

AMENDED IN ASSEMBLY JANUARY 6, 2014

AMENDED IN ASSEMBLY APRIL 9, 2013

AMENDED IN ASSEMBLY MARCH 21, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1174**

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**Introduced by Assembly Members Bocanegra and Logue**

February 22, 2013

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An act to amend Sections 1752.4, ~~1753.5, 1753.6, and~~ 1910, and 1926 of, to amend, repeal, and add Section 1753.6 of, and to add, repeal, and add Sections 1753.55, 1910.5, and 1926.05 of, the Business and Professions Code, and to ~~add Section 14132.726 to amend Section 14132.725 of~~ the Welfare and ~~Institution~~ *Institutions* Code, relating to oral health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1174, as amended, Bocanegra. Dental professionals: teledentistry under Medi-Cal.

(1) Existing law, the Dental Practice Act, establishes the Dental Board of California. Existing law creates, within the jurisdiction of the board, a Dental Assisting Council that is responsible for the regulation of dental assistants, registered dental assistants, and registered dental assistants in extended functions and a Dental Hygiene Committee of California, that is responsible for the regulation of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions. Existing law governs the scope of practice for those professionals.

This bill would authorize a registered dental assistant *who has completed a specified educational program* to determine which

~~radiographs to perform if he or she has completed a specified educational program. The bill would authorize a registered dental assistant in extended functions licensed on or after January 1, 2010, to place interim therapeutic restorations, as defined, pursuant to the order, control, and full professional responsibility of a licensed dentist, as specified. The bill would authorize a registered dental hygienist to, after submitting to the committee evidence of satisfactory completion of a course of instruction approved by the committee, determine which a registered dental hygienist, and a registered dental hygienist in alternative practice to choose radiographs to perform and place interim therapeutic protective restorations upon the order of a licensed dentist, as specified.~~

(2) Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including certain dental services, as specified. Existing law provides that, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for “teleophthalmology and teledermatology by store and forward,” as defined to mean the asynchronous transmission of medical information to be reviewed at a later time by a licensed physician or optometrist, as specified, at a distant site.

~~This bill would enact similar provisions relating to the use of teledentistry, as defined, under the Medi-Cal program. The bill would provide that, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient shall not be required under the Medi-Cal program for “teledentistry by store and forward.” The bill would define that term to mean an asynchronous transmission of dental information to be reviewed at a later time by a licensed dentist at a distant site, where the dentist at the distant site reviews the dental information without the patient being present in real time, as defined and as specified. The bill would also provide that dentist participation in services provided at an intermittent clinic, as defined, through the use of telehealth, as defined, shall be considered a billable encounter under Medi-Cal. The bill would also require, on or before January 1, 2017, the department to report to the Legislature the number and type of services provided, and the payments made related to the application of teledentistry, as specified.~~

*This bill would additionally provide that face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for teledentistry by store and forward, as defined.*

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 1752.4 of the Business and Professions  
2 Code is amended to read:  
3 1752.4. (a) A registered dental assistant may perform all of  
4 the following duties:  
5 (1) All duties that a dental assistant is allowed to perform.  
6 (2) Mouth-mirror inspections of the oral cavity, to include  
7 charting of obvious lesions, existing restorations, and missing  
8 teeth.  
9 (3) Apply and activate bleaching agents using a nonlaser  
10 light-curing device.  
11 (4) Use of automated caries detection devices and materials to  
12 gather information for diagnosis by the dentist.  
13 (5) Obtain intraoral images for computer-aided design (CAD),  
14 milled restorations.  
15 (6) Pulp vitality testing and recording of findings.  
16 (7) Place bases, liners, and bonding agents.  
17 (8) Chemically prepare teeth for bonding.  
18 (9) Place, adjust, and finish direct provisional restorations.  
19 (10) Fabricate, adjust, cement, and remove indirect provisional  
20 restorations, including stainless steel crowns when used as a  
21 provisional restoration.  
22 (11) Place postextraction dressings after inspection of the  
23 surgical site by the supervising licensed dentist.  
24 (12) Place periodontal dressings.  
25 (13) Dry endodontically treated canals using absorbent paper  
26 points.  
27 (14) Adjust dentures extra-orally.  
28 (15) Remove excess cement from surfaces of teeth with a hand  
29 instrument.  
30 (16) Polish coronal surfaces of the teeth.  
31 (17) Place ligature ties and archwires.  
32 (18) Remove orthodontic bands.

1 (19) All duties that the board may prescribe by regulation.

2 (b) A registered dental assistant may only perform the following  
3 additional duties if he or she has completed a board-approved  
4 registered dental assistant educational program in those duties, or  
5 if he or she has provided evidence, satisfactory to the board, of  
6 having completed a board-approved course in those ~~duties~~. *duties*:

7 (1) Remove excess cement with an ultrasonic scaler from  
8 supragingival surfaces of teeth undergoing orthodontic treatment.

9 (2) The allowable duties of an orthodontic assistant permitholder  
10 as specified in Section 1750.3. A registered dental assistant shall  
11 not be required to complete further instruction in the duties of  
12 placing ligature ties and archwires, removing orthodontic bands,  
13 and removing excess cement from tooth surfaces with a hand  
14 instrument.

15 (3) The allowable duties of a dental sedation assistant  
16 permitholder as specified in Section 1750.5.

17 (4) The application of pit and fissure sealants.

18 (5) Determine which radiographs to perform.

19 (c) Except as provided in Section 1777, the supervising licensed  
20 dentist shall be responsible for determining whether each  
21 authorized procedure performed by a registered dental assistant  
22 should be performed under general or direct supervision.

23 ~~SEC. 2. Section 1753.5 of the Business and Professions Code~~  
24 ~~is amended to read:~~

25 ~~1753.5. (a) A registered dental assistant in extended functions~~  
26 ~~licensed on or after January 1, 2010, is authorized to perform all~~  
27 ~~duties and procedures that a registered dental assistant is authorized~~  
28 ~~to perform as specified in and limited by Section 1752.4, and those~~  
29 ~~duties that the board may prescribe by regulation.~~

30 ~~(b) A registered dental assistant in extended functions licensed~~  
31 ~~on or after January 1, 2010, is authorized to perform the following~~  
32 ~~additional procedures under direct supervision and pursuant to the~~  
33 ~~order, control, and full professional responsibility of a licensed~~  
34 ~~dentist:~~

35 ~~(1) Conduct preliminary evaluation of the patient's oral health,~~  
36 ~~including, but not limited to, charting, intraoral and extra-oral~~  
37 ~~evaluation of soft tissue, classifying occlusion, and myofunctional~~  
38 ~~evaluation.~~

39 ~~(2) Perform oral health assessments in school-based, community~~  
40 ~~health project settings under the direction of a dentist, registered~~

1 dental hygienist, or registered dental hygienist in alternative  
2 practice.

