



California Dental Hygienists' Association
The Voice of Dental Hygiene

Government Affairs Update – June 2016

Dentistry is moving towards an inter-professional healthcare model that serves an ever growing population. The cottage industry, private dental practices that many of us work in now will most likely not be the norm in the future. Our goal is to advance all California dental hygienists (RDH/RDHAP/RDHEF) for optimal value within the team model of the future, with greater access to our services, and expanded scope and settings. Thank you for being members of CDHA, and for joining us in advancing our profession in California.

For questions or more information, contact GRC Co-Chairs: Lisa Okamoto RDH and Maureen Titus RDHAP through info@cdha.org.

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Labor laws and employee rights

Many dental hygienists continue to have questions regarding employee rights and labor laws. An informational bulletin on labor laws and employees rights has been developed and will be posted in the member sections of the CDHA website. A bulletin regarding Independent Contracting already exists. Registered Dental Hygienists normally do not meet the requirements for independent contractor status by the IRS or California's labor regulating agencies. Unless you are an RDH in Alternative Practice, RDH are W-2 employees.

Labor laws are meant to provide basic protections for employees against unfair employment practices. For labor laws to change or be strengthened due to illegal or improper application of those laws, legislators and the regulating agencies need to be aware that this is a widespread problem within dentistry. Hygienists experiencing labor issues should contact the following agencies:

- National Labor Relations Board (NLRB) – contact for advice and possibly free legal assistance. You do not need to be part of a union to receive help from the NLRB. To find the nearest office: www.nlr.gov
- Labor Commissioner, also known as the Division of Labor Standards Enforcement, Department of Industrial Relations (DIR) for questions about your employee rights or work arrangements, worker compensation or Cal/OSHA, or to file a claim for back wages. Go to www.dir.ca.gov/dlse/DistrictOffices.htm to find your local office;
- Employment Development Department (EDD) at www.edd.ca.gov for information on Unemployment Insurance benefits, State Disability Insurance benefits or if you are unable to work because of sickness, injury or pregnancy including while waiting to receive worker compensation benefits;
- The IRS www.irs.gov can help you with employer matched Social Security and Medicare payments.

Healthy Workplaces, Healthy Families Act (2014 AB 1522)

The Healthy Workplaces, Healthy Families Act of 2014 went into effect on July 1, 2015. This new law benefits many dental hygienists who did not receive sick leave benefits before this law including those working part time, for multiple employers or even as long-term temporary

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substitutes. As such, this law warrants highlighting again. Following are the key provisions regarding mandated employee sick leave. There are many rules and exceptions, however; so questions should be directed to the Labor Commissioner at www.dir.ca.gov/dlse/DistrictOffices.htm.

- An employee who works in California for 30 or more days within a year, from the beginning of employment, is entitled to paid sick leave.
- A minimum of 1 hour paid leave is accrued for every 30 hours worked from the beginning of employment or July 1, 2015, whichever is later. An employer is required to cover accrual of up to 24 hours or three 8 hour days per year.
- An employee may use accrued leave beginning on the 90th day of employment.
- An employee may determine the amount of leave needed for use, but the employer may set a reasonable minimum increment for use, not to exceed two hours.
- Accrued leave shall carry over to the following year of employment, but the employer can limit the use of paid sick days to 24 hours or three days in each year of employment. *Exception:* your employer can provide a lump sum amount of sick leave at the beginning of each year, to be used as needed that year. In that case, any unused time does not have to be rolled over to the next year. The lump sum sick leave specified must meet the requirements of this law (a minimum one hour sick leave for every 30 hours worked).
- An employer can limit an employee's total accrual of paid sick leave to 48 hours or six 8 hour days. For instance, if an employer allows 24 hours accrued per year and one does not use any sick leave in two years, the employer can deny any further time accrued.
- The law establishes a method for determining the hourly rate for paid sick leave for employees with a different wage basis (i.e. commission, daily salary)
- Employee can not be required to search for or find a replacement worker as a condition of using sick leave.
- An employee can take paid leave for their own or a family member's diagnosis, care or treatment of an existing condition, for preventive care, or for specified purposes for an employee who is a victim of domestic violence, sexual assault or stalking.
- An employer cannot require an employee to provide a physician's note for leave, unless the time needed exceeds the three days minimum accrued under this law or the office policy if the employer allows more than three days accrued per year.
- An employer is not required to provide compensation for accrued and unused paid sick days upon separation from employment, except that amount accrued is reinstated if rehired within one year. *Exception:* if sick and vacation time are combined as Paid Time Off, the employer is required to pay for that time upon termination.
- You must be provided with a written accounting indicating the amount of sick time available to you at each pay period (i.e. on your pay stub or on a separate document on the same day as your paycheck).
- Employers must display a poster on paid sick leave where employees can read it easily, and provide employees of sick leave rights when hired.
- Retaliation or discrimination against an employee who requests or uses paid sick days is prohibited.

