California Dental Hygienists' Association
The Voice of Dental Hygiene

October 20, 2026

To: Anthony Lum, Executive Officer; Dental Hygiene Board of California
Joanne Pacheco, President; Dental Hygiene Board of California
Members of the Dental Hygiene Board of California

From: Vickie Kimbrough, MBA, RDH, President; California Dental Hygienists' Association
Angela Gomez, BSDH, RDHAP, President-Elect; California Dental Hygienists' Association

Re: CDHA Support for Inclusion of Five Professional Practice Issues in the DHBC 2027 Sunset Review Report

Dear Mr. Lum, Ms. Pacheco, and Members of the Dental Hygiene Board of California,

On behalf of the California Dental Hygienists' Association (CDHA), we respectfully submit this letter in strong support of including important dental hygiene practice issues in the New Issues section of the Dental Hygiene Board of California's (DHBC) 2027 Sunset Review Report.

As the professional association representing dental hygienists throughout California, CDHA recognizes the Board's responsibility to protect the public while ensuring that dental hygiene practice remains responsive to evolving healthcare needs, professional education, workforce challenges, and opportunities to improve access to oral healthcare.

The Sunset Review process provides the opportunity for the Board to identify statutory, regulatory, and operational issues that may affect its ability to fulfill these responsibilities. It also provides the Legislature with valuable information regarding existing practice limitations, inconsistencies in statutory requirements, and potential opportunities to improve the delivery of oral healthcare.

CDHA believes that identifying these issues for consideration is both appropriate and consistent with the purpose of the Sunset Review process. Their inclusion does not require the Board to endorse specific legislative amendments or initiate scope-of-practice legislation. Rather, it ensures that policymakers receive a comprehensive assessment of issues affecting California's dental hygiene workforce and the patients it serves.

Business and Professions Code **(BPC) Section 1900** establishes the legislative intent to permit the *full utilization of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions to meet the dental care needs of California's residents*.

We believe the following issues warrant inclusion in the Board's report because each raises legitimate questions involving public protection, access to care, statutory consistency, workforce utilization, or contemporary professional practice.

1. Local Anesthesia and Soft-Tissue Curettage Under General Supervision

CDHA supports the examination of the differing supervision requirements governing registered dental hygienists (RDHs) and registered dental hygienists in alternative practice (RDHAPs) when performing local anesthesia and soft-tissue curettage.

Under current California law, RDHs performing these procedures in traditional dental practice settings are subject to direct supervision requirements under BPC Section 1909. Conversely, qualified RDHAPs may perform these same procedures without the physical presence of a dentist, provided they comply with specific consultation, documentation, and emergency-preparedness requirements.

This distinction raises a legitimate policy question: **If California recognizes that appropriately qualified RDHAPs can safely perform these procedures without a dentist physically present, should the Legislature evaluate whether similarly qualified RDHs could perform them under general supervision with comparable safeguards?**

Dental hygienists receive education and clinical preparation in local anesthesia, soft-tissue curettage, patient assessment, and medical-emergency management. California also permits RDHs to provide other significant periodontal services under general supervision.

Allowing the supervising dentist to determine the appropriate supervision level, based on the patient's medical history, clinical circumstances, and the hygienist's demonstrated competency, merits consideration as a potential risk-based approach.

Justification for inclusion: The existing statutory distinction may limit workforce flexibility, scheduling efficiency, and timely access to treatment without necessarily reflecting differences in the underlying preparation for these procedures. Evaluating this issue would allow the Legislature to consider whether current supervision requirements remain appropriate while preserving dentist oversight, documented authorization, and patient-safety safeguards.

2. Recognition of Dental Hygiene Diagnosis Within the Dental Hygiene Process of Care

CDHA supports including whether California's Dental Practice Act should expressly recognize dental hygiene diagnosis as a distinct component of the Dental Hygiene Process of Care.

BPC Section 1908 authorizes dental hygiene assessment and the development, planning, and implementation of a dental hygiene care plan. However, the same section excludes diagnosis and comprehensive treatment planning from dental hygiene practice.

This statutory language creates uncertainty regarding the distinction between comprehensive dental diagnosis, which remains within the dentist's professional authority, and dental hygiene diagnosis, which involves the analysis of assessment findings to identify oral health needs, risks, behaviors, and conditions that a dental hygienist is educated and licensed to address.

Dental hygiene diagnosis is not synonymous with comprehensive dental diagnosis. Rather, it represents profession-specific clinical reasoning that leads to individualized preventive and therapeutic dental hygiene care.

