

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

**MINUTES OF MEETING<sup>1</sup>**

Date: November 20, 2023

Time: 10:00 a.m.

Place: Queen Liliuokalani Conference Room  
King Kalakaua Building  
335 Merchant Street, 1<sup>st</sup> Floor  
Honolulu, Hawaii 96813

Virtual Videoconference Meeting – Zoom Webinar  
<https://dcca-hawaii-gov.zoom.us/j/88041441206>

Zoom Recording Link: [https://youtu.be/u8-dYc\\_5gy4](https://youtu.be/u8-dYc_5gy4)

Members Present: Paul Guevara, D.M.D, M.D.S., Chair, Dental Member  
Andrew Tseu, D.D.S., Vice-Chair, Dental Member  
Wallace Chong, III, D.D.S., Dental Member  
Wesley Choy, D.D.S., Dental Member  
Staphe Fujimoto, D.D.S., Dental Member  
Katherine Fukushima, R.D.H., Dental Hygiene Member  
Jonathan Lau, D.D.S., Dental Member  
Joy Shimabuku, Public Member  
Joyce Yamada, Ed.D., R.D.H., Dental Hygiene Member  
Craig Yamamoto, D.D.S., Dental Member

Members Excused: None

Staff Present: Sheena Choy, Executive Officer (“EO Choy”)  
Chelsea Fukunaga, Executive Officer (“EO Fukunaga”)  
Jennifer Waihee-Polk, Esq., Deputy Attorney General (“DAG Waihee-Polk”)  
Bryan Yee, Esq., Deputy Attorney General (“DAG Yee”)  
Marc Yoshimura, Secretary

In-Person Guests: Mai Hall, Hawaii Oral Health Coalition  
Charles Kamimura

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<sup>1</sup> 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.

Dr. Arthur Jee, AADB  
Dr. Joseph Mayer  
Dr. Abraham Miller

Zoom Webinar

Guests:

Patrick Donnelly, Hawaii Oral Health Coalition  
Richael Cobler, Executive Director, CRDTS  
Kiyu Noguchi  
Kimber Cobb, Interim Executive Director, AADB  
Sharon Shishido  
Kim Nguyen, HDA  
Gerraine Hignite, HDHA

Virtual Meeting  
Instructions:

A short video regarding virtual meetings was played for attendees.

Vice Chair Tseu provided information on internet and phone access for today's virtual meeting and announced that today's meeting was being recorded and that the recording will be posted on the Board's web page.

Agenda:

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

Roll Call:

Chair Guevara welcomed everyone to the meeting and proceeded with a roll call of the Board members. All Board members confirmed that they were present; those on Zoom confirmed they were present and alone.

Call to Order:

There being a quorum present, Chair Guevara called the meeting to order at 10:06 a.m.

Approval of  
Minutes:

**Approval of the Minutes of the September 18, 2023 Meeting**

Chair Guevara asked if there were any corrections to or discussion of the minutes for the September 18, 2023 meeting, or any public comments. The Board did not move into executive session at its September 18, 2023 meeting.

Seeing none, Chair Guevara asked for a motion to approve the open session minutes of the September 18, 2023 meeting.

Upon a motion by Chair Guevara, seconded by Vice Chair Tseu, it was voted on and unanimously carried to approve the open session minutes of the September 18, 2023 meeting.

New Business:      **Permitted Interaction Group (PIG) Report: Resources List of Approved Courses for Dental Hygienist Certification for the Administration of Intra-oral Block Anesthesia**

Ms. Yamada reported that after further discussion and research, the PIG drafted an unofficial checklist with FAQs for individuals looking to obtain the Hawaii dental hygiene certification in the administration of intra-oral block anesthesia.

The PIG recommends that this would be the best resource for applicants as opposed to a list of programs as programs may change their curriculum year to year and each state has different laws and rules regarding anesthesia administration.

EO Choy reminded the Board of the process for investigative PIGs – at the first meeting, the Board votes to establish the PIG and the scope of investigation; at a second meeting, the PIG presents findings and recommendations and the public can provide testimony, but no discussion or action is taken; at a third and final meeting, the Board may discuss recommendations or action and the public is again afforded the opportunity to testify. Today is the second meeting.

Chair Guevara asked if there was any public testimony on this agenda item. Seeing none, Chair Guevara thanked Ms. Yamada for the PIG report and announced the next agenda item.

**Rules Committee Update**

Chair Guevara asked if there was any public testimony.