- 3 ~~(3) Cord retraction of gingiva for impression procedures.~~
- 4 ~~(4) Size and fit endodontic master points and accessory points.~~
- 5 ~~(5) Cement endodontic master points and accessory points.~~
- 6 ~~(6) Take final impressions for permanent indirect restorations.~~
- 7 ~~(7) Take final impressions for tooth-borne removable prosthesis.~~
- 8 ~~(8) Polish and contour existing amalgam restorations.~~
- 9 ~~(9) Place, contour, finish, and adjust all direct restorations.~~
- 10 ~~(10) Adjust and cement permanent indirect restorations.~~
- 11 ~~(11) Other procedures authorized by regulations adopted by the~~  
12 ~~board.~~

13 ~~(e) All procedures required to be performed under direct~~  
14 ~~supervision shall be checked and approved by the supervising~~  
15 ~~licensed dentist prior to the patient's dismissal from the office.~~

16 ~~(d) (1) A registered dental assistant in extended functions~~  
17 ~~licensed on or after January 1, 2010, is authorized to place interim~~  
18 ~~therapeutic restorations, defined as the removal of caries using~~  
19 ~~hand instruments and placement of an adhesive restorative material,~~  
20 ~~upon the order of the supervising dentist under general supervision,~~  
21 ~~except as authorized pursuant to paragraph (3), and pursuant to~~  
22 ~~the order, control, and full professional responsibility of a licensed~~  
23 ~~dentist.~~

24 ~~(2) A registered dental assistant in extended function may only~~  
25 ~~perform the functions authorized pursuant to paragraph (1) if he~~  
26 ~~or she has completed a board-approved registered dental assistant~~  
27 ~~in extended function education program in performing those~~  
28 ~~functions, or if he or she has provided evidence, satisfactory to the~~  
29 ~~board, of having completed a board-approved course in those~~  
30 ~~functions.~~

31 ~~(3) The supervising licensed dentist shall be responsible for~~  
32 ~~determining whether the functions authorized pursuant to paragraph~~  
33 ~~(1) may be performed under general or direct supervision.~~

34 *SEC. 2. Section 1753.55 is added to the Business and*  
35 *Professions Code, to read:*

36 *1753.55. (a) For the purposes of this section, the following*  
37 *definitions shall apply:*

38 *(1) "Clinical instruction" means instruction in which students*  
39 *receive supervised experience in performing procedures in a*  
40 *clinical setting on patients. Clinical instruction shall only be*

1 performed upon successful demonstration and evaluation of  
2 preclinical skills. There shall be at least one instructor for every  
3 six students who are simultaneously engaged in clinical instruction.

4 (2) “Course” means a board-approved course preparing a  
5 registered dental assistant in extended functions to perform the  
6 duties described in subdivision (b).

7 (3) “Didactic instruction” means lectures, demonstrations, and  
8 other instruction without active participation by students. The  
9 approved provider or its designee may provide didactic instruction  
10 through electronic media, home study materials, or live lecture  
11 methodology if the provider has submitted that content to the board  
12 for approval.

13 (4) “Interim therapeutic restoration” means a direct provisional  
14 restoration placed to stabilize the tooth until a licensed dentist  
15 diagnoses the need for further definitive treatment.

16 (5) “Laboratory instruction” means instruction in which  
17 students receive supervised experience performing procedures  
18 using study models, mannequins, or other simulation methods.

19 (6) “Preclinical instruction” means instruction in which students  
20 receive supervised experience performing procedures on students,  
21 faculty, or staff members. There shall be at least one instructor  
22 for every six students who are simultaneously engaged in  
23 preclinical instruction.

24 (7) “Program” means a board-approved registered dental  
25 assistant in extended functions educational program.

26 (b) In addition to the duties specified in Section 1753.5, a  
27 registered dental assistant in extended functions licensed on or  
28 after January 1, 2010, is authorized to perform both of the  
29 following additional duties pursuant to the order, control, and full  
30 professional responsibility of a supervising dentist:

31 (1) Choose radiographs without the supervising dentist having  
32 first examined the patient, following protocols established by the  
33 supervising dentist and, consistent with the use of as low as  
34 reasonably necessary radiation, for the purpose of diagnosis and  
35 treatment planning by the dentist. The radiographs shall be taken  
36 only in either of the following settings:

37 (A) In a dental office setting, under the direct or general  
38 supervision of a dentist as determined by the dentist.

39 (B) In public health settings, including, but not limited to,  
40 schools, head start and preschool programs, and residential

1 facilities and institutions, under the general supervision of a  
2 dentist.

3 (2) Place protective restorations, which for this purpose are  
4 identified as interim therapeutic restorations, as defined by  
5 paragraph (4) of subdivision (a), that compromise the removal of  
6 soft material from the tooth using only hand instrumentation,  
7 without the use of rotary instrumentation, and subsequent  
8 placement of an adhesive restorative material. Local anesthesia  
9 shall not be necessary. The protective restorations shall be placed  
10 only in accordance with both of the following:

11 (A) In either of the following settings:

12 (i) In a dental office setting, under the direct or general  
13 supervision of a dentist as determined by the dentist.

14 (ii) In public health settings, including, but not limited to,  
15 schools, head start and preschool programs, and residential  
16 facilities and institutions, under the general supervision of a  
17 dentist.

18 (B) After a diagnosis and treatment plan by a dentist.

19 (c) The functions described in subdivision (b) may be performed  
20 by a registered dental assistant in extended functions only after  
21 completion of a program that includes training in performing those  
22 functions, or after providing evidence, satisfactory to the board,  
23 of having completed a board-approved course in those functions.

24 (1) A registered dental assistant in extended functions who has  
25 completed the prescribed training in the Health Workforce Pilot  
26 Project #172 established by the Office of Statewide Health  
27 Planning and Development pursuant to Article 1 (commencing  
28 with Section 128125) of Chapter 3 of Part 3 of Division 107 of the  
29 Health and Safety Code shall be deemed to have satisfied the  
30 requirement for completion of a course of instruction approved  
31 by the board.

32 (2) In addition to the instructional components described in  
33 subdivision (d) or (e), a program shall contain both of the  
34 instructional components described in this paragraph:

35 (A) The course shall be established at the postsecondary  
36 educational level.

37 (B) All faculty responsible for clinical evaluation shall have  
38 completed a one-hour methodology course in clinical evaluation  
39 or have a faculty appointment at an accredited dental education  
40 program prior to conducting evaluations of students.

