

BOARD OF DENTISTRY

Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

AGENDA

Date: November 18, 2024

Time: 10:00 a.m.

In-person Meeting Location: Queen Liliuokalani Conference Room
King Kalakaua Building, 1st Floor
335 Merchant Street
Honolulu, Hawaii 96813

Virtual: Virtual Videoconference Meeting - Zoom Meeting
(use link below)
<https://dcca-hawaii.gov.zoom.us/j/89733295220?pwd=6v3dhlyogCfWAzhRhYxngc3OaWuokS.1>

Zoom Phone Number: (669) 900 6833
Meeting ID: 897 3329 5220
Passcode: 353882

Agenda: Posted on the State electronic calendar as required by Hawaii Revised Statutes section 92-7(b).

If you wish to submit written testimony on any agenda item, please submit your testimony to dental@dcca.hawaii.gov or by hard-copy mail to Attn: Board of Dentistry, P.O. Box 3469, Honolulu, HI 96801. We request submission of testimony at least 24 hours prior to the meeting to ensure that it can be distributed to the Board members.

INTERNET ACCESS:

To view the meeting and provide live oral testimony, please use the link at the top of the agenda. You will be asked to enter your name. The Board requests that you enter your full name, but you may use a pseudonym or other identifier if you wish to remain anonymous. You will also be asked for an email address. You may fill in this field with any entry in an email format, e.g., *****@***mail.com.

Your microphone will be automatically muted. When the Chairperson asks for public testimony, you may click the Raise Hand button found on your Zoom screen to indicate that you wish to testify about that agenda item. The Chairperson will individually enable each testifier to unmute their microphone. When recognized by the Chairperson, please unmute your microphone before speaking and mute your microphone after you finish speaking.

Upon request, your Zoom video or similar on-camera option will be enabled to allow you to be visible to the Board members and other meeting participants while presenting oral testimony. Please turn off your camera after you conclude your testimony. It is the individual testifier's responsibility to ensure they have the video and internet capabilities to successfully stream or remotely testify. The Board maintains the authority to remove and block individuals who willfully disrupt or compromise the conduct of the meeting.

PHONE ACCESS:

If you cannot get internet access, you may get audio-only access by calling the phone number listed at the top on the agenda.

Upon dialing the number, you will be prompted to enter the Meeting ID which is also listed at the top of the agenda. After entering the Meeting ID, you will be asked to either enter your panelist number or wait to be admitted into the meeting. You will not have a panelist number. So, please wait until you are admitted into the meeting.

When the Chairperson asks for public testimony, you may indicate you want to testify by entering "*" and then "9" on your phone's keypad. After entering "*" and then "9", a voice prompt will let you know that the host of the meeting has been notified. When recognized by the Chairperson, you may unmute yourself by pressing "*" and then "6" on your phone. A voice prompt will let you know that you are unmuted. Once you are finished speaking, please enter "*" and then "6" again to mute yourself.

For both internet and phone access, when testifying, you will be asked to identify yourself and the organization, if any, that you represent. Each testifier will be limited to five minutes of testimony per agenda item.

If connection to the meeting is lost for more than 30 minutes, the meeting will be continued on a specified date and time. This

information will be provided on the Board's website at <https://cca.hawaii.gov/pvl/boards/dentist/board-meeting-schedule/>.

Instructions to attend State of Hawaii virtual board meetings may be found online at <https://cca.hawaii.gov/pvl/files/2020/08/State-of-Hawaii-Virtual-Board-Attendee-Instructions.pdf>.

1. Roll Call, Quorum, Call to Order, Public Notice – HRS §92-3 Open Meetings and HAR §16-79-85 Oral Testimony
2. Approval of the Minutes of the September 16, 2024 Board Meeting

The Board may 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."

3. New Business

- a. Dental Testing and Regulatory Summit 2024 Annual Meeting Report

Dr. Tseu, Ms. Yamada, and Ms. Fukushima attended the Annual Meeting on behalf of the Board from September 28-29, 2024. The Summit was jointly hosted by the American Association of Administrators ("AADA"), American Association of Dental Boards ("AADB"), American Board of Dental Examiners ("ADEX"), and CDCA-WREB-CITA ("CWC").

- b. Report from the Rules Permitted Interaction Group ("PIG")

A "Permitted Interaction Group" or "PIG" is authorized by Hawaii Revised Statutes ("HRS") §92-2.5(b). PIGs may be formed by State boards to investigate specified issues outside of regularly scheduled board meetings under certain conditions. At this meeting, the Rules PIG will share a report to the Board; public testimony is accepted, but the Board cannot discuss the report until a final, duly noticed Board meeting is scheduled.

The Rules PIG was formed on January 22, 2024 and was tasked with evaluating the existing Hawaii Administrative Rules ("HAR") §16-79 and providing recommendations to the Board for rules revisions.

At this third and final meeting, the Board will receive public comments, discuss, and vote on the proposed amendments.

4. Applications:

The Board may 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;" (Board will vote in Open Meeting.)

a. Ratification Lists

1) Approved Dentists

DT-3198 JACKSON, ALICIA RENEE
DT-3199 ALDACA, KRYSTAL MAE D
DT-3200 MITSOS, JANNA LEE
DT-3201 BLANCO, CHRISTIAN M
DT-3202 FETTERS, NICOLAS G
DT-3203 PFUNDHELLER, DUSTIN M

2) Approved Dental Hygienists

DH-2500 COLSON, HANNAH JANE
DH-2501 SWOPE, KENDALL ELIZABETH
DH-2502 NGUYEN, KATHY A.T.
DH-2503 MACDONALD, NATALIE NICOLE
DH-2504 TILITILE, KIANA MARIE P

3) Approved Dental Hygienist Certification in the Administration of Intra-Oral Block Anesthesia

DH-2500 COLSON, HANNAH JANE
DH-2501 SWOPE, KENDALL ELIZABETH
DH-2502 NUGYEN, KATHY A.T.
DH-2504 TILITILE, KIANA MARIE P

4) Approved Additional Dentist Permit to Administer Deep Sedation/General Anesthesia and Moderate Sedation

DT-2897 SAYAH, AZIN

b. Dentist Application

- 1) Joseph Ostheller
- 2) Clinton Timmerman

5. Executive Officer's Report:

a. A Bill for an Act Relating to Medical Records

The purpose of this bill is to amend subsection 622-58(e), Hawaii Revised Statutes by repealing the requirement for healthcare providers leaving their practices to receive approval from the Department of Health for the disposition of their medical records.

b. American Association of Dental Boards ("AADB") Regional Townhalls

AADB has been hosting regional townhalls to provide state boards with more information on the AADB and Council of State Governments ("CSG") dental compacts.

c. Hawaii State Ethics Commission

Memo from Wesley Fong, Chair of the Hawaii State Ethics Commission, recognizing state agencies and boards that achieved 100% completion of the mandatory ethics training, including the Board of Dentistry.

6. Next Meeting: Date: Monday, January 13, 2024
 Time: 10:00 a.m.
 In-Person: Queen Liliuokalani Conference Room
 King Kalakaua Building, 1st Floor
 335 Merchant Street
 Honolulu, Hawaii 96813
 Virtual: Zoom Meeting

7. Adjournment

10/29/2024

If you need an auxiliary aid/service or other accommodation due to a disability, contact Sheena Choy at (808) 586-2702, Monday through Friday from 7:45 a.m. to 4:30 p.m., or email dental@dcca.hawaii.gov as soon as possible, preferably by November 14, 2024. Requests made as early as possible have a greater likelihood of being fulfilled.

Upon request, this notice is available in alternate/accessible formats.

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

MINUTES OF MEETING¹

Date: September 16, 2024

Time: 10:00 a.m.

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

Virtual Videoconference Meeting – Zoom Webinar

<https://dcca-hawaii->

gov.zoom.us/j/84749062987?pwd=Kv02eCaeksUUOF3576HjEdqADmmTiR.1

Members Present: Andrew Tseu, D.D.S., J.D., Chair, Dental Member
Jonathan Lau, D.D.S., Vice-Chair, Dental Member
Katherine Fukushima, R.D.H., Dental Hygiene Member
Paul Guevara, D.M.D, M.D.S., Chair, Dental Member
Steven Pine, 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: Staphe Fujimoto, D.D.S., Dental Member

Staff Present: Sheena Choy, Executive Officer (“EO Choy”)
Bryan Yee, Esq., Deputy Attorney General (“DAG Yee”)
Marc Yoshimura, Secretary
Dawn Lee, Division Secretary
Johnny Li, Tech Support

In-Person Guests: Charles Kamimura

Zoom Webinar

Guests: Danny Cup Choy
Kim Nguyen, Hawaii Dental Association
Gerraine Hignite
Catrice Opichka, CRDTS
Alan Walker
Joseph Ostheller
Richael Cobler, CRDTS

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.

Melissa Pavlicek, Hawaii Dental Association

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 10:09 a.m.

Chair's
Announcements:

Welcome of new Board member, Dr. Steven Pine, DDS, Hawaii Island County

The Chair welcomed new Board member, Dr. Steven Pine, DDS and invited Dr. Pine to share a few words of introduction.

Approval of
Minutes:

Approval of the Executive Session Minutes of the May 13, 2024 Meeting and the Open and Executive Session Minutes of the July 15, 2024 Meeting

The Chair stated that approval of the May 13, 2024 Executive Session minutes was deferred at the last meeting. He asked if there was any discussion of, corrections to, or public comments regarding the May 13, 2024 Executive Session minutes.

Seeing no public comments or Board discussion, the Chair asked for a motion to approve the Executive Session minutes of the May 13, 2024 meeting.

Upon a motion by Dr. Guevara, seconded by Dr. Pine, it was voted on and unanimously carried to approve the Executive Session minutes of the May 13, 2024 meeting.

The Chair asked if there was any discussion of, corrections to, or public comments regarding the July 15, 2024 minutes. There were none.

Upon a motion by Ms. Shimabuku, seconded by Ms. Yamada, it was voted on and unanimously carried to approve the Open and Executive Session minutes of the July 15, 2024 meeting.

New Business: **Presentation by the Central Regional Dental Testing Service (“CRDTS”) on the CRDTS CARE special program**

Catrice Opichka, Director of Special Programs, CRDTS was promoted to panelist on Zoom.

The Chair welcomed Ms. Opichka to the meeting and invited her to share the presentation on behalf of CRDTS.

Ms. Opichka stated that CRDTS Care is a custom, hands-on remediation and reeducation program for state dental boards, dental professionals, and dental and dental hygiene students. Participants are either self-referred or are fulfilling a board-mandated requirement for disciplinary remediation.

Some reasons for self-referral include a professional moving to a new state that is requiring re-examination, a retired professional who is now returning to practice in another state, or a professional who has stepped away from practice and is reactivating a lapsed license.

CRDTS CARE will first conduct didactic and clinical pre-assessments of the candidate. CRDTS is partnered with SPEAR Dental Education, EBAS Ethics Testing, and CE Zoom to assess areas including: fraud, boundaries, substance abuse, unprofessional conduct, and professional standards.

Using the pre-assessment results and board recommendations (for board referrals), CRDTS CARE will propose a custom remediation plan with clear learning objectives. The participant will have access to CRDTS’ extensive Learning Library and will be assigned comprehensive coursework. Education is provided by current or past educators with expertise in specific disciplines. Some coursework is in-person and some via Zoom; homework is built in to maximize licensee’s time, typodonts are sent home for more practice, homework is returned to a subject matter expert for grading, and evaluations are done over Zoom sessions.

As a final step in the remediation process, a post-assessment is conducted which includes clinical assessments evaluated by three independent graders. A final report is sent to the participant and board including all test scores, areas of assessment, analysis of objectives met, and proposed next course of action.

The following state dental boards have participated in the CRDTS CARE programs: Missouri, Kansas, Louisiana, Iowa, South Dakota, New Mexico, Georgia, Texas, Illinois, Wisconsin, Nebraska, Colorado, and Wyoming.

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

Dr. Guevara asked how many dentist or dental hygienists have

participated in the CRDTS CARE program.

