An act to amend Sections 1752.4, 1910, 1684.5 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 and repeal Section 128196 of the Health and Safety Code, and to amend Section 14132.725 of the Welfare and Institutions Code, relating to oral health.

LEGISLATIVE COUNSEL’S DIGEST

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

(1) Existing. Under existing law, the Dental Practice Act, establishes the Dental Board of California licenses and regulates dentists. 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, and authorizes a dentist to require or permit one of those professionals, referred to as a dental auxiliary, to perform specified duties, including exposing emergency radiographs upon the direction of the dentist, prior to the dentist examining the patient.

This bill would authorize a registered dental assistant who has completed a specified educational program to determine which radiographs to perform. The bill would authorize a registered dental hygienist, a registered dental hygienist in extended functions licensed on or after January 1, 2010, a registered dental hygienist in alternative practice to choose which radiographs to perform and to place protective restorations, as specified. The bill would authorize specified registered dental assistant assistants in extended functions licensed on or after January 1, 2010, a registered dental hygienist, hygienists, and a registered dental hygienist in alternative practice to choose determine which radiographs to perform and to place protective restorations, as specified. The bill would require the board to promulgate related regulations, and would also require the committee to review proposed regulations and submit any recommended changes to the board for review to establish a consensus.

(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 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.

(3) Existing law authorizes the Office of Statewide Health Planning and Development to approve Health Workforce Pilot Projects (HWPP), as defined. The office has approved operation HWPP 172, relating to dental workforce, through December 15, 2014.
This bill would extend the operation of HWPP through January 1, 2016. The bill would also delete redundant provisions.


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

SECTION 1. Section 1752.4 of the Business and Professions Code is amended to read:

1752.4. (a) A registered dental assistant may perform all of the following duties:

(1) All duties that a dental assistant is allowed to perform.

(2) Mouth mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.

(3) Apply and activate bleaching agents using a nonlaser light-curing device.

(4) Use of automated caries detection devices and materials to gather information for diagnosis by the dentist.

(5) Obtain intraoral images for computer-aided design (CAD); milled restorations.

(6) Pulp vitality testing and recording of findings.

(7) Place bases, liners, and bonding agents.

(8) Chemically prepare teeth for bonding.

(9) Place, adjust, and finish direct provisional restorations.

(10) Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration.

(11) Place postextraction dressings after inspection of the surgical site by the supervising licensed dentist.

(12) Place periodontal dressings.

(13) Dry endodontically treated canals using absorbent paper points.

(14) Adjust dentures extra-orally.

(15) Remove excess cement from surfaces of teeth with a hand instrument.

(16) Polish coronal surfaces of the teeth.

(17) Place ligature ties and archwires.

(18) Remove orthodontic bands.

(19) All duties that the board may prescribe by regulation.
(b) A registered dental assistant may only perform the following additional duties if he or she has completed a board-approved registered dental assistant educational program in those duties, or if he or she has provided evidence, satisfactory to the board, of having completed a board-approved course in those duties:

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

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

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

(4) The application of pit and fissure sealants.

(5) Determine which radiographs to perform.

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

SECTION 1. Section 1684.5 of the Business and Professions Code is amended to read:

1684.5. (a) In addition to other acts constituting unprofessional conduct under this chapter, it is unprofessional conduct for any dentist to perform or allow to be performed any treatment on a patient who is not a patient of record of that dentist. A dentist may, however, after conducting a preliminary oral examination, require or permit any dental auxiliary to perform procedures necessary for diagnostic purposes, provided that the procedures are permitted under the auxiliary’s authorized scope of practice. Additionally, a dentist may require or permit a dental auxiliary to perform all of the following duties prior to any examination of the patient by the dentist, provided that the duties are authorized for the particular classification of dental auxiliary pursuant to Article 7 (commencing with Section 1740):

(1) Exposé and perform emergency radiographs upon direction of the dentist.

(2) Exposé and perform radiographs for the specific purpose of aiding a dentist in completing a comprehensive diagnosis and
treatment plan for a patient pursuant to Sections 1753.55, 1910.5, and 1926.05.

(2) Perform extra-oral duties or functions specified by the dentist.

(3) Perform mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, malocclusions, existing restorations, and missing teeth.

(b) For purposes of this section, “patient of record” refers to a patient who has been examined, has had a medical and dental history completed and evaluated, and has had oral conditions diagnosed and a written plan developed by the licensed dentist.

(c) For purposes of this section, if dental treatment is provided to a patient by a dental auxiliary pursuant to the diagnosis and treatment plan authorized by a supervising dentist, the supervising dentist shall ensure that the patient or the patient’s representative is notified in writing of the supervising dentist’s name, practice location address, telephone number, and email address, and that the care was provided at the direction of the dentist.

