

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

MINUTES OF MEETING

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, January 22, 2018

Time: 9:00 a.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., Chair, Dental Member
Candace Wada, D.D.S., Vice Chair, Dental Member
Pearl Arrington, R.D.H., Dental Hygiene Member
Mark Chun, D.M.D., Dental Member
Staphe Fujimoto, D.D.S., Dental Member
Earl Hasegawa, D.D.S., Dental Member
Dennis Nagata, D.D.S., Dental Member
Garrett Ota, D.D.S., Dental Member
Coy Rebmann, D.D.S., Dental Member
Joy B. Y. Shimabuku, Public Member
Sharon Tanaka, Public Member
Marianne Timmerman, R.D.H., Dental Hygiene Member
Bryan Yee, Esq., Supervising DAG
Sandra Matsushima, Executive Officer ("EO")
James Kobashigawa, EO
Terry Akasaka-Toyama, Secretary

Guests: Ellie Kelley-Miyashiro, Hawaii Dental Hygienists' Association ("HDHA")
Kim Nguyen, Hawaii Dental Association ("HDA")
Dayton Lum, HDA
Joseph P. Mayer, Jr., D.D.S.
Danny Cup Choy, Hawaii Public Policy Advocates, LLC ("HPPA")
Robin Williams, Hawaii Medical Service Association ("HMSA")
Kathy Oide, HMSA
Melissa Pavlicek, HDA

1. Call to Order: There being a quorum present, Chair Guevara called the meeting to order at 9:00 a.m.

At this time, Chair Guevara announced the Board's procedural format for agenda matters and that the meeting will end no later than 1:00 p.m.

2. Approval of Board Meeting Minutes and Executive Session Minutes of November 20, 2017:

Chair Guevara called for a motion to approve the Board meeting minutes of November 20, 2017.

It was moved by Dr. Wada, seconded by Dr. Fujimoto, and unanimously carried to approve the November 20, 2017 Board meeting minutes as circulated.

Chair Guevara called for a motion to approve the executive session minutes of the November 20, 2017 meeting.

It was moved by Ms. Shimabuku, seconded by Dr. Ota, and unanimously carried to approve the November 20, 2017 executive session meeting minutes as circulated.

3. Board Member Training: Executive Session:

For the Board's information, DAG Yee reported that a request was received from the Office of Information Practices for a copy of the Board's executive session minutes from the September 18, 2017 meeting.

DAG Yee then gave a brief explanation of the Sunshine law requirements such as giving due notice on the meeting agenda to afford the public the opportunity to attend the meeting or to provide comments on matters placed on the agenda.

DAG Yee proceeded to explain the basics of an executive session where the Board can discuss matters privately with the DAG as cited in section §92-5(a), HRS as follows:

"§92-5 Exceptions. (a) A board may hold a meeting closed to the public pursuant to section 92-4 for one or more of the following purposes:

- (1) To consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both;
- (2) To consider the hire, evaluation, dismissal, or discipline of an officer or employee or of charges brought against the officer or employee, where consideration of matters affecting privacy will be involved; provided that if the individual concerned requests an open meeting, an open meeting shall be held;

- (3) To deliberate concerning the authority of persons designated by the board to conduct labor negotiations or to negotiate the acquisition of public property, or during the conduct of such negotiations;
- (4) To consultant with the board's attorney on questions and issues pertaining to the board's powers, duties, privileges, immunities, and liabilities;
- (5) To investigate proceedings regarding criminal misconduct;
- (6) To consider sensitive matters related to public safety or security;
- (7) To consider matters relating to the solicitation and acceptance of private donations; and
- (8) To deliberate or make a decision upon a matter that requires the consideration of information that must be kept confidential pursuant to a state or federal law, or a court order."

When going into executive session, it is important to cite the proper section(s) and to discuss only those matters covered by the basis for going into executive session, such as asking for or giving information to the DAG, and not engage in a discussion not covered by the basis for going into executive session.

4. Applications:
- a. Renewal of Dental Licenses for:
 - Callisto Rojas, D.M.D.
 - Grace Chen, D.D.S.
 - Jun de los Reyes, D.D.S.

