

## **BOARD OF DENTISTRY**

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

### **AGENDA**

**Date:** January 13, 2025

**Time:** 10:00 a.m.

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

**Virtual:** Virtual Videoconference Meeting - Zoom Meeting  
(use link below)  
<https://dcca-hawaii.gov.zoom.us/j/81118286814?pwd=qRmbmx6UaXibp6nboEObWqsNpBrkDe.1>

**Zoom Phone Number:** (669) 900 6833  
**Meeting ID:** 811 1828 6814  
**Passcode:** 306967

**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](mailto: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 November 18, 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. Regulated Industries Complaints Office ("RICO") update to the Board regarding Advisory Committee Members ("ACMs")

*Advisory Committee Members ("ACMs") serve as confidential consultants for RICO investigations, pursuant to HRS §26-9(s).*

*The Board may move into Executive Session in accordance with HRS §92-4 and §92-5(a)(6) "To consider sensitive matters related to public safety or security."*

- b. Voting on the Proposed Rules Amendments from the Rules Permitted Interaction Group ("Rules 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.*

*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. The Rules PIG shared its report of proposed rule amendments to the Board at the second agenda meeting on September 16, 2024; public testimony was received, but the Board was not allowed to discuss.*

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

4. Scope of Practice

- a. Email inquiry from Leanne Higa regarding Community Service Dental Hygiene (“CSDH”) licensees’ scope of practice, including allowable duties and if CSDH licensees may teach courses at the University of Hawaii Maui College Dental Hygiene Program

5. 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-3204 SULTAN, HASSAM  
DT-3205 POSANTE, SARAH ELIZABETH  
DT-3206 WACHTEL, REBECCA ANN  
DT-3207 OSTHELLER, JOSEPH LOWELL  
DT-3208 TIMMERMAN, CLINTON SCOTT  
DT-3209 CHUNG, TRINA K  
DT-3210 MARIN, ANTHONY JAMES  
DT-3211 MCINTYRE, AUSTIN BRETT  
DT-3212 CZAJKA, COLLIN ANTHONY

2) Approved Dental Hygienists

DH-2505 RAHMAN, TIFFANY KARINA  
DH-2506 TAYLOR, JESSICA BETH  
DH-2507 MARONEY, SHARON

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

DT-2609 BARRY, JOSEPH P

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

DH-2505 RAHMAN, TIFFANY KARINA

- 5) Approved Temporary Dentists  
DTT-385 DE LA PAZ, JED ASHLEY  
DTT-386 TSUCHIYA, AKI
  - b. Temporary Dentist Application
    - 1) Rocelle Maliksi
  - c. Continuing Education Approved Sponsoring Organization Application
    - 1) Dental Educational Solutions & Training – OSHA 2025 Updates & Training
6. 2025 Legislative Session
  - a. Legislative Liaison(s)

*The Board will consider appointing legislative liaison(s) to assist the Executive Officer regarding legislative matters for the 2025 session.*
7. Executive Officer’s Report:
  - a. Scam calls targeting licenses of dentists and other medical professionals

*The Department of Commerce and Consumer Affairs (“DCCA”) warns the public about phone scammers impersonating state officials and government agencies to target medical professionals, particularly those in the dental field. Please see DCCA’s official notice on the department’s website: [https://cca.hawaii.gov/pvl/news-releases/dental\\_announcements/](https://cca.hawaii.gov/pvl/news-releases/dental_announcements/).*
  - b. Department of Veterans Affairs (“VA”) National Standard of Practice for Dental Hygienists

*The VA is developing national standards of practice for US veterans in the VA’s integrated health care system. “The national standard of practice will preempt any State laws, rules, regulations, or other requirements that are both listed and unlisted in the national standard as conflicting, but that do conflict with the tasks and duties as authorized in VA’s national standard of practice.” More information is available on the Federal Register’s website: <https://www.federalregister.gov/documents/2024/11/07>.*
  - c. Renewal year for dental licenses – renewal Frequently Asked Questions (“FAQs”) posted on the Board’s website



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

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

Date: November 18, 2024

Time: 10:00 a.m.

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

Virtual Videoconference Meeting – Zoom Webinar

<https://dcca-hawaii->

[gov.zoom.us/j/89733295220?pwd=6v3dhlyogCfWAZhRhYxngc3OaWuokS.1](https://dcca-hawaii-gov.zoom.us/j/89733295220?pwd=6v3dhlyogCfWAZhRhYxngc3OaWuokS.1)

Members Present: Andrew Tseu, D.D.S., J.D., Chair, Dental Member  
Jonathan Lau, D.D.S., Vice-Chair, Dental Member  
Staphe Fujimoto, D.D.S., 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  
Craig Yamamoto, D.D.S., Dental Member

Members Excused: Joyce Yamada, Ed.D., R.D.H., Dental Hygiene Member

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

In-Person Guests: Gayle Chung  
Charles Kamimura

Zoom Webinar  
Guests: Stephen Teres  
Leanne  
Noelani Greene  
Clinton Timmerman  
Gerraine Hignite  
Melissa Pavlicek  
Richmond Luzar  
Kim Nguyen

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

Laura Chang  
Dr. Norman

Virtual Meeting  
Instructions:

A short video regarding virtual meetings was played for attendees.

Dr. Pine 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.

Approval of  
Minutes:

**Approval of the Open and Executive Session Minutes of the  
September 16, 2024 Meeting**

The Chair asked if there was any discussion of, corrections to, or public comments regarding the September 16, 2024 minutes.

Seeing no public comments or Board discussion, the Chair asked for a motion to approve the Open and Executive Session minutes of the September 16, 2024 meeting.