(d) A dentist shall not concurrently supervise more than five dental auxiliaries providing services pursuant to Sections 1753.55, 1910.5, and 1926.05.

(e) This section shall not apply to dentists providing examinations on a temporary basis outside of a dental office in settings including, but not limited to, health fairs and school screenings.

(f) This section shall not apply to fluoride mouth rinse or supplement programs administered in a school or preschool setting.

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

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

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

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

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

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

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

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

(7) "Program" means a board-approved registered dental assistant in extended functions educational program.

(b) 1753.55. (a) In addition to the duties specified in Section Sections 1753.5 and 1753.6, a registered dental assistant in extended functions licensed on or after January 1, 2010, or having completed the educational requirements to perform the duties authorized by Section 1753.5, is authorized to perform both of the following additional duties pursuant to the order, control, and full professional responsibility of a supervising dentist:

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

(1) Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist
for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental assistant in extended functions shall follow protocols established by the supervising dentist. This paragraph only applies in the following settings:

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

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

(2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, as and defined by paragraph (4) of subdivision (a), that compromise as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. The protective restorations shall be placed only in accordance with both of the following:

(A) In either of the following settings:

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

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

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

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

(1) No later than January 1, 2018, the board shall promulgate regulations establishing requirements for courses of instruction for the procedures authorized to be performed by a registered dental assistant in extended functions pursuant to this section.
(2) Prior to January 1, 2018, the board shall use the competency-based training protocols established by Health Workforce Pilot Project (HWPP) No. 172 through the Office of Statewide Health Planning and Development.

(3) A registered dental assistant in extended functions who has completed the prescribed training in the Health Workforce Pilot Project No. 172 established by the Office of Statewide Health Planning and Development pursuant to Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 of the Health and Safety Code shall be deemed to have satisfied the requirement for completion of a course of instruction approved by the board.

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Pulpal anatomy:

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

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

(i) Patient factors:

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

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

(III) The patient, or responsible party, has provided consent for
the procedure:
(IV) The patient reports that the tooth is asymptomatic, or if there is mild sensitivity to sweet, hot, or cold that the sensation stops within a few seconds of the stimulus being removed.

(ii) Tooth factors:

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

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

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

(iv) The tooth is restorable and does not have other significant pathology.

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

(i) The restorative material is not in hyperocclusion.

(ii) There are no marginal voids.

(iii) There is minimal excess material.

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

(F) Protocols for followup of adhesive protective restorations.

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

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

(f)

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

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

1753.55. — (a) For the purposes of this section, “interim therapeutic restoration” means a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment.
In addition to the duties specified in Section 1753.5, a registered dental assistant in extended functions licensed on or after January 1, 2010, or having completed the educational requirements to perform the duties authorized by Section 1753.5, is authorized to perform both of the following additional duties pursuant to the order, control, and full professional responsibility of a supervising dentist:

1. Choose radiographs without the supervising dentist having first examined the patient, following protocols established by the supervising dentist and, consistent with the use of as low as reasonably necessary radiation, for the purpose of diagnosis and treatment planning by the dentist. The radiographs shall be taken only in either of the following settings:
   (1) Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental assistant in extended functions shall follow protocols established by the supervising dentist. This paragraph only applies in the following settings:
      (A) In a dental office setting, under the direct or general supervision of a dentist as determined by the dentist.
      (B) In public health settings, including, but not limited to, schools, head start and preschool programs, and residential facilities and institutions, under the general supervision of a dentist.

