

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

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

Date: March 11, 2024

Time: 10:00 a.m.

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

Virtual Videoconference Meeting – Zoom Webinar  
<https://dcca-hawaii-gov.zoom.us/j/81789510236>

Zoom Recording Link: <https://youtu.be/jzG9E5OE-7Y?si=D3gW2DscYOyC6sKy>

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  
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: Wesley Choy, D.D.S., Dental Member

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

In-Person Guests: Charles Kamimura  
Dr. Joseph Mayer

Zoom Webinar Guests: Danny Cup Choy, HDA  
Gerraine Hignite  
Arlyn Levy  
Sharon Shishido

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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.

Virtual Meeting Instructions: A short video regarding virtual meetings was played for attendees.  
The Vice Chair 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: The Chair 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, the Chair called the meeting to order at 10:06 a.m.

Approval of Minutes:

**Approval of the Minutes of the January 22, 2024 Meeting**

The Chair asked if there was any discussion of, corrections to, or public comments regarding the January 22, 2024 minutes.

Seeing no public comments or Board discussion, the Chair asked for a motion to approve the minutes of the January 22, 2024 meeting.

Upon a motion by Chair, seconded by Ms. Shimabuku, it was voted on and unanimously carried to approve the Open and Executive Session minutes of the January 22, 2024 meeting.

Scope of Practice: **Multiple email inquiries requesting clarification on requirements for supervision of dental hygienists treating patients of records**

EO Choy stated that the Board has been receiving emails requesting clarification on requirements for supervision of dental hygienists treating patients of record.

EO Choy read the following questions as examples:

- (1) "If the dentist is absent, the RDH cannot see the new patient but it's ok to perform routine prophylaxis, perio maintenance (without LA) at least the patient is in a record. But how recent should the patient be in the record? If the patient's cleaning/exam was 1 year ago, can I treat the patient? What about 2 years or 5 years ago?"
- (2) "I know dental hygienists are able to do prophies on patients of record unsupervised, however I was wondering if there's a specific timeframe that rule is good for. For example, if there was a patient that was last seen by the dentist in the practice 5 years ago, I assume they cannot be seen by the hygienists without a dentist's supervision since they

haven't been seen for quite some time. What about a shorter time frame, say for example 2-3 years?"

- (3) "A new patient comes in when the dentist is in the office but requests to just do a cleaning only. Is this legally allowed? Or are we obligated to at least do an exam?"

EO Choy suggested the Board discuss the length of time for which a treatment plan is considered valid. She provided context that in 2017, there was a bill passed as Act 083 which allowed dental hygienists to operate under general rather than direct supervision. At the time, the Board engaged in discussion with various stakeholders on the bill. The Board didn't comment on the length of time a treatment plan should be valid for, but the Hawaii Dental Association ("HDA") commented in discussion with the Board and in testimony on the bill that they recommend treatment plans be valid for one year.

Further, at its January 22, 2018 meeting, the Board received a similar inquiry to the ones given as examples for this agenda item. At the January 22, 2021 meeting, the Board voted and unanimously carried that a treatment plan within six (6) months is sufficient for a dental hygienist to see a patient under general supervision. It was noted in discussion that in the Army, for example, treatment plans are valid for one year.

The Chair asked if there were any public comments on this agenda item.

*Dr. Joseph Mayer raised his hand and was invited to share his public comments in-person.*

Dr. Mayer stated that he is a member of the public and recently attended an HMSA course on Maui discussing the benefits of medical dental care. One of the statistics shared was that if a pregnant woman has a dental prophylaxis during her pregnancy, she has a 90% less chance of having a premature birth. Additionally, other at-risk populations who have a dental prophylaxis within a year of being admitted to the hospital have an 85% less chance of developing post-surgical pneumonia. For these reasons, he recommends the board consider one-year validity for treatment plans.

Seeing no further public comments, the Chair asked if there was any Board discussion.

The Chair stated that the Board should discuss and vote on a length of time for which treatment plans are valid to provide clarification to practitioners. The Chair stated that he would be okay with one year.

EO Choy asked for the Chair to explain any reasoning behind supporting one-year validity for treatment plans.

The Chair stated that one-year is common practice in the industry. It is important for treatment plans to stay up-to-date. As an endodontist, he

wants to see patients based on a current treatment plan, and to know that the patient has had a dental screening, the closer to the date of the root canal procedure the better.

The Vice Chair stated that dentists encourage patients to have a dental examination at least once a year.

EO Choy stated that in HRS §447-1(f), all dental hygienists must be supervised. There are other sections in HRS §447, HRS §448, and HAR §16-79 which specify whether the supervision must be general or direct supervision.