Upon a motion by the Vice Chair, seconded by Ms. Shimabuku, it was voted on and unanimously carried to approve the Open and Executive Session minutes of the September 16, 2024 meeting.

New Business:

**Dental Testing and Regulatory Summit 2024 Annual Meeting Report**

The Chair stated that he, Ms. Yamada, and Ms. Fukushima attended the Dental Testing and Regulatory Summit 2024 Annual Meeting ("Annual Meeting") on behalf of the Board from September 28-29, 2024. The Annual Meeting 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").

The Chair invited Ms. Fukushima to share a report to the Board.

Ms. Fukushima stated that the information sent to EO Choy from CWC provides a complete summary of the Annual Meeting. She stated that the State Board President, Vice President, and Directors forum provided great insight about developments in the profession and with regards to



testing.

EO Choy stated that the CWC letter Ms. Fukushima referred to is in the Board member and Public packets.

The Chair stated that the focus of the Summit was on interstate compacts. He reminded the Board that there are two compacts in circulation – the compact from the Council of State Governments (“CSG Compact”) and the compact proposed by the American Association of Dental Boards (“AADB Compact”).

The CSG Compact became active this year and has been enacted by ten (10) states, it is in the process of addressing administrative and other activities before compact privileges can be issued. The remaining implementation timeline is between one to two years.

The AADB Compact is not yet in effect; a minimum of five (5) states must enact legislation in order for the compact to be active. AADB anticipates that that minimum threshold for participating states will be met by the upcoming legislative session.

The Annual Meeting focused on the differences between the competing compacts. The major significant differences are:

1. Compact privilege: The CSG Compact is a “privilege” and does not address licensure of an applicant, which has legal ramifications regarding state board authority, etc.;
2. Credentialing: The AADB Compact requires credentialing through a Commission on Dental Accreditation (“CODA”), while the CSG Compact is very open-ended regarding acceptance of crediting agencies other than CODA;
3. Examination: It is unclear whether a hands-skill assessment would be required under the CSG Compact.

The Chair emphasized that it is important the Board remain up-to-date on both compacts’ developments. He reminded the Board that in 2023, the Federation of State Medical Boards (“FSMB”) Compact was approved by the Hawaii State Legislature. A nursing compact was proposed, but did not pass, in both the 2023 and 2024 legislative sessions.

The Chair stated that his personal opinion is that it is only a matter of time before the dental compact issue is proposed in Hawaii. It is important for all Board members to be prepared to opine on this important public protection issue when it does arise in Hawaii.

There were no public comments.

Ms. Shimabuku asked for clarification regarding the FSMB Compact.

EO Choy stated that the FSMB Compact was specifically for physicians and impacted the Hawaii Medical Board. The CSG and AADB Compacts

are specific to the dental field and would impact dentist and dental hygienists. However, CSG as an organization has also advocated for compacts in different professions such as physical therapy and social work.

Dr. Tseu stated based on the information he has received at various conferences, when the CSG Compact was being developed for dental, a lot of organizations tried to reach out to make comments regarding their concerns. Unfortunately, no changes were made based on those comments. Therefore, AADB decided to propose a competing compact.

EO Choy reminded the Board and the public that any compact proposals would require legislative action as it would require revisions to the Board's Hawaii Revised Statutes ("HRS") §447 and §448.

### **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.

A PIG matter will appear on the agenda of three Board meetings. At the first meeting on January 22, 2024, the Rules PIG was formed and tasked with evaluating the existing Hawaii Administrative Rules ("HAR") §16-79 and providing recommendations to the Board for rules revisions. At a second meeting on September 16, 2024, the PIG shared its report with the Board; public comment was received, but Board discussion and decision-making were not allowed.

At this third and final meeting the Board will again receive public comments and can now discuss and conduct decision-making. Even after the Board votes to take action on the Rules PIG's proposed amendments, there will continue to be several opportunities for the public to provide input on the rules revisions. This is the first part of a lengthy administrative rules revision process.

Finally, EO Choy stated that she believes it is the intent of the Board to defer this agenda item to its January 13, 2025 meeting. If the matter is deferred, the Board will still receive public comments on this agenda item today, but will not be able to respond at this time.

The Chair stated that he also serves as chair of the Rules PIG. He reported that since the Board's September 16, 2024 meeting the PIG has continued to meet with relevant stakeholders on the proposed rules revisions, including the Hawaii Dental Association ("HDA"), the Hawaii Dental Hygienists' Association ("HDHA"), and the Kapiolani Community College Dental Assisting ("KCC DA") Program. Given the feedback received, he would like to defer this agenda item to the Board's next meeting. In the meantime, the draft proposed rules revisions shared at

the September 16, 2024 meeting are available to the public via the public packet accessible on the Board's website:

[https://cca.hawaii.gov/pvl/boards/dentist/meeting\\_schedule/](https://cca.hawaii.gov/pvl/boards/dentist/meeting_schedule/).

The Chair asked if there was any public testimony.

*Melissa Pavlicek raised her hand on Zoom and was promoted to panelist.*

The Chair welcomed Ms. Pavlicek to the meeting and asked her to introduce herself and share her testimony.

*Dr. Yamamoto joined the meeting virtually at 10:25 a.m.*

Ms. Pavlicek stated that she is a consultant with HDA. She wanted to thank and acknowledge the Board for its transparency and for allowing HDA to participate in the rules revision process.

*Ms. Pavlicek was changed back to attendee on Zoom.*

There were no further public comments or Board discussion.

This agenda item was deferred.

Applications:

**Ratification Lists**

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

Ms. Fukushima as for clarification regarding the ratification list for the "Approved Additional Dentist Permit to Administer Deep Sedation/General Anesthesia and Moderate Sedation."

