BACKGROUND PAPER FOR HEARING

COMMITTEE ON DENTAL AUXILIARIES

IDENTIFIED ISSUES, QUESTIONS FOR THE BOARD, BACKGROUND CONCERNING ISSUES, AND PRELIMINARY RECOMMENDATIONS

PRIOR SUNSET REVIEW:

The Committee on Dental Auxiliaries (COMDA) was last reviewed by the Joint Legislative Sunset Review Committee (JLSRC) four years ago (1996-97). At that time the JLSRC identified two issues regarding COMDA. The first issue was whether COMDA should continue, be eliminated, be merged with or separated from the Dental Board. The second issue was whether the composition of COMDA's membership should be changed. The JLSRC's findings were that COMDA should continue to be the state agency delegated responsibility for the regulation of dental auxiliaries, subject to organizational changes with the Board of Dental Examiners (now renamed as the Dental Board of California). Those changes included elimination of a separate, board-appointed dental auxiliary committee believed to be duplicative of COMDA, and codification of the status of COMDA as a direct statutory committee of the Dental Board with the authority and duties that it had been performing pursuant to an administrative agreement with the Dental Board (the examination and licensing, but not disciplinary enforcement of all dental auxiliaries) since its inception in 1974. The JLSRC decided not to take a position on whether or not to create an independent licensing board, separate from the Dental Board, to perform all of the state licensing and regulatory functions regarding dental auxiliaries. Regarding the second issue, the JLSRC recommended that the composition of COMDA should be reviewed, seeking input from all interested parties to strike a proper balance of representation.

The JLSRC's recommendations were enacted by SB 826 (Greene, Chapter 704 – Statutes of 1997). Another bill, also enacted in 1997, SB 713 (Rosenthal, Chapter 538 – effective January 1, 1998) was sponsored by the California Dental Hygienists' Association and changed the composition of COMDA by specifying that one of the two Dental Board members who are also members of COMDA was to be a public member of the Dental Board (rather than a dentist or a dental auxiliary member of the Dental Board). SB 713 also provided that COMDA shall evaluate all suggestions or requests for regulatory changes that relate to dental auxiliaries, and authorized COMDA to hold informational hearings and to request the reasons in writing if the Board rejects or significantly modifies any of its recommendations. The purpose of the JLSRC's codification of COMDA's status and functions, as well as the provisions of SB 713, were intended to provide COMDA with a more independent and permanent status vis a vis the Dental Board, and a stronger voice regarding the licensing and regulation of dental auxiliaries.

GENERAL BACKGROUND AND DESCRIPTION OF COMDA

The statutory laws governing dental auxiliaries are located in the Dental Practice Act (DPA) - B&P Code Sections 1600-1808, specifically B&PC 1740-1770. The related administrative regulations are located at 16 Code of California Regulations (CCR) - Sections 1000-1090.1, specifically 16 CCR 1067-1090.1.

The term "dental auxiliaries" includes unlicensed dental assistants (DAs), and the following licensed personnel: registered dental assistants (RDAs), registered dental hygienists (RDHs), registered dental assistants in extended functions (RDAEFs), registered dental hygienists in extended functions (RDHEFs), and Registered Dental Hygienist in Alternative Practice (RDHAP).

COMDA is a statutorily created organization within the jurisdiction of the California Board of Dental Examiners (BDE or board). The legislation that created COMDA was enacted in 1974. Since 1998, the committee has statutorily-granted regulatory powers: dental auxiliary license examination and licensing, but not licensed discipline or educational program approval which continue to reside in the authority of the Dental Board. COMDA is authorized by statute to make recommendations to the BDE regarding dental auxiliaries

Composition of COMDA: Committee Members and Staff

The COMDA is presently composed of 9 members, all appointed by the Governor, comprised of:

3 RDHs (w/ 1 being a RDHEF if available)
3 RDAs (w/ 1 being a RDAEF if available)
1 Public Member of the Board (effective January 1, 1998)
1 Dentist who is a member of the Board's examining committee
1 Dentist who is neither a member of the Board nor its examining committee

[In contrast, the Board of Dental Examiners has 14 members - 8 dentists, 4 public members, 1 RDH and 1 RDA -with two public members appointed by the Legislature and the remainder by the Governor.**]**

The current COMDA composition reflects COMDA's responsibility for direct examination oversight responsibilities. The COMDA has 9 staff personnel, and 9.6 authorized personnel years (PYs) including an Executive Officer, Associate Program Analyst, 6 Office Technicians and 1 Office Assistant.