Ms. Opichka stated that as of today, there are 19 dentists or dental hygienists actively participating in some phase of the program. The program has only been around for a little over a year, so collectively, she estimates there have been several dozen total participants.

Dr. Guevara asked what the success rate has been.

Ms. Opichka stated that almost all the individuals have completed their custom remediation program and CRDTS has communicated to their state boards that they are safe to practice in the area for which they were referred to CRDTS CARE. The timeline for remediation varies depending on the individual case. There has only been one situation to-date where CRDTS was unable to report that the licensee was safe to practice. The state board decided to send that licensee back to CRDTS CARE for a second round of remediation.

The Chair asked for the estimated costs of a CRDTS CARE remediation plan.

Ms. Opichka stated that for dental hygienists, re-education plans cost between \$3,500 to \$5,000 depending on preference for group or private sessions. For dentists, the pre-assessment is about \$4,000; the program itself can range from \$5,000 to \$20,000+ depending on the individual case.

The Chair asked when the CRDTS CARE program was established.

Ms. Opichka stated that the program has been running for about a year and half to two years.

EO Choy asked what the average time for a re-education program is.

Ms. Opichka stated that the timeline varies. If the re-education is in one discipline that is non-clinical, such as ethics, that takes about two months. Any time there is a hands-on component, this extends the timeline; an average would be six months.

EO Choy asked what resources the CRDTS CARE program has for non-clinical cases such as boundary issues or substance abuse.

Ms. Fukushima left the meeting at 10:29 a.m.

Ms. Opichka stated that there are experts on staff who have built, and continue to build, curriculum on such non-clinical topics. If not, CRDTS will refer state boards to other resources.

Richael Cobler, Executive Director, CRDTS was promoted to panelist.

Ms. Cobler stated that, especially for dental hygiene, CRDTS CARE offers group courses at a lower price.

EO Choy asked what the process is for referring an individual to the program.

Ms. Opichka stated that the program is also custom for state boards. Some boards only involve CRDTS after a final order is issued, other boards ask CRDTS CARE to be involved before the issuance of a final order to help design the board order.

The Chair thanked Ms. Opichka and Ms. Cobler for their presentation and both were moved back to “participant” on Zoom.

Board member reports from 2024 Central Regional Dental Testing Service (“CRDTS”) Annual Meeting

The Chair stated that he and Ms. Yamada attended the CRDTS Annual Meeting on behalf of the Board from August 23 to 24, 2024.

Ms. Fukushima rejoined the meeting at 10:36 a.m.

Ms. Yamada is the Board’s CRDTS Steering Committee representative. She reported that a main topic of discussion was on dental and dental hygiene compacts. CRDTS is not supporting either the Council of State Governments (“CSG”) or the American Association of Dental Boards (“AADB”) compacts.

CRDTS Special Programs is also seeing growth, including the CRDTS CARE program that was just presented. Additionally, all dental exam manuals for the 2025 season are available on the CRDTS website, crdts.org, and dental hygiene manuals will be posted by November 2024.

CRDTS is continuing to communicate with the dental boards and associations in states that do not accept the CRDTS exams for dental and/or dental hygiene licensure. While Hawaii does accept the dental hygiene examination, Hawaii does not accept the dental examination. CRDTS believes it is in the State’s best interest to accept all nationally recognized exams. The American Dental Association’s Comprehensive Policy on Dental Licensure urges states to accept clinical examination results from any clinical testing agency when determining clinical competency for initial licensure.

Finally, CRDTS announced in July the pending merger with SRTA. The organization will adopt the CRDTS bylaws and will continue to be directed by a steering committee comprised of current state dental board members.

Dr. Yamamoto left the meeting at 10:39 a.m.

The Chair stated that Ms. Yamada presented a very thorough report of the CRDTS Annual Meeting and he does not have anything further to add.

Report from the Rules Permitted Interaction Group (“PIG”)

EO Choy stated that a “Permitted Interaction Group” or “PIG” is authorized by Hawaii Revised Statutes (“HRS”) §92-2.5(b). PIGs may be formed by State boards to investigate specified issues outside of regularly scheduled board meetings under certain conditions. At this meeting, the Rules PIG will share a report to the Board; public testimony is accepted, but the Board cannot discuss the report until a final, duly noticed Board meeting is scheduled. After the future, third meeting, EO Choy stated that for the public’s information, there will continue to be opportunities throughout the rules revision process for the public to continue to provide comments.

The Rules PIG was formed on January 22, 2024 and was tasked with evaluating the existing Hawaii Administrative Rules (“HAR”) §16-79 and providing recommendations to the Board for rules revisions.

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

The Chair invited Ms. Hignite to share public comments.

Ms. Hignite stated that she is providing comments on behalf of the Hawaii Dental Hygienists’ Association (“HDHA”). Ms. Hignite stated that HDHA would like to be involved in the PIG’s discussions regarding rules revisions since they have a direct effect on the profession.

Ms. Hignite was moved back to “panelist” on Zoom.

Dr. Yamamoto rejoined the meeting at 10:45 a.m.

The Chair shared the report as he also serves as chair of the Rules PIG. He stated that the draft proposed rules revisions have been distributed in the Board member packet, and are also available to the public via the public packet accessible on the Board’s website, under *Board of Dentistry > Meeting Schedule > Board Meeting Packet for September 16, 2024 meeting*: https://cca.hawaii.gov/pvl/boards/dentist/meeting_schedule/.

The Chair shared highlights of the proposed revisions:

- The Rules PIG members are himself (dentist) as Rules PIG chair, Ms. Yamada (dental hygienist), the Vice Chair (dentist), and Ms. Shimabuku (public member);
- Definitions were added, including defining “dental records” and “HIPAA”
- Updates to outdated testing information to incorporate the new

- Integrated Dental Board Examination, which replaced the old administration of the board exams
- Clarified that only DDS and DMD degrees are acceptable for licensure; the Board does not accept any specialty degrees in lieu of these accredited degrees for dentists;
 - Clarified the documentation and requirements for the community service and temporary dentist and dental hygienist licenses;
 - Added allowable duties for dental assistants, including digital and intra-oral scanning and making impressions and diagnostics, and clarified training;
 - Added allowable duties for dental hygienists, including language that mirrors HRS §447-3(f) for general supervision of dental hygienists in public health settings and allowing hygienists to perform dental screenings in school-based oral health programs under general supervision;
 - Definitions were added in the “Anesthesia” subsection;
 - Clarified that renewal facility inspections are required for dentists with the special permit to administer;
 - Numerous revisions to the subsection on “Continuing Education,” including changing credit given for Life Support classes, changing the ethics requirements from 3 credits per year to 6 credits anytime during the licensing biennium, changing acceptable CE course formats, adding requirement that the hands-on portion of Life Support classes be in-person, and adding five new acceptable approved sponsoring organizations;
 - Clarified license renewal requirements generally and for specific license types;
 - Added a new section addressing dental records access and retention

For a complete list of all the proposed rules amendments, interested individuals are directed to the public packet on the Board’s website which has a marked version of the draft proposed amendments. The Chair thanked the Rules PIG members for their time and effort on the proposed revisions.

Discussion and clarification of the Board’s extension of the waiver extension for acceptance of virtual Continuing Education (“CE”) credit for the biennial renewal period of January 1, 2024 to December 31, 2025

EO Choy stated that since 2020, the Board has approved waivers for each licensing biennium to account for undue hardship from the Covid-19 pandemic. Those previous waivers have allowed for 100% of CEs to be completed virtually.

On January 22, 2024, pursuant to HAR §16-79-147(b)(5), the Board voted to grant an extension to its previous blanket waiver to continue to allow acceptance of 100% of CEs completed virtually due to undue hardship from the pandemic. However, the Board changed the waiver language from previous waivers to require that all virtual CEs for the

2024-2025 waiver extension must be conducted in real-time. Additionally, the current waiver does not include the skills-portion of the Basic Life Support (“BLS”), Advanced Cardiac Life Support (“ACLS”), or Pediatric Advanced Life Support (“PALS”) courses, which must be conducted in real-time.

EO Choy stated that the Board has received numerous inquiries from licensees regarding the new requirement that all virtual CEs must be conducted in real-time. Inquiries include requests for clarification as to what type of course formats qualify as “real-time.”

EO Choy stated that she would like the Board to re-visit their decision to include the requirement for 100% of CEs for the 2024-2025 licensure biennium to be completed in “real-time” as there wasn’t significant discussion at the January 22, 2024 meeting of why this requirement is being made for the current waiver. She stated that in looking into the matter further, she would like to bring several considerations to the Board’s attention:

1. While it is the responsibility of every licensee to educate themselves on the CE requirements for each renewal period, it may be confusing for many licensees that there is a significant departure from the CE waivers granted by the Board during the 2020-2021, 2021-2022, 2022-2023, and 2023-2024 licensure bienniums. Additionally, the proposed rules revisions, if passed, would set new requirements for CEs;
2. In researching other state dental board’s CE requirements, it appears that all other states allow at least some of the required CEs to be completed by virtual, asynchronous (e.g. pre-recorded) means. Since this is a commonly accepted practice nationwide, it does not appear that there is a significant public protection concern with allowing some CEs to be completed virtually and not in real-time; and
3. Adding increasingly specific requirements places an administrative strain on Board staff when checking for compliance. Specifically, based on past CE certificates the Board has received and accepted to confirm CEs, CE course providers are very inconsistent about specifying the course format.

EO Choy stated that she is suggesting the Board consider removing the requirement that all CEs be conducted in real-time for the January 1, 2024 to December 31, 2025 renewal waiver.

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

The Chair asked if there was any Board discussion.

Dr. Pine asked why the Board voted to grant an extension to the waiver

accepting all virtual CEs.

The Vice Chair replied that the Board discussed the fact that times have changed since the pandemic; online learning is now a new norm.

Ms. Yamada stated that the quality of the presentations online has improved greatly.

EO Choy stated that the Board's authority to grant a waiver to the CE requirement must be due to "undue hardship." While the Board considered that quality virtual learning is now available, ultimately the decision to grant a waiver was based on determination of continue undue hardship from the pandemic.

Dr. Pine asked for clarification regarding Life Support courses that are being offered in hybrid formats.

EO Choy clarified that the Board's current waiver responds to the change in format by requiring that the hands-on portion of Life Support classes be completed in-person; the other learning sections may be completed virtually.

Dr. Guevara suggested the Board revert back to the language of previous waivers to clear up any potential confusion for this licensing biennium.

Upon a motion by the Vice Chair, seconded by Dr. Pine, it was voted upon and unanimously carried to amend the current CE waiver for the January 1, 2024 to December 31, 2025 licensure period to remove the requirement that all virtual CEs be conducted in real-time (i.e. all CEs may be completed virtually and do not have to be live or in real-time). The Board's waiver still maintains the requirement that the skills-portion of the life support classes (BLS, ACLS, and PALS) must be taken in-person to meet the CE requirement.

Inquiry from Dr. Eunsol Lee regarding clarification of the Board's March 18, 2013 statement on Botox

EO Choy stated that the Board received an email on September 5, 2024 from Dr. Eunsol Lee requesting clarification of the Board's statement on Botox adopted at the Board's March 18, 2013 meeting.

Specifically, Dr. Lee asked:

"1. What is considered the appropriate training? I am planning on taking a TMJ Botox Course with Aesthetic Medical Training Organization. It is an 8 hours ADA certified course. Would taking this course be enough for me to practice on patients?

2. What type of non-esthetic oral conditions are there that may benefit from dermal fillers?"

Ms. Shimabuku read the Board's current position on Botox, adopted on March 18, 2013:

"The use of Botox is within the scope of practice of dentistry as defined in Chapter 448, Hawaii Revised Statutes ("HRS"). Licensed dentists in Hawaii are allowed to utilize Botox specifically for the treatment of TMD/myofacial pain or other conditions affecting the oral cavity and associated structures as specified in §448-1, HRS. Dental practitioners are required to receive appropriate training and acquire the necessary knowledge, skills, and expertise to provide this service in a safe and efficacious manner. Additionally, they should confer with their dental insurance carrier to determine if malpractice coverage for this procedure exists.

