

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

MINUTES OF MEETING¹

Date: September 20, 2021

Time: 10:00 a.m.

Place: Virtual Videoconference Meeting – Zoom Webinar

Present: Earl Hasegawa, D.D.S., Chair, Dental Member
Paul Guevara, D.M.D, M.D.S., Vice-Chair, Dental Member
Wallace Chong, III, D.D.S., Dental Member
Wesley Choy, D.D.S., Dental Member
Sharon Tanaka, Public Member
Andrew Tseu, D.D.S., Dental Member
Joyce Yamada, Ed.D., R.D.H., Dental Hygiene Member
Katherine Fukushima, R.D.H., Dental Hygiene Member
Bryan Yee, Esq., Deputy Attorney General (“DAG”)
Sandra Matsushima, Executive Officer (“EO”)
Erin Emerson, Secretary
Faith Nishimura, Tech Support
Lori Beth Van Cantfort, Tech Support

Excused: Joseph Chu, D.D.S., Dental Member
George Wessberg, D.D.S., Dental Member

Zoom Webinar
Guests: Carlos Ruiz
CRDTS, Inc. (*Richard “Sheli” Cobler & Dr. Mark Edwards*)
CRDTS – Cindy Gaskill
CRDTS, Kim Laudenslager
Debra Allen
Ellie Kelley-Miyashiro
Gayle Chang
Kim Nguyen – HDA (she/her/hers)
Kimber Cobb, RDH, BS
Melissa Pavlicek
Danny Cup Choy

Agenda: The agenda for this meeting was filed with the Office of the Lieutenant Governor, as required by §92-7(b), Hawaii Revised

¹ Comments from the public were solicited on each agenda item. If no public comments were given, the solicitation for and lack of public comment are not explicitly stated in these minutes.

Statutes ("HRS").

A short video was played to explain the meeting procedure and how members of the public could participate in the virtual meeting.

1. Call to Order: There being a quorum present, Chair Hasegawa called the meeting to order at 10:03 a.m.
2. Roll Call: Chair Hasegawa welcomed everyone to the meeting and proceeded with a roll call of the Board members. All Board members confirmed that they were present, with the exception of Dr. Chu And Dr. Wessberg who were excused from the meeting.

Chair Hasegawa announced the Board's procedural format for agenda matters and stated that the meeting will end no later than 12:00 p.m.

3. Approval of Board Meeting Minutes and Executive Session Minutes of July 19, 2021: Chair Hasegawa asked the Board members if there were any comments or concerns regarding the open session minutes or executive session minutes of July 19, 2021. There were none.
Upon a motion by Vice-Chair Guevara, seconded by Ms. Tanaka, it was voted and unanimously carried to approve the July 19, 2021 open session minutes and executive session minutes.
4. New Business: a. Presentation from the Central Regional Dental Testing Service, Inc., ("CRDTS") by Ms. Richael "Sheli" Cobler, Executive Director and Dr. Mark Edwards, Director of Dental Examinations.

Chair Hasegawa welcomed the representatives from CRDTS, Ms. Cobler and Dr. Edwards, to give a presentation titled "Simulated Patient Dental Examination" to the Board.

Ms. Cobler and Dr. Edwards greeted the Board and provided the following information which included a slideshow presentation:

CRDTS uses standard protocol for their psychometric testing and referenced the following resources: *Reference book: Standards for Educational & Psychological Testing (2014)* and *AADB used to develop: Guidance for Clinical Licensure Examinations in Dentistry (2003)*.

Occupational analysis, used to develop the content of the exams, is conducted every eight (8) to ten (10) years. The most recent analysis having been a joint project with the

Western Regional Examining Board (“WREB”) conducted on both dental and dental hygiene in 2018.

In order to qualify as an examiner for the Simulated Patient Based Examination, individuals must be experienced practitioners and/or educators with acceptable credentials.

This selection criteria includes:

- State Board Members from Member States
- Deputy Examiners referred to CRDTS by Member State Boards
- Exchange Examiners from other Regional Testing Agencies

Qualified individuals must also:

- Be available and willing to participate in two (2)/three (3) exams per year;
- Demonstrate the ability to be calibrated;
- Understand and apply CRDTS criteria appropriately; and
- Accept critique feedback and adjust accordingly.