The concept has a longstanding foundation in dental hygiene education and professional practice. Contemporary professional literature, including the American Dental Hygienists' Association's 2026 white paper on dental hygiene diagnosis, recognizes its importance in clinical decision-making, patient-centered care, and professional accountability.

California also recognizes profession-specific diagnostic terminology in other healthcare disciplines, including nursing diagnosis.

Justification for inclusion: Clarifying dental hygiene diagnosis would promote consistency between professional education, clinical responsibilities, and statutory terminology. It would also support appropriate documentation, communication, care planning, and recognition of the dental hygienist's professional accountability.

More importantly, consideration of dental hygiene diagnosis does not imply transferring comprehensive dental diagnostic authority to dental hygienists. The Legislature could expressly distinguish dental hygiene diagnosis from comprehensive dental examination, diagnosis, and treatment planning while maintaining appropriate referral responsibilities.

Including this issue would provide an opportunity to evaluate whether California's statutory language accurately reflects contemporary dental hygiene practice without compromising existing professional boundaries.

3. Evaluation and Modernization of RDHEF Restorative Duties

CDHA supports a review of the statutory framework governing registered dental hygienists in extended functions (RDHEFs), particularly the continued relevance and utilization of restorative responsibilities.

California established the RDHEF designation to recognize dental hygienists who have completed additional education and qualifications for specified extended functions. However, the profession and the delivery of oral healthcare have evolved considerably, raising questions regarding whether the existing statutory framework continues to serve its intended purpose.

At a time when California faces persistent oral healthcare workforce challenges, particularly in rural and underserved communities, it is appropriate to examine whether existing categories of licensed professionals are being utilized effectively.

A review should consider the RDHEF's currently authorized restorative functions, education and competency requirements, supervision limitations, opportunities for integration into team-based care, and potential barriers to workforce participation.

Justification for inclusion: The Sunset Review is an appropriate mechanism for evaluating whether an established licensure category continues to meet contemporary patient-care and workforce needs. This review could identify opportunities to improve access to restorative services, strengthen workforce efficiency, and maximize the benefits of additional professional education while maintaining appropriate clinical safeguards.

CDHA is not suggesting that the Board endorse an unrestricted expansion of restorative functions. Rather, we believe the Legislature should have sufficient information to evaluate whether the RDHEF statutory framework remains relevant, effective, and consistent with California's oral healthcare needs.

4. Limited Medication Procurement and Prescriptive Authority for RDHAPs

CDHA supports an examination of the statutory limitations affecting RDHAPs' ability to obtain, maintain, and, where appropriate, prescribe or furnish specified non-controlled medications and therapeutic agents directly related to their authorized scope of practice.

California permits qualified RDHAPs to administer local anesthesia and perform other authorized dental hygiene procedures in alternative practice settings. These practitioners must also maintain specified emergency-preparedness resources, including oxygen when performing certain procedures.

However, California's Pharmacy Law does not clearly establish corresponding authority for RDHAPs to independently procure and maintain all prescription-only medications necessary to provide these services. This creates a potential disconnect between the clinical procedures the state authorizes RDHAPs to perform and the statutory mechanisms available to obtain the medications and emergency supplies necessary to perform them.

For example, local anesthetic agents, prescription-strength fluoride preparations, chlorhexidine, and specified emergency medications may be directly related to the delivery of authorized dental hygiene care.

A narrowly defined statutory framework could be considered to address medication procurement, appropriate emergency supplies, and limited patient-specific prescribing or furnishing authority. Any such framework should include clearly

established education, competency, storage, documentation, and patient-safety requirements and expressly exclude controlled substances and unrestricted prescribing authority.

Justification for inclusion: RDHAPs frequently provide services to individuals who experience significant barriers to traditional dental care, including older adults, individuals with disabilities, medically compromised patients, and residents of institutional settings.

Unclear procurement authority may create unnecessary operational barriers, delay treatment, and complicate compliance with emergency-preparedness requirements. Reviewing this issue would allow the Legislature to determine whether medication-related statutes should be better aligned with the clinical responsibilities already authorized for RDHAPs. Such consideration would support patient safety, regulatory clarity, and continuity of care without creating broad or unrestricted prescribing authority.

5. Reconsideration of the RDHAP 18-Month Examination Requirement

CDHA supports an examination of the statutory requirement for periodic examination and authorization affecting continued RDHAP services.

The existing 18-month requirement is intended to ensure that patients receive appropriate dental oversight and that dental conditions requiring comprehensive evaluation are identified.