Seeing none, Chair Guevara stated that this agenda item will be deferred.

**Regulated Industries Complaints Office (RICO): Dental Advisory Committee Members**

It was moved by Chair Guevara, seconded by Ms. Shimabuku, and unanimously carried to approve the RICO Advisory Committee List with amendments and any additional interim appointees that RICO deems necessary to aid its investigations.

**Hawaii Oral Health Coalition Presentation: 2024 Legislative Proposal Regarding Community Service Dental Hygienists –**

### **Statewide Oral Health Coalition**

Chair Guevara welcomed Patrick Donnelly (on Zoom) and Mai Hall (in-person) to present to the Board and reminded them that they have five minutes to share their presentation.

Ms. Hall stated that they are presenting on a draft bill being proposed by the Hawaii Oral Health Coalition (“HOHC”). This bill would allow a licensed Hawaii dental hygienist to perform preventive dental sealant screenings and apply preventive dental sealants on individuals who are not yet patients of record, who have not been previously examined by a licensed dentist, or who do not have a treatment plan prescribed by a licensed dentist when under the general supervision of a licensed dentist in a school-based oral health program.

The bill allows for an expansion of Hawaii’s current school-based dental sealant program and targets Title I schools. About 10% of Hawaii Medicaid youth currently receive dental sealants. The bill seeks to provide dental services to underserved youth and would provide them with a referral to a dental home in their community for other emergent or urgent oral healthcare needs.

The bill proposes amendments to the existing Hawaii Revised Statutes (HRS) §447-3 by adding a subsection as follows:

*“(e) Notwithstanding section 447-1(f), a licensed dental hygienist may perform preventive dental sealant screenings and apply preventative dental sealants on individuals who are not yet patients of record, have not been previously examined by a licensed dentist, or do not have a treatment plan prescribed by a licensed dentist, when under the general supervision of a licensed dentist, in a school-based oral health program.”*

Mr. Donnelly clarified that this proposed bill would apply to all dental hygienists, and not just those with a community service license.

Chair Guevara asked if there was any public testimony or board discussion.

Vice Chair Tseu recused himself from the discussion.

Dr. Yamamoto asked for clarification that this bill would only apply to certain settings.

Mr. Donnelly confirmed that the bill would only apply to school-based oral health programs.

Dr. Yamamoto asked if there are any data on the preventative impact of the sealants on the 10% of Medicaid youth who currently receive sealants.

Mr. Donnelly stated that he has not seen any data on the preventative impact on that population. He added that the data is from 2019 and HOHC is still waiting for MedQuest to release more current data. However, he offered to follow up on this inquiry.

Dr. Lau asked if the proposed changes would allow any licensed dental hygienist to diagnose their own sealants in independent practice or if this would only be limited to dental hygienists who work at the schools. Additionally, Dr. Lau asked if the hygienists would take bite wings for screenings as sometimes it is hard to see if a cavity penetrated down and would therefore require a filling and not a sealant.

Ms. Hall clarified that the proposed bill would not allow hygienists to open their own practice in the community; it is strictly limited to school-based oral health programs. Additionally, the participating dentists would still have to work under the supervision of a licensed dentist.

Mr. Donnelly stated they are not familiar with the specific process of using bite wings for screenings.

Dr. Chong asked if there was already a program in place to do dental sealant screenings.

Ms. Hall stated that there is currently a school-based dental sealant program called Hawaii Keiki Dental Sealant Program ("Hawaii Keiki") which is run through the University of Hawaii at Manoa School of Nursing. Hawaii Keiki started about three years ago, just finished a pilot program, and currently visits about 68 public elementary schools. During 2022-2023, Hawaii Keiki screened over 2,000 students, with 61% identified as needing sealants. The program is currently being funded through various foundations and grants. By expanding this practice, programs like Hawaii Keiki could operate in a more cost-efficient model and see more students instead of having to wait for the dentist to do screenings first. The program targets reaching every Hawaii Title I school.

Dr. Lau stated that he noticed the data referenced was from 2015 and asked if there were more current data about Hawaii having an “F” grade for sealants.

Ms. Hall stated that no further studies have been done since 2015, but since there has been no movement in expanding sealant or fluoride programs, there would likely be no progress in a follow up study by the Pew Research Center.

Dr. Lau asked what communication would be like between a hygienist under general supervision of a dentist if no x-rays are taken. He stated concern about cavities accidentally being sealed.