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

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

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

The Chair asked if there was any Board discussion. He specifically requested Dr. Guevara to share information as Dr. Guevara was on the investigative committee that researched this issue when it came before the Board in 2011.

Dr. Guevara stated that the Board addressed this issue because licensees started performing Botox when the procedure first came out, before the Board had any laws, rules, or guidance on its use. The PIG ultimately concluded that the education or training had to be CODA-accredited or from the list of the Board's approved sponsoring organizations. The Board does not recommend specific courses. He noted that there was significant discussion around the use of dermal fillers in addressing "dark triangles" from periodontal disease. The Hawaii Medical Board also weighed in and cautioned that while dentists may understand facial anatomy, dental licensees should be careful not to enter into other professions' scope of practice, which is outside the dental scope of practice. The PIG also received significant input from the dental profession and other national organizations around this issue.

EO Choy stated that the term "associated structures" referenced in the Board's current position is taken directly from HRS §448-1 where the scope of practice of dentistry is defined:

§448-1 Dentistry defined; exempted practices. A person practices dentistry, within the meaning of this chapter, who represents oneself as being able to diagnose, treat, operate or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the human teeth, alveolar process, gums, or jaw, or who offers or undertakes by any means or methods to diagnose, treat, operate or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the same, or to take impressions of the teeth or jaws; or who owns, maintains, or operates an office for the practice of dentistry; or who engages in any of the practices included in the curricula of recognized and approved dental schools or colleges. Dentistry includes that part of health care concerned with the diagnosis, prevention, and treatment of diseases of the teeth, oral cavity, and associated structures including the restoration of defective or missing teeth. The fact that a person uses any dental degree, or designation, or any card, device, directory, poster, sign, or other media whereby one represents oneself to be a dentist, shall be prima facie evidence that the person is engaged in the practice of dentistry...

EO Choy stated that, as Dr. Guevara mentioned, the report from the Botox and Dermal Fillers PIG concluded that it is the responsibility of the licensee to identify the appropriate training and program, and to consult with their dental insurance regarding what qualifies as “associated structures.” EO Choy further clarified that the Board’s current position does not consider cosmetic procedures to fall within a dentist’s scope of practice.

Upon a motion by Dr. Guevara, seconded by Dr. Pine, it was voted upon and unanimously carried to maintain the Board’s statement on Botox and dermal fillers as adopted at the Board’s March 18, 2013 meeting, with the addition that appropriate training should be by approved sponsoring organizations as listed in HAR §16-115-142.

Please see the board’s relevant laws and rules for more details. Please be advised that in accordance with Hawaii Administrative Rules (HAR) section 16-201-90, the above interpretation is for informational and explanatory purposes only. It is not an official opinion or decision, and therefore is not to be viewed as binding on the board, or the Department of Commerce and Consumer Affairs.

Applications:

Ratification Lists

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

DAG Yee left the meeting at 11:28 a.m.

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

Upon a motion by Ms. Shimabuku, seconded by the Vice Chair, it was

voted on and unanimously carried to approve the following ratification lists:

1) Approved Dentists

DT-3181 AKIOKA, EDWARD DAVID
DT-3182 JOW, HARRISON WALLACE
DT-3183 WILLIS-ORLANDO, ELLIOT REED
DT-3184 TUPUA, KRISTIANA
DT-3185 RICE, REGINALD CHRISTIAN
DT-3186 JOSE DEL CASTILLO, NIKKI
DT-3187 MAHDAVI, NICOLE NEGIN
DT-3188 KAN, SUZANNE
DT-3189 SAKAI, NICOLE C
DT-3190 LEE, KAITLIN ELIZABETH
DT-3191 SANO, REID KEJI
DT-3192 GERMANO, CIARA MARIE
DT-3193 RISNER, JONATHAN RISNER
DT-3194 DE GUZMAN, JEFFREY
DT-3195 UTLEY, AZURE LAARLETTA
DT-3196 PALANI, PARTHIBAN
DT-3197 DEVENS, KARLEY RAISA KIMI

2) Approved Dental Hygienists

DH-2479 RAYOAN, CYNDIA M.L.K.
DH-2480 CAYCE, ANGELA
DH-2481 NGUYEN, TAYLOR M
DH-2482 LAU, VIVIAN
DH-2483 WATANABE, JACY T.N.
DH-2484 CATBAGAN, AUDREE M
DH-2485 IRMO, YASMINA ROSINA
DH-2486 LOPEZ, AMBER C.R.
DH-2487 NAKAMA, AUBREY C.M.
DH-2488 LEUNG, MICHELLE H.W.
DH-2489 NAPOLEON, JANELLE KIANA AGCAOILI
DH-2490 CHAN, JESSICA
DH-2491 CADIZ, MYREM JELISHA ALOP
DH-2492 BINUYA, DENISE MARIE
DH-2493 TORRICER, JODI HARUKO
DH-2494 IYESUSAB, SOLOMON KAHSAY
DH-2495 MESA-KELIIHOOMALU, CHRISTINE JOY
DH-2496 BAGORIO, SARA BETH
DH-2497 DUAN, TINA YINGLIN
DH-2498 MENG, MAXINE
DH-2499 GOUDEAU, THEKLA MELI

3) Approved Temporary Dentists

DTT-381 YOUKHEANG, SOPHIE
DTT-382 CLOKIE, KAYLE J.E.

DTT-383 GIRON, ANTHONY
DTT-384 GRIMARD LEANDRE

- 4) Approved Dental Hygienist Certification in the Administration of Intra-Oral Block Anesthesia
DH-2479 RAYOAN, CYNDIA M.L.K.
DH-2480 CAYCE, ANGELA
DH-2481 NGUYEN, TAYLOR M
DH-2482 LAU, VIVIAN
DH-2483 WATANABE, JACY T.N.
DH-2484 CATBAGAN, AUDREE M
DH-2485 IRMO, YASMINA ROSINA
DH-2486 LOPEZ, AMBER C.R.
DH-2487 NAKAMA, AUBREY C.M.
DH-2488 LEUNG, MICHELLE H.W.
DH-2489 NAPOLEON, JANELLE KIANA AGCAOILI
DH-2490 CHAN, JESSICA
DH-2491 CADIZ, MYREM JELISHA ALOP
DH-2492 BINUYA, DENISE MARIE
DH-2493 TORRICER, JODI HARUKO
DH-2494 IYESUSAB, SOLOMON KAHSAY
DH-2495 MESA-KELIIHOOMALU, CHRISTINE JOY
DH-2497 DUAN, TINA YINGLIN
DH-2498 MENG, MAXINE
- 5) Approved Additional Dentist Permit to Administer Deep Sedation/
General Anesthesia and Moderate Sedation
- DT-2889 SAHDEV, ROHIT
DT-2897 SAYAH, AZIN
DT-3128 RETHMAN, MICHAEL JOHN

Applications

At 11:32 a.m., upon a motion by the Vice Chair, seconded by Ms. Yamada, 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."

DAG Yee rejoined the meeting in Executive Session at 11:35 a.m.

Dr. Yamamoto left the meeting in Executive Session at 12:20 p.m.

At 12:31 p.m., upon a motion by Dr. Guevara, seconded by the Vice Chair, 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. Joseph Ostheller and Dr. Alan Walker.

Dentist

Joseph Ostheller

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

Dr. Guevara made a motion to approve the application for Dr. Ostheller. The motion was seconded by the Vice Chair. However, Ms. Shimabuku indicated she will abstain from the vote. Due to not being able to make the quorum requirements to vote, the matter was deferred.

Alan Walker

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

Dr. Guevara made a motion to approve the application for Dr. Walker. The motion was seconded by the Vice Chair. However, Ms. Shimabuku indicated she will abstain from the vote. Due to not being able to make the quorum requirements to vote, the matter was deferred.

Executive Officer's
Report:

Update on the Council of State Government's ("CSG") Dentist and Dental Hygienist Compact

EO Choy reminded the Board that they have been receiving presentations and other information throughout the past year regarding the issue of dental compacts. There are currently two dental compacts being considered nationally – the Council of State Governments ("CSG") Dentist and Dental Hygienist Compact and the American Association of Dental Boards ("AADB") Interstate Dental and Dental Hygiene Licensure Compact.

EO Choy reported that on April 24, 2024, the CSG compact was enacted with the enactment of a seventh participating state. Currently, ten (10) states have enacted CSG legislation: Washington, Colorado, Kansas, Minnesota, Iowa, Wisconsin, Tennessee, Virginia, Ohio, and Maine have joined the CSG Compact.

The AADB Compact has not yet gained the minimum participating states for enactment.

EO Choy stated that the Board has been provided with information on the CSG Compact implementation timeline from the CSG website. Based on the information provided by CSG, the compact will not be fully operational

for an estimated 18-24 months. EO Choy will keep the Board informed of updates.

Announcement of the pending merger of the Central Regional Dental Testing Service (“CRDTS”) and the State Resources for Testing and Assessments (“SRTA”)

EO Choy reported that CRDTS and SRTA issued a press release in July 2024 regarding a pending merger. EO Choy reminded the Board that the merger would only impact dental hygiene licensees in Hawaii.

Pursuant to HRS §447-1(b), the Board requires that dental hygiene applicants take and pass one of four regional clinical examinations given after February 1, 2005 by:

1. Western Regional Examining Board (“WREB”);
2. Central Regional Dental Testing Service (“CRDTS”);
3. Southern Regional Testing Agency (“SRTA”); or
4. North East Regional Board of Dental Examiners (“NERB”)

Pursuant to HRS §448-9.4, only the ADEX exam is accepted for Hawaii dentist applicants.

EO Choy stated she will keep the Board posted regarding the merger.

Next Meeting:

Monday, November 18, 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 12:36 p.m.

Reviewed and approved by:

Taken and recorded by:

Sheena Choy
Executive Officer

Marc Yoshimura
Secretary

SC:my

10/18/24

[] Minutes approved as is.

[] Minutes approved with changes; see minutes of

DRAFT



October 22, 2024

To Ms. Sheena Choy and the members of the Hawaii Board of Dentistry,

Despite Hurricane Helene making travel impossible for many, the CDCA-WREB-CITA held its 55th Annual Meeting in conjunction with the Dental Testing and Regulatory Summit September 26-28, 2024, at the Galt House in Louisville, Kentucky. With an undercurrent of concern for the protection of the public, the collaborative spirit created palpable energy. We are grateful to have spent time with so many of you and offer these highlights from the event for those who could not attend.

State Board Presidents, Vice Presidents & Executive Directors Forum

Kicking off the session, Chairman Dr. Mark Armstrong (OH) announced that California joined 53 other jurisdictions to become the newest member of CDCA-WREB-CITA. Representatives from 32 states participated in this engaging two-hour session, driven by input from State Boards. This round-robin event allowed attendees to share activities and perspectives on issues ranging from dental licensure compacts to licensure pathways for internationally trained professionals and the importance of state sovereignty throughout the regulatory process. Here were the top issues dental board leaders reported to us:

- Dental/DH licensure compact
- Challenges to boards' authority/legislative oversight/potential to be absorbed into an umbrella board/consolidation/audit review
- Mobile dentistry/tele-dentistry/spa dentistry/botox
- Universal licensing legislation/licensure question reform "have you ever?"
- Workforce shortages/development/DH shortages
- Expanded scope of practice for Auxiliaries/Clinical Local Anesthesia for DH/Scope of Practice
- Dental Therapy/DT Testing
- Internationally trained dental professionals"/foreign licensure
- Radiation safety

In the past year, thirty-four new dental board members have become new CWC voting members, many as first-time examiners nationwide, gaining first-hand experience and awareness of licensure examinations. CWC invites all board members to actively participate in ADEX examinations.