EO Choy stated that current Hawaii dentist ("DT") licensees may apply for an additional permit to administer deep sedation/general anesthesia and moderate sedation. Qualified licensees must be approved for a separate permit at each office location in which they plan to administer.

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

Upon a motion by the Vice Chair, seconded by Dr. Pine, it was voted on and unanimously carried to approve the following 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

### **Applications**

At 10:31 a.m., upon a motion by Dr. Pine, seconded by the Vice Chair, it was voted on and unanimously carried to move into Executive Session in accordance with HRS §92-4 and §92-5(a)(1) and (4) "To consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both;" and "To consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities, and liabilities."

At 10:44 a.m., upon a motion by the Vice Chair, seconded by Ms. Shimabuku, 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. Clinton Timmerman.

### **Dentist**

#### **Joseph Ostheller**

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

Upon a motion to approve the application by Dr. Pine, seconded by the Vice Chair, a roll call vote was taken with the Chair, Vice Chair, Dr. Fujimoto, Ms. Fukushima, Dr. Guevara, Dr. Pine, and Dr. Yamamoto voting to approve the application for Dr. Ostheller, and Ms. Shimabuku abstaining.

#### **Clinton Timmerman**

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

Upon a motion by the Vice Chair, seconded by Ms. Shimabuku, it was voted upon and unanimously carried to approve the application for Dr. Timmerman.

Executive Officer's  
Report:

**A Bill for an Act Relating to Medical Records**

*Dr. Yamamoto turned his camera off at 10:48 a.m.*

*Dr. Yamamoto turned his camera back on at 10:49 a.m.*

EO Choy stated that 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.

EO Choy stated that the Rules PIG's draft proposed rules revisions include sections regarding records retention. However, the Board's current laws and rules are silent as to medical records. Therefore, this bill would not affect any of the Board's current laws/rules. Licensees are advised to track the bill's development, and, should it pass in the 2025 Legislative Session, should check with their insurance and practice regarding any necessary changes.

**American Association of Dental Boards ("AADB") Regional Townhalls**

EO Choy stated that AADB has been hosting several regional townhalls to provide dental boards across the US with more information about the AADB Dental and Dental Hygiene Licensure Compact and Council of State Governments ("CSG") Dentist and Dental Hygienist Compact.

EO Choy stated that AADB raised similar concerns about the CSG compact that were mentioned in their previous presentation to the Board. The Chair gave a through summary of some of the differences in his earlier report from the Annual Meeting. In addition to what was already reported, EO Choy added that one significant difference between the two compacts is that the CSG Compact allows for one representative from the Board on their compact commission while the AADB Compact allows for two representatives. For state boards who choose to have their executive officer or other board staff serve as the representative, the AADB Compact would at least allow for one board staff and one professional or representation from both a dentist and dental hygienist member.

Although the Board will not adopt a formal position on compacts until legislation is introduced in Hawaii, EO Choy affirmed the Chair's earlier advisement that the Board remain abreast of the two compacts' development via the AADB and CSG websites respectively.

### **Hawaii State Ethics Commission**

EO Choy stated that the Board packet includes a 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. She thanked the Board for their compliance.

**Next Meeting:**

Monday, January 13, 2025  
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 10:53 a.m.

Taken, recorded, and approved by:

\_\_\_\_\_  
Sheena Choy  
Executive Officer

SC:my

12/13/24

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

**HBOD RULE PIG: RECOMMENDED ADDITIONAL HAR REVISIONS  
BASED ON ORAL HEALTH STAKEHOLDER MEETINGS AND PUBLIC COMMENTS  
01/02/25**

HAR SECTION	RULE PIG ADDITIONAL RECOMMENDED HAR REVISION	COMMENTS
<p>§16-79-2 Definitions (pg. 79-6)</p>	<p><u>“Dental record” means the official office document that records all diagnostic information, clinical notes, treatment performed and patient related communications that occur in any dental setting, including instructions for home care and consent to treatment.</u></p>	<p>Replace “the dental office” with “any dental setting” for definition of “dental record”. Inclusive as to where dental care is provided. Such as public health or community settings.</p>
<p>§16-79-2 Definitions (pg. 79-5)</p>	<p><u>“Virtually in real-time” means learning where the participant and the instructor interact live via video conferencing or other electronic platforms that allows for immediate communication or engagement.</u></p>	<p>Add definition of “Virtually in real-time”. This provides clarity for licensees as it relates to the continuing education requirements.</p>
<p>§16-79-3.1 (a)(3) Restoration of forfeited license (pg. 79-9)</p>	<p>(3) Submitting evidence of completion of the CE requirements of a minimum of thirty-two hours, <u>plus six hours of ethics training each biennium</u>, for licensed dentists and twenty hours <u>to include two hours of ethics training</u> for licensed dental hygienists each biennium;</p>	<p>Add “<u>to include two hours of ethics training</u>”. Consistency to reflect CE requirements for dental hygienists.</p>
<p>§16-79-76 (b)(1) &amp; (b)(2)(A) Administration of local anesthesia. (pg. 79-34)</p>	<p>(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:</p> <p>(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, <u>or by a certification program approved that is offered by the board providers recognized by ADA CERP or AGD PACE, or a certification program approved by the board.</u></p> <p>(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:</p> <p>(A) A certificate of completion from a CODA accredited dental hygiene school, <u>or by a ADA CERP or AGD PACE certified anesthesia program(s), or a certification program approved by the board; and</u></p> <p>(B) <u>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. A compilation of certificates may be presented to meet numeric amount of injections required by the board; and</u></p> <p>(C) <u>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.</u></p>	<p>Add “<u>or a certification program approved by the Board</u>”. Provides additional flexibility to the Board and licensees regarding acceptable certification programs as necessary.</p> <p>Revised (2)(A) “Plural to allow a combination of CERP/PACE programs to total the needed amount of injections”. Recommended by Jonathan.</p> <p>Add “<u>A compilation of certificates may be presented to meet numeric amount of injections required by the Board; and</u>”. This is added for clarification for licensees. Recommended by Jonathan.</p> <p>Current HAR Section (2)(B) has been renumbered to (2)(C) to accommodate the addition of a new Section (2)(B).</p>

Note: Red font indicates proposed recommended HAR revisions for the next Board meeting on January 13, 2025.