(It was noted that there was a typographical error of a period in Dr. de los Reyes' name on the agenda)

Executive Session:

At 9:18 a.m., it was moved by Dr. Fujimoto, seconded by Ms. Shimabuku, and unanimously carried (by roll call with Chair Guevara, Vice Chair Wada, Ms. Arrington, Dr. Chun, Dr. Fujimoto, Dr. Hasegawa, Dr. Nagata, Dr. Ota, Dr. Rebmann, Ms. Shimabuku, Ms. Tanaka, and Ms. Timmerman voting aye) to move into executive session pursuant to §92-5(a)(1), HRS, to consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section HRS §26-9 or both.

Guests were excused from the meeting room.

At 10:00 a.m., it was moved by Dr. Fujimoto, seconded by Dr. Wada, and unanimously carried to move out of executive session.

4. Applications: a. Renewal of Dental Licenses for:

- Callisto Rojas D.M.D.

It was moved by Dr. Fujimoto, seconded by Ms. Shimabuku, and unanimously carried to renew Dr. Rojas' dentist license effective January 1, 2018.

- Grace Chen, D.D.S.

A motion was made by Dr. Wada to renew Dr. Chen's license with a modification to the CE requirement. There was no second to the motion, thus it did not pass.

It was moved by Dr. Fujimoto, seconded by Dr. Chun, and carried (ayes from Chair Guevara, Ms. Arrington, Dr. Chun, Dr. Fujimoto, Dr. Hasegawa, Dr. Nagata, Dr. Rebmann, Ms. Shimabuku, Ms. Tanaka, and Ms. Timmerman, with Vice Chair Wada voting nay, and Dr. Ota recusing himself) to deny Dr. Chen's renewal for not meeting the continuing education ("CE") requirement.

- Jun de los Reyes, D.D.S.

It was moved by Ms. Shimabuku, seconded by Dr. Nagata, and carried (ayes from Vice Chair Wada, Ms. Arrington, Dr. Chun, Dr. Hasegawa, Dr. Nagata, Dr. Ota, Dr. Rebmann, Ms. Shimabuku, Ms. Tanaka, and Ms. Timmerman, with Dr. Fujimoto voting nay, and Chair Guevara recusing himself) to restore Dr. de los Reyes' dentist license with modification to the CE requirement effective January 1, 2018.

b. Ratifications

It was moved by Dr. Wada, seconded by Dr. Fujimoto, and unanimously carried to ratify approval of the following dentist licenses:

CHA, Joseph
HONDA, Brett
PUISIS, Angelica-Marie
RIZK, Maureen
SEGAWA, Scott
SHIN, Lawrence
VELASCO, Valerie

It was moved by Dr. Wada, seconded by Dr. Ota, and unanimously carried to ratify approval of the following dental hygienist licenses:

MORRIS, Raven
SOYE-SUPPLEE, Kathleen
THOMAS, Trisha-Ann

It was moved by Dr. Wada, seconded by Dr. Rebmann, and unanimously carried to ratify approval of the following certifications in the administration of intra-oral block anesthesia:

BLASER, Janice
HOWARD, Taylor
SOYE-SUPPLEE, Kathleen

5. Old Business: a. Department of Health ("DOH"), Hospital & Community Dental Services Branch, Proposal to Amend the General Supervision Requirements (Dentist) for a Licensed Dental Hygienist in a "Public Health Setting"
6. New Business: a. Legislation
- A Bill for an Act Relating to the Supervision of Licensed Dental Hygienists in a Public Health Setting

Dr. Hasegawa reminded the Board that because of recent changes to their statute, it made things too restrictive for the DOH, Hospital & Community Dental Services Branch. The DOH is proposing to correct these restrictions and to also allow a dental hygienist to do x-rays and teledentistry, which would require an examination by a dentist. Teledentistry has its issues such as where would the supervising dentist be located (on island vs. neighbor island) and whether the patient, especially those on the neighbor islands, have access to a local dentist to examine them and for follow-up care. A draft of the bill the DOH will be submitting to the Legislature was circulated to the members for their review.

Dr. Mayer of the Koolau Community Medical Center, requested if the documents that the Board are discussing could be made available to the public. He also asked the Board to take careful consideration when making their decisions.

After discussion, it was moved by Ms. Shimabuku, seconded by Dr. Nagata, and carried (ayes from Chair Guevara, Vice Chair Wada, Ms. Arrington, Dr. Fujimoto, Dr. Hasegawa, Dr. Nagata, Dr. Ota, Dr. Rebmann, Ms. Shimabuku, Ms. Tanaka, and

Ms. Timmerman, with Dr. Chun voting nay) to support DOH's bill with modification. Dr. Chun explained that he would not support this bill as written, but does support the concept.