Ms. Hall stated that she believes that with Hawaii Keiki, the current practice is to use silver diamide fluoride, which will arrest the cavities. The general supervision of a dentist will also allow for there to be a check on the hygienists’ work.

Dr. Lau stated that to his knowledge, silver diamide is approved for use as a fluoride treatment and that it arrests cavities. However, it is not a sealant, it is a chemical reaction that occurs when the silver diamide penetrates into the cavity and prevents it from growing. He reiterated concern that a cavity will be accidentally sealed and progress to a root canal.

EO Choy asked Ms. Hall and Mr. Donnelly to explain any risks associated with applying dental sealants.

Mr. Donnelly stated that 33 other states have successful sealant programs. Based on their research of existing programs, they have not found much about the risks of performing dental sealants in community settings.

EO Choy asked if the proposed language is modelled after language in any other state.

Mr. Donnelly stated that the language is modelled after what is used in other states and additionally matches what was written when the legislation was passed for virtual dental homes.

EO Choy asked about the pros and cons of not having a licensed dentist do direct supervision of hygienists. EO Choy noted that this proposed bill expands the scope of dental hygienists in school-based settings.

Ms. Hall stated that the supervising licensed dentist remains responsible for the calibration and direction of the dental hygienists. The pros of having a dental hygienist screen for and apply sealants is that it would create a more cost-efficient model. Hawaii Keiki told HOHC that it costs about \$200 every time a dental provider has to come into the room to make sealant decisions. Allowing a hygienist to perform screenings would cut the cost by about half.

Mr. Donnelly added that they do not want to create the impression that they are in any way trying to revamp the scope of practice for hygienists. This is a very targeted effort to focus on one specific population in a specific setting. He is not aware of any other cons in other states, but they are continuing to do their research so they can address concerns as they arise.

EO Choy asked if Ms. Yamada or Ms. Fukushima, as the Board's dental hygiene members, could discuss any other duties that hygienists currently can perform under the general supervision of a licensed dentist.

Ms. Fukushima stated that the main thing a hygienist cannot do is administer anesthetic. She stated that she likes the sealant program, but she would like to make sure that the students get a dental exam. Ms. Fukushima stated that she encounters adults who participated in sealant programs but have a lot of disease and are in need of a dental exam. In the past, Ms. Fukushima stated that she participated in school-based dental sealant programs, but she operated under the direct supervision of a dentist and x-rays were done.

Mr. Donnelly stated that the bill does not intend to replace the need for a dental home. It is hard to say when a child would get a dental exam, but the idea is that the school-based programs would provide some oral health care in the interim and refer children who do not have a dental home.

Ms. Yamada stated that she agrees with Ms. Fukushima that is problematic to not have an exam.

EO Fukunaga asked if HOHC would be amenable to changing the language of the bill to include the requirement for students to have a dental home.

Mr. Donnelly replied that they are always open to ways to improve

the language of the bill, and he would take the suggestion to HOHC for further discussion.

Chair Guevara asked if any consideration was given to the fact that Hawaii is pretty much the only state that does not have fluoridated water, which is why Hawaii historically has scored poorly on national surveys of oral health care, particularly with regards to caries.

Mr. Donnelly replied that this is something HOHC takes into consideration.

Ms. Shimabuku asked for clarification of HOHC member composition.

Ms. Hall stated that HOHC is a grassroots effort made up of community members, federally qualified health centers, and public and private dentists all geared towards increasing access to dental and oral health care programs.

Ms. Shimabuku stated that she shared Ms. Fukushima's concern about not having a dental exam before applying sealants.

Ms. Hall stated that referrals to a dental home are always made in community health programs. Hawaii Keiki Program already refers students to a dental home if they do not have one, but it has been hard to get in contact with parents.

*Gerraine Hignite raised her hand on Zoom and was promoted to panelist.*

Ms. Hignite stated that she participates in Hawaii Keiki as a dental hygienist. Currently, the licensed supervising dentist does a limited screening in line with the "Universal Dental Screening" to see if the child is a sealant candidate. They do not perform a dental screening. The dentist and the hygienists are calibrated. They determine if the individual needs a sealant and refer them if they need a dental home. They do not take any x-rays and their program contract with the Department of Education ("DOE") is to screen for sealants and refer to a dental home.

Dr. Lau stated that the current program has hygienists working under the direct supervision of a licensed dentist, but the bill proposes general supervision.



Ms. Hignite stated that the dental hygienists would be calibrated by the dentist, who would be available by phone or other means. The program's current challenge is that there are not enough dentists applying to participate. Currently Ms. Hignite works with only four dentists in the program.