CRDTS provides comprehensive statistical analysis of their testing in the following ways:

- ERC Analysis
 - Evaluates each section of the exam
 - Screens for Construct Irrelevant Variance
- Annual Schools’ Report
 - Failure Rates, Average Scores, Frequency of Specific Errors, Penalties
- Examiner Profiles
 - Electronic Scoring Devices (“ESD”) record every mark made by each examiner during an examination.
 - Every examiner’s performance is analyzed each year to assess their reliability.
 - Examiner Evaluation and Assignment Committee (“EEAC”) reviews individual profiles annually before assigning examiners.
 - EEAC may remediate, reassign or terminate an examiner.
 - Examiners receive their individual profiles at CRDTS annual meeting and use them as a self-assessment.
- Technical & Occupational Reports

The Simulated Patient Based Examination was initially developed as a remediation/re-licensure resource for State Boards. The content, criteria and scoring are identical to current dental patient-based examination components, and they use psychometric data dating back to 2006. All procedures are supported by data from their current Occupational Analysis.

The CRDTS Simulated Patient Examination Sections include:

- Part I – National Board Dental Examination (“NBDE”) Parts I & II.
- Part II – Endodontic Procedures
- Part III – Fixed Prosthodontic Procedures
- Part IV – Periodontal Procedures
- Part V – Restorative Procedures

CRDTS uses a conjunctive scoring system that is criterion based. The Restorative section includes four (4) rating levels, while the Periodontal section uses dichotomous scoring.

Competency levels for the sections include satisfactory, minimally acceptable, marginally substandard and critically deficient; these are based on objective, measurable criteria developed for each rating by a panel of experts consisting of examiners, practitioners, and educators.

Scoring methodologies were developed with consultation from various measurement specialists, such as the Rand Corporation, and with input from studies completed by testing specialists from the University of Chicago.

Three (3) of CRDTS qualified examiners conduct separate, independent evaluations & assign a score for each criteria rating. Corroboration by at least two (2) of the (3) examiners is needed before points are deducted or a zero/failing score is assigned. A median score is assigned in the absence of corroboration for Restorative Procedures.

Slideshow images were provided to show visual examples of the typodont used, along with the criteria categories for Parts II, III, IV and V of the examination.

The examination schedule consists of the following:

- Part II – Three (3) hours
- Part III – Four (4) hours
- Part IV & V are an open schedule format from 8:00 a.m. to 5:00 p.m.
 - Periodontal section – Three (3) hours
 - Restorative section – Six (6) hours

Questions may be directed to Dr. Mark Edwards, Director of Dental Examinations at mark@crdts.org.

Ms. Cobler said that they were hoping for the Board's support as they work to have the CRDTS Simulated Patient Based Examination included in the HRS as an acceptable licensure requirement for dentists in the State of Hawaii.

Chair Hasegawa noted that in their letter to the Board, CRDTS mentioned a bi-layer tooth manufactured by Acadental for the Endodontic, Fixed Prosthodontic and Restorative procedures. He questioned if this model had been used for a while.

Dr. Edwards confirmed yes.

Chair Hasegawa asked if they found the results to be comparable to that of a live patient exam.

Dr. Edwards confirmed yes. He explained that pass/fail rates for the patient-based and simulated patient-based exams are similar. CRDTS continues to work with the manufacturer to modify and improve the product.

Chair Hasegawa asked if any other Board members had questions or comments regarding the presentation. There were none.

Chair Hasegawa thanked Ms. Cobler and Dr. Edwards for their presentation.

b. Application for Program Sponsor Agreement for CE

1. BLS/AED Certification
Sponsor: Lloyd T Narimatsu DBA Safety Training (4 CE hours)
Course Dates: August 2, 2021

Chair Hasegawa asked if the Board had any comments or questions regarding the application.

There being none, it was moved by Vice-Chair Guevara, seconded by Dr. Chong, and unanimously carried to approve the Application for Program Sponsor Agreement from Lloyd T Narimatsu DBA Safety Training.

c. Discussion and Decision-Making regarding Email from Nakita Coelho Villiarimo regarding the application of teeth whitening products.