COMDA's Duties

The committee makes recommendations to the Board regarding auxiliary duties, settings, degree of supervision, career ladder, and also performs certain functions that have been statutorily granted to it. Those statutory functions relate to dental auxiliaries and include: review of license applicant qualifications, processing of license applications, administration of the various written and practical auxiliary licensing examinations, inspection of auxiliary educational programs and review of coronal polishing and ultrasonic scaler courses and making recommendations regarding them to the Board for its approval, administration of the license and license renewal processes, maintenance of certification records for licensees authorized to perform some high risk procedures, and other duties related to the qualification and licensing of auxiliaries.

Legislative History

The Board of Dental Examiners was established by the Legislature in 1885 to ensure education of practitioners of dental surgery, and to regulate the practice of dentistry in California. In 1901, the BDE promulgated regulations making it unlawful to practice dentistry without a license, and in 1920 the Legislature enacted a law which made it illegal for a dental hygienist to practice without a license from the Board. Also, prior to 1974, dental employees exposing X-rays were required to take an examination.

COMDA was created by the Legislature in 1974 (AB 1455, Duffy; Chapter 128 - Statutes of 1974) as an advisory body within the jurisdiction of the Board. (An early version of that legislation provided for the COMDA rather than the Board to have the regulatory powers regarding the licensure and regulation of dental auxiliaries, but was later changed prior to enactment).

That 1974 legislation also added requirements for the licensure of Registered Dental Assistants (RDAs), Registered Dental Assistants in Extended Functions (RDAEF), and Registered Dental Hygienists in Extended Functions (RDHEF), in addition to the Registered Dental Hygienist category that already existed. Further, the 1974 legislation required the Board, with the advice and recommendation of the COMDA, to promulgate regulations to prescribe the specific duties that auxiliaries were to perform and the modalities for licensure of the auxiliaries. Finally, that legislation declared:

"It is the intention of the Legislature by enactment of this article to permit the full utilization of dental auxiliaries in order to meet the dental care needs of all the state's citizens.. The Legislature further intends that the classifications of dental auxiliaries established pursuant to this article constitute a career ladder, permitting the continual advancement of persons to successively higher levels of licensure with additional training, and without repeating training for skills already acquired."

The 1974 enactment resulted from earlier recommendations in 1973 by the Advisory Committee on the Utilization and Education of Dental Auxiliaries which had been created in 1972 by AB 1953 (Duffy - Chapter 645). In the 1972 enactment, the Legislature found and declared:

1. The improved utilization of dental auxiliaries would help in making high-quality dental services more readily available to the people of this state. [Emphasis added]

2. Career opportunities of dental auxiliaries are unduly limited. The educational backgrounds of persons in some categories of dental auxiliaries is in many cases not fully recognized by the tasks and functions they are allowed to perform. Furthermore, the vertical and lateral career mobility among categories of dental auxiliaries is limited because of the absence of a 'career ladder'. [Emphasis added]

3. Adequate legal standards should exist to protect the public from dental auxiliaries not fully competent to perform assigned tasks and functions. A variety of training programs with different lengths, in different settings, and teaching different subjects for preparing the same categories of dental auxiliaries currently exist, and some types of dental auxiliaries are not legally regulated by licensure or certification.

In 1997, AB 560 (|Perata, Chapter 753) enacted a new category of licensed dental auxiliary known as a Registered Dental Hygienist in Alternative Practice (RDHAP).

LICENSEE POPULATION

Currently there are about 44,425 licensed dental auxiliaries (up from about 38, 400 in 1996/97): 29,868 RDAs (up from 25,000 RDAs in 1996/97), 13,870 RDHs (up from 13,015 in 1996/97), 654 RDAEFs (up from 451 in 1996/97), 12 RDHEFs (up from 5 in 1996/97) and 21 RDHAPs (none in 1996/97 since classification was enacted in 1997). In contrast, there are about 30,000 licensed dentists – up from about 29,000 in 1996/97. It is not known how many unlicensed dental assistants are currently practicing in California. Auxiliaries are nearly all women, while dentists are predominantly men.