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

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## 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]**

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**§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.

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NADINE Y. ANDO  
Director of Commerce and  
Consumer Affairs

APPROVED AS TO FORM

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Deputy Attorney General

DRAFT



December 30, 2024

Sheena Choy  
Executive Officer  
Department of Commerce and Consumer Affairs  
Professional and Vocational Licensing Division  
P O Box 3469  
Honolulu, HI 96801

RE: PIG; The requirements for CE format

The Hawaii Dental Association would like to report our concerns regarding the proposed changes with the Continuing Education Requirements and formats for the Hawaii licensed dentists and dental hygienists.

Currently, the requirements and format are (32) units of clinical dental science and (6) additional training hours in ethics for dentists. A maximum (8) hours may be taken with an online format and the remaining In-person on "live" participation. The same requirements are for the dental hygienists with the exception of (20 hours minimum of clinical science.

The proposals as I understand it were to allow the entire 32 and 20 clinical science credit hours to be taken online with either "live" online participation or online without supervision.

I propose a compromise of (20) live in-person and (12) alternative online format for dentists and for the dental hygienists (10) live in-person and (10) alternative online format units

The CPR requirements for dental assistants should be raised to the level of BLS for Healthcare Professionals. This would make this life saving training on par with the rest of the clinical staff.

Thank you for allowing the Hawaii Dental Association to submit our recommendations.

Respectfully,

Dr. Norman S. Chun,  
HDA President-elect

January 1, 2025

Testimony with Comments/Recommendations to PIG proposed HAR revisions, Relating to Dental Hygienists

Hawaii Dental Hygienists' Association

EO Choy, Chair Dr. Tseu, Vice Chair Dr. Lau and Board Members of the Hawaii Board of Dentistry

The Hawaii Dental Hygienists' Association (HDHA) would like to provide comments/recommendations to the PIG proposed HAR revisions, relating to Dental Hygienists in the State of Hawaii.

1. Question: Would the PIG Group consider adding definitions for: "Licensed temporary dentist", "Licensed community service dentist", "Licensed temporary dental hygienist", "Licensed community service dental hygienist", "Intra-oral local infiltration", "Intra-oral block anesthesia", and "Basic Life Support courses" in Chapter 79 §16-79-2 Definitions (79-5)?
2. Question: Would HBOD PIG Group consider replacing "in the dental office" with "in any dental setting" to include community health settings (ex. School-based Oral Health screenings) in Chapter 79 §16-79-2 Definitions of a Dental Record (79-6)?
3. Question: Would the PIG Group consider adding "to include two hours of ethics training" for licensed dental hygienists each biennium in §16-79-3.1 Restoration of forfeited license (79-9)
4. Question: How often can a dentist/dental hygienist renew a temporary dentist/dental hygienist license? There is no mention of a pass or fail of any regional clinical exam under HRS Chapter 447-2 Temporary license.



Refer to §16-79-11.6 Documentation and credentials required for temporary dental hygienist applicants (79-16, 79-17) Refer to HRS Chapter 447-2 Temporary license.

5. Question: Requesting clarification between temporary dentist, community service dentist, temporary dental hygienist, and community service dental hygienist. There is inconsistency in exam requirements for temporary dental hygienist and community service dental hygienist. Refer to §16-79-11.6 Documentation and credentials required for community service dental hygienist applicants (79-17) Refer to HRS Chapter 447-1.5 Community service license.

6. Question: Are temporary/community service dentist and temporary/community service dental hygienist subject to any CE requirements? Refer to 16-79-144.2 Temporary Licenses. (79-52)

7. CONCERN: Please DON'T remove "approved by the board" because it will be difficult in finding a provider for an anesthesia course recognized by ADA CERP or AGD PACE that meets the stringent requirements of HRS section 447-3.5 (see below). There is NO Dental Hygiene schools in the US that teaches to that standard. Currently, the UH at Manoa Dental Hygiene Program and UH Maui College Dental Hygiene Program are the only TWO programs that fulfill the anesthesia requirement of HRS 447-3.5. Refer to §16-79-76 Administration of local anesthesia. (79-34) Refer to HRS Chapter 447-3.5 Educational requirements for intra-oral block anesthesia.

8. Question: Could we please leave the BLS – Basic Life Support as is for consistency? Refer to §16-79-141 Continuing education categories (79-44)

Thank you for allowing HDHA to actively participate along with the PIG group and provide comments/recommendations as it affects the profession of Dental Hygiene, in the State of Hawaii, for which we represent.



**Hawaii**  
DENTAL HYGIENISTS'  
ASSOCIATION

**3.b.**

Aloha Chairperson and Members of the State of Hawaii Board of Dentistry,

My name is Mark Nartatez, and I am honored to address you as both a private citizen and a dedicated advocate for the dental profession. As the newly appointed Program Director and Clinical Education Coordinator for the Kapi‘olani Community College Dental Assisting Program, and the 1st Vice President of the American Dental Assistants Association, I bring deep knowledge of the dental field, shaped by over 18 years of experience in clinical, administrative, and management roles here in Hawai‘i.