Chair Hasegawa asked EO Matsushima to provide some background information on previous Board decisions involving teeth whitening products.

EO Matsushima advised that in past discussions the Board determined that teeth whitening and/or bleaching falls under the practice of dentistry. She advised that the Board had previously determined that the application of tooth gems did not fall under the scope of practice for dentistry; however, the Board did not encourage it due to the various risks, including infection, bacteria growth and tooth chipping.

Chair Hasegawa recalled that the Board had previously decided that teeth whitening was allowed if the customer applied the product themselves.

EO Matsushima confirmed that in the Board's most recent policies, it was determined that application by the consumer would not constitute the practice of dentistry.

Vice Chair Guevara concurred with Chair Hasegawa and EO Matsushima's statements.

Chair Hasegawa stated that applying tooth gems did not fall under the scope of dentistry, as long as they were not changing the structure of the tooth (i.e. drilling), covering decay, or affecting the chewing surfaces.

Meeting attendee Ellie Kelley-Miyashiro raised her hand.

Chair Hasegawa invited Ms. Kelley-Miyashiro to address the Board.

Ms. Kelley-Miyashiro from the Hawaii Dental Hygienists' Association ("HDHA") queried if the percentage of the product being applied affects the decision (i.e. over-the-counter vs. dental provider strength).

EO Matsushima clarified that Ms. Coelho Villiarimo's inquiry was regarding teeth whitening products considered by the U.S. Food and Drug Administration ("FDA") as cosmetic and were safe enough to be used over-the-counter.

After discussion between Board members, it was decided to enter executive session to discuss the matter with DAG Yee. For fluidity of the virtual meeting, it was decided that the Board would move to the next agenda item prior to entering executive session to allow for the Board to discuss both agenda items.

- d. Discussion and Approval of the Regulated Industries Complaints Office ("RICO") Advisory Committee Members (ACM) for Board of Dentistry.

At 10:44 a.m., it was moved by Vice-Chair Guevara, seconded by Ms. Tanaka, and unanimously carried for the Board to enter executive session in pursuant to HRS, §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". Board members and staff entered into Microsoft Teams.

EXECUTIVE SESSION

At 11:00 a.m., it was moved by Vice-Chair Guevara, seconded by Dr. Tseu, and unanimously carried to move out of executive session. Board members and staff returned to the Zoom Webinar meeting.

- c. Discussion and Decision-Making regarding Email from Nakita Coelho Villiarimo regarding the application of teeth whitening products.

Chair Hasegawa summarized that it was the Board's opinion that Ms. Coelho Villiarimo could allow customers to apply over-the-counter whitening agents to their own teeth, as that would not be considered the practice of dentistry. He noted that Ms. Coelho Villiarimo could not apply the whitening agents to her customer's teeth.

Chair Hasegawa said that Ms. Coelho Villiarimo may apply tooth gems to her customer's teeth, provided that she was not changing the structure of the tooth, or applying them over decay or chewing surfaces.

Upon a motion by Vice-Chair Guevara, seconded by Dr. Tseu, it was voted and unanimously carried to have EO Matsushima send a letter to Ms. Coelho Villiarimo advising of the Board's decision.

d. Discussion and Approval of the Regulated Industries Complaints Office ("RICO") Advisory Committee Members (ACM) for Board of Dentistry.

Upon a motion by Vice-Chair Guevara, seconded by Dr. Chong, it was voted and unanimously carried to approve the RICO Advisory Committee Members list, as well as any additional interim appointees that RICO deems necessary to aid in its investigations.

5. Ongoing Business:

a. Discussion and Decision-Making regarding Emails from Carlos Ruiz regarding dental licensure by credentialing in Hawaii.

Chair Hasegawa asked if there were any members from the public, including Dr. Carlos Ruiz, wishing to provide testimony on this matter.

Dr. Ruiz greeted the Board and questioned the Board's reluctance to pursue licensure by credentials. He said that after the Board did not provide a response during his appearance at the last meeting, he had reached out to DAG Yee, who advised that it was the Board's discretion to respond.

Dr. Ruiz noted that his local State Representative, Sean Quinlan, would be drafting legislation and his hope was to work with the Board on it. He requested each Board member to provide their stance on the topic of licensure by credentials.