1 (d) A program or course to perform the duties described in  
2 paragraph (1) of subdivision (b) shall contain all of the additional  
3 instructional components described in this subdivision.

4 (1) The program shall be of sufficient duration for the student  
5 to develop minimum competency making decisions about which  
6 radiographs to take to facilitate an evaluation by a dentist, but  
7 shall in no event be less than six hours, including at least two hours  
8 of didactic training, at least two hours of guided laboratory  
9 simulation training, and at least two hours of examination using  
10 simulated cases.

11 (2) Didactic instruction shall consist of instruction on both of  
12 the following topics:

13 (A) Guidelines for radiographic decisionmaking prepared by  
14 the American Dental Association and other professional dental  
15 associations.

16 (B) Specific decisionmaking protocols that incorporate  
17 information about the patient's health and radiographic history,  
18 the time span since previous radiographs were taken, the  
19 availability of previous radiographs, the general condition of the  
20 mouth including the extent of dental restorations present, and  
21 visible signs of abnormalities, including broken teeth, dark areas,  
22 and holes in teeth.

23 (3) Laboratory instruction shall consist of simulated  
24 decisionmaking using case studies containing the elements  
25 described in paragraph (2). There shall be at least one instructor  
26 for every 14 students who are simultaneously engaged in  
27 laboratory instruction.

28 (4) Examinations shall consist of decisionmaking where students  
29 make decisions and demonstrate competency to faculty on case  
30 studies containing the elements described in paragraph (2).

31 (e) A program or course to perform the duties described in  
32 paragraph (2) of subdivision (b) shall contain all of the additional  
33 instructional components described in this subdivision.

34 (1) The program shall be of sufficient duration for the student  
35 to develop minimum competency in the application of protective  
36 restorations, including interim therapeutic restorations, but shall  
37 in no event be less than 16 clock hours, including at least four  
38 hours of didactic training, at least four hours of laboratory  
39 training, and at least eight hours of clinical training.

- 1 (2) *Didactic instruction shall consist of instruction on all of the*  
2 *following topics:*
- 3 (A) *Pulpal anatomy.*
- 4 (B) *Theory of adhesive restorative materials used in the*  
5 *placement of adhesive protective restorations related to*  
6 *mechanisms of bonding to tooth structure, handling characteristics*  
7 *of the materials, preparation of the tooth prior to material*  
8 *placement, and placement techniques.*
- 9 (C) *Criteria that dentists use to make decisions about placement*  
10 *of adhesive protective restorations including all of the following:*
- 11 (i) *Patient factors:*
- 12 (I) *The patient's American Society of Anesthesiologists Physical*  
13 *Status Classification is Class III or less.*
- 14 (II) *The patient is cooperative enough to have the restoration*  
15 *placed without the need for special protocols, including sedation*  
16 *or physical support.*
- 17 (III) *The patient, or responsible party, has provided consent for*  
18 *the procedure.*
- 19 (IV) *The patient reports that the tooth is asymptomatic, or if*  
20 *there is mild sensitivity to sweet, hot, or cold that the sensation*  
21 *stops within a few seconds of the stimulus being removed.*
- 22 (ii) *Tooth factors:*
- 23 (I) *The cavity is accessible without the need for creating access*  
24 *using a dental handpiece.*
- 25 (II) *The margins of the cavity are accessible so that clean*  
26 *noncarious margins can be obtained around the entire periphery*  
27 *of the cavity with the use of hand instruments.*
- 28 (III) *The depth of the lesion is more than two millimeters from*  
29 *the pulp on radiographic examination or is judged by the dentist*  
30 *to be a shallow lesion such that the treatment does not endanger*  
31 *the pulp or require the use of local anesthetic.*
- 32 (IV) *The tooth is restorable and does not have other significant*  
33 *pathology.*
- 34 (D) *Criteria for evaluating successful completion of adhesive*  
35 *protective restorations including all of the following:*
- 36 (i) *The restorative material is not in hyperocclusion.*
- 37 (ii) *There are no marginal voids.*
- 38 (iii) *There is minimal excess material.*

1 (E) Protocols for handling sensitivity, complications, or  
2 unsuccessful completion of adhesive protective restorations  
3 including situations requiring immediate referral to a dentist.

4 (F) Protocols for followup of adhesive protective restorations.

5 (3) Laboratory instruction shall consist of placement of adhesive  
6 protective restorations where students demonstrate competency  
7 in this technique on typodont teeth.

8 (4) Clinical instruction shall consist of experiences where  
9 students demonstrate placement of adhesive protective restorations  
10 under direct supervision of faculty.

11 (f) This section shall remain in effect only until January 1, 2018,  
12 and as of that date is repealed, unless a later enacted statute, that  
13 is enacted before January 1, 2018, deletes or extends that date.

14 SEC. 3. Section 1753.55 is added to the Business and  
15 Professions Code, to read:

16 1753.55. (a) For the purposes of this section, “interim  
17 therapeutic restoration” means a direct provisional restoration  
18 placed to stabilize the tooth until a licensed dentist diagnoses the  
19 need for further definitive treatment.

20 (b) In addition to the duties specified in Section 1753.5, a  
21 registered dental assistant in extended functions licensed on or  
22 after January 1, 2010, is authorized to perform both of the  
23 following additional duties pursuant to the order, control, and full  
24 professional responsibility of a supervising dentist:

25 (1) Choose radiographs without the supervising dentist having  
26 first examined the patient, following protocols established by the  
27 supervising dentist and, consistent with the use of as low as  
28 reasonably necessary radiation, for the purpose of diagnosis and  
29 treatment planning by the dentist. The radiographs shall be taken  
30 only in either of the following settings:

31 (A) In a dental office setting, under the direct or general  
32 supervision of a dentist as determined by the dentist.

33 (B) In public health settings, including, but not limited to,  
34 schools, head start and preschool programs, and residential  
35 facilities and institutions, under the general supervision of a  
36 dentist.