General Assembly

In 2024, CDCA-WREB-CITA offered the ADEX examination at EVERY dental school in the United States and additional sites in Puerto Rico, Canada, Mexico, and Jamaica. In Dental Hygiene, we offered over 350 examinations from Maine to Hawaii and Florida to Alaska, serving more than 80% of licensure exam candidates nationwide. Speaking to an audience of more than 500 exam licensure and regulatory leaders, CWC Chairman Dr. Armstrong emphasized that the ADEX exam is now the clear standard in clinical licensure testing, a distinction mirrored in the ADEX tagline, "The National Exam Standard."

Dr. Armstrong acknowledged several key examiners involved in grass-roots efforts to protect the current high competency standards provided by the ADEX examination. Unfortunately, the ADA-supported CSG Dental and Dental Hygiene Licensure Compact lowers that standard by not requiring a hands skills competency examination.

Chief Executive Officer Mr. Alexander Vandiver illustrated how investments in examination administration technology have enhanced operations and capabilities. Proprietary tools now permit cloud-based management of CWC's suite of examination applications, from exam assignment staffing to candidate results delivery within the state board score portal, better-serving examiners, educators, and state boards alike.

Immediate past Chair Dr. Harvey Weingarten (IN) invited leadership from each organization at the Dental Testing & Regulatory Summit to participate in a panel discussion, sharing areas of activity and common interests. Organizations at the summit included the American Association of Dental Administrators (AADA), the American Board of Dental Examiners (ADEX), and the American Association of Dental Boards (AADB). They were also joined by an educator representing the CWC's Educators Conference. Together they discussed mission-critical initiatives and topical dental regulatory challenges each expects to be facing. Topics of interest once again included licensure compacts, scope of practice, representation, and more.

Director of Examinations, Dr. Benjamin Wall, highlighted candidate performance and examiner performance. In 2024, CWC continued to enhance the validity and quality in exam administration by investing in means and methods that enhance our collective examiner capabilities. A reflection of increased fidelity in simulated testing, no patient-based ADEX examinations are scheduled for 2025.

All incumbent members of the Board of Directors were reelected. For a complete list with bios, [visit our website](#).

State Caucuses

Individual state caucuses provided a platform for discussion regarding issues of importance in each state. Attendees also shared significant concerns regarding the future of licensure as potentially impacted by dental licensure compacts. Caucuses selected Steering Committee representatives. For Hawaii, the following persons were selected to serve: Dr. Andrew Tseu, Katherine Fukushima RDH, and Marianne Timmerman RDH with Candace Wada RDH serving as an alternate. The next Steering Committee meeting will take place on April 1, 2025.

Educators Conference

Also impacted by Hurricane Helene, CWC hosted educators from more than 160 programs for our annual Educators Conference on Saturday, September 28th. In addition to preparatory sessions for the 2025 ADEX examinations, educators got a first glimpse of the candidate and educator's portal's next-generation capabilities. CDCA-WREB-CITA is committed to providing programs with top-notch service from scheduling through results delivery.

The Annual Meeting will return to Texas in 2025, scheduled for October 16-18, at the Gaylord Texan.

As always, we appreciate any pertinent updates you can share regarding licensure, board roster changes, or meeting schedules. As a reminder, CDCA-WREB-CITA supports the [Interstate Dentist and Dental Hygienist Licensure Compact](#) and can also be a resource to connect you with its originator, the AADB. If you or your board would like additional information or have questions, please email me at sbeeler@adextesting.org.

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

Amendment and Compilation of Chapter 16-79
Hawaii Administrative Rules

M DD YYY

1. Chapter 16-79, Hawaii Administrative Rules, entitled "DENTISTS AND DENTAL HYGIENISTS", is amended and compiled to read as follows:

"HAWAII ADMINISTRATIVE RULES

TITLE 16

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

CHAPTER 79

DENTISTS AND DENTAL HYGIENISTS

Subchapter 1 General Provisions

§16-79-1	Objective
§16-79-2	Definitions
§16-79-3	Renewal of a dental or dental hygiene license
§16-79-3.1	Restoration of forfeited license
§16-79-4	Repealed
§16-79-5	Prosthetic appliances
§16-79-6	Repealed
§16-79-7	Approved apron
§16-79-8	Approved infection control practice

Subchapter 2 Applications

- §16-79-9 Who may apply for a dental or dental hygiene license
- §16-79-10 Application forms
- §16-79-11 Documentation and credentials required for dental applicants
 - [§16-79-11.1 Documentation and credentials required for temporary dental applicants](#)
 - [§16-79-11.2 Documentation and credentials required for community service dental applicants](#)
 - §16-79-11.5 Documentation and credentials required for dental hygiene applicants
 - [§16-79-11.6 Documentation and credentials required for temporary dental hygienist applicants](#)
 - [§16-79-11.7 Documentation and credentials required for community service dental hygienist applicants](#)
- §16-79-12 Repealed
- §16-79-12.7 Application for inactive license
- §16-79-13 Repealed
- §16-79-14 Denial of application
 - [§16-79-14.5 Grounds for refusal to renew, reinstate or restore, and for revocation, suspension, denial, limiting, or condition of license](#)
- §16-79-15 Contested case hearing
- §16-79-16 Repealed

Subchapter 3 Repealed

§§16-79-20 to 16-79-24 Repealed

Subchapter 4 Repealed

§§16-79-28 to 16-79-33 Repealed

Subchapter 5 Repealed

§§16-79-40 to 16-79-50 Repealed

Subchapter 6 Repealed

§§16-79-54 to 16-79-63 Repealed

Subchapter 7 Dental Assistants and Licensed
Dental Hygienists

§16-79-67 Definitions
§16-79-68 Repealed
§16-79-69 Repealed
§16-79-69.1 Allowable duties and training for a
dental assistant
§16-79-69.5 Prohibited duties of dental assistants
§16-79-69.10 Allowable duties of licensed dental
hygienists
§16-79-69.15 Prohibited duties of licensed dental
hygienists
§16-79-70 Repealed
§16-79-71 Penalty

Subchapter 8 Anesthesia

§16-79-75 Definitions
§16-79-76 Administration of local anesthesia
§16-79-77 Administration of sedation and
analgesia
§16-79-78 Administration of general anesthesia
and sedation
§16-79-79 Reporting of adverse occurrences

Subchapter 9 Fees

§16-79-83 Fees

Subchapter 10 Practice and Procedure

§16-79-84 Administrative practice and procedure

Subchapter 11 Oral Testimony

§16-79-85 Oral testimony

Subchapter 12 Licensure Examination Remediation

§§16-79-90 to 16-79-113 Repealed

§16-79-114 Postgraduate studies after three failures

§16-79-115 Repealed

Subchapter 13 Repealed

§§16-79-116 to 16-79-137 Repealed

Subchapter 14 Continuing Education

§16-79-140 Purpose

§16-79-141 Continuing education categories

§16-79-141.5 Ethics

§16-79-142 Approved sponsoring organizations

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

§16-79-144 Biennial renewal

§16-79-144.1 Annual renewal for community service dental hygiene license

§16-79-144.2 Temporary licenses

§16-79-145 Record keeping

§16-79-146 Certification of compliance and audit

§16-79-147 Waiver or modification of requirements

§16-79-148 Penalty for false certification

Subchapter 15 Dental Records

§16-79-149 Retention of dental records

§16-79-150 Access to dental records

SUBCHAPTER 1

GENERAL PROVISIONS

§16-79-1 Objective. This chapter adopted by the board of dental examiners, hereafter referred to as "board", is intended to clarify and implement chapters 447 and 448, Hawaii Revised Statutes ("HRS"), to the end that the provisions thereunder may be best effectuated. [Eff 7/2/64; am and ren §16-79-1, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §448-6)

§16-79-2 Definitions. For the purposes of this chapter, the following definitions are applicable:

"ADA" means the American Dental Association.

"ADA CERP" means the American Dental Association Continuing Education Recognition Program.

"ADEX dental examination" means the dental examination developed by the American Board of Dental Examiners.

"ADHA" means the American Dental Hygienist Association.

"AGD PACE" means the Academy of General Dentistry Program Approval for Continuing Education.

"BLS" means basic life support.

"Block anesthesia" means local anesthetic solution deposited close to a main nerve trunk usually located at a distance from the site of treatment.

"CE" means continuing education.

"CODA" means the American Dental Association Commission on Dental Accreditation.

"CPR" means cardiopulmonary resuscitation.

"Dental assistant" means a non-licensed person, who may perform dental supportive procedures authorized by the provisions of this chapter under the direct supervision of a licensed dentist.

"Dental record" means the official office document that records all diagnostic information, clinical notes, treatment performed and patient-related communications that occur in the dental office, including instructions for home care and consent to treatment.

"General anesthesia" means a drug-induced, loss of consciousness accompanied by partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and to respond appropriately to physical stimulation or verbal command. Patients under general anesthesia require assistance in maintaining a patent airway and positive pressure ventilation due to inadequate spontaneous ventilatory function.

"HDA" means Hawaii Dental Association.

"HIPAA" means Health Insurance Portability and Accountability Act.

"Inactive license" means a license which has been placed on an inactive status upon a written request by a licensee.

"Integrated National Board Dental Examination" means the examination developed and governed by the American Dental Association Joint Commission on National Dental Examinations.

"License in good standing" means a license that is current, unencumbered, and held by a person who is actively practicing.

"Licensed dental hygienist" means a person who is authorized to practice dental hygiene in the State of Hawaii.

"Licensed dentist" means a person who is authorized to practice dentistry in the State of Hawaii.

"Local anesthesia" means the elimination of sensations, especially pain, in one part of the body by subcutaneous injection of a drug.

"National Board Dental Examination" or "National Board Dental Hygiene Examination" means the didactic examination developed by the American Dental Association Joint Commission on National Dental Examinations.

"NPDB" means the National Practitioner Data Bank.

"Post-doctoral resident" means a person who holds a D.M.D. or D.D.S. degree and is enrolled in a CODA-accredited residency program at affiliated training sites, such as hospitals and clinics, for the purpose of obtaining additional clinical training in dentistry.

"Sedation" means the calming of an apprehensive individual by use of systemic drugs, without inducing loss of consciousness.

"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. [Eff 7/2/64; am and ren §16-79-2, 2/13/81; am 1/27/86; am and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§436B-13.3, 447-1, 447-1.5, 447-3, 448-1, 448-3, 448-6, 448-9.6)

§16-79-3 Renewal of a dental or dental hygiene license. (a) Each licensee shall be responsible for timely renewing of the licensee's license, completing the CE requirement, and satisfying the renewal requirements provided by law.

(b) At the time of license renewal, each licensee shall submit a completed renewal application and all applicable fees and shall comply with any other requirement provided by law. A completed renewal application sent by United States mail shall be considered timely filed if the envelope bears a postmark on or before the required renewal date.

(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 of any check upon first deposit, or the failure to comply with any other requirement provided by law, shall cause the license to be automatically forfeited. [Eff 7/2/64; am and ren §16-79-3, 2/13/81; comp 2/9/89; comp 8/20/90; am and comp 2/9/01; am and comp 2/9/02; am and comp 1/27/14; comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§447-1, 448-6, 448-7, 448-8.5)

§16-79-3.1 Restoration of forfeited license.

(a) ~~A license which has been forfeited may be restored within two years after the date of expiration upon compliance with the licensing renewal requirements provided by law and upon written application and payment of all applicable renewal fees, penalty fees, and compliance resolution fund fees.~~

A forfeited license may be restored ~~after~~ within two years from the date of expiration upon:

- (1) Written application and payment of all renewal, penalty, and other applicable fees;
- (2) Being engaged in the practice of dentistry or dental hygiene, as applicable, for at least three years preceding the date of the written application which includes:
 - (A) Evidence of active clinical practice of not less than one thousand hours per year for the three years immediately prior to the date of request; and
 - (B) A certification from the appropriate state board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice;
- (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;
- (4) Submitting a self-query background check from the NPDB. In addition, the board may require a background check from an independent background check service approved by the board, provided that the applicant shall pay the cost of the background check; and
- (5) If the person is unable to meet the above requirements, the person may be required to

reapply as a new applicant, take and pass the licensure examination.