Chair Hasegawa recognized Danny Cup Choy for public comment.

Mr. Cup Choy from the Hawaii Dental Association ("HDA") addressed the Board and advised that the HDA advocates for patient's safety and were available as a resource regarding licensure requirements to anyone working on changes to the

HRS.

Chair Hasegawa thanked Mr. Cup Choy for his comment and provided his response to Dr. Ruiz's letters to the Board by breaking down each question posed:

1. What is the rationale of the Board not allowing licensure by credentials for dentists like the other 46 states?

Chair Hasegawa stated that the American Dental Association ("ADA") had a section on licensure by credentials. If the Board were to follow those recommendations, it would include, among other things:

- The typical four (4) year DDS or DMD degree from a dental education program accredited by the Commission on Dental Accreditation ("CODA"). The ADA listed equivalents to this qualification, which would include:
 - Specialty certificates
 - GPR/AEGD certificates, which are one (1) or two (2) year programs
 - PGY1 programs, Portfolio examination, or other state approved pathway for assessment of clinical competency

Chair Hasegawa noted that since there were many ways to be licensed throughout the U.S., licensure by credentials would require the State of Hawaii to allow for each states' standard. The ADA does not include in its recommendations that an applicant be in active practice. This would allow for an applicant that had not been in practice for many years to qualify for licensure by credentials under these guidelines.

Chair Hasegawa surmised that because it would be likely that the Board would need to make modifications to the ADA's recommendations, the people affected by those modifications would then be unhappy with the Board's decision.

Chair Hasegawa noted that the Board has approved the manikin based American Board of Dental Examiners ("ADEX") exam for licensure, which could be viewed as a more convenient option for licensure in the State of Hawaii. Chair Hasegawa explained that while the ADA advocates for

its members, it is the Board's responsibility to advocate for the public by ensuring competency for licensure.

2. What is the rationale of the Board for granting licensure without an exam for Native Hawaiian Community Clinics and Federal Clinics?

Chair Hasegawa explained that the community service dentist license ("CSDT") allows a dentist who does not wish to take the ADEX exam to practice in the state in a supervised clinic situation rather than as a single provider in a private office where there would be no supervision. He quoted HRS §448-9.6:

"Community service licensees shall actively participate in a formal and ongoing program of clinical quality assurance."

Chair Hasegawa said that an implication that a CSDT provided a lower quality of care was to also imply that the directors of those clinics were allowing that to happen. He noted that through his personal involvement in a number of these clinics, he can assure that appropriate quality care was being delivered; therefore, the argument that there was a two-tiered system was not a valid argument.

Chair Hasegawa opined that if the State of Hawaii were to incorporate licensure by credentials, there would likely be a significant manpower shortage to this vulnerable population.

3. What is the rationale for requiring board certified specialists, (i.e. Endodontists, Periodontists, Orthodontists, etc.) to take a general dentistry board exam?

Chair Hasegawa explained that as an Oral Surgeon himself, he had not cut a class II or class III prep in many years but opined the following:

- Creating a hand skills exam for oral surgery would be difficult;
- The skills being tested on the ADEX exam were basic ones that all dentists have performed at one time. With practice, Chair Hasegawa felt that he himself should be able to pass the test if his hand-eye coordination was good;
- Taking the ADEX exam was now more convenient with the manikin-based exams;

- Although it was not a perfect solution, Chair Hasegawa stated that he would be willing to take the ADEX manikin exam if he wanted to obtain licensure in another state.

Chair Hasegawa concluded by noting there were many arguments for and against licensure by credentials. He explained that in the past the Board has taken the position that they would accept the current requirement for the ADEX exam. Since the Board was bound by the laws that were passed by the Hawaii State Legislature (“Legislature”), it’s up to any interested parties to draft language and submit a bill to the Legislature where the Board can then examine the bill and give its assessment and recommendations.

Chair Hasegawa informed Dr. Ruiz that the Sunshine Law prohibits Board members from discussions outside of this public meeting and noted that he had not discussed this with other members. He then opened the floor to the other Board members for their comments and/or opinions for or against licensure by credentials.