Dr. Choy asked if there is any follow up with parents after the child is referred to a dental home.

Ms. Hignite replied that they do follow up with a parent or guardian. Flyers are provided for Medicaid, and referrals are given to providers in the child's neighborhood area. The conversation and information are then noted in the child's Infinite Campus DOE portal. When Hawaii Keiki returns the following school year, they do try to follow up for retention checks.

EO Choy stated that pursuant to HRS §447-3(d), "A licensed dental hygienist shall refer individuals not currently under the care of a dentist and who are seen in a public health setting to a dental facility for further dental care." EO Choy asked if the current practices of following up with families that Ms. Hignite mentioned will continue in the proposed sealant program.

Ms. Hall replied that they believe those practices will continue.

Dr. Yamamoto asked if there has been an expressed interest by licensed dental hygienists to provide sealant services in school-based settings under general supervision.

Mr. Donnelly replied that the Hawaii Dental Hygienist Association ("HDHA") was one of the first stakeholders they met with. HDHA expressed strong interest in the proposed language.

Seeing no further discussion, Chair Guevara thanked Ms. Hall and Mr. Donnelly for their presentation and announced the next agenda item.

**American Association of Dental Boards (AADB) Presentation on the AADB Dental & Dental Hygiene Compact – Dr. Art Jee, CDCA-WREB-CITA Examiner**

Chair Guevara welcomed Dr. Jee in-person to the meeting and reminded him that he has five minutes to present to the Board.

Dr. Jee stated that the AADB has analyzed the Council on State

Governments (“CSG”) Compact and found significant flaws and issues.

AADB has been approached by numerous state boards with their concerns. AADB subsequently reached out to CSG with these concerns and was informed that the CSG Compact is “immutable” and cannot be changed. Therefore, AADB is proposing its own AADB Compact as an alternative based on what they believe is the appropriate processes and structure for a dental compact.

Dr. Jee noted some of the significant differences between the CSG and AADB compacts.

The CSG Compact grants a compact “privilege,” not a license. The AADB Compact specifically states that they are providing an expedited license based on a uniform standard. The full authority to grant the license is given to the state dental boards.

The CSG Compact requires individuals to meet the requirements only of the initial participating state with which they were licensed. For example, they would only need to meet the continuing education (“CE”) requirements of the initial compact state in which they were licensed, and not the CE requirements of the other participating states in which they could practice under the compact, regardless of any differences in CE requirements state to state.

Additional concerns AADB has with the CSG Compact granting a “privilege” instead of a “license” are: whether an individual with a privilege can own their own company; whether you can supervise a dental hygienist with just a “privilege;” this is the only compact across different healthcare professions that uses the term “privilege;” states would not know if an individual is practicing in their state as the individual dentist or dental hygienist only needs to register with the CSG Compact commission and not with state boards.

AADB also is concerned with the qualifications outlined in the CSG Compact. The AADB Compact requires a CODA-accredited degree. The CSG Compact allows for a CODA-accredited degree or another accreditation agency.

Dr. Jee also stated that there is an unknown fiscal impact of participating with the CSG Compact as the compact language mentions unspecified amounts for taxes and levies.

Chair Guevara asked if there was any public testimony. Seeing none, public testimony was closed.

Dr. Choy asked if the purpose of a compact was for licensure portability.

Dr. Jee replied in the affirmative. However, the way the portability is conducted is the issue between the CSG and AADB compacts. Dr. Jee stated that he is aware that enacting compact language would be a legislative issue. However, state boards can show their support for compact language that complements rather than opposes their existing licensure requirements.

EO Choy asked for clarification as to whether the American Dental Association (ADA) supports the CSG Compact.

Dr. Jee replied that there was a resolution to adopt the CSG Compact at the last ADA annual meeting. It was rejected by the ADA house of delegates and sent back for review. ADA as an organization supports the CSG Compact financially as well as the general concept of compact licensure. However, individual ADA delegates (i.e. state boards) do not necessarily support the CSG Compact.

Vice Chair Tseu asked to what extent states that pass the AADB Compact would need to revise their statutes and administrative rules to comply.

Dr. Jee stated that after a compact is adopted through state legislation, each state would establish a compact commission which would run the compact process in their state. If a state were to adopt the AADB Compact, no statute or rules changes to the practice act would be necessary. However, with the CSG Compact, statute change is required, and it is unclear who has the authority over an individual's "compact privilege" since it is not a license.