In my professional journey, I have developed a comprehensive understanding of the challenges and opportunities within the dental field. My leadership roles have allowed me to implement best practices, lead diverse teams, and advocate for solutions that promote quality care and operational excellence. Most importantly, my transition into education has solidified my commitment to inspiring future dental assistants and fostering a new generation of leaders.

The Kapi‘olani Community College Dental Assisting Program is the only American Dental Association Commission on Dental Accreditation (ADA CODA)-accredited program in the state of Hawai‘i. The program’s mission aligns with the Health Education Unit’s goals and is committed to serving the needs of the dental health community by:

- Preparing students to address the diverse needs of patients in dental offices;
- Equipping students with foundational dental operator and laboratory skills;
- Ensuring adherence to CDC-recommended infection control protocols and OSHA workplace safety standards;
- Educating students in basic dental radiology practices; and
- Enhancing community health through client education on oral hygiene and preventive care.

As an educator, my personal mission is to cultivate entry-level dental assistants who are fully prepared to meet industry standards upon graduation. Our program ensures students are well-versed in General and Specialty Dentistry, Infection Control, and Dental Radiography, while also providing training in administrative dental assisting, including scheduling, insurance processing, and professional customer service etiquette. Additionally, our curriculum emphasizes the importance of maintaining patient confidentiality and compliance with the Health Insurance Portability and Accountability Act (HIPAA), ensuring that students understand and uphold the ethical and legal responsibilities of patient data protection. Furthermore, our graduates are equipped to take and pass the Certified Dental Assistant (CDA) examination through the Dental Assisting National Board, ensuring they meet the highest standards of competency in the field.

The dental sector in Hawaii is at a critical juncture. Our state faces a significant workforce shortage of dental assistants, directly impacting the capacity of dental practices to deliver timely, high-quality patient care. This shortage is not only a local challenge but part of a nationwide crisis that has reduced dental practice capabilities by an estimated 10%. However, Hawaii's unique economic and geographic conditions exacerbate this issue, making immediate action essential.

### **The Core of the Issue: Recruitment and Retention**

Recruitment challenges are severe, with over 90% of dentists reporting extreme difficulty in finding qualified dental assistants. This is largely due to a lack of applicants and insufficiently trained candidates. The urgency of this issue is evident in my daily interactions as the Program Director for the Kapi'olani Community College Dental Assisting Program. On average, I receive calls or emails from at least five dental managers or dentists each week, seeking assistance in filling job openings for dental assistants. In response, I offer them the opportunity to join our externship program as clinical sites for our students. While this helps create valuable training opportunities, it highlights the severe shortage of qualified professionals and the growing demand for dental assistants statewide.

This crisis is further evidenced by job market data:

- On **ZipRecruiter**, there are currently over **579 dental assistant job openings**, compared to just **72 for dental hygienists**.
- On **LinkedIn**, there are **487 dental assistant job postings**, compared to **33 for dental hygienists**.

Retention of dental assistants is also a challenge. Many leave the profession due to:

- **Low Wages:** Dental assistants in Hawaii earn between \$15 and \$19.99 per hour—among the lowest in the nation. This is far below the national average for certified dental assistants, which stands at \$26 per hour.
- **High Cost of Living:** With median home prices exceeding \$850,000 and average rents surpassing \$2,000 per month, Hawaii is the most expensive state for housing.
- **Limited Career Growth Opportunities:** A lack of opportunities for advancement leads to dissatisfaction and high turnover.

### **A Question for Reflection:**

*If you were earning less than \$20 an hour, would you be able to afford to live in Hawaii with its current cost-of-living index?*

### **The Cost to Our Communities**

The consequences of this workforce shortage are far-reaching. Dental practices are forced

to reduce their patient load or delay essential treatments, impacting the health and well-being of our communities. For many patients, particularly those in underserved areas, these delays can exacerbate oral health issues, leading to more severe—and more costly—treatments down the line.

### **The Solution: Empowering Dental Assistants**

To address this crisis, we must implement changes that uplift the profession of dental assisting, attract talent, and provide a sustainable career path. I propose the following actions:

1. **Expand Allowable Duties:** By increasing the scope of practice for dental assistants to include tasks such as placing sealants, coronal polishing, and making bite registrations (with proper education and training), we can demonstrate their indispensable value to dental practices.
2. **Increase Wages:** Expanded duties justify higher compensation, aligning dental assistants' wages with their skills and contributions.
3. **Invest in Training Programs:** Expanding local training opportunities will help build a stronger pipeline of qualified dental assistants.
4. **Foster Professional Growth:** Offering certifications and leadership pathways ensures that dental assistants see this profession as a long-term career, not just a job.

### **The Role of the Board**

As leaders in shaping the future of dental healthcare in Hawaii, the State Board of Dentistry holds the power to make impactful decisions that can transform this profession and secure the health of our communities. By approving expanded allowable duties and advocating for fair wages, you are not only addressing the workforce shortage but also ensuring that dental assistants are recognized, valued, and supported as integral members of the dental healthcare team.

Consider the dental assistants who have dedicated their time, effort, and resources to becoming educated and certified professionals. These individuals have acquired advanced skills, knowledge, and expertise that allow them to take on more responsibilities in the dental office, ultimately contributing to enhanced operational efficiency and an improved standard of care for patients. Open your minds to the possibilities and recognize the untapped potential of these professionals. By empowering dental assistants to fully utilize their education, skills, and certification, you are not only fostering their growth but also elevating the quality of care available across the state.