**§447-1 Who may become dental hygienists; fees.** (f) ...A licensed dental hygienist shall practice only under the supervision of a licensed dentist as provided in this chapter; provided that a licensed dental hygienist:

(2) May practice under the general supervision of a licensed dentist and pursuant to an existing treatment plan with respect to patients of record who have had an examination by the licensed dentist; provided that a licensed dental hygienist shall not perform any irreversible procedure or administer any intra-oral block anesthesia under general supervision

HRS §447-3 specifies allowable duties under general supervision.

**§447-3 Employment of and practice by dental hygienists.** (c) A licensed dental hygienist may operate in the office of any licensed dentist, or 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 in any building owned or occupied by the State or any county, but only under the aforesaid employment and under the direct or general supervision of a licensed dentist as provided in section 447-1(f). No dental hygienist may establish or operate any separate care facility which exclusively renders dental hygiene services.

(d) Notwithstanding section 447-1(f), a licensed dental hygienist may operate under the supervision of any licensed dentist providing dental services in a public health setting. General supervision is permitted in a public health setting; provided that the supervising licensed dentist is available for consultation; provided further 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. 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 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. No direct reimbursements shall be provided to licensed dental hygienists.

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.

EO Choy stated that HAR §16-79-2 defines "supervision," "direct supervision," and "general supervision." HAR §16-79-69.10 outlines the additional allowable duties of dental hygienists under direct supervision.

**§16-79-2 Definitions.** "Supervision" means prescribing objectives and procedures and assigning work, provided that the person supervising shall be a licensed dentist. The levels of supervision are defined as follows:

(1) "Direct supervision" means that the supervising licensed dentist examines and diagnoses the condition to be treated, authorizes each procedure, remains in the dentist's office or in any facility defined in section 447-3, HRS, while the procedures are being performed, and shall be responsible for all delegated acts and procedures performed by dental assistants and licensed dental hygienists.

(2) "General supervision" means that the supervising licensed dentist has examined and diagnosed the condition to be treated, and has authorized each procedure to be carried out in accordance with the dentist's diagnosis and treatment plan. The presence of the supervising dentist is not required; provided the dentist shall be available for consultation and shall be responsible for all delegated acts and procedures performed by licensed dental hygienists. In the case of programs under the supervision and control by the department of health or in any facility specified in section 447-3, HRS, the foregoing shall not apply except that the supervising licensed dentist shall be available for consultation, shall be responsible for all delegated acts and procedures performed by licensed dental hygienists and the procedures pursuant to section 447-3, HRS, shall have been prescribed by a licensed dentist or otherwise be authorized by law.

**§16-79-69.10 Allowable duties of licensed dental hygienists.** (a) A licensed dental hygienist may perform the procedures as delineated under section 447-3, HRS, as well as all of the allowable duties of a dental assistant listed in section 16-79-69.1. Also, a licensed dental hygienist may perform the following procedures pursuant to the delegation of and under the direct supervision of a licensed dentist:

- (1) Administering intra-oral infiltration and intra-oral block anesthesia in accordance with the provisions of section 16-79-76;
  - (2) Administering prescriptive treatments and chemotherapeutic agents (i.e., application or placement of supragingival and subgingival prescription drugs, including but not limited to, fluoride desensitizers, antimicrobial rinses and local delivery antibiotics), as prescribed by the licensed dentist;
  - (3) Applying pit and fissure sealants;
  - (4) Performing non-surgical clinical and laboratory oral diagnostic tests, (e.g., pulp vitality test) for interpretation by the licensed dentist;
  - (5) Performing non-surgical periodontal scaling and root planing, and periodontal maintenance;
  - (6) Performing dental prophylaxis, coronal polish natural or restored surfaces, and removing overhangs;
  - (7) Placing periodontal dressing;
  - (8) Collecting, documenting, and assessing the comprehensive patient data that may include screenings for oral cancer, periodontal chartings, indices, and risk assessments which identify dental hygiene needs;
  - (9) Establishing the dental hygiene care plan that reflects dental hygiene goals and strategies; and
  - (10) Providing dental hygiene care which may include, but is not limited to, pain management, full mouth debridement, care of restorations, behavior modification, preventive health education and nutrition counseling as it relates to oral health.
- (b) In a public health setting as allowed pursuant to section 447-3(d), HRS, a licensed dental hygienist may perform the procedures describe in subsection (a) under the general supervision of a licensed dentist.

EO Choy stated that the specific duties mentioned in the example inquiries for this agenda item are addressed in the Board's HRS and HAR (as cited above).