Vice Chair Tseu asked what the general process is for withdrawing from the AADB Compact.

Dr. Jee stated that it is a very extensive process with CSG; they have an entire section in their compact language detailing withdrawal. Under the AADB Compact, AADB simply requires a letter of withdrawal.

EO Choy asked Dr. Jee to talk about the advantages of patterning

the AADB Compact after the Federation of State Medical Boards (FSMB) Compact.

Dr. Jee stated that the CSG Compact is patterned after the Cosmetology compact, which also grants a compact “privilege.” AADB chose to pattern the AADB Compact after the FSMB Compact because they believe the dental profession is closest to the medical profession as far as how they practice. In medicine and dentistry, there are a lot of liability issues. A major concern that AADB has with the CSG Compact is how to deal with malpractice when an individual with a “compact privilege” is technically not licensed in your state.

Chair Guevara asked for clarification as to whether individuals would get their license through the state boards or through AADB under the AADB Compact.

Dr. Jee replied that AADB would provide single-source verification for individuals, but the state boards would issue the license. Additionally, state boards would retain licensure and renewal fees under the AADB Compact but would lose fees to the CSG Compact.

Dr. Jee stated that the AADB Compact requires five states to participate to go into effect, and the CSG Compact requires seven states.

Dr. Choy stated that the benefits of Hawaii joining a compact are unclear to him as it seems many dentists want to come to Hawaii to practice, but not many Hawaii dentists desire licensure portability to move out of Hawaii.

Dr. Jee stated that the AADB agrees that state boards do not necessarily need to join a compact; they are not pushing for compacts. However, it may not be up to state boards to decide as legislators are compelled by the arguments promoting compacts as a solution to workforce and access to care issues.

Chair Guevara thanked Dr. Jee for his presentation and announced the next agenda item.

### **Central Regional Dental Services (CRDTS) Presentation – CRDTS Care Program**

*Richael Cobler was promoted to panelist on Zoom.*

Chair Guevara welcomed Ms. Cobler to the meeting and reminded her that she has five minutes to present to the Board.

Ms. Cobler thanked the Board for allowing her to present on the CRDTS Care Program. She stated that the CRDTS Care program is a remediation and reeducation program that CRDTS offers to state boards and licensed professionals.

CRDTS will reach out to licensees upon state board request. A reeducation or remediation program is created using state board recommendations and once complete, the state board is provided with documentation and results of the remediation.

Alternatively, a licensee can reach out directly to CRDTS. They will be advised to contact their state board for specific guidance; a re-education plan is created based on a CRDTS pre-assessment; the licensee is provided with a certificate of completion and analysis of results upon completion.

Chair Guevara asked if there was any public testimony. Seeing none, public testimony was closed.

Dr. Lau asked if the CRDTS courses are PACE or CERP certified; do participants get continuing education ("CE") credit for participating in the CRDTS Care Program?

Ms. Cobler replied that it is a state board decision whether they will count the CRDTS Care participation for CE credit. CRDTS as an organization is not accredited, but all their instructors are accredited through the schools they are affiliated with. There is no PACE or CERP certification for their program, which is why it is up to the individual state boards to decide if they will count the program for CE credit.

Ms. Fukushima asked if the CRDTS Care program was created for individuals who did not pass the exams.

Ms. Cobler stated that the program was created for state board remediation. CRDTS continually heard the need for remediation when they were interacting with state boards, and therefore created the program as a resource. CRDTS primarily works with licensees who have been disciplined and ordered by their state board to seek remediation.

Vice Chair Tseu asked how long the CRDTS Care program has been in place.

Ms. Cobler replied that it was established in April 2022.

Vice Chair Tseu asked if Ms. Cobler could name some of the state boards that have participated in the CRDTS Care program to date.

Ms. Cobler stated that off the top of her head, the state boards of Missouri, Iowa, Utah, and Texas have used the program, as well as individual licensees from California, Florida, and North Carolina.

Vice Chair Tseu asked where the program is administered.

Ms. Cobler stated that the program is administered at the CRDTS headquarters in Topeka, Kansas. They additionally have independent testing sites that have clinics available for use as needed, but they prefer to do it at their Topeka facility.

Chair Guevara thanked Ms. Cobler for her presentation and announced the next agenda item.

*Ms. Cobler was returned to attendee on Zoom.*

### **Formation of Legislative Committee for the 2024 Legislative Session**

Chair Guevara asked if there was any public testimony. Seeing none, public comments were closed.