37 (2) Place protective restorations through interim therapeutic  
38 restorations that remove soft material from the tooth using only  
39 hand instrumentation, without the use of rotary instrumentation,  
40 and subsequent placement of an adhesive restorative material,

1 *without the use of local anesthesia. The protective restorations*  
2 *shall only be placed subject to both of the following:*

3 *(A) In either of the following settings:*

4 *(i) In a dental office setting, under the direct or general*  
5 *supervision of a dentist as determined by the dentist.*

6 *(ii) In public health settings, including, but not limited to,*  
7 *schools, head start and preschool programs, and residential*  
8 *facilities and institutions, under the general supervision of a*  
9 *dentist.*

10 *(B) After a diagnosis and treatment plan by a dentist.*

11 *(c) This section shall become operative on January 1, 2018.*

12 ~~SEC. 3.~~

13 *SEC. 4. Section 1753.6 of the Business and Professions Code*  
14 *is amended to read:*

15 1753.6. (a) Each person who holds a license as a registered  
16 dental assistant in extended functions on the operative date of this  
17 section may only perform those procedures that a registered dental  
18 assistant is allowed to perform as specified in and limited by  
19 Section 1752.4, and the procedures specified in paragraphs (1) to  
20 (6), inclusive, until he or she provides evidence of having  
21 completed a board-approved course in the additional procedures  
22 specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of  
23 subdivision (b), ~~and paragraph (1) of subdivision (d)~~, of Section  
24 1753.5, and an examination as specified in Section 1753.4:

25 (1) Cord retraction of gingiva for impression procedures.

26 (2) Take final impressions for permanent indirect restorations.

27 (3) Formulate indirect patterns for endodontic post and core  
28 castings.

29 (4) Fit trial endodontic filling points.

30 (5) Apply pit and fissure sealants.

31 (6) Remove excess cement from subgingival tooth surfaces with  
32 a hand instrument.

33 ~~(b) This section shall become operative on January 1, 2010.~~

34 *(b) This section shall remain in effect only until January 1, 2018,*  
35 *and as of that date is repealed, unless a later enacted statute, that*  
36 *is enacted before January 1, 2018, deletes or extends that date.*

37 *SEC. 5. Section 1753.6 is added to the Business and Professions*  
38 *Code, to read:*

39 1753.6. (a) Each person who holds a license as a registered  
40 dental assistant in extended functions on the operative date of this

1 *section may only perform those procedures that a registered dental*  
 2 *assistant is allowed to perform as specified in and limited by*  
 3 *Section 1752.4, and the procedures specified in paragraphs (1) to*  
 4 *(6), inclusive, until he or she provides evidence of having completed*  
 5 *a board-approved course in the additional procedures specified*  
 6 *in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision*  
 7 *(b) of Section 1753.5, procedures specified in Section 1753.55,*  
 8 *and an examination as specified in Section 1753.4:*

- 9 (1) *Cord retraction of gingiva for impression procedures.*
- 10 (2) *Take final impressions for permanent indirect restorations.*
- 11 (3) *Formulate indirect patterns for endodontic post and core*  
 12 *castings.*
- 13 (4) *Fit trial endodontic filling points.*
- 14 (5) *Apply pit and fissure sealants.*
- 15 (6) *Remove excess cement from subgingival tooth surfaces with*  
 16 *a hand instrument.*

17 (b) *This section shall become operative on January 1, 2018.*

18 ~~SEC. 4.~~

19 *SEC. 6.* Section 1910 of the Business and Professions Code is  
 20 amended to read:

21 1910. A registered dental hygienist is authorized to perform  
 22 the following procedures under general supervision:

- 23 (a) Preventive and therapeutic interventions, including oral  
 24 prophylaxis, scaling, and root planing.
- 25 (b) Application of topical, therapeutic, and subgingival agents  
 26 used for the control of caries and periodontal disease.
- 27 (c) The taking of impressions for bleaching trays and application  
 28 and activation of agents with nonlaser, light-curing devices.
- 29 (d) The taking of impressions for bleaching trays and placements  
 30 of in-office, tooth-whitening devices.
- 31 (e) After submitting to the committee evidence of satisfactory  
 32 completion of a course of instruction approved by the committee,  
 33 the following:

- 34 (1) Determine which radiographs to perform.
- 35 (2) Place interim therapeutic restorations, defined as the removal  
 36 of caries using hand instruments and placement of an adhesive  
 37 restorative material, upon the order of a licensed dentist.

38 ~~SEC. 5.~~ Section 14132.726 is added to the Welfare and  
 39 Institutions Code, to read:

1 14132.726. ~~(a) To the extent that federal financial participation~~  
2 ~~is available, face-to-face contact between a health care provider~~  
3 ~~and a patient shall not be required under the Medi-Cal program~~  
4 ~~for teledentistry by store and forward. Services appropriately~~  
5 ~~provided through the store and forward process are subject to~~  
6 ~~billing and reimbursement policies developed by the department.~~

7 ~~(b) A patient receiving teledentistry by store and forward shall~~  
8 ~~be notified of the right to receive interactive communication with~~  
9 ~~the distant dentist, and shall receive an interactive communication~~  
10 ~~with the distant dentist, upon request. If requested, communication~~  
11 ~~with the distant dentist may occur either at the time of the~~  
12 ~~consultation, or within 30 days of the patient's notification of the~~  
13 ~~results of the consultation.~~

14 ~~(c) Dentist participation in services provided at an intermittent~~  
15 ~~clinic, as defined in Section 1206 of the Health and Safety Code,~~  
16 ~~through the use of telehealth, as defined in Section 2290.5 of the~~  
17 ~~Business and Professions Code, shall be considered a billable~~  
18 ~~encounter under Medi-Cal.~~

19 ~~(d) Notwithstanding Chapter 3.5 (commencing with Section~~  
20 ~~11340) of Part 1 of Division 3 of Title 2 of the Government Code,~~  
21 ~~the department may implement, interpret, and make specific this~~  
22 ~~section by means of all-county letters, provider bulletins, and~~  
23 ~~similar instructions.~~

24 ~~(e) On or before January 1, 2017, the department shall report~~  
25 ~~to the Legislature the number and type of services provided, and~~  
26 ~~the payments made related to the application of store and forward~~  
27 ~~teledentistry as provided, under this section as a Medi-Cal benefit.~~

28 ~~(f) For purposes of this section, the following definitions apply:~~

29 ~~(1) "Asynchronous store and forward" means the transmission~~  
30 ~~of a patient's dental information from an originating site to the~~  
31 ~~health care provider at a distant site without the presence of the~~  
32 ~~patient.~~

33 ~~(2) "Distant site" means a site where a health care provider who~~  
34 ~~provides health care services is located while providing these~~  
35 ~~services via a telecommunications system.~~

36 ~~(3) "Health care provider" means a person who is licensed under~~  
37 ~~Chapter 4 (commencing with Section 1600) of Division 2 of the~~  
38 ~~Business and Professions Code.~~

39 ~~(4) "Originating site" means a site where a patient is located at~~  
40 ~~the time health care services are provided via a telecommunications~~

1 system or where the asynchronous store and forward service  
2 originates:

3 (5) “Synchronous interaction” means a real-time interaction  
4 between a patient and a health care provider located at a distant  
5 site.