The Chair asked if there was any further discussion or any motion.

Upon a motion by Ms. Shimabuku, seconded by the Vice Chair, it was voted upon and unanimously carried that treatment plans are valid within a twelve-month period.

#### **Email inquiry regarding duty of dentist to provide patient records upon request**

EO Choy stated that the following questions have been sent to the Board regarding duty of dentists to provide patient records upon request:

- (1) "What is the duty of a licensed dentist to provide a patient's records to the patient upon the patient's request? "
- (2) "What about the duty of a dentist who retires to provide a patient's records to the patient upon the patient's request within a few months of the office closing?"

The Chair asked if there were any public comments on this agenda item.

Seeing none, the Chair asked if there was any Board discussion.

The Chair stated that the issue of records retention is already being considered by the Board's Rules Permitted Interaction Group ("PIG").

EO Choy stated that there is nothing specific in the Board's laws and rules regarding dental records retention. However, in HRS §448-17(b)(15), the Board has the authority to take action against a licensee upon conduct or practice "contrary to recognized standards of ethics of the profession, as adopted by the American Dental Association ("ADA") or the Hawaii Dental Association ("HDA").

**§448-17 Refusal, revocation, suspension, and administrative penalties.** (b) In addition to any other actions authorized by law, the board may suspend or revoke any license issued under this chapter and may fine a licensee for any cause authorized by law, including but not limited to the following:

- (15) Conduct or practice contrary to recognized standards of ethics of the profession, as adopted by the American Dental Association or the Hawaii Dental Association.

EO Choy stated that the ADA Code of Ethics, section 1.b., states, "Dentists are obliged to safeguard the confidentiality of patient records. Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of a patient or another dental practitioner, dentists shall provide any information in accordance with applicable law that will be beneficial for the future treatment of that patient." <https://www.ada.org/en/about/principles/code-of-ethics>

EO Choy stated that additionally, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") grants patients the right to release their dental records to themselves/designated parties.

EO Choy stated that for the second inquiry regarding retention of dental records after a dental office closes, inquirers are also recommended to follow HIPAA guidance.

The Chair stated that the HAR, ADA Code of Ethics, and HIPAA citations should be considered by the Board's Rules PIG. The inquirers for this agenda item should also reference the requirements of these provisions.

Old Business:

**Central Regional Dental Testing Service ("CRDTS") February 21, 2024 letter to state dental boards RE: position on dental compacts**

The Chair asked if there were any public comments.

*Dr. Joseph Mayer raised his hand and was invited to share his public comments in-person.*

Dr. Mayer asked how dental compacts are applicable to the State of Hawaii at this point in time.

EO Choy stated that currently, neither the CSG nor the AADB Dental Compacts have been enacted. The CSG Compact requires seven (7) states to participate before it can take effect; Washington, Iowa, Wisconsin, and Tennessee have adopted the CSG Compact to date. The AADB Compact requires five (5) states to participate before it can take effect; no states have officially signed the AADB Compact into law to-date, though the Mississippi, Louisiana, and Ohio state dental boards have endorsed AADB Compact.

EO Choy stated that the Board is currently in the process of gathering information about the two compacts. However, the Board will not officially opine on this matter until it comes before the Board as formal legislation that's proposed by the Hawaii State Legislature. For the 2024 legislative session, there were no bills proposed regarding dental compacts.

The Chair asked if there were any further public comments. Seeing none, the Chair asked if there was any Board discussion.

EO Choy reminded the Board that they have been discussing the issue of dental compacts for the last few Board meetings. Currently, the two proposed dental compacts are the Council of State Governments ("CSG") Compact and the American Association of Dental Boards ("AADB") Compact. The Board heard a presentation from AADB at its November 20, 2023 meeting, and a presentation from CSG at its January 22, 2024 meeting.

EO Choy stated that the Board received a letter on February 21, 2024 from the Central Regional Dental Testing Service ("CRDTS") organization regarding their position on dental compacts. The letter states, "CRDTS is not opposed to compacts in general, however, we cannot support either the CSG Compact or the AADB compact as written. Neither compact provides for the best interest of the dental profession nor the safety and welfare of the public."

The letter states that CRDTS' primary concern with the AADB Compact is that, "The AADB Compact written in conjunction with CDCA/WREB/CITA will eliminate CRDTS and other clinical licensure examinations that are not administered by CDCA/WREB/CITA."

The letter states that CRDTS' primary concern with the CSG Compact is that, "The Council on State Governments (CSG) Compact written in conjunction with the ADA and ADHA allows for clinical licensure examinations that DO NOT INCLUDE a psychomotor hand skills component."

