined by the supervising licensed dentist and maintain the nitrous oxide-oxygen analgesia and soft tissue curettage under the direct supervision of a licensed dentist. The DHBC and segments of the dental profession state this revision allows registered dental hygienists that are confident in these functions to provide the care under standing orders or with more oversight depending on the how the specific dental office chooses to operate. This change in supervision would allow more flexibility for the dental team to meet the needs of patients more efficiently.

Dental hygienists work under the general and direct supervision of a licensed dentist unless they are employed by a public health agency. The definition of general supervision is the supervision of dental procedures based on instructions given by a licensed dentist who is not required to be physically present in the treatment facility during the performance of these procedures. Direct supervision is defined as the dentist is required to be physically present in the treatment facility during the performance of these procedures.

There are only three dental procedures where direct supervision is required: Soft Tissue Curettage, Local Anesthesia administration, and Nitrous Oxide-Oxygen Analgesia administration. All other dental hygiene procedures may be completed under the general supervision of a licensed dentist. If the patient is a patient of record of the dentist and a comprehensive treatment plan has been previously established, the majority of dental hygienists may perform general supervision services with authorization from a licensed dentist through online means such as telehealth or teledentistry. If dental hygienists provide these dental services without the appropriate level of supervision of a licensed dentist whether in the dental office or online, they place their license in jeopardy.

Staff Recommendation: *The DHBC should work collaboratively with all stakeholders to examine whether it is in the best interest of public health and safety – the discussion should also address the specific authorized setting for changed supervision of an RDH.*

ISSUE #5: Should current law be amended to allow an RDHAP with a stand-alone dental hygiene practice site in a DHPSA to remain in practice even if the practice's DHPSA status is removed?

Background: Stakeholders have requested consideration for new statutory language that would allow an RDHAP who has opened a stand-alone dental hygiene practice site in a Dental Health Professional Shortage Area (DHPSA) to maintain their practice if, in the future, the DHPSA designation is removed. One reason the RDHAP license category was created was to serve the designated shortage areas of the state where dental hygiene services are scarce. Licensees are wary of opening a dental hygiene practice with the risk that they could lose the business if the DHPSA designation is lifted by the Federal Government due to the dental hygiene services they are providing to the population. According to the DHBC, with the ability to maintain their practice should the DHPSA designation be lifted, more RDHAPs would potentially be willing to open new practices in these communities where their dental services are vitally needed the most.

Staff Recommendation: *The DHBC should continue its internal discussion with the DBC and all relevant stakeholders.*

EDUCATION AND EXAMINATION ISSUES

ISSUE #6: Should the DHBC eliminate the clinical examination requirement for licensure for graduates of California dental hygiene programs if they apply for license within three years of graduation?

Background: The DHBC requested amendments to BPC Section 1917 to eliminate the clinical examination requirement for licensure for graduates of California dental hygiene educational programs if they apply for the license within three years of graduation.

California schools teach and train their students to complete proficiencies that prepare them adequately for licensure where the need for a one-day examination is no longer required. Out-of-state applicants for licensure would still be required to complete an approved dental hygiene clinical examination due to the variances in dental hygiene education across the United States.

Additionally, the DHBC has requested to amend BPC Section 1917 to add a Basic Life Support (BLS) certification requirement for initial licensure applicants. BLS is already completed as a requirement while students are enrolled in the dental hygiene educational program and is also a requirement to renew the license at its expiration. The BLS certification normally carries over from the graduating student to the licensee applicant. However, it's not listed in the law as a requirement for the license so the DHBC requests to add BLS language for clarity and consumer protection.

Staff Recommendation: *Staff recommends additional discussion on this subject within DHBC and the Board's relevant Committee.*

ISSUE #7: Should the DHBC increase its number of mandated CE ceiling hours?

Background: The DHBC requires licensees to complete a certain number of continuing education (CE) hours to renew the dental hygiene license and to assist with continued competency for the practitioner in the profession.

The DHBC is seeking to increase the number of Board mandated CE hours ceiling from 7.5 to 10 to expand the number of mandated CE hours to renew the license if necessary. The DHBC is currently at its maximum mandated CE hours of 7.5 per license renewal cycle, and therefore, has no room to add or expand any additional CE requirements should the need arise. This does not mean the DHBC will increase the CE requirement, but has room to expand in the future should the need arise to increase the CE requirement for license renewal.

Staff Recommendation: *The DHBC should continue internal discussion with its appropriate Committee and Board Members.*

TECHNICAL CLEANUP

ISSUE #8: *Technical Cleanup. Is there a need for technical cleanup?*

Background: As the profession continues to evolve and new laws are enacted, many provisions of law have potentially become outmoded or superfluous.

Staff Recommendation: *The DHBC should recommend cleanup amendments for inclusion in its sunset bill.*

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

ISSUE #9: *Continued Regulation. Should the licensing of the dental hygiene profession be continued and be regulated by the DHBC?*

Background: Patients and the public are best protected by strong regulatory boards with oversight of licensed professions. The DHBC has proven to be a competent entity providing important oversight of licensed dental hygienists and California dental hygiene educational programs.

Staff Recommendation: *The licensing and regulation of the dental hygiene profession should continue to be regulated by the current members of the DHBC. DHBC should be reviewed again on a future date to be determined.*