Vice Chair Guevara stated that the topic of licensure by credentials had come before the Board many times over the years; however, the ability to change the licensing rules in the HRS was a legislative matter and the Board cannot make those changes. He noted that it does not matter whether the Board was for or against it.

Vice Chair Guevara said that Dr. Ruiz was taking the appropriate steps to change the HRS by speaking to Rep. Quinlan; however, until the HRS was amended, the Board had to abide by the statutes currently in place.

Chair Hasegawa asked if the other Board members had any further comments to add. There were none.

Dr. Ruiz advised that he had hoped that the Board would work with him to craft the legislation in order to work through any of the issues that Chair Hasegawa had brought up.

Vice Chair Guevara said that any assistance on drafting legislation should be completed by a legislator. He noted that once the bill was presented to the Legislature, the Board typically meets in February for a special legislative meeting to

review and discuss.

After a procedural discussion between DAG Yee and the Board members, Chair Hasegawa asked if there was any motion to be presented. There was none.

Chair Hasegawa noted that the Board would not take a position on the topic of licensure by credentials.

- b. Discussion regarding degrees from a dental and/or dental hygiene school accredited by the Commission on Dental Accreditation ("CODA") and the consideration of degrees from foreign dental schools recognized by CODA for licensure. HRS §448-9(3)(A); HRS §447-1(a)(2); HAR §16-79-9 (a)(5); HAR §16-79-9(b)(5)

At 11:28 a.m., it was moved by Chair Hasegawa, seconded by Vice-Chair Guevara and unanimously carried for the Board to enter executive session in pursuant to HRS, §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". Board members and staff entered into Microsoft Teams.

EXECUTIVE SESSION

At 11:51 a.m., it was moved by Vice-Chair Guevara, seconded by Dr. Tseu, and unanimously carried to move out of executive session. Board members and staff returned to the Zoom Webinar meeting.

Upon a motion by Vice-Chair Guevara, seconded by Ms. Tanaka, it was voted and unanimously carried to defer the discussion to a future meeting.

- c. Hawaii Administrative Rules, Title 16, Chapter 79, Proposed Rule

Chair Hasegawa asked the Board members if there were any comments or concerns regarding the following proposed amendments to HAR §16-79 (underlined wording to be added, [bracketed] to be deleted):

SUBCHAPTER 1 – GENERAL PROVISIONS

§16-79-3 Renewal of a dental or dental hygiene license.

(c) The failure to timely renew a license, the failure to pay all applicable fees, the failure to complete the CE requirements during each biennium, the dishonoring....

§16-79-3.1 Restoration of forfeited license.

3) Submitting evidence of completion of the CE requirements of a minimum of thirty-two hours, plus six hours of ethics training each biennium, for licensed dentists and twenty hours for licensed dental hygienists each biennium;

SUBCHAPTER 2 - APPLICATIONS

§16-79-11 Documentation and credentials required for dental applicants.

(a) All dental licensure applicants shall arrange to have sent directly to the board:

- (1) An official verification of having successfully passed the National Board Dental Examination;
- (2) An official verification of having successfully passed the ADEX dental examination; and
- (3) A certified copy of a dental degree, a certificate of graduation [or an official transcript] of a D.D.S. or D.M.D. degree from a dental [school] college accredited by CODA.

(b) Applicants licensed as a dentist in another state shall also submit an official verification of licensure and licensure status from the board of dental examiners of that state and submit a self-query report from the NPDB.

The board may require additional background checks of dental applicants from an independent background check service as approved by the board, provided that the applicant shall pay the cost of the background check. [Eff 7/2/64; am and ren §16-79-11, 2/13/81; am and comp 2/9/89; am and comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-9, 448-9.4)

SUBCHAPTER 8 - ANESTHESIA

§16-79-75 Definitions.

“Facility” means a properly equipped facility that meets all the requirements set forth in the checklist attached hereto as Exhibit A.

“Hospitalization” means formal admission into a hospital for in-patient care, provided that treatment in an emergency room by itself shall not constitute “hospitalization.”