Dr. Hasegawa also proposed a simple modification to section 447-3(d), HRS, which would rectify the supervision problem without adding much language as proposed by the DOH:

"(d) Notwithstanding section 447-1(f), A licensed dental hygienist may operate under the general supervision [as provided in section 447-1(f)] of any licensed dentist providing dental services in a public health setting. As used in this subsection, "public health setting" includes dental services in a legally incorporated eleemosynary dental dispensary or infirmary, private school, welfare center, hospital, nursing home, adult day care center or assisted living facility, mental institution, nonprofit health clinic, or the State or any county. A licensed dental hygienist employed in a public health setting may perform dental education, dental screenings, and fluoride applications. Other permissible duties shall be pre-screened and authorized by a supervising licensed dentist, subject to the dentist's determination that the equipment and facilities are appropriate and satisfactory to carry out the recommended treatment plan. No direct reimbursements shall be provided to licensed dental hygienists." (underlined material to be added and bracketed material to be deleted)

For clarification, section 447-1(f), HRS, pertains to overall general supervision of dental hygienists, whereas section 447-3, HRS, is the exception for public health settings. DAG Yee suggested adding a separate explanation for general supervision in a public health setting since it clearly means two different things.

Dr. Chun indicated that he would like to rescind the previous motion.

Dr. Wada would also like to add that follow-up care/continuity of care should also be included in the proposal.

After discussion, the following changes were suggested to be added to the proposal:

- Change the definition of general supervision;
- Add what a dental hygienist can do in a public health setting; and
- Expand the scope of practice in a public health setting.

Dr. Ota suggested adding language that a dental hygienist could also refer the patient to a dentist.

With Dr. Mayer present, the Board asked him questions how his clinic would handle these types of matters. Dr. Mayer stated that they do accept referrals and are in the process of putting together a mobile clinic. They only cover a certain geographical area and do not provide transportation because of the liability.

A motion was made by Dr. Chun, which was seconded by Dr. Hasegawa, however, the rest of the Board voted nay to rescind the previous vote.

After discussion, it was moved by Dr. Ota, seconded by Ms. Shimabuku, and unanimously carried to approve the bill drafted by the DOH for section 447-3(d), HRS, with the following modifications (see bolded material):

(d) **[A] Notwithstanding subsection 447-1(f), a** licensed dental hygienist may operate under the **general** supervision [as provided in section 447-1(f)] of any licensed dentist providing dental services in a public health setting. **As used in this subsection, general supervision means the supervising licensed dentist is available for consultation and shall be responsible for all delegated acts and procedures performed by a licensed dental hygienist.** General supervision is permitted in a public health setting as long as the supervising licensed dentist is available for consultation, provided that a licensed dental hygienist shall not perform any irreversible procedure or administer any intra-oral block anesthesia under general supervision. In a public health setting, the supervising licensed dentist shall be responsible for all delegated acts and procedures performed by a licensed dental hygienist. As used in this subsection, "public health setting" includes but is not limited to dental services in a legally incorporated eleemosynary dental dispensary or infirmary, private or public school, welfare center, community center, public housing, hospital, nursing home, adult day care center or assisted living facility, mental institution, nonprofit health clinic or facility, or the State or any county. **[A] Notwithstanding section 447-1(f), a licensed dental hygienist under the general supervision of a licensed dentist employed in a public health setting may perform dental education, dental screenings, teeth cleanings, intra-oral or extra-oral photographs, x-rays if indicated, and fluoride applications [.] on individuals who are not yet patients of record, have not yet been examined by a licensed dentist, or do not have a treatment plan. Other permissible duties shall be pre-screened and authorized by a supervising licensed dentist, subject to the dentist's determination that the equipment and facilities are**

appropriate and satisfactory to carry out the recommended treatment plan. A licensed dental hygienist shall refer individuals that are seen in a public health setting to a dental facility for further dental care. No direct reimbursements shall be provided to licensed dental hygienists.

Recess: At 11:04 a.m., Chair Guevara called for a recess.

Reconvene: At 11:16 a.m., the meeting to its regular order of business.