(b) If the person has not restored the license for more than five years from the date of expiration, the person shall be required to reapply as a new applicant, take and pass the licensure examination, submit a self-query report from the NPDB, and submit a report from an independent background check service approved by the board; provided that the applicant shall pay the cost of the background check. [Eff and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp] (Auth: HRS §448 6) (Imp: HRS §§447-1, 448-6, 448-7, 448-8)

§16-79-4 Repealed. [R 1/27/14]

§16-79-5 Prosthetic appliances. A licensed dentist shall provide a written work order authorizing the making or repair of artificial restorations, substitutes, appliances, or materials for the correction of disease, loss, deformity, malposition, dislocation, traction, fracture, injury to the jaws, teeth, lips, gum, cheeks, palate, or associated head and neck tissues or parts, from casts, models, or impressions and shall keep a file copy of written work orders for a period of at least one year. The work order shall be dated and signed by the dentist, include the dentist's license number and the name and address of the independent dental laboratory. [Eff 7/2/64; am 2/24/67; am and ren §16-79-5, 2/13/81; am and comp 2/9/89; 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 §§448-1, 448-6)

§16-79-6 Repealed. [R 1/27/14]

§16-79-7 Approved apron. An apron, preferably with cervical collar, with .25 mm lead equivalent

shall be the minimum shielding for dental radiographic procedures. [Eff and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02; comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§448-1.5, 448-6)

§16 79 8 Approved infection control practices.

Licensed dentists and licensed dental hygienists shall practice levels of infection control consistent with the guidelines and recommendations of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) and the ADA. [Eff 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 §§447-1, 448-6)

SUBCHAPTER 2

APPLICATIONS

§16-79-9 Who may apply for a dental or dental hygiene license. (a) A person applying for licensure to practice dentistry shall comply with the following requirements:

- (1) Be eighteen years of age or more;
- (2) Pass the National Board Dental Examination or the Integrated National Board Dental Examination;
- (3) Pass the ADEX dental examination;
- (4) Be a United States citizen, United States national, permanent resident of the United States, or alien authorized to work in the United States; and
- (5) Be a D.D.S. or D.M.D. graduate from a dental ~~school~~ college accredited by CODA.

(b) A person applying for licensure to practice dental hygiene shall comply with the following requirements:

- (1) Be eighteen years of age or more;

- (2) Pass the National Board Dental Hygiene Examination;
- (3) Pass a regional dental hygiene examination until a national clinical dental hygiene examination becomes available, pursuant to section 447-1(b) and (c), HRS;
- (4) Be a United States citizen, United States national, permanent resident of the United States, or alien authorized to work in the United States;
- (5) Be a graduate from a dental hygiene school accredited by CODA; and
- (6) Be certified in the administration of intra-oral infiltration local anesthesia and intra-oral block anesthesia from an accredited dental hygiene school or certification program approved by the board. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§436B-10, 447-1, 448-6, 448-9)

§16-79-10 Application forms. All applications shall be made on the forms as prescribed by the board. No application shall be deemed complete which does not set forth all the information relative to the applicant required by said forms and this chapter. The applicant is solely responsible for submitting a completed application. [Eff 7/2/64; am and ren §16-79-10, 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 §§447-1, 448-6, 448-9)

§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 or the Integrated 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)

§16-79-11.1 Documentation and credentials required for temporary dental applicants. (a) All temporary dental licensure applicants who are not post-doctoral residents shall arrange to have sent directly to the board:

- (1) 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 college accredited by CODA.
- (2) A signed letter of employment on official letterhead prepared by the applicant's prospective employer, qualified pursuant to section 448-12(a), HRS. The letter must list specific start and end employment dates.
- (3) If licensed as a dentist in another state, the applicant 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.

(c) Any individual who is not a post-doctoral resident shall not qualify for the temporary dentist license upon failure of the ADEX exam.

(d) All applicants for the temporary dentist license who are post-doctoral residents shall arrange to have sent directly to the board:

(1) 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 college accredited by, or that has a reciprocal agreement with, CODA.

(2) A signed letter submitted on official letterhead that confirms enrollment in a post-doctoral residency program that is accredited and recognized by CODA. The letter must:

(A) List specific start and end dates of the residency program; and

(B) List the addresses of the sites at which the resident will be training.

(3) If licensed as a dentist in another state, the applicant 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.

(e) Individuals who are applying for the temporary dentist license as post-doctoral residents may pass or fail the ADEX exam and still qualify for the temporary dentist license.

§16-79-11.2 Documentation and credentials required for community service dental applicants.

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

(1) 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 college accredited by, or that has a reciprocal agreement with, CODA.

- (2) A signed letter of employment on official letterhead prepared by the applicant's prospective employer, qualified pursuant to section 448-9.6(a), HRS. The letter must list specific start and end employment dates.
- (3) An official verification of licensure and licensure status from another state board of dental examiners.
- (4) A self-query report from the NPDB.
- (3) Additional requirements outlined in section 448-9.6(a)(1)(B), HRS, as applicable.
- (b) Any individual shall not qualify for the community service dentist license upon failure of the ADEX exam.
 - (c) Upon approval of the community service dentist license, the licensee may obtain additional employment with another employer, qualified pursuant to section 448-9.6(a), HRS. To add additional employment, a licensee shall:
 - (1) Provide the Board with a signed letter on official letterhead from the additional employer listing specific start and end dates; and
 - (2) Maintain employment with the employer through which the individual gained initial licensure, pursuant to section 448-9.6(d)(1), HRS.
 - (d) Applicants applying as commissioned officers under section 448-9.6(e), HRS shall arrange to have sent directly to the board:
 - (1) A copy of an active, unrestricted dental license from another state; and
 - (2) A copy of documentation reflecting official duty assignment to a qualifying community dental service dental site.

§16-79-11.5 Documentation and credentials required for dental hygiene applicants. (a) All dental hygiene licensure applicants shall arrange to have sent directly to the board:

- (1) An official verification of having successfully passed the National Board Dental Hygiene Examination;
- (2) An official verification of having successfully passed any one of the regional clinical examinations authorized by section 447-1(b), HRS, or pursuant to section 447-1(c), HRS, an official verification of having passed a national clinical examination;
- (3) A certified copy of a dental hygiene degree, certificate of graduation or an official transcript from a dental hygiene school accredited by CODA; and
- (4) Documentary proof of being certified in the administration of intra oral infiltration local anesthesia and intra-oral block anesthesia from an accredited dental hygiene school or by a certification program approved by the board.

(b) Applicants licensed as a dental hygienist 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.

(c) The board may require additional background checks of dental hygiene 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 and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§447-1, 448-6)

§16-79-11.6 Documentation and credentials required for temporary dental hygienist applicants. (a) All temporary dental hygienist licensure applicants shall arrange to have sent directly to the board:

- (1) A certified copy of a dental hygiene degree, a certificate of graduation, or an official transcript from a dental hygiene college accredited by CODA.

- (2) A signed letter of employment on official letterhead prepared by the applicant's prospective employer, qualified pursuant to section 447-2, HRS. The letter must list specific start and end employment dates.
- (3) If licensed as a dental hygienist in another state, the applicant 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.

(b) Individuals who are applying for the temporary dental hygienist license may pass or fail any regional clinical exam under Chapter 447, HRS and still qualify for the temporary dental hygiene license.

§16-79-11.7 Documentation and credentials required for community service dental hygiene applicants.

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

- (1) A certified copy of a dental hygiene degree, a certificate of graduation, or an official transcript from a dental hygiene college accredited by, or that has a reciprocal agreement with, CODA.
- (2) A signed letter of employment on official letterhead prepared by the applicant's prospective employer, qualified pursuant to section 447-1.5(a), HRS. The letter must list specific start and end employment dates.
- (3) An official verification of licensure and licensure status from another state board of dental examiners.
- (4) A self-query report from the NPDB.
- (5) Additional requirements outlined in section 447-1.5(a)(1)(B), HRS, as applicable.

(b) Any individual shall not qualify for the community service dental hygiene license upon failure of any regional clinical exam under Chapter 447, HRS.

(c) Upon approval of the community service dentist license, the licensee may obtain additional employment with another employer, qualified pursuant to section 447-1.5(a), HRS. To add additional employment, a licensee shall:

(1) Provide the Board with a signed letter on official letterhead from the additional employer listing specific start and end dates; and

(2) Maintain employment with the employer through which the individual gained initial licensure, pursuant to section 447-1.5(d)(1), HRS.

(d) Applicants applying as commissioned officers under section 447-1.5(e), HRS shall arrange to have sent directly to the board:

(1) A copy of an active, unrestricted dental hygiene license from another state; and

(2) A copy of documentation reflecting official duty assignment to a qualifying community service dental hygiene site.

§16-79-12 Repealed. [R 1/27/14]

§16 79 12.7 Application for inactive license.

(a) Upon written request by a licensee during the licensure period or at renewal, and upon payment of an inactive license fee, the board shall place the licensee's active license on an inactive status.

(b) A licensee may continue and renew on inactive status for the biennial period.

(c) A licensee on inactive status shall be considered as unlicensed and shall not engage in the practice of dentistry or dental hygiene. Any person who violates this prohibition shall be subject to discipline under this chapter and chapters 436B, 447, and 448, HRS.

(d) It shall be the responsibility of each licensee on inactive status to maintain knowledge of current licensing and renewal requirements.

(e) A licensee may request to reactivate the license at any time during the licensure period or at renewal by:

- (1) Completing an application for reactivation;
- (2) Fulfilling all requirements in effect at the time of application to return the license to active status, including the payment of an activation fee and other fees that may be required;
- (3) Meeting the CE requirements; and
- (4) Providing information to ensure the licensee is fit to engage in the practice of dentistry or dental hygiene, including but not limited to reporting license sanctions, pending disciplinary actions, or conviction of a crime in which the conviction has not been annulled or expunged.

(f) An application for reactivation may be denied if the applicant does not fulfill all requirements of this chapter and chapters 436B, 447, and 448, HRS. If the applicant is denied, written notice of denial shall state specifically the reason for denying the reactivation and shall inform the applicant of the right to a hearing under chapter 91, HRS. If denied reactivation, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of reapplication. [Eff and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§91-9, 91-9.5, 436B-13.3, 448-6)

§16-79-13 Repealed. [R 1/27/14]

§16-79-14 Denial of application. In the event an application for the issuance or renewal of a license or permit, or for the reinstatement, or reactivation of a license thereof is denied, the board shall notify the applicant or licensee by letter of the board's action which shall include a concise statement of the reasons therefor and a statement

informing the applicant or licensee of the right to a contested case hearing pursuant to chapter 91, HRS. [Eff 7/2/64; am and ren §16-79-14, 2/13/81; am and comp 2/9/89; am and comp 8/20/90; comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§91-9, 91-9.5, 447-1, 447-7, 448-6, 448-7, 448-8.5, 448-9, 448-17, 448-18)

§16-79-14.5 Grounds for refusal to renew, reinstate or restore, and for revocation, suspension, denial, limiting, or condition of license. (a) In addition to any other acts or conditions provided in sections 436B-19 and 448-17, HRS, the board may refuse to renew, reinstate, or restore, or may deny, revoke, suspend, limit or condition in any manner, any license for any one or more of the following acts or conditions:

- (1) Failure to comply with, observe, or adhere to any law in a manner such that the board deems the licensee to be an unfit or improper person to hold a license;
- (2) Employing, utilizing, or attempting to employ or utilize at any time any person not licensed or certified where licensure or certification is required;
- (3) Violating this chapter, the applicable licensing laws, or any rule or order of the board;
- (4) When the applicant has committed any of the acts for which a license may be suspended or revoked under section 448-17, HRS;
- (5) If the applicant fails to demonstrate that the applicant possesses a good reputation for honesty, truthfulness, fairness, and financial integrity; or
- (6) If the applicant has had disciplinary action taken by any jurisdiction, including any federal or state regulatory body.