2016 Legislation

For the language, status, or history on any bill, go to <https://leginfo.legislature.ca.gov>

- AB 648 (Low) Virtual Dental Home – CDHA position “Support”

- Would have initiated a state funded Virtual Dental Home program allowing for telehealth services including Interim Therapeutic Restorations as approved in AB 1174 (2014)
- Status: Placed on the Senate inactive file (where it will most likely remain this year and not move forward)
- AB 1051 (Maeinschein) Denti-Cal funding – CDHA position “Support”
 - Provides \$2 million from the General Fund for the Denti-Cal program, with an emphasis on preventative oral health care, case management, and increased provider participation as well as beneficiary utilization under the Denti-Cal program. This is in keeping with the Little Hoover Commission recommendations regarding the Department of Health Care Services (DHCS) and Denti-Cal, as advocated for by CDHA.
 - Status: last amended May 3; passed Senate Health 6/29 and referred back to Senate Committee on Appropriations; currently held under submission (which also means this bill will most likely not move forward this year).
- AB 2207 (Wood) Denti-Cal – CDHA position “Support”
 - This bill would implement some of the administrative recommendations of the Little Hoover Commission Report on Denti-Cal including improved oversight of \$750 million waiver funding and managed care accountability, among other things. Assemblyman Wood is the Chairman of the Assembly Health Committee.
 - Status: last amended June 28; in Senate Appropriations, to be heard Aug 1.
- AB 2782 (Bloom) Healthy CA Fund/Sugared Beverage Fee – CDHA position Support
 - This bill would impose a fee on distributors of sugar sweetened beverages, with specified exemptions, and set up the Health California Fund to combat diabetes, obesity, heart disease and dental disease.
 - Status: The bill was pulled by the author from the Assembly Health Committee. As requested, CDHA advocate Aaron Read & Associates sent Assemblymember Bloom a letter indicating CDHA support in case he moves forward with this bill in the future.
- SB 1039 (Hill) Professions - Licensure renewal Cap– CDHA position support
 - This bill would, among other things, amend the dental hygiene licensure renewal fee cap from \$160 to \$500. Based on the current cost of doing business, and in large measure due to higher expenses related to the Department of Consumer Affairs new computer system, the Dental Hygiene Committee of California (DHCC) will face potential insolvency in fiscal year 2017/2018. The new cap will allow for future increases of licensure renewal fees by the DHCC over the next 5-10 years as needed so that the DHCC can continue as California’s independent regulatory body for dental hygiene.
 - Status: last amended June 22; in Assembly Appropriations.
- SB 1098 (Cannella) Dental Services Advisory Committee – CDHA position Support
 - This bill would create an advisory committee to the Department of Health Care Services (DHCS), the Legislature, and the Governor. An equal number of dental hygienists as dentists (three each) are proposed for this panel, along with other healthcare providers.
 - Status: Last amended June 1; in Assembly Appropriations.

- 2016 Health related bills already signed into law by the Governor
 - [AB X2-7](#) (Stone) - [Smoking in the workplace](#)
 - [AB X2-9](#) (Thurmond) - [Tobacco use programs](#)
 - [AB X2-11](#) (Nazarian) - [Cigarette and tobacco product licensing: fees and funding](#)
 - [SB X2-5](#) (Leno) - [Electronic cigarettes](#)
 - [SB X2-7](#) (Hernandez) - [Tobacco products: minimum legal age set at 21](#) (includes electronic cigarettes and vaping devices)