For clarification, DAG Yee went over the proposed language again for section 447-3(d), HRS; however, in this proposal x-rays were deleted, which was questioned why. The reason it was removed is because at that point the person is not a patient of record with anyone.

Dr. Hasegawa wants to keep x-rays as preventative and not treatment, which would unnecessarily expose the person to x-rays when there may be nothing.

Others expressed that having x-rays done could be preventative and can catch things unseen or it could be used as a screener, but not something for the dental hygienist just to do.

Dr. Mayer suggested authorized x-rays to promote to the patient. They use electronic x-rays so there is less exposure, the x-rays are readily available and no storage issue. Urgent dental matters can also be referred to an emergency room. He gave an example of a case where he had to take a patient to the emergency room because of how dire the situation was.

After discussion, it was moved by Dr. Hasegawa, seconded by Dr. Wada, and unanimously carried to amend the previous motion to include x-rays.

5. Old Business: (continued)
- b. Inquiries from Dr. Steven Wonderlich, Carole Kanno from Leeward Pediatric Dentistry, and Kathy Oide from HMSA, Regarding Dental Hygienists Working Under General Supervision
- Dr. Wonderlich questioned if there were a code blue when a hygienist is alone and thus has to be the code blue leader – what is permitted? May the hygienist administer epinephrine? Consult with dentist first who approves what emergency steps to take? What emergency procedures would they be allowed to do particularly inject epi (from an epi ampule and not only an Epi-pen) for anaphylaxis?

Dr. Mayer expressed that there doesn't appear to be enough information to probably evaluate this question.

DAG Yee indicated that matters such as this would be covered under the Hawaii Medical Board's laws and rules as this would fall under a medical emergency situation.

After discussion, it was moved by Dr. Wada, seconded by Ms. Arrington, and unanimously carried to refer this matter to the Hawaii Medical Board.

- Ms. Kanno from Leeward Pediatric Dentistry questioned:

1. How long ago can a patient of record be seen by the hygienist under general supervision?

Chair Guevara indicated that for the Army, treatment plans are for one year, to which Dr. Rebmann agreed.

Ms. Arrington felt that a maximum of six months is sufficient, but it would depend on the individual.

After discussion, it was moved by Dr. Nagata, seconded by Dr. Rebmann, and unanimously carried that six months would be sufficient.

2. Does the patient need to come back for an exam if the exam was done six months ago? If so, within what time frame?

By consensus of the Board, six months would be sufficient.

3. Can the licensed dentist write in a recommended treatment plan one week before the patient comes in or does it need to be written in the treatment plan at the last recare visit?
4. If the hygienist observes something the patient may need to return for how is that relayed to the patient and what should be written in the chart?

For questions 3 and 4, it would depend on the dentist's practice standards.

It was moved by Ms. Shimabuku, seconded by Dr. Nagata, and unanimously carried to respond that for questions 3 and 4 would depend on the standard of care for the practice.

- Ms. Oide requested clarification on whether the following specific procedures are allowable, if treatment planned for:

Prophy
Fluoride
Taking of x-rays
Periodontal scaling and root planning
Perio maintenance therapy
Chemical agents (apply a desensitizing agent)
Chemical agent (apply NA diamine fluoride)
Anesthesia (infiltration)
Anesthesia (block)

After discussion, it was moved by Dr. Ota, seconded by Ms. Shimabuku, and unanimously carried that all of the above procedures are allowable, except for the application of silver diamine fluoride as this will be further discussed by the Board.

c. Inquiry from Aloha Dental Center Regarding Dental Offices Use of Groupon and In-office Referral Program Rewards

Aloha Dental Center questioned:

1. Are dental offices in the State of Hawaii allowed to use Groupon? If so, what are the stipulations?

It would depend on the method of compensation.

2. Are dental offices in the State of Hawaii allowed to do an in-office referral program? (Example: Refer a certain number of patients to be entered into a quarterly drawing.) If so, what are the stipulation?

This would constitute a violation. Rewards for referring friends or any compensation would be a violation.

Asking to be heard on a prior agenda matter, Ms. Pavlicek questioned the Board's response to the treatment plan and limiting it to six months and whether this was the Board's standard, to which Ms. Matsushima explained that the question was whether a treatment plan could be valid for six months, and the answer was in response to that question. The Board did not answer whether a time period in excess of six months would also be allowable.