CURRENT SUNSET REVIEW ISSUES

ADMINISTRATIVE ISSUES

ISSUE #1. SHOULD THE REQUIREMENT THAT COMDA HOLD AT LEAST ONE MEETING A YEAR IN SACRAMENTO AND ONE IN LOS ANGELES BE ELIMINATED, SO THAT COMDA'S MEETING SCHEDULE CAN COINCIDE WITH THAT OF THE DENTAL BOARD?

QUESTION #1 FOR COMDA: *How does the current requirement cause a conflict with the Dental Board's meeting schedule? How often does COMDA meet each year? Where are those meetings generally held? How often and where does the Dental Board hold its meetings?*

BACKGROUND: COMDA is required by statute, Business and Professions Code Section 1749, to meet at least four times annually, and hold at least one meeting per year in Sacramento and one in Los Angeles. The reason for the meeting location requirements is unknown. COMDA indicates that these location requirements place an unwieldy restriction on its attempt to coordinate its meetings with the Dental Board, in its efforts to increase communication between the two agencies.

PRELIMINARY RECOMMENDATION: ***Amend the statute to delete the location requirements.***

ISSUE #2. CURRENTLY COMDA FUNCTIONS AS A STATUTORILY CREATED COMMITTEE WITHIN THE JURISDICTION OF THE DENTAL BOARD, WITH ITS OWN SPECIFIED AUTHORITY AND FUNCTIONS.

QUESTION # 2 FOR COMDA: *Have the changes made to COMDA as a result of the last sunset review and recent legislation enabled it to administer the licensing and regulation of dental auxiliaries more effectively? If so, how? Are there any additional changes that would increase the effectiveness of COMDA and the licensing and regulation of dental auxiliaries?*

BACKGROUND: (See information in the "Prior Sunset Review" section at the beginning above for the changes made after the last sunset review in 1998/97).

PRELIMINARY RECOMMENDATION: ***No recommendation at this time.***

COMMITTEE COMPOSITION ISSUE

ISSUE #3: DESPITE THE ENACTMENT OF SB 713 (ROSENTHAL, CHAPTER 539-STATUTES OF 1997), EFFECTIVE JANUARY 1, 1998, WHICH CHANGED THE PRESCRIBED COMPOSITION OF COMDA BY ELIMINATING ONE DENTIST WHO ALSO IS A MEMBER OF THE DENTAL BOARD AND SUBSTITUTING ONE PUBLIC MEMBER OF THE DENTAL BOARD – THAT MEMBERSHIP CHANGE HAS NOT TAKEN

QUESTION #3 FOR COMDA: *Since it has been almost three years since the enactment of SB 713 took effect, why is there not a public member of the Dental Board sitting as a member of COMDA? Is additional action or legislation needed to implement this provision of SB 713 that was intended to reduce the number of dentists on COMDA from three to two, and increase the public's representation?*

BACKGROUND: SB 713 was enacted in 1997 and became effective on January 1, 1998, and changed the unspecified classification (dentist, dental auxiliary or public) of one of the two Dental Board members on COMDA to specifically be a public member of the Dental Board. (The other COMDA member from the Dental Board was, and still is. specified to be a dentist member of that board.) However, in December of 1997, one month before the statute went into effect, then Governor Wilson appointed a dentist member of the Dental Board to replace an RDH as one of the two members on COMDA from the Dental Board. The effect of that appointment was to place three dentists on COMDA (2 dentist Dental Board members and 1 non-Dental Board affiliated dentist).

Apparently no inquiry was made as to the legality of the continued appointment of that second Dental Board member dentist in the face of the Legislature's intent in enacting SB 713 to increase the public's representation on COMDA. It has been almost three years since SB 713 made that change in COMDA's composition – which has still not occurred. According to the Dental Board and COMDA this issue has been considered to be one for the appointing power – namely the Governor to resolve.

There is still one year (plus one year grace period) left to run on the term of the dentist Dental Board member of COMDA appointed by the Governor in 1997. (While the other dentist Dental Board member of COMDA's term will terminate at the end of 2000, he still has the possibility of one additional grace year to serve, and his position is one that is specified to be both a dentist and a member of the Dental Board's examination committee – so that even at the end of 2001 it appears his position would not be filled by a public member of the Dental Board.