2. Place protective restorations through interim therapeutic restorations that remove soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material, without the use of local anesthesia. The protective restorations shall only be placed subject to both of the following:
   (2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be
necessary for interim therapeutic restoration placement. Interim
therapeutic restorations shall be placed only in accordance with
both of the following:
(A) In either of the following settings:
(i) In a dental office setting, under the direct or general
supervision of a dentist as determined by the dentist.
(ii) In public health settings, including, but not limited to,
schools, head start and preschool programs, and residential facilities
and institutions, under the general supervision of a dentist.
(B) After a diagnosis and treatment plan by a dentist.
(b) The functions described in subdivision (a) may be performed
by a registered dental assistant in extended functions only after
completion of a program that includes training in performing those
functions, or after providing evidence, satisfactory to the board,
of having completed a board-approved course in those functions.
(c) The board shall promulgate regulations establishing criteria
for approval of courses of instruction for the procedures authorized
to be performed by a registered dental assistant in extended
functions pursuant to this section. The committee shall review
proposed regulations, and any subsequent proposed amendments
to the promulgated regulations, and shall submit any recommended
changes to the board for review to establish a consensus.
(d) This section shall become operative on January 1, 2018.
SEC. 4. Section 1753.6 of the Business and Professions Code
is amended to read:
1753.6. (a) Each person who holds a license as a registered
dental assistant in extended functions on the operative date of this
section may only perform those procedures that a registered dental
assistant is allowed to perform as specified in and limited by
Section 1752.4, and the procedures specified in paragraphs (1) to
(6), inclusive, until he or she provides evidence of having
completed a board approved course in the additional procedures
specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of
subdivision (b) of Section 1753.5, and an examination as specified
in Section 1753.4:
(1) Cord retraction of gingiva for impression procedures.
(2) Take final impressions for permanent indirect restorations.
(3) Formulate indirect patterns for endodontic post and core
eastings.
(4) Fit trial endodontic filling points.
(5) Apply pit and fissure sealants.
(6) Remove excess cement from subgingival tooth surfaces with a hand instrument.

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

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

1753.6. (a) Each person who holds a license as a registered dental assistant in extended functions on the operative date of this section may only perform those procedures that a registered dental assistant is allowed to perform as specified in and limited by Section 1752.4, and the procedures specified in paragraphs (1) to (6), inclusive, until he or she provides evidence of having completed a board-approved course in the additional procedures specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5, procedures specified in Section 1753.55, and an examination as specified in Section 1753.4:
(1) Cord retraction of gingiva for impression procedures.
(2) Take final impressions for permanent indirect restorations.
(3) Formulate indirect patterns for endodontic post and core castings.
(4) Fit trial endodontic filling points.
(5) Apply pit and fissure sealants.
(6) Remove excess cement from subgingival tooth surfaces with a hand instrument.

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

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

1910. A registered dental hygienist is authorized to perform the following procedures under general supervision:
(a) Preventive and therapeutic interventions, including oral prophylaxis, scaling, and root planing.
(b) Application of topical, therapeutic, and subgingival agents used for the control of caries and periodontal disease.
(c) The taking of impressions for bleaching trays and application and activation of agents with nonlaser, light-curing devices.
(d) The taking of impressions for bleaching trays and placements of in-office, tooth-whitening devices.
(e) After submitting to the committee evidence of satisfactory completion of a course of instruction approved by the committee, the following:

(1) Determine which radiographs to perform.

(2) Place interim therapeutic restorations, defined as the removal of caries using hand instruments and placement of an adhesive restorative material, upon the order of a licensed dentist.

SEC. 7.

SEC. 4. Section 1910.5 is added to the Business and Professions Code, to read:

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

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

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

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

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

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

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

(7) “Program” means a committee-approved registered dental hygienist educational program.
(b) A registered dental hygienist may perform both of the following duties:

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

   1910.5. (a) In addition to the duties specified in Section 1910, a registered dental hygienist is authorized to perform the following additional duties, as specified:

   1. Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental hygienist shall follow protocols established by the supervising dentist. This paragraph shall only apply in the following settings:

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

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

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

   2. Place protective restorations, which for this purpose are identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim
therapeutic restorations shall be placed only in accordance with both of the following:

(A) In either of the following settings:

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

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

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

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

(1) No later than January 1, 2018, the dental board shall promulgate regulations establishing criteria for approval of courses of instruction for the procedures authorized to be performed by a registered dental hygienist pursuant to this section. Proposed regulations, and any subsequent proposed amendments to the promulgated regulations, shall be reviewed by the committee. The committee shall submit any recommended changes to the board for review to establish a consensus.

(2) Prior to January 1, 2018, the dental board shall use the competency-based training protocols established by Health Workforce Pilot Project (HWPP) No. 172 through the Office of Statewide Health Planning and Development.

(3) A registered dental hygienist who has completed the prescribed training in the Health Workforce Pilot Project #172 No. 172 established by the Office of Statewide Health Planning and Development pursuant to Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 of the Health and Safety Code shall be deemed to have satisfied the requirement for completion of a course of instruction approved by the committee.

(4) In addition to the instructional components described in subdivision (d) or (e), a program shall contain both of the instructional components described in this paragraph:
(A) The course shall be established at the postsecondary educational level.