Going back to the inquiry from Aloha Dental Center, after discussion, it was moved by Dr. Wada, seconded by Dr. Fujimoto, and unanimously carried that the depending on how a person is compensated would depend on whether there is a violation.

d. Administrative Rules

- Discussion on Proposed Amendment to HAR § 16-79-78:
 - §16-79-78 Administration of general anesthesia and sedation; To clarify language that defines a properly equipped facility for inspection and the requirements of an attached checklist as Exhibit A.

By consensus of the Board, the rules will be worked on to mimic the statutes with regards to the administration of general anesthesia and sedation and to include the checklist to list the requirements for the inspection of the facility.

6. New Business: b. Approval/Ratification of Continuing Education ("CE") Courses
(continued)

After discussion, it was moved by Dr. Wada, seconded by Dr. Rebmann, and unanimously carried to approve the following CE courses:

- Department of Health, Hospital and Community Dental Services Branch:
 1. The Patient with Intellectual and Developmental Disabilities: General Dental Treatment Considerations for the Oral Health Professional (2 CE hours)
 2. Oral Health Awareness & Oral Hygiene Practices for Caregivers/Families of Persons with Intellectual and Developmental Disabilities (2 CE Hours)

c. Matters Related to the American Association of Dental Boards ("AADB") and the American Board of Dental Administrators ("AADA")

- AADB 2018 Mid-Year Meeting, Chicago, IL, April 22-23, 2018

Topics to be discussed will include the state of clinical education in American dental schools, corporate dentistry, advocacy, and technology and regulation.

It was also mentioned that since the Annual Meeting couldn't be held in Hawaii, the AADB Annual Meeting is scheduled for September 23-24, 2018 in Chicago, IL.

d. Matters Related to the American Dental Association ("ADA")

- Winter 2018 CODA Meeting Invitation, February 2, 2018

This was an open invitation to attend the Open Session of the CODA meeting. (For the members information only.)

e. Matters Related to the American Dental Education Association ("ADEA")

- Snapshot of Dental Education 2017-2018

In this booklet, ADEA captures student, faculty and other trends that can inform the work of organizations and companies across the spectrum of the dental profession. This is also available at adea.org/snapshot.

f. Matters Related to the Commission on Dental Competency Assessments ("CDCA")

- CDCA's 49th Annual Meeting, January 11-13, 2018, Orlando, FL

This meeting was attended by Ms. Arrington, Dr. Chun, Dr. Wada and Ms. Matsushima. Dr. Wada gave a brief report that she had attended the CDCA Board President's Meeting and an interesting fact that some states have an opioid program.

- CDCA Welcomes its 30th Member State – Arkansas

Along with Arizona and Minnesota, the Arkansas dental board voted to accept both the ADEX Dental and Dental Hygiene exams in 2017.

- ADEX 2018 Annual Meeting, August 10-11, 2018, Chicago, IL

No delegates have been selected to attend this meeting yet.

g. Matters Relating to the Dental Assisting National Boards, Inc. ("DANB")

- State of the States Legislative and Regulatory Changes Across the U.S. – February – August 2017

DANB compiled state dental assisting requirements, which is published on their website and its state publications. Throughout the year, DANB monitors legislative and regulatory activities that directly address the practice of dental assisting. This information was circulated to the members for their information.

- DANB Certified Press – Fall 2017

This was circulated to the members for their information.

h. Matters Relating to the Joint Commission on National Dental Examinations ("JCNDE")

- Implementation of the Integrated National Board Dental Examination ("INBDE")

The INBDE is an innovative new examination program whose content is focused on clinical relevance and integrates knowledge and skills involving the biomedical, behavioral and clinical dental sciences. The purpose of the INBDE mirrors that of the National Board Dental Examination ("NBDE") Parts I and II to assist dental boards in determining the qualification of the individual to become licensed to practice dentistry. The JCNDE anticipates the INBDE will be available for administration on August 1, 2020 and fully replacing the NBDE to occur by August 1, 2022. To prepare for this upcoming change, the JCNDE recommends dental boards review and learn about the INBDE to prepare to use it for a licensure requirement.

i. Submission of copies to the Board:

- Hawaii Dental Association Journal, Fall 2017
- Oregon Board of Dentistry News, December 2017

These were circulated to the Board for their information.