The Vice Chair stated that the medical interstate compact already passed in the Hawaii legislature last year, and the nurse licensure compact is currently going through the legislative process this year. He believes it's only a matter of time before the issue of dental compacts will be raised, especially regarding oral health access issues in Hawaii. He stated that it is important the Board be prepared to address the issue when it inevitably comes to the fore.

EO Choy stated that no immediate action is required from the Board on this agenda item. However, the dental compact issue continues to be at the forefront of national discussion. She will continue to keep the Board updated on compact information, and the Board will eventually have to take a stance on the compact issue should it come before the State Legislature.

Applications:

**Ratification Lists**

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

Seeing none, the Chair asked for a motion to approve the ratification lists.

Upon a motion by Dr. Lau, seconded by Dr. Chong, it was voted on and unanimously carried to approve the following ratification lists:

- 1) Approved Dentists  
DT-3152 AGEE, TIMOTHY R  
DT-3153 MIYAMOTO, MICHAEL T  
DT-3154 BALACKY, PETER A  
DT-3155 GONZALEZ, ASHLEY MARIE
  
- 2) Approved Dental Hygienists  
DH-2461 SANTOS, KAITLIN K  
DH-2462 KNUDTSON, TEGAN A  
DH-2463 LACH, MAGDALENA  
DH-2464 EISERMANN, KATINA KAE  
DH-2465 ARELLANO, IRMA E
  
- 3) Approved DH Certification in the Administration of Intra-Oral Block Anesthesia  
DH-2461 SANTOS, KAITLIN K  
DH-2462 KNUDTSON, TEGAN A

**Applications**

At 10:27 a.m., upon a motion by the Chair, seconded by Ms. Shimabuku, 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 11:21 p.m. upon a motion by the Chair, seconded by Dr. Lau, it was voted on and unanimously carried to move out of Executive Session.

The Chair summarized that in Executive Session, the Board consulted with its attorney regarding confidential matters related to the applications for Dr. Arlyn Levy, Martha Medaglia, and Lloyd T. Narimatsu, Safety Training.

### Dentist

#### **Arlyn Levy**

The Chair asked if there was public testimony.

Upon a motion by the Chair, seconded by Dr. Yamamoto, the Board took a roll call vote with the Chair, Vice Chair, Dr. Chong, Dr. Fujimoto, Ms. Fukushima, Dr. Lau, Ms. Shimabuku, Ms. Yamada, and Dr. Yamamoto, voting to deny Dr. Levy’s application based on the following: HRS §436B-19(7); HRS §436B-19(9); HRS §436B-19(13); HRS §448-17(a); HRS §448-17(b)(15); and the American Dental Association (“ADA”) Code of Ethics, Section 2: Principle of Nonmaleficence.

**§436B-19 Grounds for refusal to renew, reinstate or restore and for revocation, suspension, denial, or condition of licenses.** In addition to any other acts or conditions provided by law, the licensing authority may refuse to renew, reinstate or restore, or may deny, revoke, suspend, or condition in any manner, any license for any one or more of the following acts or conditions on the part of the licensee or the applicant thereof:

- (7) Professional misconduct, incompetence, gross negligence, or manifest incapacity in the practice of the licensed profession or vocation;
- (9) Conduct or practice contrary to recognized standards of ethics for the licensed profession or vocation;
- (13) Revocation, suspension, or other disciplinary action by another state or federal agency against a licensee or applicant for any reason provided by the licensing laws or this section;

**§448-17 Refusal, revocation, suspension, and administrative penalties.** (a) The board shall refuse to issue a license to any applicant who fails to meet all of the requirements imposed by this chapter and may refuse to issue a license to any applicant who has been disciplined by another state or federal agency. Notwithstanding any law to the contrary, a final order denying the issuance of a license to any applicant based on the applicant’s discipline by another state or federal agency shall be a matter of public record.

**§448-17 Refusal, revocation, suspension, and administrative penalties.** (b) In addition to any other actions authorized by law, the board may suspend or revoke any license issued under this chapter and may fine a licensee for any cause authorized by law, including but not limited to the following:

(15) Conduct or practice contrary to recognized standards of ethics of the profession, as adopted by the American Dental Association or the Hawaii Dental Association.

#### **ADA Code of Ethics**

**Section 2 PRINCIPLE: NONMALEFICENCE** (“do no harm”). The dentist has a duty to refrain from harming the patient.

This principle expresses the concept that professionals have a duty to protect the patient from harm. Under this principle, the dentist’s primary obligations include keeping knowledge and skills current, knowing one’s own limitations and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate.

