

BOARD OF DENTAL EXAMINERS  
Professional & Vocational Licensing Division  
Department of Commerce and Consumer Affairs  
State of Hawaii

MINUTES OF COMMITTEE MEETINGS  
Rules Committee

The agenda for this meeting was filed with the Office of the Lieutenant Governor, as required by Section 92-7(b), Hawaii Revised Statutes ("HRS").

- Date: Monday, September 21, 2015
- Time: Immediately Following Board of Dental Examiners Meeting
- Place: Queen Liliuokalani Conference Room  
King Kalakaua Building  
335 Merchant Street, 1st Floor  
Honolulu, Hawaii 96813
- Present: Paul Guevara, D.M.D., M.D.S., Committee Chair, Dental Member  
Garrett Ota, D.D.S., Dental Member  
Earl Hasegawa, D.M.D., Dental Member  
Rodney Ching, Public Member  
Janet Primiano, R.D.H., M.P.H., Dental Hygiene Member  
James Kobashigawa, Executive Officer  
Sandra Matsushima, Executive Officer  
Daniel Jacob, Deputy Attorney General
- Excused: Mark Chun, D.M.D., Dental Member
- Guests: Joy Shimabuku, Public Member  
Marianne Timmerman, R.D.H., Dental Hygiene Member  
Candace Wada, D.D.S., Dental Member  
Noelani R.E.T.G. Greene, Hawaii Dental Hygienists' Association  
("HDHA")  
Gerraine Hignite, Hawaii Dental Hygienists' Association ("HDHA")  
Ellie Miyashiro, Hawaii Dental Hygienists' Association ("HDHA")  
Diane Brucato Thomas, Hawaii Dental Hygienists' Association  
("HDHA")  
Loren Leibling, Hawaii Dental Association ("HDA")  
Steve Wilhite, Hawaii Dental Association ("HDA")
- Call to Order: Chair Guevara called the meeting to order at 10:15 a.m.

Additions/Revisions            None  
To Agenda:

### **Discussion on Minimal Sedation**

Dr. Hasegawa discussed the definition of minimal sedation as referenced in the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students.

The ADA definition reads:

“minimal sedation — a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

Note: In accord with this particular definition, the drug(s) and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation.

When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use.

The use of preoperative sedatives for children (aged 12 and under) prior to arrival in the dental office, except in extraordinary situations, must be avoided due to the risk of unobserved respiratory obstruction during transport by untrained individuals.

Children (aged 12 and under) can become moderately sedated despite the intended level of minimal sedation; should this occur, the guidelines for moderate sedation apply.

For children 12 years of age and under, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.

Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation.

Nitrous oxide/oxygen when used in combination with sedative agent(s) may produce minimal, moderate, deep sedation or general anesthesia “

Dr. Hasegawa noted that in HAR §16-79-77 the word “or” may be what the previous Board intended by having stricter guidelines for minimal sedation. Although the Board now proposes to change the word from “or” to “and”, thereby allowing the administration of nitrous oxide and a single oral sedative medication, as referenced in the ADA guidelines. Dr. Hasegawa added that the Board should consider the higher guidelines as some states require stricter guidelines since minimal is really minimal and at times, the patient can easily slip from minimal to moderate quickly. He suggested that the proposed language which references that ADA guidelines be followed, as in §16-79-78 of Draft 10, should also be placed in §16-79-77.

By consensus, the Committee decided to use the ADA’s definition of minimal sedation in the new draft rules amendment under §16-79-75 Definitions. Also, that the proposed language which references that ADA guidelines be followed, as in §16-79-78 of Draft 10, be placed in §16-79-77 of the new draft.

Mr. Leibling asked whether the HDA would have an opportunity to comment on the proposed language for the new draft.

Chair Guevara replied yes, they will have an opportunity to comment.

Mr. Ching suggested that the language not be too specific as future changes to the ADA Guidelines would require subsequent changes to the rules as well.

Chair Guevara noted that the proposed language would refer to “current” ADA guidelines.

### **Discussion on Allowable Duties for Dental Assistants**

Chair Guevara stated that the Board had previously discussed this inquiry but referred it to the Committee for further discussion.

The Board received an email earlier this year noting that medical assistants were to apply fluoride varnish on “Kids Smile Day” at a community health center. The question is “...if in the medical world, the application of topical fluoride is approved to be applied by auxiliary medical personnel after attending a webinar, why is it that an auxiliary (dental assistant) who would typically be working in a dental environment, be forbidden to perform the same task?”

Ms. Primiano noted that if permissible by law, she would recommend expanded duty training by the supervising dentist.

Ms. Brucato Thomas stated that it appears that the dental assistant cannot perform the duties of the dental hygienist and referenced §447-3 (b) HRS and §79-69.5 HAR.

Mr. Jacob, Deputy Attorney General, noted that he would need to further review the dental law and also the medical laws. He will do research and report back to the Committee.

Mr. Kobashigawa noted that it may be possible that the medical statute allows medical assistants to perform some duties. He asked if the Committee would consider allowing a dental assistant to apply fluoride varnish with proper training?

The Committee replied yes.

Ms. Brucato Thomas noted that the HDHA believes it is a good thing, however, only the hygienists should be applying it, as a public safety concern.

Ms. Primiano stated that Hawaii has the highest rate of dental caries among children in the Nation. Recent research found that fluoride varnish helps to prevent and slow down the decay process. Fluoride varnish is also used for the adult and elderly population in preventing decay and root caries. Dr. Fujii from the Waianae Coast Comprehensive Health Center may have limited resources and staffing. Fluoride varnish is a public health benefit. It is a preventive measure in efforts to lower the decay rate among the people of Hawaii.

Chair Guevara noted that the Committee will take into account this discussion and will wait for the Deputy Attorney General to complete his research and report back to the Committee.

### **Discussion on Conducting CE Pre-Audits for Renewals**

Ms. Matsushima requested consideration of conducting a “pre-audit” (rather than a “post-audit”) of the required CE for dentist and dental hygienist license renewal. She distributed a draft letter which would notify the licensees of their selection to the random audit.

Ms. Matsushima stated that the pre-audit would be conducted prior to the 2018 license renewal period. Approximately 3 months prior to the renewal deadline, the notice would be mailed to the licensee who has been selected in the random audit.

All licensees on the random audit list will not be able to renew their license electronically on-line. Rather, they would need to complete their CEs and submit them together with a hard copy renewal form. Upon approval of their CE courses, their license will be renewed.

Ms. Matsushima stated that the Medical Board has been conducting their audits under this method and have not had any issues with the pre-audit. Ms. Matsushima believes that this method would be more efficient and save time. She added that with the new ethics requirement, this method would also assure that licensees are complying with the current laws.

The Committee agreed to this concept.

Mr. Leibling commented that this was a great idea and that the HDA would be glad to assist. He added that with today's technology, the HDA could look into the possibility of creating a CE database.

After some discussion, Chair Guevara adjourned the meeting at 11:30 a.m.

Respectfully submitted by:

/s/ Sandra Matsushima  
Sandra Matsushima  
Executive Officer

- Minutes approved as is.  
 Minutes approved with changes; see minutes of \_\_\_\_\_.