7. Correspondence:
- Department of Health, Hospital and Community Dental Services Branch Invitation to Hawaii Teledentistry (Virtual Dental Home) Pilot Project Update and Informational Session, January 11, 2018

The Department of Health ("DOH") and the Pacific Center for Special Care, University of Pacific, School of Dentistry ("Pacific") presented a Hawaii Teledentistry (Virtual Dental Home ("VDH")) Pilot Project update and informational session on January 11, 2018. The DOH/Pacific will be entering into the 3rd and final year of the Big Island VDH pilot project and will be expanding the VDH to Maui in 2018.

- Email from Dr. Steven Wonderlich Inquiring if Dental Assistants are Allowed to Place a Temporary Filling

Dr. Wonderlich questioned whether it is allowed for a dental assistant to place a temporary filling, assuming they don't use a handpiece to adjust it?

By consensus of the Board, Dr. Wonderlich should be referred to section 16-79-69.1, HAR, Allowable duties and training for a dental assistant, because if the duty or procedure is not talked about or included in this section then it is prohibited from being performed.

- Email Inquiry from Nicole Pikini Regarding: 1) CPR Requirements for Dental Hygienists; 2) Applying Whitening Treatments in Office; and 3) Silver Diamine Fluoride

Ms. Pikini questioned the CPR requirements for dental hygienists and whether the American Safety Health Institute's CPR BLS course count towards an acceptable CPR course.

Ms. Matsushima reported that a listing of CE courses that have been approved by the Board is in the process of being posted to the website.

Ms. Pikini also questioned whether dental hygienists can apply whitening treatments in office and silver diamine fluoride?

A dental hygienist can apply teeth whitening treatments under the general supervision of licensed dentist.

It was moved by Dr. Wada, seconded by Dr. Ota, and unanimously carried to defer the silver diamine fluoride matter to the next meeting.

- Email from Dr. Nelson Henry Regarding Limited License to Work in Underserved Communities

Dr. Henry requested that his email be shared with the Board at this meeting for some guidance and direction.

He previously worked in Maine for the most part as a sole practitioner for nearly 20 years. He left the state and practice under poor terms. There were disciplines and conditions that were being met, but he had moved to Utah and applied for a dental license there where he was asked to take the National Board Exam part 2, which he failed. His intention is work for an underserved area community clinic, prison, hospital or dental school. He asked if the Board would consider issuing him a limited dental license.

As he has not submitted an application with the Board, there is no action to be taken.

- Email from Dr. Dan Fujii Regarding Act 226, SLH 2016, Licensed Dentists Providing Services Via Telehealth and Reimbursement

Dr. Fujii asked for clarification on Act 226, SLH 2016, where it mentions "There shall be no geographic restrictions or requirements for telehealth coverage or reimbursement." Does this mean that dentist without a Hawaii dentist license may provide services (i.e. practicing dentistry on a Hawaii patient) via telehealth and be reimbursed?

By consensus of the Board, based upon Dr. Fujii's email, it appears this is not under the Board's purview and seems to be more of an insurance question.

8. Executive Officer's Report on Matters Related to the Board of Dental Examiners:

- Renewal Stats as of December 27, 2017

EO Matsushima provided the following renewal statistics as of December 27, 2017:

	<u>DH</u>	<u>DT</u>
Number of Licenses Eligible to Renew:	1,167	1,575
Number of Licenses Renewed:	913	1,302
Number of Licenses Renewed Online:	874	1,300

- 2017 Renewal and CE Requirements

Ms. Matsushima reported that a notice was posted to the Board's website with information on the continuing education ("CE") requirements for dentist and dental hygienists including the requirement of a Basic Life Support for Healthcare Providers course and the added ethics training requirement. Also included on the notice is information on how to request for a waiver or modification of the CE requirement as well as information on how to activate or inactivate their license.

- DCCA Disciplinary Actions – Through November and December 2017

A listing of DCCA Disciplinary Actions through November and December 2017 were provided to the members for their information. There were no sanctions from the Board of Dental Examiners.