Chair Guevara stated that this agenda item is deferred.

### **Old Business:**

#### **Interstate Dental Compacts**

Chair Guevara asked if there were any public comments. Seeing none, public comments were closed.

EO Choy stated that while both compacts are in the early stages, it is important for the Board to begin to form a position based on the information currently available as the issue of compacts has become a hot topic nationwide. EO Choy stated that the CSG will also be invited to present at a future board meeting.

Seeing no Board discussion, Chair Guevara announced the next agenda item.

### **Central Regional Dental Services (CRDTS) vs. American Dental Examiners (ADEX) Exam Comparison Chart – Dental**

Chair Guevara asked if there was any public testimony.

*Richael Cobler raised her hand on Zoom and was promoted to panelist.*

Ms. Cobler stated that the Board has the CRDTS versus ADEX comparison chart that was requested at the CRDTS presentation to the Board during the September 18, 2023 board meeting. She stated that CRDTS requests that all state board review and compare the differences between the available clinical dental exams. Since the exams have transitioned to manikin versus patient-based exams, there are significant differences between exams.

Ms. Cobler stated that Nebraska recently determined that the ADEX exam does not meet their requirements and now only accepts CRDTS for dental licensure.

Ms. Cobler stated that CRDTS would like to return to Hawaii as an accepted qualifying dental exam, especially since CRDTS is already accepted for Hawaii's dental hygiene licensure.

Dr. Chong stated that upon review of the comparison chart, it seems that ADEX has changed some of its grading criteria since the exam was first administered. For example, the periodontal section for the CRDTS exam appears to be a little more thorough than the ADEX exam. He stated that it would be ideal if the testing agencies could all align.

Ms. Cobler replied that there was a movement in the early 2000s towards aligning all five testing agencies. Unfortunately, there were differences in opinion and the alignment did not happen. However, in anticipation of the alignment, Hawaii and several other states wrote the ADEX exam exclusively into statute. Only one agency, CDCA-WREB-CITA, is currently allowed to administer the ADEX exam.

Vice Chair Tseu stated that any alterations regarding exam requirements would need to be done through legislative action; it is not a Board decision. In reviewing the comparison chart, he personally believes that both the CRDTS and ADEX exams

effectively test the competency of the licensees to Hawaii's standards.

*Ms. Cobler was returned to attendee.*

Seeing no further public testimony or Board discussion, Chair Guevara announced the next agenda item.

Applications:

**Ratification Lists**

After reading the license numbers on the ratification lists, Chair Guevara asked if there was any public testimony.

Seeing no public testimony, public testimony was closed.

Chair Guevara asked for a motion to approve the ratification lists.

Upon a motion by Ms. Shimabuku, seconded by Vice Chair Tseu, it was voted on and unanimously carried to approve the following ratification lists:

Approved Dentists

DT-3130	YIM, CAMILLE M.M
DT-3131	LACKEY, MARIE ADELA
DT-3132	LEE, SUNGWHAN
DT-3133	YOON, ANDREW J
DT-3134	NICHOLS, HARRISON TROY
DT-3135	JAICKS, JOHN R
DT-3136	FRIES, JOYJOY GLADYS
DT-3137	WILLIAMS, KANDIS C
DT-3138	SINGLETON, DAVID S
DT-3139	SINGLETON, JESSICA L H
DT-3140	CHAN, JUSTIN
DT-3141	GRIGGS, PHILIP E
DT-3142	GUEVARA, KATHERINE F
DT-3143	LEUTHNER, TIFFANY MIYUKI
DT-3144	KELLOGG, JAMES M
DT-3145	CHANG, MARY JOOEAN
DT-3146	PIDGEON, BRITTANY NICOLE

Approved Temporary Dentists

DTT-371	VAZQUEZ, ALAN
DTT-372	MESSERLE, MEREDITH EILEEN



Approved Dental Hygienists

DH-2446 HAN, EMILY DASOL  
DH-2447 LIN, CHENGLIN  
DH-2448 ALIPIO, JHENA IRENE  
DH-2449 LIPSKEY, CASSANDRA LYNN  
DH-2450 LISING, DONITA SHANE R  
DH-2451 KELLY, ALEXANDRA M  
DH-2452 MARTINEZ, KAREN CESIBEL  
DH-2453 SABER, RONALYN ANNE GAMAYO  
DH-2454 CAMPBELL, NATALIE  
DH-2455 LIVINGSTON, MARYJANE BUTAC