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

(c) Prior to the issuance of a written authorization or permit, the board may, at its discretion, require an on-site inspection of the facility, equipment, and personnel to determine whether the facilities and staff requirements have been met. This evaluation to determine whether the facility is adequate and properly equipped, may be carried out in a manner and generally following the guidelines, standards, requirements, and basic principles as described in the current American Association of Oral and Maxillofacial Surgeons Office Anesthesia Manual. The inspection and evaluation shall be carried out by a team of consultants appointed by the board. Compliance with the checklist which is attached to these rules as Exhibit A shall constitute a rebuttable presumption that the requirements of this subsection have been met.

SUBCHAPTER 14 – CONTINUING EDUCATION

§16-79-141 Continuing education categories.

(a) All eligible CE categories shall be relevant to the care and treatment of patients and shall consist of the following required categories:

(1) Clinical courses:

- (A) Shall be directly related to the provision of oral health care and treatment of patients;
- (B) Shall be comprised of more than one half of the required CE hours per biennium for each dentist; and
- (C) Shall be comprised of more than one half of the required CE hours per biennium for each

dental hygienist;

(2) [BLS] Life Support courses:

(A) Shall be completed, continuously current, and include a hands-on component;

(B) Shall be sponsored by the American Heart Association, the American Red Cross, or from a sponsoring organization approved pursuant to section 16-79-143;

(C) Shall be a Basic Life Support for Healthcare Providers course;

(D) [A dentist administering general anesthesia or moderate sedation shall be required to complete the Advanced Cardiac Life Support course or if treating pediatric patients, the Pediatric Advanced Life Support course; provided that both courses shall be completed if the dentist is treating pediatric patients and minors thirteen years or older;] Shall be limited to a maximum of four CE hours per biennium;

(E) [Shall be limited to a maximum of four CE hours per biennium; and] A dentist administering general anesthesia or moderate sedation shall be required to complete the Advanced Cardiac Life Support course or if treating pediatric patients, the Pediatric Advanced Life Support course; provided that both courses shall be completed if the dentist is treating pediatric patients and minors thirteen years or older; provided further that the courses shall be limited to a maximum of six CE hours per biennium; and

(F) All [BLS] life support courses shall not be credited toward fulfilling the clinical course requirements of subsection (a)(1)(B) or (C);

(3) Ethics courses:

(A) Ethics course of at least two hours per biennium for dental hygienists; and

(B) Ethics course of at least [three] six hours per [year] biennium for dentists;

(b) Other eligible categories include:

(1) Non-clinical courses which are related to the practice of dentistry or dental hygiene including, but not limited to, patient management, practice management, ethics and the law;

- (2) Volunteer hours:
 - (A) Participation in the promotion of oral health;
 - (B) Participation in the licensure examination calibration; and
 - (C) Shall be limited to a maximum of four CE hours per biennium;
 - (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.
 - (4) Attendance hours:
 - (A) During any convention of the ADA and its recognized component organizations or the ADHA and its recognized component organizations; and
 - (B) Shall be limited to a maximum of two CE hours per biennium.
- (c) Courses in estate planning, membership, marketing, business, personal financial planning, and investments shall not be eligible CE categories.
- (d) Licensees may satisfy the CE program requirements in the required categories listed in subsection (a)(1) or in the other eligible categories listed in subsection (b) through computer, correspondence courses, or courses presented via other media, such as audio and video tape recording; provided that those courses do not comprise more than eight CE hours, except as provided in subsection (e).
- (e) Courses that are available via electronic devices may be credited toward fulfilling the clinical course requirements if the course is conducted virtually and the attendee is allowed to participate and interact remotely with the instructor in real time.

§16-79-141.5 Ethics.

(a) In addition to the continuing education requirements, dentists shall complete ethics courses of at least six hours per biennium.

(b) Dental hygienists shall complete ethics courses of at least two hours per biennium. These credit hours shall count towards the continuing education requirements.

(c) All ethics courses shall be presented by board approved sponsoring organizations listed in section 16-79-142.

§16-79-142 Approved sponsoring organizations.