PRELIMINARY RECOMMENDATION: ***No recommendation at this time.***

BUDGETARY ISSUES

ISSUE #4. THE PAY LEVELS (PER DIEM) OF THE EXAMINERS FOR THE REGISTERED DENTAL HYGIENIST (RDH) EXAM AND THE DENTAL LICENSING EXAM MAY NEED TO BE INCREASED IN ORDER TO ATTRACT AND RETAIN QUALIFIED PERSONNEL.

QUESTION #4 FOR COMDA: *What evidence is there that the current $100 per day per diem is insufficient? What does COMDA or the Dental Board propose to rectify this if it's a problem?*

BACKGROUND: Currently, Business and Professions Code Sections 1621.6 specifies that examiners who perform as examiners for the dental licensure exam and the Registered Dental Hygienist (RDH) examination are to receive the same per diem as is currently specified by Business and Professions Code Section 103 for all members of every license board, commission or committee created within the Department of Consumer Affairs (including the Dental Board and COMDA members). That amount is currently specified to be $100 per day. COMDA states that other examiners it employs to grade the Extended Function (EF) and Registered Dental Assistant (RDA) Licensing exams are not subject to this same limitation, nor are other examiners for other licensing boards within the department. C|OMDA states that the current limitation has begun to unduly affect its ability to recruit exam graders who often have to work 10-12 hour exam weekends in addition to their normal work week. COMDA states that to pay the examiners in question a more appropriate amount (unspecified) would cost a total of approximately $70,000 annually.

PRELIMINARY RECOMMENDATION: ***No recommendation at this time.***

ISSUE #5. COMDA'S PAST AND PROJECTED FUND CONDITIONS SHOW THAT ITS RESERVES ARE DECLINING UNTIL AT LEAST FISCAL YEAR 2003-04.

QUESTION #5 FOR COMDA: *Does COMDA need to take any steps to eventually stop the decline in its fund reserves to maintain long-term solvency?*

BACKGROUND: Fiscal projections provided by COMDA from fiscal year 1996/97 through fiscal year 2003/04 show that its reserves declining from $1,128,384 (13.1 months) to $562,189 (4.4 months). While the latter fiscal year is still three and one half years away, this decline, if left unresolved, would eventually mean COMDA would become insolvent.

PRELIMINARY RECOMMENDATION: ***No recommendation at this time.***

LICENSING ISSUES

ISSUE #6. ARE THERE ADDITIONAL DUTIES THAT DENTAL AUXILIARIES SHOULD BE AUTHORIZED TO PERFORM EITHER BASED ON THEIR CURRENTLY REQUIRED EDUCATION AND TRAINING, OR WITH A REASONABLE AMOUNT OF ADDITIONAL EDUCATION AND TRAINING?

QUESTION #6 FOR COMDA: *If there are additional duties what are they and applicable to which classification of dental auxiliary? If so, would additional education or training be required as a prerequisite, and is it likely to be available? What evidence exists that supports recommendations for delegating additional duties to dental auxiliaries? What efforts have been made to implement these recommendations? What is the status of these recommendations and implementation efforts? Would delegating additional duties be helpful in increasing access to, and reducing the costs of those services? Would delegating additional duties that are capable of being performed by dental auxiliaries or changing the level of dentist supervision required over auxiliaries when performing those duties help to reduce any problems related to illegal delegation of dental duties to unauthorized dental auxiliary personnel?*

BACKGROUND: COMDA notes in its report that the Dental Board rejected its recommendation that RDHs be authorized under a licensed dentist's "general supervision" to place antimicrobial and antibiotic medicaments in a patient's mouth/gums (e.g. antibacterial-impregnated cord, dissolving chips, gels or other non-liquids) that do not have to be removed. General supervision does not require that the licensed dentist be present in the facility at the time the procedure is performed (as is the case with "direct supervision). Nor did the board authorize these duties to be performed by an RDH under "direct supervision." According to COMDA, its recommendation was made after an extensive occupational analysis of RDH practice, meetings and hearings. The board's rationale for rejecting the recommendation was that the procedure was too new and that there was potential for harm to the public. However, the board did not question the ability of an RDH to competently place the medicaments in question – and allows them to be placed by licensed dentists.

Another COMDA recommendation rejected by the board was for Extended Function (EF) registered auxiliaries to be authorized to place, condense, carve, and polish amalgams (fillings), and place composites (fillings) under the "direct supervision" of a licensed dentist. Again this recommendation followed an extensive occupational analysis of EF practice, meetings and public hearings.