§16-79-15 Contested case hearing. Any person whose application for a license or permit, or whose application for the renewal, reinstatement, or reactivation of a license or permit has been denied by the board shall be entitled to a contested case hearing after notice of the denial provided that the request for a contested case hearing shall be conducted pursuant to chapter 16-201, the rules of practice and procedure of the department of commerce and consumer affairs, and is filed with the board within sixty days of the date of the board's notice of the refusal or denial. [Eff 7/2/64; am and ren §16-79-15, 2/13/81; am and comp 2/9/89; am and comp 8/20/90; comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp]
(Auth: HRS §448-6) (Imp: HRS §§91-9, 91-9.5, 91-13.1, 447-1, 447-7, 448-6, 448-7, 448-8.5, 448-9, 448-17, 448-18)

§16-79-16 Repealed. [R 2/9/89]

SUBCHAPTER 3 - REPEALED

§16-79-20 Repealed. [R 2/9/89]

§16-79-21 Repealed. [R 8/20/90]

§16-79-22 Repealed. [R 8/20/90]

§16-79-23 Repealed. [R 2/9/89]

§16-79-24 Repealed. [R 8/20/90]

SUBCHAPTER 4 - REPEALED

§§16-79-28 to 16-79-31 Repealed. [R 8/20/90]

§16-79-32 Repealed. [R 2/9/89]

§16-79-33 Repealed. [R 8/20/90]

SUBCHAPTER 5 - REPEALED

§16-79-40 Repealed. [R 1/27/14]

§16-79-41 Repealed. [R 1/27/14]

§§16-79-42 to 16-79-50 Repealed. [R 2/9/89]

SUBCHAPTER 6 - REPEALED

§§16-79-54 to 16-79-58 Repealed. [R 2/9/01]

§16-79-59 Repealed. [R 2/9/89]

§16-79-60 Repealed. [R 2/9/01]

§16-79-61 Repealed. [R 2/9/89]

§§16-79-62 to 16-79-63 Repealed. [R 2/9/01]

SUBCHAPTER 7

DENTAL ASSISTANTS AND LICENSED DENTAL HYGIENISTS

§16-79-67 Definitions. For the purposes of this subchapter, the following definitions are applicable:

"Coronal polish" means a procedure limited to the removal of plaque biofilm and stain from exposed tooth surfaces, utilizing an appropriate instrument and polishing agent, as delegated by a licensed dentist. This procedure is not to be interpreted as a "dental prophylaxis".

"Dental prophylaxis" means the preventive supragingival and subgingival scaling and selective coronal polishing of the tooth surfaces, to remove calculus, soft deposits, plaque biofilm, and stains, using the appropriate instrumentation to create an environment in which hard and soft tissues can be

maintained in good health by the patient, as delegated by a licensed dentist.

"Non-surgical periodontal scaling and root planing" means the therapeutic supragingival and subgingival scaling of the teeth surfaces to remove calculus, plaque, and stains and the definitive root planing procedure to remove cementum and dentin that is rough or contaminated with toxins or microorganisms utilizing the appropriate instrumentation, including but not limited to, manual and ultrasonic instrumentation, as delegated by a licensed dentist. This procedure may include removal of necrotic tissue. [Eff 11/21/74; am and ren §16-79-67, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§447-3, 448-3, 448-6)

§16-79-68 Repealed. [R 2/9/89]

§16-79-69 Repealed. [R 2/9/89]

§16-79-69.1 Allowable duties and training for a dental assistant. (a) A dental assistant may perform the following supportive dental procedures under the direct supervision, direction, evaluation, and responsibility of a licensed dentist:

- (1) Assisting the licensed dentist who is actually performing a dental procedure on the patient, that includes: preparing procedural trays/armamentaria set-ups; retracting a patient's oral tissues to maintain the field of operation during the dental procedure; removing debris, as is normally created and accumulated during or after operative procedures by the dentist;

placing and removing the rubber dam; mixing dental materials; and transferring dental instruments or any other concept of four-handed dentistry the dentist requires to perform the procedure;

- (2) Assisting the licensed dental hygienist in the performance of the duties of the dental hygienist; provided the assistance does not include procedures included in section 16-79-69.5 and section 16-79-69.10;
- (3) Collecting medical and dental histories, taking intra-oral and extra-oral photographs, and recording or charting clinical findings as dictated by the licensed dentist or dental hygienist;
- (4) Completing prescription and authorization forms for drug or restorative, prosthodontic or orthodontic appliance for the supervising licensed dentist whereby the dentist signs the forms;
- (5) Conducting mouth mirror supragingival inspections and reporting observations to the supervising licensed dentist; provided that this is not interpreted as an oral cancer screening;
- (6) Exposing, processing, mounting, and labeling radiographs;
- (7) Digital intraoral scannings and Mmaking impressions for diagnostics, study casts, opposing models, occlusal appliances (e.g., splints, bite guards), mouth guards, orthodontic retainers, and medicament trays;
- (8) ~~Making intra-oral measurements for orthodontic procedures, performing the preliminary selection and sizing of bands; checking for loose bands and bonded brackets; placing and removing orthodontic separators, ligature ties, and inter-arch elastics (i.e., chain elastics and rubber bands); fitting and removing head appliances; and removing arch wires~~ Final digital intraoral scannings, which would

lead to the fabrication of any appliance or prosthesis which, when worn by the patient, would come in direct contact with hard or soft tissues shall be evaluated and approved by a dentist with the exception of duties listed in section(a) (7);

- (9) ~~Measuring and recording vital signs~~ Making intra-oral measurements for orthodontic procedures, performing the preliminary selection and sizing of bands; checking for loose bands and bonded brackets; placing and removing orthodontic separators, ligature ties, and inter-arch elastics (i.e., chain elastics and rubber bands); fitting and removing head appliances; and removing arch wires;
- (10) ~~Monitoring the nitrous oxide/oxygen unit and reporting to the supervising dentist any adverse observations, provided the licensed dentist evaluates, initiates, and administers the sedation~~ Measuring and recording vital signs;
- (11) ~~Placing matrix retainers~~ Monitoring the nitrous oxide/oxygen unit and reporting to the supervising dentist any adverse observations, provided the licensed dentist evaluates, initiates, and administers the sedation;
- (12) ~~Placing non-aerosol topical anesthetics~~ Placing matrix retainers;
- (13) ~~Relating pre-operative and post-operative instructions, and patient education in oral hygiene as instructed by the supervising licensed dentist or dental hygienist~~ Placing non-aerosol topical anesthetics;
- (14) ~~Removing dressing and sutures~~ Relating pre-operative and post-operative instructions, and patient education in oral hygiene as instructed by the supervising licensed dentist or dental hygienist;
- (15) ~~Removing excess supragingival cement after a licensed dentist has placed a permanent or~~

~~temporary prosthetic restoration, appliance, or orthodontic bands with hand instruments; and Removing dressing and sutures;~~

- ~~(16) Performing a try-in with any removable prosthetic or orthodontic appliance, provided the supervising licensed dentist makes the adjustments. Removing excess supragingival cement after a licensed dentist has placed a permanent or temporary prosthetic restoration, appliance, or orthodontic bands with hand instruments;~~
- ~~(17) Performing a try-in with any removable prosthetic or orthodontic appliance, provided the supervising licensed dentist makes the adjustments-;~~ and
- ~~(18) Fabrication of provisional crowns or bridge, outside of the patient's mouth, to be delivered to the patient under the dentist's direct supervision.~~
- ~~(19) A dental assistant may operate under the general supervision of any dentist licensed under this chapter to provide auxiliary support dental services in a public health setting under the specific provisions of chapter 448-3.5, HRS, to perform the supportive dental procedures described in subsection (c).~~

~~(b) The board requires the supervising licensed dentist to appropriately train or provide training to dental assistants which shall include, but not be limited to:~~

- ~~(1) Proper sterilization and disinfection procedures which meet the guidelines of:~~
 - ~~(A) The U.S. Department of Labor Occupational Safety and Health Administration bloodborne pathogen standards;~~
 - ~~(B) The State of Hawaii Department of Labor and Industrial Relations Occupational Health and Safety bloodborne pathogen standards;~~

- ~~(C) The CDC prevention guidelines; and~~
- ~~(D) The ADA Clinical Practice Guidelines;~~
- ~~(2) Ethics;~~
- ~~(3) Proper record keeping and patient confidentiality; and~~
- ~~(4) CPR.~~

~~The training courses shall be provided by sponsors pursuant to section 16-79-142. [Eff and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-3, 448-6)~~

(c) The board requires the supervising licensed dentist to appropriately train or provide training to dental assistants operating in any setting which shall include, but not be limited to:

- (1) Proper sterilization and disinfection procedures which meet the guidelines of:
 - (A) The U.S. Department of Labor Occupational Safety and Health Administration bloodborne pathogen standards;
 - (B) The State of Hawaii Department of Labor and Industrial Relations Occupational Health and Safety bloodborne pathogen standards;
 - (C) The CDC prevention guidelines; and
 - (D) The ADA Clinical Practice Guidelines;
- (2) Ethics;
- (3) Proper record keeping and patient confidentiality; and
- (4) CPR.

The training courses shall be provided by sponsors pursuant to section 16-79-142. [Eff and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-3, 448-6)

§16-79-69.5 Prohibited duties of dental assistants. A dental assistant shall not perform the

following intra-oral functions or any other activity deemed to be irreversible as to cause change in the affected hard or soft tissues and is permanent or may require reconstructive or corrective procedures; and any other activity which represents the practice of dentistry and dental hygiene or requires the knowledge, skill, and training of a licensed dentist or licensed dental hygienist:

- (1) Administering local anesthetic, sedation, or general anesthesia;
- (2) Cementing, bonding, and adjusting any part of a prosthesis or appliance worn in the mouth;
- (3) Cementing or re-cementing, finishing margins, performing a try-in, and adjusting the occlusion of any temporary or permanent fixed prosthetic restoration; or placing cement bases;
- (4) Cementing bands and brackets, or activating any orthodontic appliance;
- (5) Establishing occlusal vertical dimension, making bite registrations, and making face-bow transfers;
- (6) Examining, diagnosing, or prescribing a treatment plan;
- (7) Making final impressions, which would lead to the fabrication of any appliance or prosthesis which, when worn by the patient, would come in direct contact with hard or soft tissues with the exception of duties listed in section 16-79-69.1(a)(7);
- (8) Performing any endodontic procedure to ream, file, irrigate, medicate, dry, try-in cores, or fill root canals; establishing the length of the tooth;
- (9) Performing any surgical or cutting procedures on hard or soft tissues, extracting teeth, and suturing;
- (10) Placing, condensing, carving, finishing, or adjusting the occlusion of final restorations; or placing cavity liners, medicaments, or pulp cap materials;

- (11) Placing materials subgingivally, including but not limited to, prescriptive medicaments, retraction cords, and other devices used for tissue displacement;
- (12) Prescribing medications or authorizing the fabrication of any restorative, prosthodontic, or orthodontic appliances;
- (13) Testing pulp vitality; and
- (14) Using of ultrasonic instruments and polishing natural or restored surfaces.
 [Eff and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-3, 448-6)

§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. Pursuant to section 447-1(f), HRS, a licensed dental hygienist 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.

(c) In a public health setting as allowed pursuant to section 447-3(d), HRS, a licensed dental hygienist may perform the procedures described in subsection (a) under the general supervision of a licensed dentist.

(d) In a school-based oral health program, as allowed pursuant to section 447-3(e), HRS, a licensed dental hygienist may perform dental sealant screenings

and apply dental sealants under the general supervision of a licensed dentist. [Eff and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§447-3, 448-6)

§16-79-69.15 Prohibited duties of licensed dental hygienists. No licensed dentist shall allow a licensed dental hygienist who is in the dentist's employ or is acting under the dentist's supervision or direction to perform any of the procedures disallowed for dental assistants except for those duties specifically allowed for dental hygienists in section 447-3, HRS, and in this chapter. [Eff and comp 2/9/89; comp 8/20/90; 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 §§447-3, 448-6)

§16-79-70 Repealed. [R 2/9/89]

§16-79-71 Penalty. Any person or association practicing dentistry in the State who fails to comply with or makes false statements to provisions of this chapter shall be guilty of a failure to comply with chapter 448, HRS, and shall be punished as provided in this chapter. [Eff 11/21/74; am and ren §16-79-71, 2/13/81; am and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02; comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§448-3, 448-6)

SUBCHAPTER 8

ANESTHESIA

§16-79-75 Definitions. For purposes of this subchapter, the following definitions are applicable:

"Analgesia" means the diminution or elimination of pain in a conscious patient.

