

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: Tuesday, June 21, 2016

Time: 12:00 p.m.

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., Rules Committee Chair
Mark Chun, D.M.D., Dental Member
Rodney Ching, Public Member
James Kobashigawa, Executive Officer
Sandra Matsushima, Executive Officer
Daniel Jacob, Deputy Attorney General
Lisa Kalani, Secretary

Via Teleconference

Janet Primiano, R.D.H., Dental Hygiene Member
Garrett Ota, D.D.S., Dental Member
Earl Hasegawa, D.M.D., Dental Member

Guests: Diane Brucato, RDH, EF, BS, FAADH, Hawaii Dental Hygienists'
Association ("HDHA")
Loren Leibling, Hawaii Dental Association ("HDA")
Gayle Chang, Hawaii Dental Hygienists' Association ("HDHA")
Ellie Kelley-Miyashiro, Hawaii Dental Hygienists' Association
("HDHA")

Call to Order: Rules Committee Chair Guevara called the meeting to order at
12:07 p.m.

Discussion on Possible Amendments to Chapter 79, Hawaii Administrative Rules (“HAR”)

- §16-79-142 Approved sponsoring organizations.

Rules Committee Chair Guevara read the proposed amendments to section §16-79-142 as follows:

(16) State dental associations and their component dental societies; ~~and~~

(17) State dental hygienists’ associations and their components [.] ;

(18) The United States armed forces; and

(19) The United State Department of Veterans Affairs.

Mr. Ching asked regarding the word “components”, what does that mean?

Ms. Chang stated there is a state association and the components would be the different islands.

Mr. Ching asked if they are called components?

Ms. Chang replied, yes they are.

Mr. Jacobs stated the way this is written it would permit other state associations also.

Ms. Matsushima stated other state associations are permitted.

It was the consensus of the Rules Committee to present the amendment to the Board as proposed.

- §16-79-141 Continuing education categories.

Rules Committee Chair Guevara read the proposed amendments to section §16-79-141 as follows:

(3) Didactic, clinical or non-clinical oral health instructor’s hours;

~~[shall be limited to a maximum of two CE hours per biennium; and]~~

(A) Instructors providing CE courses shall earn two CE hours per hour of instruction up to a maximum of eight CE hours per biennium; and

(B) Instructors providing training to students enrolled in a program that is accredited by the American Dental Association's Commission on Dental Accreditation (CODA) shall receive one CE hour per sixteen hours of instruction, not to exceed eight CE hours per biennium. The hours of participation shall be confirmed by the educational institution and submitted to the dentist in certificate form designating the CE hours earned.

Dr. Hasegawa stated the Board had also discussed adding language for the ethics courses, so that the ethics CE's would not be counted toward the non-clinical education hours.

Ms. Matsushima asked if language could be added under (d) of this same section that the ethics courses can be added?

Dr. Hasegawa stated perhaps we could have the same amount of non-live hours but exclude ethics?

Mr. Kobashigawa stated if you look at the current proposed rules that were approved at the March public hearing, it does not specify the ethics courses as clinical or non-clinical. They are just courses that must be taken.

Ms. Matsushima stated but if they are correspondence courses, it would count toward the "not more than eight CE hours" of correspondence courses.

Ms. Primiano joined the meeting via teleconference 12:19 p.m.

Rules Committee Chair Guevara stated we will present this to the Board at the next meeting to come up with language for the CE hours of ethics courses.

It was the consensus of the Rules Committee to present the amendment to the Board as proposed.

Ms. Matsushima stated under this same section there was a proposal from Dr. Hasegawa for CE credits for ACLS and PALS courses.

Rules Committee Chair Guevara read the proposal and background information submitted by Dr. Hasegawa as follows:

1. *Hawaii now requires Advanced Cardiac Life Support (ACLS) and Pediatric Advance Life Support (PALS) where appropriate for moderate and deep sedation/general anesthesia licensure.*
 - a. *The courses must be renewed every two years.*
 - b. *The American Heart Association is the main sponsor for the courses.*
 - i. *9.75 hours are awarded for ACLES*
 - ii. *10.25 hours are awarded for PALS*
 - c. *The courses may be totally live or taken online with a short hands-on component.*
2. *In reviewing 11 states' rules (Alaska, Arizona, California, Florida, Idaho, Maryland, Montana, Nevada, New York, Oregon, Texas, and Washington)*
 - a. *6 states allowed the credits to be used totally or partially toward CE requirements*
 - i. *8 hours for Montana*
 - ii. *12 hours for initial certification and 6 hours for renewal for New York*
 - b. *3 states did not allow the credits to be used (California, Florida, and Idaho)*
 - c. *2 states could not be determine*
3. *I would like to propose that the board allow the credits earned in ACLS and PALS courses up to a maximum of 10 live credit hours to be used toward a dentist's CE requirements. If a dentist is certified on both ACLS and PALS, a total of 20 credits may be earned as they are two separate courses.*
4. *In checking with the AHA, no credit hours are given for BLS for Healthcare Providers courses.*

Dr. Chun stated this is a good thing for those that do have to take these courses.

Mr. Liebling stated if you're going to require it, you should give credit for it.

Mr. Kobashigawa asked if it is the same amount of hours for the renewal course?

Dr. Hasegawa stated no, the initial course is more.

Mr. Ching stated he is not opposed to giving credit, however this would be narrowed to only life support, and he thought the purpose of continuing education was to keep everyone abreast of the current developments in oral health and other aspects of the practice. I believe life support is very important, but 20 hours out of the 32 hours is a large amount

Dr. Hasegawa stated not everyone will take 20 hours because most will only do one of the courses, but we could compromise on the hours.