6 (6) “Teledentistry” means the mode of delivering dental health  
7 care services and public dental health via information and  
8 communication technologies to facilitate the diagnosis,  
9 consultation, treatment, education, care management, and  
10 self-management of a patient’s dental health care while the patient  
11 is at the originating site and the dental health care provider is at a  
12 distant site. Teledentistry includes synchronous interactions and  
13 asynchronous store and forward transfers.

14 (7) “Teledentistry by store and forward” means an asynchronous  
15 transmission of dental information to be reviewed at a later time  
16 by a licensed dentist at a distant site, where the dentist at the distant  
17 site reviews the dental information without the patient being present  
18 in real time.

19 SEC. 7. Section 1910.5 is added to the Business and Professions  
20 Code, to read:

21 1910.5. (a) For the purposes of this section, the following  
22 definitions shall apply:

23 (1) “Clinical instruction” means instruction in which students  
24 receive supervised experience in performing procedures in a  
25 clinical setting on patients. Clinical instruction shall only be  
26 performed upon successful demonstration and evaluation of  
27 preclinical skills. There shall be at least one instructor for every  
28 six students who are simultaneously engaged in clinical instruction.

29 (2) “Course” means a committee-approved course preparing  
30 registered dental hygienist to perform the duties described in  
31 subdivision (b).

32 (3) “Didactic instruction” means lectures, demonstrations, and  
33 other instruction without active participation by students. The  
34 approved provider or its designee may provide didactic instruction  
35 through electronic media, home study materials, or live lecture  
36 methodology if the provider has submitted that content to the  
37 committee for approval.

38 (4) “Interim therapeutic restoration” means a direct provisional  
39 restoration placed to stabilize the tooth until a licensed dentist  
40 diagnoses the need for further definitive treatment.

1 (5) “Laboratory instruction” means instruction in which  
2 students receive supervised experience performing procedures  
3 using study models, mannequins, or other simulation methods.

4 (6) “Preclinical instruction” means instruction in which students  
5 receive supervised experience performing procedures on students,  
6 faculty, or staff members. There shall be at least one instructor  
7 for every six students who are simultaneously engaged in  
8 preclinical instruction.

9 (7) “Program” means a committee-approved registered dental  
10 hygienist educational program.

11 (b) A registered dental hygienist may perform both of the  
12 following duties:

13 (1) Choose radiographs without the supervising dentist having  
14 first examined the patient, following protocols established by the  
15 supervising dentist and, consistent with the use of as low as  
16 reasonably necessary radiation, for the purpose of diagnosis and  
17 treatment planning by the dentist. The radiographs shall be taken  
18 only in either of the following settings:

19 (A) In a dental office setting, under the general supervision of  
20 a dentist.

21 (B) In a public health setting, including, but not limited to,  
22 schools, head start and preschool programs, and residential  
23 facilities and institutions, under the general supervision of a  
24 dentist.

25 (2) Place protective restorations, which for this purpose are  
26 identified as interim therapeutic restorations, as defined by  
27 paragraph (4) of subdivision (a), that compromise the removal of  
28 soft material from the tooth using only hand instrumentation,  
29 without the use of rotary instrumentation, and subsequent  
30 placement of an adhesive restorative material. Local anesthesia  
31 shall not be necessary. The protective restorations shall be placed  
32 only in accordance with both of the following:

33 (A) In either of the following settings:

34 (i) In a dental office setting, under the general supervision of a  
35 dentist.

36 (ii) In a public health setting, including, but not limited to,  
37 schools, head start and preschool programs, and residential  
38 facilities and institutions, under the general supervision of a  
39 dentist.

40 (B) After a diagnosis and treatment plan by a dentist.

1 (c) *The functions described in subdivision (b) may be performed*  
2 *by a registered dental hygienist only after completion of a program*  
3 *that includes training in performing those functions, or after*  
4 *providing evidence, satisfactory to the committee, of having*  
5 *completed a committee-approved course in those functions.*

6 (1) *A registered dental hygienist who has completed the*  
7 *prescribed training in the Health Workforce Pilot Project #172*  
8 *established by the Office of Statewide Health Planning and*  
9 *Development pursuant to Article 1 (commencing with Section*  
10 *128125) of Chapter 3 of Part 3 of Division 107 of the Health and*  
11 *Safety Code shall be deemed to have satisfied the requirement for*  
12 *completion of a course of instruction approved by the committee.*

13 (2) *In addition to the instructional components described in*  
14 *subdivision (d) or (e), a program shall contain both of the*  
15 *instructional components described in this paragraph:*

16 (A) *The course shall be established at the postsecondary*  
17 *educational level.*

18 (B) *All faculty responsible for clinical evaluation shall have*  
19 *completed a one-hour methodology course in clinical evaluation*  
20 *or have a faculty appointment at an accredited dental education*  
21 *program prior to conducting evaluations of students.*

22 (d) *A program or course to perform the duties described in*  
23 *paragraph (1) of subdivision (b) shall contain all of the additional*  
24 *instructional components described in this subdivision.*

25 (1) *The program shall be of sufficient duration for the student*  
26 *to develop minimum competency making decisions about which*  
27 *radiographs to take to facilitate an evaluation by a dentist, but*  
28 *shall in no event be less than six hours, including at least two hours*  
29 *of didactic training, at least two hours of guided laboratory*  
30 *simulation training, and at least two hours of examination using*  
31 *simulated cases.*

32 (2) *Didactic instruction shall consist of instruction on both of*  
33 *the following topics:*

34 (A) *Guidelines for radiographic decision making prepared by*  
35 *the American Dental Association and other professional dental*  
36 *associations.*

37 (B) *Specific decisionmaking protocols that incorporate*  
38 *information about the patient's health and radiographic history,*  
39 *the time span since previous radiographs were taken, the*  
40 *availability of previous radiographs, the general condition of the*

1 *mouth including the extent of dental restorations present, and*  
2 *visible signs of abnormalities, including broken teeth, dark areas,*  
3 *and holes in teeth.*

4 *(3) Laboratory instruction shall consist of simulated decision*  
5 *making using case studies containing the elements described in*  
6 *paragraph (2). There shall be at least one instructor for every 14*  
7 *students who are simultaneously engaged in laboratory instruction.*

8 *(4) Examination shall consist of decisionmaking where students*  
9 *make decisions and demonstrate competency to faculty on case*  
10 *studies containing the elements described in paragraph (2).*

11 *(e) A program or course to perform the duties described in*  
12 *paragraph (2) of subdivision (b) shall contain all of the additional*  
13 *instructional components described in this subdivision.*