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

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

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

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

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

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

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

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

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

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

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

(A) Pulpal anatomy.
(B) Theory of adhesive restorative materials used in the
placement of adhesive–protective restorations related to
mechanisms of bonding to tooth structure, handling characteristics
of the materials, preparation of the tooth prior to material
placement, and placement techniques.
(C) Criteria that dentists use to make decisions about placement
of adhesive protective restorations including all of the following:

(i) Patient factors:

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

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

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

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

(ii) Tooth factors:

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

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

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

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

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

(i) The restorative material is not in hyperocclusion.
(ii) There are no marginal voids.

(iii) There is minimal excess material.

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

(F) Protocols for followup of adhesive protective restorations.

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

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

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

SEC. 5. Section 1910.5 is added to the Business and Professions Code, to read:

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

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

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

1910.5. (a) In addition to the duties specified in Section 1910, a registered dental hygienist is authorized to perform the following additional duties, as specified:

(1) Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental hygienist shall follow protocols established by the supervising dentist. This paragraph only applies in the following settings:
(A) In a dental office setting, under the general supervision of a dentist.

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

(2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, as defined in subdivision (a), that comprise the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary. The protective restorations as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following:

(A) In either of the following settings:
   (i) In a dental office setting, under the general supervision of a dentist.
   (ii) In a public health setting, including, but not limited to, schools, head start and preschool programs, and residential facilities and institutions, under the general supervision of a dentist.

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

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

(c) The dental board shall promulgate regulations establishing criteria for approval of courses of instruction for the procedures authorized to be performed by a registered dental hygienist pursuant to this section. The committee shall review proposed regulations, and any subsequent proposed amendments to the promulgated regulations, and shall submit any recommended changes to the board for review to establish a consensus.
(d) This section shall become operative on January 1, 2018.

SEC. 6. Section 1926 of the Business and Professions Code is amended to read:

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

(a) Residences of the homebound.
(b) Schools.
(c) Residential facilities and other institutions.
(d) Dental health professional shortage areas, as certified by the Office of Statewide Health Planning and Development in accordance with existing office guidelines.

SEC. 10.

SEC. 7. Section 1926.05 is added to the Business and Professions Code, to read:

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

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

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

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

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

(5) “Laboratory instruction” means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods.
(6) “Preclinical instruction” means instruction in which students receive supervised experience performing procedures on students, faculty, or staff members. There shall be at least one instructor for every six students who are simultaneously engaged in preclinical instruction.

(7) “Program” means a committee-approved registered dental hygienist in alternative practice educational program.

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

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

1926.05. (a) In addition to the duties specified in Section 1926, a registered dental hygienist in alternative practice is authorized to perform the following additional duties, as specified:

(1) Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental hygienist in alternative practice shall follow protocols established by the supervising dentist. This paragraph only applies in the following settings:

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

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

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

(2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, and defined as a
direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following:

(A) In either of the following settings:
(i) In a dental office setting, under the general supervision of a dentist.
(ii) In a public health setting, including, but not limited to, schools, head start and preschool programs, and residential facilities and institutions, under the general supervision of a dentist.
(B) After a diagnosis and treatment plan by a dentist.

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

(1) No later than January 1, 2018, the dental board shall promulgate regulations establishing criteria for the approval of courses of instruction for the procedures authorized to be performed by a registered dental hygienist in alternative practice pursuant to this section. Proposed regulations, and any subsequent proposed amendments to the promulgated regulations, shall be reviewed by the committee. The committee shall submit any recommended changes to the board for review to establish a consensus.

(2) Prior to January 1, 2018, the dental board shall use the competency-based training protocols established by Health Workforce Pilot Project (HWPP) No. 172 through the Office of Statewide Health Planning and Development.

(3) A registered dental hygienist in alternative practice who has completed the prescribed training in the Health Workforce Pilot Project #172 No. 172 established by the Office of Statewide Health Planning and Development.
Planning and Development pursuant to Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 of the Health and Safety Code shall be deemed to have satisfied the requirement for completion of a course of instruction approved by the committee.