Licensees shall comply with the CE program requirements by completing the requisite number of hours approved pursuant to section 16-79-143 or from courses offered by the following sponsoring organizations approved by the board, provided the courses meet the eligibility requirements of section 16-79-141:

- (1) Academy of General Dentistry approved CE providers;
- (2) Accreditation Council for Continuing Medical Education certified CE providers;
- (3) ADA and its recognized specialty organizations;
- (4) ADA Continuing Education Recognition Program approved CE providers;
- (5) ADHA;
- (6) American Academy of Dental Hygiene;
- (7) [American Council on Pharmaceutical Education;] American College of Dentists;
- (8) [American Heart Association;] American Council on Pharmaceutical Education;
- (9) [American Medical Association;] American Heart Association;
- (10) [American Red Cross;] American Medical Association;
- (11) [CODA accredited programs;] American Red Cross;
- (12) [Dental assistant programs as approved by the board;] CODA accredited programs;
- (13) [Hawaii Department of Health;] Dental assistant programs as approved by the board;
- (14) [Joint Commission on Accreditation of Healthcare Organizations accredited hospitals;] Hawaii Department of Health;

(15) [Regional and state testing agencies as it relates to the courses and calibration sessions;] International College of Dentists;

(16) [State dental associations and their component dental societies; and] Joint Commission on Accreditation of Healthcare Organizations accredited hospitals;

(17) [State dental hygienists' associations and their components.] Regional and state testing agencies as it relates to the courses and calibration sessions;

(18) State dental associations and their component dental societies;

(19) State dental hygienists' associations and their components;

(20) The United States Armed Forces;

(21) The United States Department of Veterans Affairs; and The University of Hawaii

§16-79-143 Requirements for approval by the board.

(a) [Sponsoring] Except as provided in subsection (e), sponsoring organizations who are not listed in section 16-79-142, shall be required to apply to the board.....

(d) A course which has been approved by the board pursuant to this section is acceptable only for the biennium renewal period.

(e) A course which has been approved by another state dental licensure board may qualify as CE in this state, provided that the course meets the eligibility requirements of section 16-79-141.

§16-79-144 Biennial renewal.

At the time of the biennial renewal, not later than December 31 of each odd-numbered year, each licensee shall have completed the CE program requirements for the two calendar years preceding the renewal date as follows:

(1) Licensed dentist:

(A) Dentists initially licensed in the first year of the biennium shall have completed sixteen CE hours;

(B) Dentists initially licensed in the second year of the biennium shall not be required to complete any CE hours and

- (C) All other dentists shall have completed thirty-two CE hours.
 - (D) In addition to subsections (A), (B), or (C) above, after January 1, 2016, each licensee who is a dentist shall complete at least [three] six hours of ethics training per [year] biennium.
- (2) Licensed dental hygienist:
- (A) Dental hygienists initially licensed in the first year of the biennium shall have completed ten CE hours, including one hour of ethics training;
 - (B) Dental hygienists initially licensed in the second year of the biennium shall not be required to complete any CE hours; and
 - (C) All other dental hygienists shall have completed twenty CE hours, including two hours of ethics training.

Except as provided in section 16-79-147, the failure of a licensee to present evidence of compliance with the CE program requirements shall constitute a forfeiture of license, which may be restored pursuant to section 16-79-3.1.

§16-79-146 Certification of compliance and audit.

- (a) At the time of renewal, each licensee shall certify on the renewal application that the licensee has satisfied all of the CE requirements.
- (b) The board may audit and shall require any licensee to submit copies of the original documents or evidence of attendance to be attached to the summary form provided by the board. The board may require additional evidence demonstrating the licensee's compliance with the CE requirements.
- (c) A licensee shall respond to an audit or a request for additional evidence demonstrating the licensee's compliance with the CE requirements within sixty days from the date of the request.

Upon a motion by Vice-Chair Guevara, seconded by Dr. Tseu, it was voted and unanimously carried to accept the proposed amendments to HAR §16-79.