14 *(1) The program shall be of sufficient duration for the student*  
15 *to develop minimum competency in the application of protective*  
16 *restorations, including interim therapeutic restorations, but shall*  
17 *in no event be less than 16 clock hours, including at least four*  
18 *hours of didactic training, at least four hours of laboratory*  
19 *training, and at least eight hours of clinical training.*

20 *(2) Didactic instruction shall consist of instruction on all of the*  
21 *following topics:*

22 *(A) Pulpal anatomy.*

23 *(B) Theory of adhesive restorative materials used in the*  
24 *placement of adhesive protective restorations related to*  
25 *mechanisms of bonding to tooth structure, handling characteristics*  
26 *of the materials, preparation of the tooth prior to material*  
27 *placement, and placement techniques.*

28 *(C) Criteria that dentists use to make decisions about placement*  
29 *of adhesive protective restorations including all of the following:*

30 *(i) Patient factors:*

31 *(I) The patient's American Society of Anesthesiologists Physical*  
32 *Status Classification is Class III or less.*

33 *(II) The patient is cooperative enough to have the restoration*  
34 *placed without the need for special protocols, including sedation*  
35 *or physical support.*

36 *(III) The patient, or responsible party, has provided consent for*  
37 *the procedure.*

38 *(IV) The patient reports that the tooth is asymptomatic, or if*  
39 *there is mild sensitivity to sweet, hot, or cold that the sensation*  
40 *stops within a few seconds of the stimulus being removed.*

1 (ii) *Tooth factors:*

2 (I) *The cavity is accessible without the need for creating access*  
3 *using a dental handpiece.*

4 (II) *The margins of the cavity are accessible so that clean*  
5 *noncarious margins can be obtained around the entire periphery*  
6 *of the cavity with the use of hand instruments.*

7 (III) *The depth of the lesion is more than two millimeters from*  
8 *the pulp on radiographic examination or is judged by the dentist*  
9 *to be a shallow lesion such that the treatment does not endanger*  
10 *the pulp or require the use of local anesthetic.*

11 (IV) *The tooth is restorable and does not have other significant*  
12 *pathology.*

13 (D) *Criteria for evaluating successful completion of adhesive*  
14 *protective restorations including all of the following:*

15 (i) *The restorative material is not in hyperocclusion.*

16 (ii) *There are no marginal voids.*

17 (iii) *There is minimal excess material.*

18 (E) *Protocols for handling sensitivity, complications, or*  
19 *unsuccessful completion of adhesive protective restorations*  
20 *including situations requiring immediate referral to a dentist.*

21 (F) *Protocols for followup of adhesive protective restorations.*

22 (3) *Laboratory instruction shall consist of placement of adhesive*  
23 *protective restorations where students demonstrate competency*  
24 *in this technique on typodont teeth.*

25 (4) *Clinical instruction shall consist of experiences where*  
26 *students demonstrate competency in placement of adhesive*  
27 *protective restorations under direct supervision of faculty.*

28 (f) *This section shall remain in effect only until January 1, 2018,*  
29 *and as of that date is repealed, unless a later enacted statute, that*  
30 *is enacted before January 1, 2018, deletes or extends that date.*

31 SEC. 8. *Section 1910.5 is added to the Business and Professions*  
32 *Code, to read:*

33 1910.5. (a) *For the purposes of this section, “interim*  
34 *therapeutic restoration” means a direct provisional restoration*  
35 *placed to stabilize the tooth until a licensed dentist diagnoses the*  
36 *need for further definitive treatment.*

37 (b) *A registered dental hygienist may perform both of the*  
38 *following duties:*

39 (1) *Choose radiographs without the supervising dentist having*  
40 *first examined the patient, following protocols established by the*

1 *supervising dentist and, consistent with the use of as low as*  
2 *reasonably necessary radiation, for the purpose of diagnosis and*  
3 *treatment planning by the dentist. The radiographs shall be taken*  
4 *only in either of the following settings:*

5 (A) *In a dental office setting, under the general supervision of*  
6 *a dentist.*

7 (B) *In a public health setting, including, but not limited to,*  
8 *schools, head start and preschool programs, and residential*  
9 *facilities and institutions, under the general supervision of a*  
10 *dentist.*

11 (2) *Place protective restorations, which for this purpose are*  
12 *identified as interim therapeutic restorations, as defined by*  
13 *subdivision (a), that comprise the removal of soft material from*  
14 *the tooth using only hand instrumentation, without the use of rotary*  
15 *instrumentation, and subsequent placement of an adhesive*  
16 *restorative material. Local anesthesia shall not be necessary. The*  
17 *protective restorations shall be placed only in accordance with*  
18 *both of the following:*

19 (A) *In either of the following settings:*

20 (i) *In a dental office setting, under the general supervision of a*  
21 *dentist.*

22 (ii) *In a public health setting, including, but not limited to,*  
23 *schools, head start and preschool programs, and residential*  
24 *facilities and institutions, under the general supervision of a*  
25 *dentist.*

26 (B) *After a diagnosis and treatment plan by a dentist.*

27 (c) *The functions described in subdivision (b) may be performed*  
28 *by a registered dental hygienist only after completion of a program*  
29 *that includes training in performing those functions, or after*  
30 *providing evidence, satisfactory to the committee, of having*  
31 *completed a committee-approved course in those functions.*

32 (d) *This section shall become operative on January 1, 2018.*

33 *SEC. 9. Section 1926 of the Business and Professions Code is*  
34 *amended to read:*

35 1926. A registered dental hygienist in alternative practice may  
36 perform the duties authorized pursuant to subdivision (a) of Section  
37 1907, subdivision (a) of Section 1908, ~~and~~ subdivisions (a) and  
38 (b) of Section 1910, and Section 1926.05 in the following settings:

39 (a) Residences of the homebound.

40 (b) Schools.

1 (c) Residential facilities and other institutions.

2 (d) Dental health professional shortage areas, as certified by the  
3 Office of Statewide Health Planning and Development in  
4 accordance with existing office guidelines.