- Practical Examination No Longer Requirement for Registered Dental Assistant ("RDA") License in California

The Dental Board of California decided to permanently eliminate the practical examination as a requirement for RDA licensure. At its November meeting, the board made the decision to follow the review and recommendation by a board subcommittee that involved multiple stakeholders including the California Dental Association ("CDA") and the California Department of Consumer Affairs' Office of Professional Examination ("OPES"). OPES advised that because dental assistants are under the full authority of the dentist when providing services and dentists are ultimately responsible to ensure the quality of that care, RDAs pose a low risk for public harm. An important part of the board's decision was retaining the requirement that RDAs pass a written exam that measures clinical knowledge and a law and ethics exam that measures understanding of professional responsibility. Effectively immediately California RDA license applicants must successfully pass the written and law and ethics exams before applying for licensure to the dental board. The educational requirements remain unchanged.

- When Dentists Criticize This Online Braces Company, It Takes Them to Court – SmileDirectClub

According to Nidhi Subbaraman, BuzzFeed News Reporter, the SmileDirectClub is trying to silence its critics with legal threats after the American Association of Orthodontists lodged complaints against the company in 36 states alleging that SmileDirect was breaking laws governing the practice of dentistry.

The American Association of Orthodontics ("AAO") is waiting for state dental boards to act on its complaints about SmileDirect and is hoping to also get the attention of the U.S. Food and Drug Administration arguing that SmileDirectClub ran afoul of this of the 510(k) requirement for the last year or so pointing out that they are using the exact same FDA paperwork as Align Technology, even though the two companies don't provide the same service as

Invisalign relies on patients visiting a dentist and SmileDirect's affiliated dentists/orthodontist review every customer's treatment plan and check on their progress by reviewing extra oral photos and patient comments every 90 days. Patients are able to speak to their treating dentist/orthodontist if requested.

SmileDirectClub's plastic trays are made by Align Technology, the company that makes Invisalign and owns 19% of SmileDirect. Dentists and orthodontists have complained about SmileDirect's model, warning that skipped dentist visits and x-rays risk customer's oral health, which may include shrinking gums and jawbone, or lost teeth.

- Nine States with Telehealth Legislation Taking Effect in 2018

The Center for Connected Health Policy has unveiled a list of telehealth legislation approved in 2017, including one policy in Hawaii that's effective for the plan year beginning on or after January 1, 2019.

Legislation in the following nine states will take effect in 2018:

Arkansas: A policy in the state gives a new definition of telemedicine and includes requirements for establishing a "professional relationship" via telemedicine. It also contains requirements for when a healthcare worker provides telehealth services to a minor in a school setting and the minor is in the state's Medicaid program.

California: Two bills let Medi-Cal managed care plans request other access standards if they've exhausted all the other options to obtain providers to meet certain standards. They also classify telehealth visits as a means of alternative access standards.

Colorado: A bill develops a behavioral health crisis response system and crisis service facilities walk-in centers mobile response units. It also outlines what role telehealth can play in these areas.

Illinois: A piece of legislation establishes standards for providers using telehealth in Illinois. The requirements include the need for providers to be licensed and use the same standard of care used for in-person visits.

Montana: Beginning in 2018, Montana will require insurance to cover teledentistry.

Oregon: In 2018, Oregon will allow dental care providers to utilize telehealth if they believe it's appropriate and within their scope. The Oregon Board of Dentistry will be required to treat telehealth services the same way it treats in-person services.

Tennessee: A bill enacts the Interstate Medical Licensure Compact.

Texas: A bill provides definitions of telemedicine and telehealth in the state and defines a patient-provider relationship for telemedicine services.

Washington: Through new legislation, it's been further defined where a patient may receive health services. In 2018, the state will expand private payer reimbursement requirements to include an originating site of "any location determined by the individual receiving the service."

9. Next Meeting: Chair Guevara announced the next meeting as:

Monday, February 5, 2018
9:00 a.m.
Queen Liliuokalani Conference Room
King Kalakaua Building
335 Merchant Street, 1st Floor
Honolulu, Hawaii 96813

10. Adjournment: It was moved by Dr. Wada, seconded by Ms. Shimabuku, and unanimously carried to adjourn the meeting at 12:40 p.m.

Reviewed and approved by:

Taken and recorded by:

/s/ Sandra Matsushima

/s/ Terry Akasaka-Toyama

Sandra Matsushima
Executive Officer

Terry Akasaka-Toyama
Secretary

SM:tat

2/9/18

[] Minutes approved as is.

[✓] Minutes approved with changes; see minutes of March 12, 2018.