6. Applications:

a. Ratifications

It was moved by Vice-Chair Guevara, seconded by Dr. Tseu, and unanimously carried to ratify approval of the following dentist licenses, dental hygienist licenses, and certification in the administration of intra-oral block anesthesia:

• Approved Dentists

DT-2918	MIRIAM SOPHIA GONZALEZ
DT-2919	PEGGY XIN XIN CHEN
DT-2920	NICHOLAS E HOEPFNER
DT-2921	AARON M MIYAMOTO
DT-2922	KRISTI C T KOYANAGI
DT-2923	LENA POONNOPATAM
DT-2924	VY-HANG D QUACH
DT-2925	RIMA ANANI
DT-2926	SIERRA M N ARAKAKI
DT-2927	ALDEN G R WONG
DT-2928	ARYA T DADASHZADEH
DT-2929	STEFANIK SIMARD-LEBEL
DT-2930	GUILHERME CASTELLANO ARGENTA
DT-2931	SEOKHOON LEE
DT-2932	JASON M PARLI
DT-2933	NADEGE H EILERMAN
DT-2934	DAVID S SHIRECLIFFE
DT-2935	KAITLYN S L TOM
DT-2936	KYRELL D WRIGHT
DT-2937	JOSEPH J LIM
DT-2938	FAVIO GALLEGOS JR

• Approved Dental Hygienists

DH-2299	MADISON M ELLIOTT
DH-2300	MADILYN GRACE SERENKO
DH-2301	ASHLEY F YAMACHIKA
DH-2302	JUDY K HIROI
DH-2303	ANNA M TRUONG
DH-2304	SASHA J ALLISON
DH-2305	SARAH J MINDLIN
DH-2306	KATHRYN P WIGGINS
DH-2307	BRICEDA J GIPAYA
DH-2308	CHELSEY KAHOONEI

DH-2309 ALLISON P IGNACIO
DH-2310 IRISH NAVARRO
DH-2311 TREANA A H GARCIA-PERREIRA
DH-2312 ZIXUAN RUAN
DH-2313 BRANDI HEIMBURG
DH-2314 JODI G RINGS
DH-2315 ALOHA MAE G MERCADO
DH-2316 KIANA K HAMASAKI
DH-2317 LINDA C CHAN
DH-2318 XIAOFEI MAI
DH-2319 TIFFANY PARK
DH-2320 CHASTEL YOSHIKO ANDRES TAMAYE
DH-2321 JANEL S OKAMURA
DH-2322 BRITNEY A. V. TORRES
DH-2323 KEITH A TAGURA
DH-2324 DARIANA J EVANGELISTA
DH-2325 WHITNEY MCKAYLE JENKINS
DH-2326 GENEVIEVE C LEE
DH-2327 YEONJOO LEE
DH-2328 CAROLINA V SANCHEZ
DH-2329 STARLYNE B A KUAANA
DH-2330 CHANTIL C SUPE
DH-2331 TASHA L N JOHNSON
DH-2332 BRITNEY-ANN K QUEVIDO
DH-2333 KATELYN S LAWSON
DH-2334 LIZELLE C BUNIEL
DH-2335 ANDREW N ISRASENA
DH-2336 JERRYCA APRIL GASMEN NAGAMINE
DH-2337 HOLLY A GREEN

- Approved Certification in the Administration of Intra-Oral Block Anesthesia

DH-2299 MADISON M ELLIOTT
DH-2301 ASHLEY F YAMACHIKA
DH-2302 JUDY K HIROI
DH-2303 ANNA M TRUONG
DH-2304 SASHA J ALLISON
DH-2305 SARAH J MINDLIN
DH-2306 KATHRYN P WIGGINS
DH-2308 CHELSEY KAHOONEI
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DH-2311 TREANA A H GARCIA-PERREIRA
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DH-2315	ALOHA MAE G MERCADO
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DH-2317	LINDA C CHAN
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DH-2327	YEONJOO LEE
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DH-2331	TASHA L N JOHNSON
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DH-2334	LIZELLE C BUNIEL
DH-2335	ANDREW N ISRASENA
DH-2336	JERRYCA APRIL GASMEN NAGAMINE

7. Next Meeting: Monday, November 15, 2021
10:00 a.m.
Location: Virtual Videoconference – Zoom Webinar

8. Adjournment: The meeting adjourned at 11:57 a.m.

Reviewed and approved by:

Taken and recorded by:

/s/ Sandra Matsushima

/s/ Erin Emerson

Sandra Matsushima
Executive Officer

Erin Emerson
Secretary

SM:ee

10/12/21

[x] Minutes approved as is.

[] Minutes approved with changes; see minutes of _____.