5 *SEC. 10. Section 1926.05 is added to the Business and  
6 Professions Code, to read:*

7 *1926.05. (a) For the purposes of this section, the following  
8 definitions shall apply:*

9 *(1) "Clinical instruction" means instruction in which students  
10 receive supervised experience in performing procedures in a  
11 clinical setting on patients. Clinical instruction shall only be  
12 performed upon successful demonstration and evaluation of  
13 preclinical skills. There shall be at least one instructor for every  
14 six students who are simultaneously engaged in clinical instruction.*

15 *(2) "Course" means a committee-approved course preparing  
16 registered dental hygienist in alternative practice to perform the  
17 duties described in subdivision (b).*

18 *(3) "Didactic instruction" means lectures, demonstrations, and  
19 other instruction without active participation by students. The  
20 approved provider or its designee may provide didactic instruction  
21 through electronic media, home study materials, or live lecture  
22 methodology if the provider has submitted that content to the  
23 committee for approval.*

24 *(4) "Interim therapeutic restoration" means a direct provisional  
25 restoration placed to stabilize the tooth until a licensed dentist  
26 diagnoses the need for further definitive treatment.*

27 *(5) "Laboratory instruction" means instruction in which  
28 students receive supervised experience performing procedures  
29 using study models, mannequins, or other simulation methods.*

30 *(6) "Preclinical instruction" means instruction in which students  
31 receive supervised experience performing procedures on students,  
32 faculty, or staff members. There shall be at least one instructor  
33 for every six students who are simultaneously engaged in  
34 preclinical instruction.*

35 *(7) "Program" means a committee-approved registered dental  
36 hygienist in alternative practice educational program.*

37 *(b) A registered dental hygienist in alternative practice may  
38 perform both of the following duties:*

39 *(1) Choose radiographs without the supervising dentist having  
40 first examined the patient, following protocols established by the*

1 *supervising dentist and, consistent with the use of as low as*  
2 *reasonably necessary radiation, for the purpose of diagnosis and*  
3 *treatment planning by the dentist. The radiographs shall be taken*  
4 *only in either of the following settings:*

5 *(A) In a dental office setting, under the general supervision of*  
6 *a dentist.*

7 *(B) In a public health setting, including, but not limited to,*  
8 *schools, head start and preschool programs, and residential*  
9 *facilities and institutions, under the general supervision of a*  
10 *dentist.*

11 *(2) Place protective restorations, which for this purpose are*  
12 *identified as interim therapeutic restorations, as defined by*  
13 *paragraph (4) of subdivision (a), that compromise the removal of*  
14 *soft material from the tooth using only hand instrumentation,*  
15 *without the use of rotary instrumentation, and subsequent*  
16 *placement of an adhesive restorative material. Local anesthesia*  
17 *shall not be necessary. The protective restorations shall be placed*  
18 *only in accordance with both of the following:*

19 *(A) In either of the following settings:*

20 *(i) In a dental office setting, under the general supervision of a*  
21 *dentist.*

22 *(ii) In a public health setting, including, but not limited to,*  
23 *schools, head start and preschool programs, and residential*  
24 *facilities and institutions, under the general supervision of a*  
25 *dentist.*

26 *(B) After a diagnosis and treatment plan by a dentist.*

27 *(c) The functions described in subdivision (b) may be performed*  
28 *by a registered dental hygienist in alternative practice only after*  
29 *completion of a course or program that includes training in*  
30 *performing those functions, or after providing evidence,*  
31 *satisfactory to the committee, of having completed a*  
32 *committee-approved course in those functions.*

33 *(1) A registered dental hygienist in alternative practice who*  
34 *has completed the prescribed training in the Health Workforce*  
35 *Pilot Project #172 established by the Office of Statewide Health*  
36 *Planning and Development pursuant to Article 1 (commencing*  
37 *with Section 128125) of Chapter 3 of Part 3 of Division 107 of the*  
38 *Health and Safety Code shall be deemed to have satisfied the*  
39 *requirement for completion of a course of instruction approved*  
40 *by the committee.*

1 (2) *In addition to the instructional components described in*  
2 *subdivision (d) or (e), a program shall contain both of the*  
3 *instructional components described in this paragraph:*

4 (A) *The course shall be established at the postsecondary*  
5 *educational level.*

6 (B) *All faculty responsible for clinical evaluation shall have*  
7 *completed a one-hour methodology course in clinical evaluation*  
8 *or have a faculty appointment at an accredited dental education*  
9 *program prior to conducting evaluations of students.*

10 (d) *A program or course to perform the duties described in*  
11 *paragraph (1) of subdivision (b) shall contain all of the additional*  
12 *instructional components described in this subdivision.*

13 (1) *The program shall be of sufficient duration for the student*  
14 *to develop minimum competency making decisions about which*  
15 *radiographs to take to facilitate an evaluation by a dentist, but*  
16 *shall in no event be less than six hours, including at least two hours*  
17 *of didactic training, at least two hours of guided laboratory*  
18 *simulation training, and at least two hours of examination using*  
19 *simulated cases.*

20 (2) *Didactic instruction shall consist of instruction on both of*  
21 *the following topics:*

22 (A) *Guidelines for radiographic decision making prepared by*  
23 *the American Dental Association and other professional dental*  
24 *associations.*

25 (B) *Specific decisionmaking protocols that incorporate*  
26 *information about the patient's health and radiographic history,*  
27 *the time span since previous radiographs were taken, the*  
28 *availability of previous radiographs, the general condition of the*  
29 *mouth including the extent of dental restorations present, and*  
30 *visible signs of abnormalities, including broken teeth, dark areas,*  
31 *and holes in teeth.*

32 (3) *Laboratory instruction shall consist of simulated decision*  
33 *making using case studies containing the elements described in*  
34 *paragraph (2). There shall be at least one instructor for every 14*  
35 *students who are simultaneously engaged in laboratory instruction.*

36 (4) *Examination shall consist of decisionmaking where students*  
37 *make decisions and demonstrate competency to faculty on case*  
38 *studies containing the elements described in paragraph (2).*

1 (e) A program or course to perform the duties described in  
2 paragraph (2) of subdivision (b) shall contain all of the additional  
3 instructional components described in this subdivision.

4 (1) The program shall be of sufficient duration for the student  
5 to develop minimum competency in the application of protective  
6 restorations, including interim therapeutic restorations, but shall  
7 in no event be less than 16 clock hours, including at least four  
8 hours of didactic training, at least four hours of laboratory  
9 training, and at least eight hours of clinical training.

10 (2) Didactic instruction shall consist of instruction on all of the  
11 following topics:

12 (A) Pulpal anatomy.

13 (B) Theory of adhesive restorative materials used in the  
14 placement of adhesive protective restorations related to  
15 mechanisms of bonding to tooth structure, handling characteristics  
16 of the materials, preparation of the tooth prior to material  
17 placement, and placement techniques.

18 (C) Criteria that dentists use to make decisions about placement  
19 of adhesive protective restorations including all of the following:

20 (i) Patient factors:

21 (I) The patient's American Society of Anesthesiologists Physical  
22 Status Classification is Class III or less.

