

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, July 18, 2016

Time: Immediately Following Board 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., Rules Committee Chair
Mark Chun, D.M.D., Dental Member
Rodney Ching, Public Member
Janet Primiano, R.D.H., Dental Hygiene Member
Garrett Ota, D.D.S., Dental Member
Earl Hasegawa, D.M.D., Dental Member
James Kobashigawa, Executive Officer
Sandra Matsushima, Executive Officer
Daniel Jacob, Deputy Attorney General
Lisa Kalani, Secretary

Guests: Ellie Miyashiro, Hawaii Dental Hygienists' Association ("HDHA")
Gerraine, Hignite, Hawaii Dental Hygienist' Association ("HDHA")
Coy Rebmann, D.D.S.
Marianne Timmerman, R.D.H.

Call to Order: Rules Committee Chair Guevara called the meeting to order at 10:57 a.m.

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

- ✓ Proposed 16-79-149 Retention of dental records
- ✓ Proposed 16-79-150 Availability of dental records

Ms. Matsushima stated she mirrored the language from the Medical records statute and replaced it with Dental.

Dr. Hasegawa asked how the proposed revisions for this section came about?

Rules Committee Chair Guevara stated right now there is nothing in the rules about how long dental records should be kept. Right now it is our insurance companies that provide guidelines on how long we should keep our records.

Dr. Hasegawa asked if this amendment is necessary?

Mr. Kobashigawa stated he receives a lot of inquiries asking what the requirements are.

Dr. Hasegawa asked how would the dentist be “liable” for the preservation of basic information from the dental record for twenty-five years after the last entry?

Dr. Chun stated this is something as dentist we already do.

Mr. Jacob stated every dentist is going to be subject to standard of care. There is an argument that you may already be liable in the event you were to destroy patient records.

Rules Committee Chair Guevara stated there is some contradiction in this draft because in section 16-79-149 (d) it says, Dental records may be destroyed after the seven-year retention period, but then in section 16-79-149 (e) it says, The dentist, or the dentist’s successor, shall be liable for the preservation of basic information from the dental record for twenty-five years after the last entry.

Mr. Kobashigawa stated it is saying you can destroy a record, but you still have to maintain basic information.

Rules Committee Chair Guevara stated it does not make sense.

Mr. Kobashigawa stated basic information is the patient's name, birthdate, list of diagnosis, treatments, and a record of all drugs prescribed.

Rules Committee Chair Guevara stated this may be something that we need to refer to a Sub-Committee to do the language for this.

Dr. Chun asked if we know what other states have in their rules?

Ms. Matsushima stated no, she just copied this language from the Hawaii Medical records statute. However, she can check other states rules.

Mr. Jacob stated he will consult with the Medical Board DAG as to the language in the Medical Board rules.

Dr. Chun asked do we really have to add this? What is the purpose?

Further discussion and recommendation was deferred pending information from Ms. Matsushima and Mr. Jacob.

✓ Proposed 16-79-141.5 Ethics

Ms. Matsushima stated the Board approved the proposed language for 16-79-141 this morning, but the Committee will now be discussing 16-79-141.5 Ethics.

Rules Committee Chair Guevara read the proposed amendments to section §16-79-141.5 as follows:

16-79-141.5 Ethics. (a) In addition to the continuing education requirements, dentists shall complete ethics courses of at least three hours per year.

(b) Dental hygienists shall complete ethics courses of at least two hours per biennium.

(c) All ethics courses must be approved by the board. Sponsoring organizations who are not listed in section 16-79-142, shall be

required to apply to the board on a form prescribed by the board prior to the course event. The sponsoring organization shall comply with all requirements, policies, and standards set forth by the board.

(1) A detailed outline which provides course content, total hours of the course, and clearly breaks down the amount of time spend on each portion of the course; and

(2) A curriculum vitae of each instructor of the course.

(d) A certificate of attendance shall be issued to each attendee and include the following:

(1) Name of sponsoring organization;

(2) Course or program title and date;

(3) Course or program approved number;

(4) Number of ethics hours; and

(5) Name of attendee.

Rules Committee Chair Guevara clarified that this a new section being proposed.

Dr. Ota clarified, this way dentists can take the ethics courses online, and they will not count toward the eight non-clinical CE courses.

Ms. Matsushima stated yes.

Rules Committee Chair Guevara suggested adding the American College of Dentist and the International College of Dentist to the list of approved providers in section 16-79-142.

Mr. Jacob stated if you add those to section 16-79-142 that will be applicable to all continuing education.

After a brief discussion, it was the consensus of the Rules Committee to present the amendment to the Board as proposed and add the American College of Dentist and the International College of Dentist to the list of approved providers in section 16-79-142.

Ms. Matsushima stated since the Committee is on the subject of continuing education, she would like to discuss the issue of CE hours given for PALS, BLS, CPR, etc.

Rules Committee Chair Guevara asked the Committee how many hours would they like to propose to the Board be allowed for CE credits?