"Certified nurse anesthetist" means a licensed nurse with special training in all phases of anesthesia.

"Deep sedation" means a drug-induced, depression of consciousness accompanied by a partial loss of protective reflexes during which patients cannot be easily aroused, but respond purposefully to physical stimulation or verbal command. Patients under deep sedation may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate.

"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."

"Infiltration anesthesia" means local anesthetic solution deposited near the terminal nerve endings in the area of prospective dental treatment.

"Moderate (conscious) sedation" means a drug-induced, depression of consciousness that allows a patient to maintain protective reflexes, retain the ability to independently and continuously maintain a patent airway, and respond purposefully to light tactile stimulation or verbal command.

"Nitrous oxide analgesia" means an inhalation analgesic that allows a patient to maintain protective reflexes, retain the ability to independently and continuously maintain a patent airway, and respond appropriately to light tactile stimulation or verbal command.

"Pediatric patients" means, for purposes of the BLS requirements, patients twelve years or younger. [Eff 10/7/76; am and ren §16-79-75, 2/13/81; comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§448-1, 448-6)

§16-79-76 Administration of local anesthesia.

(a) Any licensed dentist may administer local anesthesia.

(b) Any licensed dental hygienist may administer intra-oral local infiltration, intra-oral block anesthesia, or both under the direct supervision of a licensed dentist, upon meeting the following:

(1) A licensed dental hygienist may apply to the board for certification to administer intra-oral infiltration local anesthesia by providing to the board documentation of having been certified by a CODA accredited dental hygiene school or by a certification program approved that is offered by the board providers recognized by ADA CERP or AGD PACE.

(2) A licensed dental hygienist may apply to the board for certification to administer intra-oral block anesthesia by providing to the board documentation which shall include:

(A) A certificate of completion from a CODA accredited dental hygiene school or by a certification program approved that is offered by the board providers recognized by ADA CERP or AGD PACE.

(B) Program documentation or transcript listing the intra-oral block anesthesia categories, the course content, and number of injections that are consistent with section 447 3.5, HRS.

(c) The board certification to administer intra-oral block anesthesia procedures shall automatically expire upon the revocation or suspension of the license to practice dental hygiene. [Eff 10/7/76; am and ren §16-79-76, 2/13/81; am and comp 2/9/89; 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 §§447-1, 447-3, 447-3.5, 448-1, 448-6)

§16-79-77 Administration of sedation and analgesia. A licensed dentist may administer nitrous oxide and a single oral sedative medication administered in an appropriate dose to reduce anxiety. [Eff 10/7/76; am and ren §16-79-77, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§448-1, 448-6)

§16-79-78 Administration of general anesthesia and sedation. (a) A licensed dentist shall administer general anesthesia and sedation consistent with the current guidelines and recommendations of the American Dental Association Guidelines for the Use Of Sedation and General Anesthesia by Dentist; provided that for pediatric patients the American Academy of Pediatrics and the American Academy of Pediatric Dentistry Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures shall be followed. No licensed dentist shall administer or employ another person, such as a nurse anesthetist or a physician, who is otherwise qualified in this State to administer general anesthesia, deep sedation, or moderate (conscious) sedation for dental patients, unless the licensed dentist possesses a written authorization or permit from the board. Sedation is continuum and it is not always possible to predict how an individual will respond. Therefore, a licensed dentist intending to produce a given level of sedation shall have the capability to rescue patients whose level of sedation becomes deeper than initially intended.

(b) In order to receive a written authorization or permit, the licensed dentist shall apply to the board, pay an application fee, and submit documentary

evidence showing that the following requirements are met:

- (1) Educational training requirements.
 - (A) General anesthesia and deep sedation: Applicant has completed an advanced dental education program accredited by CODA and approved by the board that provides comprehensive training necessary to administer deep sedation or general anesthesia and includes documented proficiency in Basic Life Support for Healthcare Providers and Advanced Cardiac Life Support or Pediatric Advanced Life Support as required pursuant to subsection 16-79-141(a)(2). Evidence of that comprehensive training shall include but not be limited to: being a Diplomate of the American Board of Oral and Maxillofacial Surgery, a Fellow/member of the American Association of Oral and Maxillofacial Surgery or completion of an ADA accredited residency in Oral and Maxillofacial Surgery or Dental Anesthesiology and shall practice in compliance with that training.
 - (B) Moderate (conscious) sedation: Applicant has completed a comprehensive training program at the postgraduate level that meets the moderate (conscious) sedation program objectives and content as outlined in the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. The training program shall be a minimum of sixty hours of instruction, include supervised management of at least twenty moderate (conscious) sedation patients with clinical experience in managing the compromised airway and establishment of

intravenous access, and provide current documented proficiency in Basic Life Support for Healthcare Providers and Advanced Cardiac Life Support or Pediatric Advanced Life Support as required pursuant to sub section 16-79-141(a) (2) .

- (C) 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.
- (2) In lieu of the requirements in paragraph (1) (A) and (B), a licensed dentist may receive a written authorization or permit to use general anesthesia, deep sedation or moderate (conscious) sedation, if the licensed dentist employs or works in conjunction with a physician licensed pursuant to chapter 453, HRS, who specializes in anesthesiology or a certified registered nurse anesthetist who holds a license in good standing pursuant to chapter 457, HRS, provided that the physician who specializes in anesthesiology or certified registered nurse anesthetist shall remain on the premises of the dental facility until the patient is fully recovered and discharged from the facility.
- (3) Facilities and staff requirements. Applicant has a properly equipped facility for the administration of general anesthesia, deep sedation, or moderate (conscious) sedation staffed with a supervised team of auxiliary personnel capable of reasonably handling anesthesia procedures, problems, and emergencies

incident thereto. The current ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists and the current American Association of Oral and Maxillofacial Surgery Office Anesthesia Evaluation Manual are referenced as minimum standards of care. Adequacy of the facility and competence of the anesthesia team may be determined by the consultants appointed by the board as outlined below in this chapter.

(c) Prior to the issuance or renewal 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 subsection have been met.

(d) The board shall appoint a team of advisory consultants to conduct the on-site inspection and evaluation of the facilities, equipment, and personnel of a licensed dentist applying for a written authorization or permit to administer or to employ a qualified person to administer general anesthesia, deep sedation, or moderate (conscious) sedation; thereafter, re inspections may be conducted. The advisory consultants shall also aid the board in the adoption of criteria and standards relative to the regulation and control of general anesthesia, deep sedation, or moderate (conscious) sedation.

(e) A licensed dentist who has received a written authorization or permit to administer or to employ a qualified person to administer general

anesthesia, deep sedation, or moderate (conscious) sedation shall renew the authorization or permit biennially and pay a biennial fee.

(f) The board may, at any time, reevaluate the credentials, facilities, equipment, personnel, and procedures of a licensed dentist who has previously received a written authorization or permit from the board to determine if the dentist is still qualified to have a written authorization or permit. If the board determines that the licensed dentist is no longer qualified to have a written authorization or permit, it may revoke or refuse to renew the authorization, after an opportunity for a hearing is given to the licensed dentist.

(g) A licensed dentist who currently has a written authorization or permit to administer general anesthesia or sedation may continue to administer general anesthesia or sedation without the need to meet the additional requirements under subsection (b). However, if that dentist's license becomes forfeited that dentist shall file a new application and comply with all of the requirements of this section in existence at the time of the application. [Eff 10/7/76; am and ren §16-79-78, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§448-1, 448-6)

§16-79-79 Reporting of adverse occurrences. (a)

All licensed dentists in the practice of dentistry in this State shall submit a report within a period of thirty days to the board of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of a patient during or as a direct result of anesthesia related thereto. The report shall include at the minimum responses to the following:

- (1) Description of the dental procedure;

- (2) Description of the physical condition of the patient unless the patient has a Class I status as defined by the American Society of Anesthesiologists;
 - (3) List of drugs and dosage administered;
 - (4) Detailed description of techniques utilized in administering the drugs utilized;
 - (5) Description of the adverse occurrence:
 - (A) Symptoms of any complications, including but not limited to onset and type of symptoms of the patient;
 - (B) Treatment instituted on the patient;
 - (C) Response of the patient to the treatment; and
 - (6) Description of the patient's condition on termination of any procedure undertaken.
- (b) Failure to comply with subsection (a) when the occurrence is related to the use of general anesthesia, deep sedation, or moderate (conscious) sedation shall result in the loss of the written authorization or permit of the licensed dentist to administer or to employ another person to administer general anesthesia, deep sedation, or moderate (conscious) sedation. [Eff 10/7/76; am and ren §16-79-79, 2/13/81; am and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-7)
(Imp: HRS §§448-1, 448-6)

SUBCHAPTER 9

FEES

§16-79-83 Fees. The license and examination fees for licensed dentists and licensed dental hygienists shall be as provided in chapter 16-53, relating to fees for boards and commissions. [Eff 11/7/64; am 8/3/70; am 10/26/70; am and ren §16-79-83, 2/13/81; am and comp 2/9/89; 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 §§92-28,
448-6) (Imp: HRS §§92-28, 448-6)

SUBCHAPTER 10

PRACTICE AND PROCEDURE

§16-79-84 Administrative practice and procedure.

The rules of practice and procedure for licensed dentists and licensed dental hygienists shall be as provided in chapter 16-201, the rules of practice and procedure of the department of commerce and consumer affairs which are incorporated by reference and made a part of this chapter. [Eff and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §§91-2, 448-6) (Imp: HRS §§91-2, 448-6, 448-18)

SUBCHAPTER 11

ORAL TESTIMONY

§16-79-85 Oral testimony. (a) The board shall accept oral testimony on any item which is on the agenda, provided that the testimony shall be subject to the following conditions:

- (1) Each person seeking to present oral testimony shall so notify the board not later than forty-eight hours prior to the meeting, and at that time shall state the item on which testimony is to be presented;
- (2) The board may request that any person providing oral testimony submit the remarks,

or a summary of the remarks, in writing to the board;

- (3) The board may rearrange the items on the agenda for the purpose of providing for the most efficient and convenient presentation of oral testimony;
- (4) Persons presenting oral testimony shall identify themselves and the organization, if any, that they represent at the beginning of the testimony;
- (5) The board may limit oral testimony to a specified time period but in no case shall the period be less than five minutes, and the person testifying shall be informed prior to the commencement of the testimony of the time constraints to be imposed; and
- (6) The board may refuse to hear any testimony which is irrelevant, immaterial, or unduly repetitious to the agenda item on which it is presented.

(b) Nothing in this section shall require the board to hear or receive any oral or documentary evidence from a person on any matter which is the subject of another proceeding pending subject to the hearings relief, declaratory relief or rule relief provisions of chapter 16-201.

(c) Nothing in this section shall prevent the board from soliciting oral remarks from persons present at the meeting or from inviting persons to make presentations to the board on any particular matter on the board's agenda. [Eff and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §§92-3, 448-6) (Imp: HRS §§92-3, 448-6)

SUBCHAPTER 12

LICENSURE EXAMINATION REMEDIATION

§§16-79-90 to 16-79-113 Repealed. [R 1/27/14]

§16-79-114 Postgraduate studies after three failures. Any applicant who has three failures on the ADEX dental examination shall successfully complete a postgraduate course of one full semester or trimester in operative and prosthetic dentistry at an accredited dental college before the applicant shall be eligible to take the ADEX dental examination again. The course completion shall be evidenced by a certificate filed with the board. [Eff 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, 448-17)

§16-79-115 Repealed. [R 1/27/14]

SUBCHAPTER 13

§§16-79-116 to 16-79-137 Repealed. [R 1/27/14]

SUBCHAPTER 14

CONTINUING EDUCATION

§16-79-140 Purpose. The rules in this part are intended to effectuate the provisions of section 448-8.5, HRS, relating to the CE program requirements. [Eff and comp 2/9/02; am and comp 1/27/14; comp

8/22/16; comp] (Auth: HRS §448-6)
 (Imp: HRS §§448-6, 448 8.5)

§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 in subsection (a) ~~(1)~~ or in the other eligible categories listed in subsection (b) through computer-based, electronic, virtual, correspondence courses, dental publications, or courses presented through other media, formats. Such as audio and video tape recording; provided that those courses do not compromise more than eight CE hours.