The concern expressed by the registered dental auxiliaries is that they are being prevented (prohibited) from performing additional dental services that they are educated and trained to perform in a competent manner because of unreasonable concerns by licensed dentists who are concerned with competition by dental auxiliaries. The registered dental auxiliaries point out that the licensed dentists have a majority on the Dental Board and therefore are in control of its adoption of regulations that would be necessary to authorize these additional duties for dental auxiliaries. They question that such restrictive actions are not based on competency or patient safety and unreasonably restrict the provision of dental services rather than expanding them to help respond to the unmet need of the public for more dental services.

PRELIMINARY RECOMMENDATION: ***No recommendation at this time.***

ISSUE #7. SHOULD THE "SCOPE OF PRACTICE" (I.E., THE AUTHORIZED/DELEGATED DENTAL DUTIES AND RELATED LEVELS OF DENTIST SUPERVISION) FOR ANY OR ALL CLASSES OF DENTAL AUXILIARIES BE ENACTED INTO STATUTE RATHER THAN BEING DONE THROUGH BOARD ADOPTED REGULATION?

QUESTION #7 FOR COMDA: *Would codifying the authorized duties of various dental auxiliaries be beneficial? Would codification alleviate problems of illegal delegation and performance of dental auxiliary duties? Would it protect those duties from unreasonable changes, contraction or expansion? Would codification have any negative effects – such as making necessary changes unreasonably difficult, time consuming, or costly?*

BACKGROUND: This issue was raised by the California Dental Hygienists Association (CDHA). Currently, the Dental Practice Act provides that the permissible duties of unlicensed dental assistants, licensed Registered Dental Assistants, and licensed Registered Dental Hygienists are to be specified by the Dental Board through its regulations. Concerns have been raised by both classifications of dental auxiliaries that a problem exists that the dental duties authorized for one classification are being delegated to unlicensed dental assistants or a classification that is not authorized to perform those duties. CDHA noted in its own sunset review report that codifying the dental duties that are currently specified only in board regulation would have insured that the duties authorized for a Registered Dental Hygienist could not be delegated to individuals with less education.

Another concern expressed by CDHA, as well as the California Dental Assistants Association was their belief that the dentist majority on the Dental Board exercises too much control over the permissible functions of dental auxiliaries. The CDHA believes that moving the RDH duties into statute would have eliminated the control over the dental hygiene profession by the dentist majority on the Dental Board. CDHA noted that SB 1215 (Perata) introduced during the 1990-2000 Session would have provided for such codification.

Codification arguably would make it more difficult to change what duties are delegable to what category of dental auxiliary since it would require legislative enactment to create any change. However, if all dental hygienist or dental auxiliary duties were to be codified as a rule, any changes, including adding appropriate new duties might be more time consuming and burdensome since each and every one of those would also appear to require future legislative enactment. Would such codification be too inflexible to make needed changes in dental duties and technology?

PRELIMINARY RECOMMENDATION: ***No recommendation at this time.***

ISSUE #8: SHOULD THE WORK EXPERIENCE REQUIREMENT FOR THE ON-THE-JOB TRAINING TRACK TO BECOMING A REGISTERED DENTAL ASSISTANT (RDA) BE REDUCED FROM 18 TO 12 MONTHS, SO THAT IT WILL MORE CLOSELY MATCH THE 8 MONTH TIME COMMITMENT FOR THE ALTERNATIVE TRACK THAT REQUIRES AN APPLICANT TO SUCCESSFULLY COMPLETE A DENTAL BOARD-APPROVED EDUCATIONAL PROGRAM OF APPROXIMATELY 8 MONTHS DURATION?

QUESTION #8 FOR COMDA: *Notwithstanding the issue of time parity, will the reduction affect the education and training parity between the two different training tracks? Why won't reducing by one-third the on-the-job training requirement seriously compromise the quality of training acquired by the trainee (unlicensed dental assistant)?*

BACKGROUND: Currently, applicants for the Registered Dental Assistant (RDA) license must either complete a Dental Board-approved educational program of approximately 8 months duration or have 18 months of qualifying work experience with a licensed dentist in the United States. COMDA

states that it and the Dental Board believe that only 12 months of work experience rather than 18 months would provide a more equitable time commitment between the two tracks for RDA license qualification and provide sufficient experience for that qualification.