As the sole accredited program in the State of Hawaii, the Kapi'olani Community College Dental Assisting Program is dedicated to addressing this workforce shortage by increasing the number of educated and certified dental assisting professionals. Recognizing the growing demand, the program is actively expanding its efforts to support

this need. One significant initiative is the introduction of a **High School Senior Program**, which enables high school seniors to enroll in college-level dental assisting courses while completing their senior year of high school. This innovative program not only creates an early pipeline of future dental professionals but also provides students with a head start in their careers, making it easier to transition into the workforce after graduation.

However, Hawaii remains one of the few states that does not require formal education or certification for dental assistants, presenting unique challenges for the program. One such challenge is qualifying for Federal Student Aid (FAFSA), which could significantly support students in pursuing their education and career goals. Advocating for education and certification standards for dental assistants would not only enhance the sustainability of the program but also ensure a consistent and high standard of care for patients across Hawaii.

### **A Call to Action**

This is a pivotal moment for Hawaii. Together, we have the opportunity to create a future where dental assistants thrive, patients receive timely and comprehensive care, and our dental community is strengthened. Let us seize this opportunity to lead with compassion, innovation, and a commitment to excellence.

I ask you to have an open mind and consider the critical role dental assistants play in the dental team. Their contributions go beyond technical skills—they provide essential support that enables dentists to focus on delivering high-quality care to patients. Dental assistants are the glue that holds the team together, ensuring that operations run smoothly, efficiently, and safely.

Now, imagine your own dental practice or any dental office operating without dental assistants. Would you be able to provide the same level of care to your patients? Could you manage the workload, maintain infection control standards, and ensure seamless coordination without their support? The reality is that dental assistants are not just helpful—they are indispensable.

By embracing change and unlocking the full potential of dental assistants through expanded duties, fair wages, and recognition of their value, we can set a new standard for patient care and workforce development in Hawaii. Let us work together to strengthen our dental community and ensure a brighter future for all.

### **The Proposed Changes**

The proposed enhancements to the allowable duties of dental assistants are not merely technical adjustments—they are essential steps to address the growing demands on Hawaii's dental workforce, improve patient care, and recognize the vital contributions of



dental assistants. These changes, supported by adequate education and training, represent a bold but necessary move to ensure Hawaii's dental care system can meet current and future challenges.

#### **Proposed Enhancements:**

- **Fabricating Whitening Trays, Sports Guards, Nightguards, Implant Stents, and Custom Trays:**  
With comprehensive education and hands-on training, dental assistants can develop the technical expertise required to fabricate these essential tools. Proper preparation ensures accuracy and efficiency, reducing wait times and improving accessibility for patients to receive timely, quality care.
- **Making Bite Registrations Under the Direct Supervision of a Dentist:**  
Education and training in advanced techniques are crucial for dental assistants to perform this precision-based task. By ensuring they have the skills needed, dental assistants can contribute to streamlined workflows and enhance procedural outcomes while maintaining the highest standards of care.
- **Applying Fluoride and Fluoride Varnish:**  
Proper education in preventive dentistry empowers dental assistants to effectively administer fluoride treatments. This essential skill combats cavities, promotes long-term oral health, and expands access to preventive care, particularly for underserved and at-risk populations.
- **Placement of Retraction Cords Under the Direct Supervision of a Dentist:**  
With appropriate training and certification, dental assistants can perform this technical procedure safely and effectively. Their expanded role in such tasks alleviates the workload for dentists while ensuring procedural efficiency and patient safety.
- **Placing Sealants:**  
Thorough education and certification enable dental assistants to apply dental sealants, a simple yet highly effective preventive measure. By expanding their scope of practice, dental assistants can increase access to this service for children and underserved communities, directly impacting oral health outcomes.
- **Coronal Polishing:**  
Focused education and certification equips dental assistants with the skills to perform coronal polishing, an essential service that enhances both oral hygiene maintenance and patient satisfaction. This addition to their skillset contributes to better patient experiences and reinforces the importance of preventive care.
- **In-Office Whitening:**  
With specialized education in cosmetic procedures, dental assistants can meet the growing demand for in-office whitening services. Training in this area not only improves efficiency but also allows dentists to focus on more complex care needs, ensuring a seamless patient experience.

**The Case for Change**

Dental assistants are not just ancillary staff—they are the backbone of dental practices. They possess the skills and adaptability to handle technical, administrative, and patient-centered tasks. Expanding their allowable duties acknowledges their vital contributions and ensures that Hawaii’s dental practices remain sustainable and patient-focused in the face of growing workforce challenges.

As highlighted by national reports, dental assistants play a pivotal role in connecting oral health to overall health. Their ability to educate patients, identify potential systemic health issues, and perform critical preventive and supportive procedures has a direct impact on patient outcome. For example, dental assistants often educate patients on how oral bacteria can affect conditions such as heart disease and diabetes, bridging gaps in understanding that improve overall health literacy.

**Closing Statement**

In closing, the proposed enhancements to the allowable duties of dental assistants represent a pivotal opportunity to address the workforce challenges in Hawaii, elevate the standard of care for patients, and recognize the invaluable role dental assistants play in our healthcare system. These changes, grounded in proper education and training, ensure that dental assistants are well-prepared to take on expanded responsibilities while maintaining the safety and quality of care that our patients deserve.

The importance of these changes is underscored by the support of esteemed Doctors of Dental Medicine in Hawaii, whose attached testimony highlights the urgent need for action. They emphasize that the limited scope of duties not only hinders the profession’s growth but also restricts earning potential and career advancement for dental assistants. Expanding duties, as they note, is essential to addressing the shortage of qualified professionals and improving access to care for patients across the state.