Dr. Chun asked why would you compromise because you have to do this in order to be certified in anesthesia?

Dr. Hasegawa stated he agrees, but there are other states out there that don't give the full amount and we could possibly do the same. We could also go with the number of hours it says on the certificate.

Rules Committee Chair Guevara stated that going with the number of hours on the certificate may be the safest.

Ms. Brucato stated that Mr. Ching basically said what she was going to say in that she sees the importance of life support, but at the same time she is concerned that people will not be continuing their education by not taking courses in other subjects because they already have all their credits. She does not have the answer to this, but maybe it should be investigated more before a decision is made.

Mr. Liebling stated considering the history around this issue he does not think we should cut any corners. If the provider is saying it was 9.5 hours, then we should give 9.5 hours. If not all the hours are accepted, we are giving them incentive to not take the full class and that is counterintuitive. Another thing is in the current proposed rules that were just approved, requires healthcare provider courses, but you retained the 4 hours given for CPR, and healthcare provider is a much longer course.

Mr. Kobashigawa stated you'll want to be consistent when giving credit whether it be for ACLS, PALS, or BLS.

Mr. Liebling stated you could take a radical approach and just take CPR out of the number of hours required and just say you have to do the appropriate CPR or life support course and submit a copy of your current card.

Rules Committee Chair Guevara stated these are all valid points that we will take into consideration and we will be discussing this further before a decision is made.

- §16-79-78 Administration of general anesthesia and sedation.

Rules Committee Chair Guevara read the proposed amendments to section §16-79-78 as follows:

(3) Facilities and staff requirements. Applicant has a properly equipped facility for the administration of general anesthesia, deep sedation, or moderate (conscious) sedation staffed with a supervised team of auxiliary personnel capable of reasonably handling anesthesia procedures, problems, and emergencies incident thereto. A properly equipped facility shall have everything required or recommended by the [The] current ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists and the current American Association of Oral and Maxillofacial Surgery Office Anesthesia Evaluation Manual. ~~[are referenced as minimum standards of care. Adequacy of the facility and competence of the anesthesia team may be determined by the consultants appointed by the board as outlined below in this chapter.]~~

Ms. Matsushima stated this may be too broad of a statement, and we're not sure how we can attach the anesthesia checklist.

Mr. Jacob stated you could attach it as an exhibit. There are two different things addressed by what was just read by the Chair. One is the element that involves the personnel capable of reasonably handling anesthesia, and the other is the facility. To be clear, it would be best to separate the two.

Dr. Ota left the meeting 12:54 p.m.

The following agenda item was moved as the next order of business:

Executive
Session:

At 12:54 p.m., it was moved by Rules Committee Chair Guevara, seconded by Mr. Ching, and unanimously carried to enter into executive session pursuant to HRS §§ 92-4 and 92-5(a)(4) to consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities, and liabilities.

Guests were excused from the meeting room

At 1:24 p.m., it was moved by Rules Committee Chair Guevara, seconded by Dr. Chun, and unanimously carried to move out of executive session.

The following agenda item was moved as the next order of business:

- §16-79-78 Administration of general anesthesia and sedation.

Rules Committee Chair Guevara stated after the Committees' discussion in Executive Session, they will be revisiting the checklist. Therefore, the consensus of the Committee is they will not be presenting the proposal to the Board as read previously.

- §16-79-69.1 Allowable duties and training for a dental assistant.

Rules Committee Chair Guevara read the proposed amendments to section §16-79-69.1 as follows:

(16) Performing a try-in with any removable prosthetic or orthodontic appliance, provided the supervising licensed dentist makes the adjustments[.] ; and

(17) Apply fluoride in any manner deemed appropriate by the ADA in a unit dose approved by the supervising dentist or in an amount pre-measured by the supervising dentist.

Mr. Jacob stated in (16) as it states "supervising licensed dentist", it may be appropriate to put that in (17) as well.

Ms. Brucato asked if an unlicensed dentist can supervise?

Mr. Kobashigawa stated it would just be added for consistency.

It was the consensus of the Rules Committee to present the amendment to the Board as proposed.

- §16-79-69.5 Prohibited duties of dental assistants.

Rules Committee Chair Guevara read the proposed amendments to section §16-79-69.5 as follows:

A dental assistant shall not perform the following intra-oral functions or any other activity deemed to be irreversible as to cause change in the affected hard or soft tissues and is permanent or may require reconstruction or corrective procedures [~~;- and any other activity which represents the practice of dentistry and dental hygiene or requires the knowledge, skill, and training of a licensed dentist or licensed dental hygienist~~]:

Mr. Ching stated “deemed to be irreversible”, “and is permanent”, isn’t that the same thing?

Mr. Jacob stated he didn’t think of that, but you could probably remove “and is permanent” and it would be ok.

Dr. Chun stated before this issue was raised, was the gist of the meaning of this sentence understood?

Rules Committee Chair Guevara stated he was okay with it.

It was the consensus of the Rules Committee to present the amendment to the Board as proposed.

Discussion on the following was deferred.

- §16-79-149 Retention of dental records.
- §16-79-150 Availability of dental records.

Botox and dermal fillers.

Discussion on this agenda item was deferred.

Adjournment: With no further business to discuss, Rules Committee Chair Guevara adjourned the meeting at 1:40 p.m.

Reviewed and approved by:

Taken and recorded by:

/s/ Sandra Matsushima
Sandra Matsushima
Executive Officer

/s/ Lisa Kalani
Lisa Kalani, Secretary

SM:lk

[] Minutes approved as is.

[] Minutes approved with changes; see minutes of 7/18/16.