Dr. Hasegawa stated he is not sure if the American Heart Association (“AHA”) is giving credits for their courses, the last time he checked they were not giving any. They have also changed their language, CPR courses are for lay people and BLS is for healthcare providers. They no longer specify BLS *for* healthcare providers.

Rules Committee Chair Guevara stated his wife is a BLS instructor and she says the course is allocated 6-8 hours. It includes training, hands-on and an exam. Currently, the Board gives 4 hours for completion of CPR. Now for the dentists who have the sedation permit, they are required to complete PALS and/or ACLS, which is a large amount of hours.

Dr. Hasegawa stated some states do not even give CE credit for CPR.

Mr. Kobashigawa stated at the last discussion, Mr. Leibling at the end of the discussion had suggested that.

Rules Committee Chair Guevara stated this is going to affect only a small group of licensees. So how many hours should be given? If any.

Dr. Chun stated BLS should be kept at the current 4 hours.

Ms. Matsushima stated, yes we’re keeping BLS at 4 hours. It is the ACLS and PALS that are in question.

Dr. Ota stated right now 4 hours is given for BLS that is applied toward the 32 required CE hours. For ACLS and PALS, you are looking at an average of 8-10 hours per course. So we could give a maximum of 8 hours for ACLS and/or PALS?

Dr. Chun agreed with Dr. Ota.

Mr. Ching stated he wants to reiterate what he said at the last meeting, that 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. To carve out 8 hours from the 32 hours, it takes away from other elements of CE. We already allow 4 hours for BLS, why not just leave it at 4 hours regardless of whether you take PALS, ACLS, or BLS.

Dr. Ota stated BLS is a prerequisite to PALS so you're actually taking both, for a total of 12 hours.

Rules Committee Chair Guevara stated all the courses are separate. So to recap, CPR, which is now called BLS, is still 4 hours, which can be part of your 32 hours; that is not changing. PALS and ACLS courses which is what those that are doing sedation must take are 8-10 hours per course. Based on today's discussion, it sounds like we want to give 8 hours for PALS and/or ACLS. So with BLS and PALS or ACLS, that would be 12 hours total given toward the 32 hours requirement. My other suggestion is, BLS, ACLS, PALS, no more than a maximum of 8 hours and a minimum of 4 hours if only BLS.

Mr. Kobashigawa asked would you like to increase the BLS from 4 to 6 hours?

Ms. Matsushima asked if we up BLS to 6 hours, what should be given for ACLS and/or PALS?

Mr. Kobashigawa stated if you have to take all 3 courses, you are talking about upwards of 26 hours.

Dr. Chun stated it would be only for a handful of people.

Rules Committee Chair Guevara stated based on what everyone is saying, we need to piece it together and come up with some numbers.

After further discussion, it was moved by Dr. Ota, seconded by Ms. Primiano to recommend 6 CE hours be given for completion of ACLS and/or PALS. BLS shall remain the same at 4 CE hours. All hours to be counted toward the total 32 CE hours requirement.

✓ Botox and dermal fillers

The Committee reviewed the Board's July 2013 position statement regarding Botox and dermal fillers as follows:

The use of Botox is within the scope of practice of dentistry as defined in Chapter 448, Hawaii Revised Statutes ("HRS"). Licensed dentists in Hawaii are allowed to utilize Botox specifically for the treatment of TMD/myofascial pain or other conditions affecting the oral cavity and associated structures as specified in §448.1, HRS. Dental practitioners are required to receive appropriate training and acquire the necessary knowledge, skills, and expertise to provide this service in a safe and efficacious manner. Additionally, they should confer with their dental insurance carrier to determine if malpractice coverage for this procedure exists.

The use and placement of dermal fillers by licensed dentists in Hawaii is also within the scope of practice of dentistry. Dermal fillers may be utilized to treat conditions within the oral cavity. Licensed dentists should confer with their dental insurance carrier to determine if malpractice coverage for this procedure exists.

The use of Botox and placement of dermal fillers must be completed by the licensed dentist possessing the appropriate training, knowledge, and skill set. It cannot be delegated to a dental hygienist or dental assistant.

Dermal fillers may be utilized by general practice dentists provided these treatments are specifically reserved only for intraoral conditions/procedures. Those oral maxillofacial surgeons possessing advanced training in cosmetic maxillofacial surgery may utilize dermal fillers for cosmetic type procedures.

Rules Committee Chair Guevara stated the reason the Committee is revisiting this topic is due to correspondence received from the

Korean Dental Association in regards to litigation they have going on.

Dr. Hasegawa stated the name Botox is a brand, so the only he would consider changing is the name of the drug to its actual name of botulinum toxin A, just for clarification.

After a brief discussion, it was the consensus of the Rules Committee to recommend leaving the position statement as is, but consider changing the name Botox to botulinum toxin A for clarification.

Adjournment:

With no further business to discuss, Rules Committee Chair Guevara adjourned the meeting at 12:09 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

8/18/16

Minutes approved as is.

Minutes approved with changes; see minutes of _____.