Their statement reinforces the idea that dental assistants, with the right training and certification, can safely and effectively perform expanded functions that are already allowed in 41 other states. By adopting these changes, Hawaii can join the majority of states that have successfully enhanced the role of dental assistants, benefiting both patients and the dental community.

This is the time for Hawaii’s dental community to come together as a unified team of professionals, working collaboratively to propose and implement new enhancements that elevate the standard of care for our patients. By embracing these changes, we have a unique opportunity to lead with innovation and compassion, investing not only in the future of dental care but also in the professionals who make it possible. These proposed enhancements are not just a solution to systemic challenges—they are a shared vision for the level of care we aspire to provide and the goal we all strive to achieve.

By adopting these changes, Hawaii can position itself as a leader in improving the dental assisting profession, setting a precedent for other states by demonstrating the transformative power of collaboration, education, and innovation. Together, we can create a dental healthcare system that reflects the unique spirit of our islands and the high standards of care our communities deserve.

The question we must ask ourselves is simple: *Can we afford to delay these changes when the future of patient care and the sustainability of our dental practices are at stake?*

Mahalo for your time, attention, and commitment to advancing oral health in Hawaii. Together, we can create lasting change that supports our dental teams, our patients, and our communities.

**Me ke aloha pumehana,**

A handwritten signature in black ink, appearing to read 'Mark Nartatez', written in a cursive style.

Mark Nartatez, MBA, CDA, CDIPC, FADAA

**References**

1. American Dental Association. (2024). *Dental Workforce Shortages & Labor Market*. American Dental Association Report.
2. Hawaii Housing Authority. (2024). *The Hawaii Housing Factbook*. Hawaii Housing Authority Publication.
3. Dental Assisting National Board (DANB). (2024). *2024 DANB Salary Survey*. Dental Assisting National Board Annual Report.
4. Various Dentists in Hawaii. (2024). *Expanded Duties and Functions for Dental Assistants in Hawaii*. Local Dentist Testimonies Document.
5. Dental Assisting National Board (DANB). (2022). *Dental Assistants Play an Important Role in Patients' Overall Health*. DANB Educational Article.
6. True Dental Assistant School. (2024). *The Importance of Continuing Education for Dental Assistants*. True Dental Assistant School Publication.

MCDS input on CE requirements:

<b>Dentist CE Requirements by Course Format</b>			
	<b>Current</b>	<b>Proposal #1</b>	<b>Proposal #2</b>
<b>Total</b>	38 (32 + 6 ethics)	38 (32 + 6 ethics)	38 (32 + 6 ethics)
<b>“Live/in-person”</b>	24	8	16
<b>Virtual or other non-live formats</b>	8	24	16

Current:

Live/in-person: 2

Proposal #1 – 9 (3 say “all virtual)

Proposal #2 – 2

Either proposal ½ - 2

“I don’t see any real advantage learning wise from an in person CE vs a live virtual course. The fewer in person CEs required the better. For specialties, relevant in person CEs are hard to get on island and require days away from work and travel expenses. Does the board want dentists to serve unmet need on island or do they want us to be spending time on the mainland taking CE courses that could just as well be taken remotely without any loss of clinic time?”

“Proposal #1 gets my vote. Virtual learning is a viable medium, as has been proven these past few years. It also is more financially feasible due to the cost of travel and closing practices for “live” events. Those of us on Maui and the “neighbor” islands have less access to events than Oahu. “

“Either proposal #1 or #2 would make it easier to get the ce credit. so it does not matter too much to me since i get them live from the study club. Dr. lau said they may make ethics not be 3 ces a year and just 6 ces total done anytime so this would be nice so don't have to look for specific ethics class each year and maybe just get it one time every 2 years”

“Proposal #1 or 2. I see the value of live CE mostly from the interaction and collaboration with colleagues, but I feel requiring live CE may be more about trying to make sure dentist get quality CE and can’t “cheat” by not actually doing the virtual course. I get most of my CE live anyway, and still I do not think the quality of CE is related to live vs virtual. I have seen live CE that are not great quality, and online/virtual courses that are in fact *very* high quality. I’d argue that Kois’ new virtual CE course that and even their virtual study club meetings are in fact way better than the typical live state convention CE, or the random sponsored CE dinners held off-island that would require travel and time away from the practice. I’m personally not opposed to paying for quality CE, so when I find quality virtual courses that I can do without closing the office (which loses production and makes for unhappy staff about losing hours), I think that should be fully counted towards our requirements. I think if a dentist wanted to cheat at doing virtual CE, they’re probably cheating at live CE anyway.”

“I vote for all CE to be virtual only. Since most CE would be available on Oahu, that would be an unfair burden on “neighbor island dentists “ if in-person courses were mandated (airfare, time away from work, etc).”

“I would still prefer to have more virtual than live. I already probably get most live but just in case is good since not all of us have the ability to fly places to take live CE course.”

“They should allow all virtual CE. It is the wave of the future, and there are a ton of virtual CE classes. Medical does not care if it’s ce is virtual, so why do we?”

---

Here are six additional surveys regarding Virtual CEs. So sorry about the tiny print! I'm not real good with copy and paste. Two emails are from two doctors. **All are in favor of Proposal1 or allow more/all CEs to be virtual.**

1.