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

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

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

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

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

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

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

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

(3) Laboratory instruction shall consist of simulated decision making using case studies containing the elements described in
paragraph (2). There shall be at least one instructor for every 14
students who are simultaneously engaged in laboratory instruction.
(4) Examination shall consist of decisionmaking where students
make decisions and demonstrate competency to faculty on case
studies containing the elements described in paragraph (2).
(e) A program or course to perform the duties described in
paragraph (2) of subdivision (b) shall contain all of the additional
instructional components described in this subdivision:
(1) The program shall be of sufficient duration for the student
to develop minimum competency in the application of protective
restorations, including interim therapeutic restorations, but shall
in no event be less than 16 clock hours, including at least four
hours of didactic training, at least four hours of laboratory training,
and at least eight hours of clinical training.
(2) Didactic instruction shall consist of instruction on all of the
following topics:
(A) Pulpal anatomy.
(B) Theory of adhesive restorative materials used in the
placement of adhesive-protective restorations related to
mechanisms of bonding to tooth structure, handling characteristics
of the materials, preparation of the tooth prior to material
placement, and placement techniques.
(C) Criteria that dentists use to make decisions about placement
of adhesive protective restorations including all of the following:
(i) Patient factors:
(I) The patient’s American Society of Anesthesiologists Physical
Status Classification is Class III or less.
(II) The patient is cooperative enough to have the restoration
placed without the need for special protocols, including sedation
or physical support.
(III) The patient, or responsible party, has provided consent for
the procedure.
(IV) The patient reports that the tooth is asymptomatic, or if
there is mild sensitivity to sweet, hot, or cold that the sensation
stops within a few seconds of the stimulus being removed.
(ii) Tooth factors:
(i) The cavity is accessible without the need for creating access
using a dental handpiece.
(II) The margins of the cavity are accessible so that clean noncarious margins can be obtained around the entire periphery of the cavity with the use of hand instruments.

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

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

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

(i) The restorative material is not in hyperocclusion.

(ii) There are no marginal voids.

(iii) There is minimal excess material.

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

(F) Protocols for followup of adhesive protective restorations.

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

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

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

SEC. 11.

SEC. 8. Section 1926.05 is added to the Business and Professions Code, to read:

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

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

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

1926.05. (a) In addition to the duties specified in Section 1926,
a registered dental hygienist in alternative practice is authorized
to perform the following additional duties, as specified:

1) Determine which radiographs to perform on a patient who
has not received an initial examination by the supervising dentist
for the specific purpose of the dentist making a diagnosis and
treatment plan for the patient. In these circumstances, the dental
hygienist in alternative practice shall follow protocols established
by the supervising dentist. This paragraph only applies in the
following settings:

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

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

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

(2) Place protective restorations, which for this purpose are
identified as interim therapeutic restorations, and defined as a
direct provisional restoration placed to stabilize the tooth until a
licensed dentist diagnoses the need for further definitive treatment.
An interim therapeutic restoration consists of the removal of soft
material from the tooth using only hand instrumentation, without
the use of rotary instrumentation, and subsequent placement of an
adhesive restorative material. Local anesthesia shall not be
necessary for interim therapeutic restoration placement. Interim
therapeutic restorations shall be placed only in accordance with
both of the following:

(A) In either of the following settings:

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

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

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

c) The dental board shall promulgate regulations establishing criteria for approval of courses of instruction for the procedures authorized to be performed by a registered dental hygienist in alternative practice pursuant to this section. The committee shall review proposed regulations, and any subsequent proposed amendments to the promulgated regulations, and shall submit any recommended changes to the board for review to establish a consensus.

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

SEC. 9. Section 128196 is added to the Health and Safety Code, to read:

128196. (a) Notwithstanding Section 128180, the office shall extend the duration of the health workforce project known as Health Workforce Pilot Project No. 172 until January 1, 2016, in order to maintain the competence of the clinicians trained during the course of the project, and to authorize training of additional clinicians in the duties specified in HWPP No. 172.

(b) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

SEC. 10. Section 14132.725 of the Welfare and Institutions Code is amended to read:

14132.725. (a) 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, teledermatology, and teledentistry by store and forward. Services appropriately provided through the store
and forward process are subject to billing and reimbursement policies developed by the department.

(b) For purposes of this section, "teleophthalmology, teledermatology, and teledentistry by store and forward" means an asynchronous transmission of medical or dental information to be reviewed at a later time by a physician at a distant site who is trained in ophthalmology or dermatology or, for teleophthalmology, by an optometrist who is licensed pursuant to Chapter 7 (commencing with Section 3000) of Division 2 of the Business and Professions Code, or a dentist, where the physician, optometrist, or dentist at the distant site reviews the medical or dental information without the patient being present in real time. A patient receiving teleophthalmology, teledermatology, or teledentistry by store and forward shall be notified of the right to receive interactive communication with the distant specialist physician, optometrist, or dentist and shall receive an interactive communication with the distant specialist physician, optometrist, or dentist, upon request. If requested, communication with the distant specialist physician, optometrist, or dentist may occur either at the time of the consultation, or within 30 days of the patient’s notification of the results of the consultation. If the reviewing optometrist identifies a disease or condition requiring consultation or referral pursuant to Section 3041 of the Business and Professions Code, that consultation or referral shall be with an ophthalmologist or other appropriate physician and surgeon, as required.

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

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