23 (II) The patient is cooperative enough to have the restoration  
24 placed without the need for special protocols, including sedation  
25 or physical support.

26 (III) The patient, or responsible party, has provided consent for  
27 the procedure.

28 (IV) The patient reports that the tooth is asymptomatic, or if  
29 there is mild sensitivity to sweet, hot, or cold that the sensation  
30 stops within a few seconds of the stimulus being removed.

31 (ii) Tooth factors:

32 (I) The cavity is accessible without the need for creating access  
33 using a dental handpiece.

34 (II) The margins of the cavity are accessible so that clean  
35 noncarious margins can be obtained around the entire periphery  
36 of the cavity with the use of hand instruments.

37 (III) The depth of the lesion is more than two millimeters from  
38 the pulp on radiographic examination or is judged by the dentist  
39 to be a shallow lesion such that the treatment does not endanger  
40 the pulp or require the use of local anesthetic.

1 (IV) The tooth is restorable and does not have other significant  
2 pathology.

3 (D) Criteria for evaluating successful completion of adhesive  
4 protective restorations including all of the following:

5 (i) The restorative material is not in hyperocclusion.

6 (ii) There are no marginal voids.

7 (iii) There is minimal excess material.

8 (E) Protocols for handling sensitivity, complications, or  
9 unsuccessful completion of adhesive protective restorations  
10 including situations requiring immediate referral to a dentist.

11 (F) Protocols for followup of adhesive protective restorations.

12 (3) Laboratory instruction shall consist of placement of adhesive  
13 protective restorations where students demonstrate competency  
14 in this technique on typodont teeth.

15 (4) Clinical instruction shall consist of experiences where  
16 students demonstrate competency in placement of adhesive  
17 protective restorations under direct supervision of faculty.

18 (f) This section shall remain in effect only until January 1, 2018,  
19 and as of that date is repealed, unless a later enacted statute, that  
20 is enacted before January 1, 2018, deletes or extends that date.

21 SEC. 11. Section 1926.05 is added to the Business and  
22 Professions Code, to read:

23 1926.05. (a) For the purposes of this section, “interim  
24 therapeutic restoration” means a direct provisional restoration  
25 placed to stabilize the tooth until a licensed dentist diagnoses the  
26 need for further definitive treatment.

27 (b) A registered dental hygienist in alternative practice may  
28 perform both of the following duties:

29 (1) Choose radiographs without the supervising dentist having  
30 first examined the patient, following protocols established by the  
31 supervising dentist and, consistent with the use of as low as  
32 reasonably necessary radiation, for the purpose of diagnosis and  
33 treatment planning by the dentist. The radiographs shall be taken  
34 only in either of the following settings:

35 (A) In a dental office setting, under the general supervision of  
36 a dentist.

37 (B) In a public health setting, including, but not limited to,  
38 schools, head start and preschool programs, and residential  
39 facilities and institutions, under the general supervision of a  
40 dentist.

1 (2) *Place protective restorations, which for this purpose are*  
2 *identified as interim therapeutic restorations, as defined by*  
3 *subdivision (a), that compromise the removal of soft material from*  
4 *the tooth using only hand instrumentation, without the use of rotary*  
5 *instrumentation, and subsequent placement of an adhesive*  
6 *restorative material. Local anesthesia shall not be necessary. The*  
7 *protective restorations shall be placed only in accordance with*  
8 *both of the following:*

9 (A) *In either of the following settings:*

10 (i) *In a dental office setting, under the general supervision of a*  
11 *dentist.*

12 (ii) *In a public health setting, including, but not limited to,*  
13 *schools, head start and preschool programs, and residential*  
14 *facilities and institutions, under the general supervision of a*  
15 *dentist.*

16 (B) *After a diagnosis and treatment plan by a dentist.*

17 (c) *The functions described in subdivision (b) may be performed*  
18 *by a registered dental hygienist in alternative practice only after*  
19 *completion of a course or program that includes training in*  
20 *performing those functions, or after providing evidence,*  
21 *satisfactory to the committee, of having completed a*  
22 *committee-approved course in those functions.*

23 (d) *This section shall become operative on January 1, 2018.*

24 SEC. 12. *Section 14132.725 of the Welfare and Institutions*  
25 *Code is amended to read:*

26 14132.725. (a) ~~Commencing July 1, 2006, to~~ *To the extent*  
27 *that federal financial participation is available, face-to-face contact*  
28 *between a health care provider and a patient shall is not be required*  
29 *under the Medi-Cal program for teleophthalmology—and,*  
30 *teledermatology, and teledentistry by store and forward. Services*  
31 *appropriately provided through the store and forward process are*  
32 *subject to billing and reimbursement policies developed by the*  
33 *department.*

34 (b) *For purposes of this section, “teleophthalmology—and,*  
35 *teledermatology, and teledentistry by store and forward” means*  
36 *an asynchronous transmission of medical or dental information to*  
37 *be reviewed at a later time by a physician at a distant site who is*  
38 *trained in ophthalmology or dermatology or, for teleophthalmology,*  
39 *by an optometrist who is licensed pursuant to Chapter 7*  
40 *(commencing with Section 3000) of Division 2 of the Business*

1 and Professions Code, *or a dentist*, where the physician~~—or,~~  
2 optometrist, *or dentist* at the distant site reviews the medical *or*  
3 *dental* information without the patient being present in real time.  
4 A patient receiving teleophthalmology~~—or,~~ teledermatology, *or*  
5 *teledentistry* by store and forward shall be notified of the right to  
6 receive interactive communication with the distant specialist  
7 physician~~—or,~~ optometrist, *or dentist* and shall receive an interactive  
8 communication with the distant specialist physician~~—or,~~ optometrist,  
9 *or dentist*, upon request. If requested, communication with the  
10 distant specialist physician~~—or,~~ optometrist, *or dentist* may occur  
11 either at the time of the consultation, or within 30 days of the  
12 patient's notification of the results of the consultation. If the  
13 reviewing optometrist identifies a disease or condition requiring  
14 consultation or referral pursuant to Section 3041 of the Business  
15 and Professions Code, that consultation or referral shall be with  
16 an ophthalmologist or other appropriate physician and surgeon, as  
17 required.

18 (c) Notwithstanding Chapter 3.5 (commencing with Section  
19 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
20 the department may implement, interpret, and make specific this  
21 section by means of all-county letters, provider bulletins, and  
22 similar instructions.

23 (d) On or before January 1, 2008, the department shall report  
24 to the Legislature the number and type of services provided, and  
25 the payments made related to the application of store and forward  
26 telehealth as provided, under this section as a Medi-Cal benefit.