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

DH-2434 NAVARRO, AYSE R  
DH-2441 RABINO, ELENE J P  
DH-2448 ALIPIO, JHENA IRENE  
DH-2449 LIPSKEY, CASSANDRA LYNN  
DH-2452 MARTINEZ, KAREN CESIBEL  
DH-2453 SABER, RONALYN ANNE GAMAYO  
DH-2455 LIVINGSTON, MARY JANE BUTAC

**Applications**

At 11:53 a.m., upon a motion by Chair Guevara, seconded by Vice Chair Tseu it was voted on and unanimously carried to move into executive session in accordance with HRS §92-4 and §92-5(a)(1) and (4) "To consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both;" and "To consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities, and liabilities."

At 12:30 p.m., upon a motion by Chair Guevara, seconded by Vice Chair Tseu, it was voted on and unanimously carried to move out of executive session.

Dentist

Chair Guevara asked if there was public testimony on these applications. Seeing none, public testimony was closed.

Chair Guevara asked if there was any board discussion on these applications.

Seeing none, Chair Guevara asked for a motion.

**Abraham M. Miller**

Upon a motion by Vice Chair Tseu, seconded by Ms. Shimabuku, it was voted on and unanimously carried to defer Dr. Miller's application for more information.

**Jason Park**

Upon a motion by Chair Guevara, seconded by Dr. Lau, it was voted on and unanimously carried to approve Dr. Park's application.

Approved Sponsoring Organizations

**Dental Education Solutions & Training: OSHA 2024 Updates & Training**

Chair Guevara asked if there was any public testimony, including if June Wolken-Vierra and Deborah Sinclair are in attendance.

Seeing none, public testimony was closed.

Chair Guevara asked if there was any Board discussion.

EO Choy reminded the Board that pursuant to Hawaii Administrative Rules (HAR) §16-79-143, 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. Courses shall comply with the provisions in section 16-79-141.

Upon a motion by Chair Guevara, seconded by Ms. Shimabuku, it was voted on and unanimously carried to approve Dental Education Solutions & Training's "OSHA 2024 Updates & Training" approved sponsoring organization application.

Executive Officer's Report:

**2023 Dental Renewal Period – Reminders to Licensees**

EO Choy reported that the renewals are open as of November 6, 2023 for dentist and dental hygienist renewals.

All licensees are reminded that they must renew their license by December 31, 2023 or else their license will be considered “forfeited” and they will no longer be able to practice in the State of Hawaii.

Most renewals may be done online via MyPVL: <https://mypvl.dcca.hawaii.gov/>. Licensees are advised to contact the Board at [dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov) if they encounter any issues or have questions about renewal.

For dentists with the special permit to administer anesthesia, these licensees must submit a hard-copy only renewal form regardless of if they plan to renew their special privilege. As mentioned in previous meetings and on the Board’s website, those dentists renewing their anesthesia permits must also complete a renewal facility inspection.

EO Choy reported that she reached out to the Hawaii Dental Association (“HAD”) and Hawaii Dental Hygienists Association (“HDHA”) to provide more information for Maui licensees from Lahaina and Upcountry Maui who may have been impacted by the wildfires and are seeking a waiver request for the CE renewal requirement.

EO Choy stated that any licensee requesting a CE waiver pursuant to HAR §16-79-147 must submit their request in writing with a hard-copy only renewal form. Waivers will be pending approval by the Board. If a licensee submits their renewal form without meeting the CE requirements and without requesting a CE waiver, they will be falsely attesting and the license may be subject to disciplinary action.

To request a hardcopy form, licensees should contact the Licensing Branch at (808) 586-3000 or pick up at office location: King Kalakaua Building 335 Merchant Street, Rm. 301 Honolulu, Hawaii 96813. FAQs on both general renewal requirements and renewal requirements for permit holders are all available on the Board’s website: [https://cca.hawaii.gov/pvl/news-releases/dental\\_announcements/](https://cca.hawaii.gov/pvl/news-releases/dental_announcements/).

### **Governor’s Eighth Emergency Proclamation Related to Wildfires**

EO Choy reported that as of November 6, 2023, the Governor has signed the Eighth Emergency Proclamation Relating to Wildfires.

The public is reminded that this 8<sup>th</sup> Emergency Proclamation **does not** exempt any provision in HRS Chapter 447, HRS Chapter 448 or HAR Chapter 79. Anyone who wishes to practice dentistry or dental hygiene in the State of Hawaii must hold a current and active Hawaii license.