#### Dental Hygienist

#### **Martha Medaglia**

The Chair asked if there was public testimony. There was none.

Upon a motion by the Chair, seconded by Dr. Lau, it was voted upon an unanimously carried to approve Ms. Medaglia’s application.

#### Approved Sponsoring Organizations

#### **Lloyd T. Narimatsu, Safety Training**

The Chair asked if there was any public testimony. There was none.

CE sponsoring organizations who are not listed in HAR §16-79-142 must submit an application to the Board for approval. Applicants for approved CE sponsoring organization must meet the requirements outlined in HAR §16-79-143.

#### **§16-79-143 Requirements for approval by the board.** (a)

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.

(b) Courses shall comply with the provisions in section 16-79-141. Sponsoring organizations shall submit the following:

(1) A detailed outline which provides course content, total

hours of the course, and clearly breaks down the amount of time spent on each portion of the course and the direct relation to patient care; and

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

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

(1) Name of sponsoring organization;

(2) Course or program title and date;

(3) Course or program approval number;

(4) Number of CE hours; and

(5) Name of attendee.

Upon a motion by the Chair, seconded by Dr. Lau, it was voted upon an unanimously carried to approve the application by Lloyd T. Narimatsu, Safety Training.

Executive Officer's  
Report:

**2024 Legislation**

EO Choy reported that it is about the half-way mark in the 2024 legislative session. Bills that are still alive have now “crossed over” to the opposite chamber.

H.B. 1777, HD 1 – Relating to Dental Hygienists

Description: Authorizes dental hygienists who are under the general supervision of a licensed dentist to perform preventive dental sealant screenings and apply dental sealants on certain individuals in a school-based oral health program. Effective 7/1/3000. (HD1)

EO Choy reminded the Board that it voted to support this bill at its January 22, 2024 meeting. She reported that she submitted testimony on the Board’s behalf in support of the bill as it was heard by the House Committees on Health & Homelessness (HLT) and Consumer Protection & Commerce (CPC). It has now crossed over to the Senate.

S.B. 2476 – Relating to Dental Hygienists

Description: Authorizes licensed dental hygienists to perform preventative dental sealant screenings and apply dental sealants on individuals, under certain conditions, in a Department of Education school-based oral health program.

EO Choy reminded the Board that it voted to support this bill at its January 22, 2024 meeting. She reported that she submitted testimony on the Board’s behalf in support of the bill as it was heard by the Senate Committees on Education (EDU) and Commerce & Consumer Protection (CPN). It has now crossed over to the House.

H.B. 2744, HD 1 – Relating to Oral Health

Description: Establishes an oral health task force to review the status of oral health in the State and make recommendations to improve the State's oral health infrastructure. Requires reports to the Legislature. Appropriates funds. Effective 7/1/3000. (HD1)

EO Choy stated that she is tracking this bill for the Board. She reported that this bill was heard by the House Committees on Health & Homelessness (HLT) and Finance (FIN). It has now crossed over to the Senate.

EO Choy stated that she will continue to testify on the Board's behalf in support of H.B. 1777, HD 1 and S.B. 2476, and to track H.B. 2744, HD1.

EO Choy stated that there was a scheduled special legislative meeting for April 8, 2024. However, since no further bills have been introduced, and the bills that the Board has been tracking have not undergone any significant substantive changes, the special legislative meeting is cancelled. The Board's meeting schedule on its website has been updated accordingly.

#### **Continuing Education ("CE") Waiver Extension – Website Notice Posted**

EO Choy reminded the Board that at its January 22, 2024 meeting, the Board voted and unanimously carried to extend a blanket waiver through December 31, 2025 for the acceptance of CE courses completed through virtual means, with certain stipulations – the skills-portion of Basic Life Support ("BLS"), Advanced Cardiac Life Support ("ACLS"), and Pediatric Life Support ("PALS") courses must be **in-person**; all virtual CEs must be **held in real-time**.

A notice regarding the new waiver extension has been posted on the Board's website: [https://cca.hawaii.gov/pvl/news-releases/dental\\_announcements/](https://cca.hawaii.gov/pvl/news-releases/dental_announcements/).

#### Next Meeting:

Monday, May 13, 2024  
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 11:35 a.m.

Reviewed and approved by:

Taken and recorded by:

/s/ Sheena Choy  
Sheena Choy  
Executive Officer

/s/ Marc Yoshimura  
Marc Yoshimura  
Secretary

SC:my

03/04/24

- Minutes approved as is.  
 Minutes approved with changes; see minutes of