(1) Of the CE requirements for dentists, at a minimum eight CE hours shall be completed live in-person or completed virtually in real-time.

(2) Of the CE hour requirements for dental hygienists, at a minimum six CE hours shall be completed live in-person or completed virtually in real-time.

(e) The hands-on component of Basic Life Support, Advanced Cardiac Life Support, and Pediatric Advanced Life Support courses shall be taken in-person to meet the continuing education requirement. [Eff and comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-8.5)

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
- (22) The University of Hawaii [Eff and comp 2/9/02; am and comp 1/27/14; comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-8.5)

§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 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.

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

(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.

[Eff and comp 2/9/02; am and comp 1/27/14; comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448 8.5)

§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, inclusive of the Basic Life Support CE requirement, and in addition, completed six hours of ethics training;
 - (B) Dentists initially licensed in the second year of the biennium shall ~~not be required to complete any CE hours;~~ and have completed the Basic Life Support CE requirement, and in addition, completed three hours of ethics training;
 - (C) All other dentists shall have completed thirty-two CE hours, inclusive of the Basic Life Support CE requirement, and in addition, completed at least six hours of ethics training per biennium; ~~and.~~
 - (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 hours of ethics training per year~~ clinical courses shall be compromised of more than half of the required CE hours.
- (2) Licensed dental hygienist:
- ~~(A) Dental hygienists initially licensed in the first year of the biennium shall have completed ten CE hours;~~
 - ~~(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.~~
- Community service licensed dentists shall comply with the continuing education requirements in subsection (1).
- (3) ~~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. [Eff and comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-8.5)~~

Licensed dental hygienist:

- (A) Dental hygienists initially licensed in the first year of the biennium shall have completed ten CE hours, inclusive of the Basic Life Support CE requirement and two hours of ethics training;
 - (B) Dental Hygienist initially licensed in the second year of the biennium shall have completed the Basic Life Support CE requirement and one hour of ethics training;
 - (C) All other dental hygienists shall have completed twenty CE hours, inclusive of the Basic Life Support CE requirement and at least two hours of ethics training per biennium; and
 - (D) In addition to subsections (A) or (C) above, clinical courses shall be comprised of more than half of the required CE hours.
- (4) 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. [Eff and comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-8.5)

§16-79-144.1 Annual renewal for community service dental hygiene license. Community service dental

hygiene licenses must be renewed annually. At the time of the annual renewal, not later than December 31 of each year, each licensee shall have completed the CE program requirements for the calendar year preceding the renewal date as follows:

(1) Community service licensed dental hygienist:

(A) Shall have completed a total of ten CE hours, including one hour of ethics training.

(B) Clinical courses shall be comprised of more than half of the annual required CE hours.

(C) Shall have completed a Basic Life Support course, which shall be limited to a maximum of two CE hours annually and shall not be credited toward fulfilling the clinical course requirements. The BLS course:

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

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

(iii) Shall be a Basic Life Support for Healthcare Providers course.

§16-79-144.2 Temporary Licenses. Licensees issued a temporary dentist or temporary dental hygienist license are not subject to continuing education requirements.

§16-79-145 Record keeping. (a) Licensees shall maintain original documentation showing evidence of attendance for four years after completion of any CE course.

(b) Evidence of attendance from the sponsoring organization approved by the board may include the following:

(1) The certificate of attendance;

- (2) The name of the licensee;
- (3) The name of the eligible course or program;
- (4) The name of the sponsoring organization;
- (5) The date and place where the course or program was held; and
- (6) The number of the eligible credit hours.
[Eff and comp 2/9/02; am and comp 1/27/14;
comp 8/22/16; comp] (Auth:
HRS §448-6) (Imp: HRS §§448-6, 448-8.5)

§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 provide written notice of an audit, ~~require~~ requiring 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 of the date of the request. [Eff and comp 2/9/02; am and comp 1/27/14; comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-8.5)

§16-79-147 Waiver or modification of requirements. (a) Any licensee seeking renewal of license without full compliance of the CE requirements shall submit:

- (1) A written request for waiver or modification of the CE requirements, with an explanation why the waiver or modification is being sought; and
- (2) Other supporting documents.

(b) The board may grant a waiver or modification of the CE requirements based on:

- (1) Full time service in the armed forces of the United States;
- (2) An incapacitating illness documented by a licensed physician;
- (3) Being disabled and unable to practice dentistry or dental hygiene documented by a licensed physician;
- (4) Being retired from practice and not performing any dental or dental hygiene services; or
- (5) Undue hardship or any other extenuating circumstances.

(c) Written requests for waiver or medication of CE requirements, with explanation and supporting documents must be received and approved before the renewal deadline to be considered for that licensing biennium. [Eff and comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp

] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-8.5)

§16-79-148 Penalty for false certification. A false certification to the board by a licensee shall be deemed a violation of this chapter and chapters 447 and 448, HRS, as applicable, and subject the licensee to disciplinary proceedings." [Eff and comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp

] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-8.5)

SUBCHAPTER 15

DENTAL RECORDS

§16-79-149 Retention of dental records. (a)

Dental records may be computerized or minified by the use of microfilm or any other similar photographic process; provided that the method used creates an unalterable record. The dentist shall retain dental records in the original or reproduced form for a minimum of seven years after the last data entry, except in the case of minors, whose records shall be retained during the period of minority plus seven years after the minor reaches the age of majority.

(b) Dental records may be destroyed after the seven-year retention period.

§16-79-150 Access to dental records. Access to

dental records shall adhere to the regulations by HIPAA, and the ethical guidelines and requirements established by the ADA and HDA.

2. Material, except source notes and other notes, to be repealed is bracketed and stricken. New material except source notes and other notes, is underscored.

3. Additions to update source notes and other notes to reflect amendments to sections are not bracketed, struck through, or underscored.

4. These amendments to and compilation of chapter 16-79, Hawaii Administrative Rules, shall take effect ten days after filing with the Office of the Lieutenant Governor.

I certify that the foregoing are copies of the rules, drafted in the Ramseyer format pursuant to the requirements of section 91-4.1, Hawaii Revised Statutes, which were adopted on M DD YYYY and filed with the Office of the Lieutenant Governor.

NADINE Y. ANDO
Director of Commerce and
Consumer Affairs

APPROVED AS TO FORM

Deputy Attorney General

DRAFT

REVISED:
1st DRAFT DATE: September 9, 2024

JUSTIFICATION SHEET

DEPARTMENT: Health

TITLE: A BILL FOR AN ACT RELATING TO MEDICAL RECORDS.

PURPOSE: To repeal the requirement for healthcare providers leaving their practices to receive approval from the Department of Health for the disposition of their medical records.

MEANS: Amend subsection 622-58(e), Hawaii Revised Statutes

JUSTIFICATION: Requiring approval from the Director of Health for the disposition of patient medical records is ineffective and outdated. Modern electronic medical record systems have features that provide security, redundancy, and persistence for medical records, including patient accessibility through secure portals.

Impact on the public: None.

Impact on the department and other agencies: None.

GENERAL FUND: None.

OTHER FUNDS: None.

PPBS PROGRAM DESIGNATION: HTH 907.

OTHER AFFECTED AGENCIES: None.

EFFECTIVE DATE: Upon approval.

___B. NO. ___

A BILL FOR AN ACT

RELATING TO MEDICAL RECORDS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that when the law was
2 enacted, there was a role for the department of health's
3 approval for the immediate arrangement of medical records
4 retention and preservation when a provider left their practice.
5 However, the ability of the department to approve the retention
6 and preservation of medical records is not stated in statute.

7 SECTION 2. Section 622-58, Hawaii Revised Statutes, is
8 amended by amending subsection (e) to read as follows:

9 "(e) The health care provider, or the health care
10 provider's successor, shall be liable for the preservation of
11 basic information from the medical record for twenty-five years
12 after the last entry, except in the case of minors, whose
13 records shall be retained during the period of minority plus
14 twenty-five years after the minor reaches the age of majority.
15 If the health care provider is succeeded by another entity, the
16 burden of compliance with this section shall rest with the
17 successor. Before a provider ceases operations, the provider

.B.NO.

1 shall make immediate arrangements [~~subject to the approval of~~
2 ~~the department of health,~~] for the retention and preservation of
3 the medical records [~~in keeping with the intent of this~~
4 ~~section.~~] consistent with federal and state regulations."

5 SECTION 3. Statutory material to be repealed is bracketed
6 and stricken.

7 SECTION 4. This Act shall take effect upon its approval.

8

9

INTRODUCED BY: _____

10

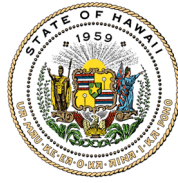
BY REQUEST

____.B. NO.____

Report Title: Medical Records; Department of Health; Repeal

Description: Repeals the requirement for healthcare providers leaving their practices to receive approval from the Department of Health for the disposition of their medical records.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.



HAWAI‘I STATE ETHICS COMMISSION

State of Hawai‘i · Bishop Square, 1001 Bishop Street, ASB Tower 970 · Honolulu, Hawai‘i 96813

MEMORANDUM

TO: Heads of Departments and Agencies, Human Resources Representatives,
Board Administrators, Governor, Lieutenant Governor, Media

FROM: Wesley Fong, Chair
Hawai‘i State Ethics Commission

DATE: October 23, 2024

RE: Mandatory Ethics Training Requirement

Aloha!

I am pleased to extend our sincere congratulations to those state agencies and boards that have achieved reaching 100% completion of the mandatory ethics training. Since April 2023, an impressive 88% of state employees and 91% of state board members have completed the training, demonstrating a strong commitment to upholding ethical standards across our state.

This success is a direct result of the invaluable collaboration between agency HR officers, board administrators, and the Ethics Commission staff. Your diligent efforts in supporting the promotion and facilitation of the training have been essential to this accomplishment. We hope that this invaluable training will help to encourage a better understanding and compliance with our state’s ethics laws.

On behalf of the Ethics Commission, I extend my deepest appreciation for your ongoing support and commitment. Let us continue to work together to strengthen ethical governance throughout the state.

Enclosure



Mandatory Ethics Training Requirement 100% Completion

Agencies

HHSC
Legislative Reference Bureau
Office of Hawaiian Affairs
Office of the Auditor
Office of the Governor
Office of the Lieutenant Governor
Office of the Ombudsman

Boards & Commissions

Acupuncture
Barbering & Cosmetology
BLNR
Board of Agric.
Campaign Spending Comm'n
Chiropractic Examiners
Civil Rights Comm'n
Comm'n on the Status of Women
Contractors License
Council on Revenues
Crime Victim Comp.
CWRM

DCAB
Deferred Comp. Plan
Dentistry
Elevator Mechanics
ERS
EUTF
FestPAC
Geographic Names
Green Infrastr. Auth.
HHFDC
HHSC-East Hawai'i
Historic Places Review
HTA
HTDC
Hurricane Relief Fund
Island Burial - Hawai'i
Island Burial - Molokai
KIRC
Legacy Land Conservation
LUC
Massage Therapy
Merit Appeals
Motor Vehicle Repair

Naturopathic Medicine
Optometry
Paroling Authority
NELHA
Nursing
Pest Control
Pharmacy
Physical Therapy
PISCES
Psychology
Public Accountancy
Public Housing Auth.
PUC
Real Estate
Retirement Savings
School Facilities Auth.
SFCA
Speech Pathology/ Audiology
Stadium Authority
State Fire Council
State Public Charter Sch. Comm'n
UH Board of Regents
Veterinary Medicine

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