### **Delegation to Executive Officer**

EO Choy stated that she is asking the Board to delegate to the EO the authority to approve applications with a prior conviction or misdemeanor based off the list provided to the Board. EO Choy stated that this will help streamline the application process as many of the convictions/misdemeanors listed have been previously discussed and approved by the Board and are unrelated to the profession.

It was moved by Chair Guevara, seconded by Vice Chair Tseu, and unanimously carried to delegate to the Executive Office approval of certain applications based off the list below:

Prior convictions/misdemeanors from dental applicants that meet the following criteria:

- One conviction;
- No felony conviction;
- Applicant has complied (nothing outstanding, e.g. probation, fine, etc.) with court sanctions, etc.;
- Conviction is not related to applicant's performance as dentist or dental hygienist;
- Conviction not within 5 years of the date application received (unless otherwise noted); and
- Conviction is listed below:
  - Traffic violations/tickets:
    - Speeding
    - Parking
    - Driving

- Driving without or with expired license
- Not wearing a seat belt
- Failing to stop at stop sign
- Failure to yield right of way to vehicle
- Following too closely
- Violate restrictions on driver's license
- Negligent driving
- Running a red light
- Talking on cell phone while driving
- Driving in emergency lane
- Failing to stop for school bus
- Driving without insurance
- Making left turn at intersection
- Grass parking in public park
- No bicycle or moped tax decal
- Bicycle racing
- Parking in a tow zone
- Delinquent vehicle tax
- Unlawful entry without park permit
- Minor in possession of alcohol
- Curfew violations
- Shoplifting
- Trespassing
- Reckless/Wet driving
- Negligent driving
- Possession of open container while driving
- Obstruction of highway
- Disorderly conduct
- Embezzlement (only if over 10 years ago)
- Dog/cat at large, unlicensed animal, unlawful animal attack
- Telephone harassment
- Theft (only if over 10 years ago)
- Criminal damage to property/injury to real property
- Criminal contempt of court
- DUI/DWI/OVI
- Driving with a 0.08 higher blood alcohol
- DUI-property damage
- Operating a motorboat while intoxicated
- Failure to appear in answer to citations
- Drinking in public/drunken in public

### **2024 Proposed Legislation: Relating to Healthcare Provider Credentialing**

EO Choy reported that the department received a copy of the

provided language regarding proposed legislation relating to healthcare provider credentialing. EO Choy stated that because the bill has not yet been introduced, she is providing the language of the bill to the Board for informational purposes only. The Board can discuss and, if needed, form a position if/when the bill is introduced to the 2024 legislature.

As stated in the proposed draft bill, the purpose of this legislative proposal is to authorize credentialing conducted by the Hawaii Health Systems Corporation, health plans accredited by the National Committee on Quality Assurance, and hospitals accredited by the Joint Commission to serve as prima facie credentialing for purposes of health plan network participation. Authorizes a healthcare credentialing clearinghouse pilot program within the Department of Health.

Dr. Yamamoto stated that credentialing is a process that many hospitals require for specialties like oral surgery. That process can be lengthy, sometimes taking over a year for oral surgeons. He stated that his personal opinion is that it makes sense for there to be a centralization of the credentialing process for providers and institutions.

### **2024 Board Meeting Schedule**

EO Choy stated that the Board was provided with the meeting schedule for 2024. The scheduled dates are as below, subject to change:

- January 22, 2024
- February 5, 2024 (special legislative meeting)
- March 11, 2024
- April 8, 2024 (special legislative meeting)
- May 13, 2024
- July 15, 2024
- September 16, 2024
- November 18, 2024

### **Reminder: Ethics Training**

EO Choy reminded the Board that Board members are required to complete mandatory ethics training every 4 years, no later than December 31, 2023.

Next Meeting: Monday, January 22, 2023

10:00 a.m.  
In-Person: Queen Liliuokalani Conference Room  
HRH King Kalakaua Building  
335 Merchant Street, First Floor  
Honolulu, Hawaii 96813

Virtual  
Participation: Virtual Videoconference Meeting – Zoom Webinar

Adjournment: The meeting adjourned at 12:46 p.m.

Reviewed and approved by:

Taken and recorded by:

/s/ Sheena Choy  
Sheena Choy  
Executive Officer

/s/ Marc Yoshimura  
Marc Yoshimura  
Secretary

SC:my

01/13/24

Minutes approved as is.

Minutes approved with changes; see minutes of