PRELIMINARY RECOMMENDATION: ***No recommendation at this time.***

ISSUE #9: SHOULD NEW APPLICANTS FOR LICENSURE AS AN RDA BE REQUIRED TO SUCCESSFULLY COMPLETE APPROVED COURSES IN RADIATION SAFETY AND CORONAL POLISHING PRIOR TO LICENSING, AND SHOULD EXISTING RDAS WHO HAVE NOT TAKEN THOSE COURSES BE REQUIRED TO DO SO WITHIN A SPECIFIED TIME FRAME?

Question #9 for COMDA: *What evidence is there for the need to require education in these two particular subjects? Should either of these courses also be required of unlicensed dental assistants?*

BACKGROUND: COMDA states that while it and the Dental Board agree that 12 months rather than 18 months of qualifying work experience is appropriate to qualify to become a RDA, they also believe that new RDA license applicants should be required to complete approved courses in radiation safety and coronal polishing prior to being licensed as an RDA. Further, COMDA states that both agencies also believe that existing RDA licensees should be required to take such courses within a specified period of time. COMDA points out that some RDAs must take these courses now if they wish to perform those services – but that this lead to a confusing array of RDAs some who can or cannot perform either or both of these services. It is argued that requiring all RDAs to have such education would improve consumer protection by eliminating the performance of these potentially hazardous duties by untrained, unlicensed auxiliaries. However, since COMDA's proposal appears to apply only to RDA licensure qualification or license maintenance, and not specifically to unlicensed dental assistants – it is not clear how the proposal would affect the performance of these duties by unlicensed personnel.

PRELIMINARY RECOMMENDATION: ***No recommendation at this time.***

ISSUE #10: SHOULD ALL DENTAL ASSISTANTS BE REQUIRED TO BE LICENSED; OR SHOULD THE PERFORMANCE OF ALL INTRA-ORAL INVASIVE PROCEDURES THAT UNLICENSED DENTAL ASSISTANTS CURRENTLY MAY PROVIDE BE LIMITED TO JUST LICENSED DENTAL AUXILIARIES OR DENTISTS?

Question #10 for COMDA: *Is there evidence of a lack of competency to perform the duties in question by unlicensed dental assistants working under the supervision of a dentist.*

BACKGROUND: This issue was raised by the California Dental Assistants Association (CDAA) Currently, in addition to the licensed dental assistants and dental hygienists, there are unlicensed dental assistants working in dental offices who are permitted to perform basic supportive dental procedures specified by Dental Board regulation that are performed under the supervision of a licensed dentist. There generally are no educational, training, or examination prerequisites to become an unlicensed

dental assistant – which is considered to be a kind of apprentice-like position where a person can obtain on-the-job training with which to qualify to be able to become a registered dental assistant.

The board's regulations specify that the supportive dental procedures authorized to be performed by an unlicensed dental assistant and that are considered "invasive" or intra-oral (inside a patient's mouth) are required to be performed under the "direct supervision" of a licensed dentist (i.e. the dentist must be physically present in the facility during the performance of the procedures). Further, those dental assistant duties also must be pursuant to the order, control and full professional responsibility of the supervising dentist, and the procedures also must be checked and approved by the supervising dentist prior to the dismissal of the patient from the dentist's office.

However, CDAA states that it is common knowledge that dentists often allow their auxiliaries to perform duties that are not within the scope of their practice or training. Further, a random survey of 410 unlicensed dental assistants commissioned by the CDAA and the California Association of Dental Assisting Teachers (CADAT) indicates that those unlicensed dental assistants were frequently directed by their supervising dentist to perform duties that are required to be performed by, and limited to, either registered dental assistants, registered dental hygienists, or in some cases only licensed dentists. The CDAA believes that there is much confusion for the public, the profession, and even COMDA and the Dental Board members as to what duties may be delegated to the various auxiliary categories – unlicensed and licensed. CDAA believes that requiring all intra-oral duties to be performed by licensed personnel would both clarify the situation and that these procedures are being provided by a person with at least minimum training and competency. CDAA believes that this change is important for the safety of dental patients.

PRELIMINARY RECOMMENDATION: ***No recommendation at this time.***