However, for patients who are homebound, medically fragile, disabled, institutionalized, or otherwise unable to access traditional dental services, compliance with this requirement may present substantial practical challenges. These patients are frequently among those most in need of ongoing preventive and periodontal care. Yet transportation limitations, provider availability, medical complexity, and institutional barriers may prevent timely completion of the required examination. When authorization cannot be obtained, patients may experience interruptions in preventive dental hygiene services despite continuing clinical need.

CDHA believes the Legislature should evaluate whether additional mechanisms could preserve the intent of the examination requirement while reducing avoidable interruptions in care.

Potential considerations include whether appropriately licensed nurse practitioners or physician assistants involved in a patient's medical care could participate in the required authorization process, and whether an RDHAP's documented assessment and clinical report could inform decisions regarding continued dental hygiene services.

Any alternative should preserve appropriate referral to a dentist when comprehensive dental evaluation, diagnosis, or treatment is indicated.

Justification for inclusion: The 18-month requirement presents a significant access-to-care and continuity-of-care question, particularly for vulnerable populations.

A statutory review could help determine whether existing requirements achieve their intended patient-protection purpose without inadvertently restricting access to necessary preventive services.

The objective is not to eliminate comprehensive dental evaluation or diminish patient protections. Rather, it is to consider whether additional, clinically appropriate pathways could better accommodate patients who face substantial barriers to receiving traditional dental care.

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The Importance of Including These Issues in the Sunset Review

CDHA recognizes that the Board must operate within its statutory authority. The DHBC was established not only to protect the public, but *to allow the self-governing of the profession of dental hygiene, practice and education.*

We believe it is essential to distinguish between **the Board identifying an issue that warrants legislative examination and the Board formally advocating for a specific expansion of professional scope.**

The Sunset Review process is intended to provide legislative oversight committees with information necessary to evaluate the Board's effectiveness, the continued relevance of its governing statutes, and emerging issues affecting the professions it regulates. Issues involving professional scope, supervision, education, access to care, and statutory inconsistencies are relevant to that evaluation, even when resolving those issues would ultimately require legislative action.

The Board's previous Sunset Review history provides a useful precedent.

- The 2013–2014 Dental Hygiene Committee of California Sunset Review identified concerns involving the direct-supervision requirements for local anesthesia, soft-tissue curettage, and nitrous oxide. These matters were presented for legislative consideration because of their implications for dental hygiene practice and access to care.

- CDHA also recognizes that SB 861 (2025) removed the former provision in BPC Section 1905 requiring DHBC to make recommendations to the Dental Board of California regarding dental hygiene scope-of-practice issues.

Nevertheless, CDHA believes that removal of a specific recommendation requirement should not automatically be interpreted as preventing the Board from identifying practice-related issues in an informational report to the Legislature.

Including an issue in the Sunset Review does not predetermine its legislative outcome. It acknowledges that the issue deserves examination by the policymakers responsible for determining whether statutory changes are warranted. Excluding significant practice issues solely because they involve potential statutory changes could limit the Legislature's understanding of the operational and patient-care challenges facing dental hygiene practitioners.

Request

CDHA requests that the Dental Hygiene Board of California:

1. **Restore all five identified issues** to the New Issues section of the 2027 Sunset Review Report.
2. Present each issue objectively, identifying current statutory requirements, relevant professional education and practice standards, existing barriers, and potential patient-care implications.
3. Frame the issues as matters warranting legislative consideration, without requiring the Board to endorse specific statutory amendments or scope-of-practice expansions.
4. Provide the full Board an opportunity to publicly deliberate on the inclusion of these issues, with input from staff, legal counsel, professional stakeholders, and the public.

California's oral healthcare delivery system continues to face significant challenges involving workforce availability, access to preventive services, the needs of vulnerable populations, and the effective utilization of licensed healthcare professionals.

The five issues identified in this letter are not isolated professional interests. Each has meaningful implications for the delivery of safe, accessible, efficient, and patient-centered oral healthcare.

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As California's professional association for dental hygienists, CDHA believes that responsible professional advocacy includes identifying statutory inconsistencies, evaluating outdated practice restrictions, and encouraging evidence-based discussions about opportunities to improve care.

The Board's role in informing the Legislature about these issues is particularly important because of its responsibility to protect the public and its specialized understanding of dental hygiene education, licensure, competency, and practice.

CDHA strongly supports inclusion of all five issues in the 2027 Sunset Review Report and respectfully urges the Board to ensure that they receive full and transparent consideration.

We welcome the opportunity to provide additional research, professional expertise, and stakeholder input as the Board continues its Sunset Review deliberations.

Thank you for your continued service to California's consumers and the dental hygiene profession.

Respectfully submitted,



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CDHA President, 2024-2026



Angela Gomez, BSDH, RDHAP
CDHA President-Elect, 2024-2026