As a new resident and dentist in Maui, I would also like to strongly recommend the board to amend the CE requirements to proposal #1. As a new graduate with hefty loans, it is not financially feasible for me to travel for CE opportunities as that requires me to take time off and cover possible boarding expenses. This applies for me AND my husband as new graduates. The opportunities for live and interactive CE on the island of Maui are unfortunately limited, but I have been able to learn so much from the vast library of online CE! Some of them often require you to have a verification code (to help make sure the viewer watches the full webinar) or to have a 5-10 question quiz so ensure the key points were obtained from the webinar. Furthermore, being HST and having online interactive CE is not as difficult as most providers will have the lectures during our lunch time or before work starts in the morning.

I appreciate your time in reading my input for amending the CE requirements. I believe it will only be a benefit for practitioners on the other, smaller islands of beautiful Hawaii that may not have the same opportunities.

Mahalo nui,

2.

I would like to strongly encourage the board to amend the CE requirements to proposal #1 below for the following reasons:

1. **Flexibility and Convenience:** Virtual courses allow dental professionals to attend from anywhere, avoiding the need to travel. This saves time and money and makes it easier to fit the course into busy schedules. Requiring live CE courses disproportionately negatively impacts neighbor island dental professionals.
2. **Access to a Wider Range of Courses:** Virtual platforms offer access to courses from experts around the world. This variety can increase the quality of the education, exposing participants to a broader scope of knowledge and techniques.
3. **Interactive Learning:** Many virtual CE courses include live Q&A sessions that encourage engagement and allow for real-time questions, similar to in-person events.
4. **Recorded Sessions:** Virtual CE courses are often recorded, allowing participants to revisit the material at their own pace or catch up on anything they missed. This is benefit over live courses, as this is usually not done in live courses.
5. **Cost-Effective:** Without the need for travel and accommodations, virtual courses tend to be more affordable for both organizers and participants, which can make education more accessible, especially those who live on neighbor islands.

I appreciate the board's consideration in amending the CE requirements. Allowing more virtual CE options will not only benefit individual practitioners but will also help elevate the standard of care within the dental profession as a whole.

Mahalo,

3.

Hi Jonathan,

XXX and I 100% agree that we should be able to use be more Online ce as credit towards our totals versus in person. It is way too expensive to attend all the live courses as MAUI doesn't offer that many and the ones they do are thousands of dollars for the most part.

Thank you

4.

Aloha

I vote for proposal #1.

**Sheena R. Choy**

---

**From:** Leanne Higa <[REDACTED]>  
**Sent:** Tuesday, December 31, 2024 12:48 PM  
**To:** DCCA Dental  
**Subject:** Re: [EXTERNAL] Community Service Dental Hygienist - Instructor hire at UH Maui College

**CAUTION:** This email originated from outside of Hawaii State Gov't / DCCA. Do not click links or open attachments unless you recognize the sender and are expecting the link or attachment.

Hello Sheena,  
So to clarify, HICHC is the community center in which the students will see some assigned patients. These patients are the HICHC patients of record and the billing of services are done under the HICHC attending dentists. The students nor UHMC are not billing or receiving payments for services rendered.

Thanks

Leanne

On Tue, Dec 31, 2024 at 12:19 PM DCCA Dental <[dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov)> wrote:

Thank you!

-Sheena

**From:** Leanne Higa <[REDACTED]>  
**Sent:** Tuesday, December 31, 2024 12:17 PM  
**To:** DCCA Dental <[dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov)>  
**Subject:** Re: [EXTERNAL] Community Service Dental Hygienist - Instructor hire at UH Maui College

**CAUTION:** This email originated from outside of Hawaii State Gov't / DCCA. Do not click links or open attachments unless you recognize the sender and are expecting the link or attachment.

I don't know exactly, but the UH Manoa students usually do work in student partner groups at first. They then move on to seeing live patients. The anesthesia course is a lecture for them and the anesthesia requirements at Manoa are completed in their clinical courses - similar to Maui.

I think Manoa has a \$20 or \$25 donation fee for patients.

Mahalo,



Leanne

On Tue, Dec 31, 2024 at 12:14 PM DCCA Dental <[dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov)> wrote:

Hi Leanne,

Thanks for the quick response! Do you happen to know how the UHMC DH format compares to the UH Manoa DH program?

Mahalo,  
Sheena

**From:** Leanne Higa [REDACTED]  
**Sent:** Tuesday, December 31, 2024 11:48 AM  
**To:** DCCA Dental <[dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov)>  
**Subject:** Re: [EXTERNAL] Community Service Dental Hygienist - Instructor hire at UH Maui College

**CAUTION:** This email originated from outside of Hawaii State Gov't / DCCA. Do not click links or open attachments unless you recognize the sender and are expecting the link or attachment.

Hello Sheena,

To answer your question, UHMC DH Program is projected to do a program expansion to Hawai'i Island in Fall 2025 with 5 additional students. They would graduate in 2027 with all didactic courses taught online and clinical courses taught in 3 sites on Hawai'i Island - Hawaii Community Health Center 1 - Kealakehe, 2 - Kealakekua, 3 - Waikoloa.

The Hawai'i Island cohort will mirror the clinical experiences that UHMC Maui students do - First semester, only student partner practice. From the second semester on - clinical practice including anesthesia will be completed on patients. For only the Hawai'i Island students, Hawai'i Island Oral Health Center intends to charge their patients for the dental hygiene student procedures. (Maui patients are not charged).

Summer session is the anesthesia course when they practice on student partners only and in the 2nd (Final) year, the students administer anesthesia on patients while the instructors grade and observe them.

For the Maui cohort - dentists are instructors. For the Hawai'i Island cohort, dentists will supervise only and not grade. The hygienist instructor will grade everything on Hawai'i Island.

Do you have any other questions?

Mahalo!

Happy New Year to you as well,

Leanne

On Tue, Dec 31, 2024 at 9:28 AM DCCA Dental <[dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov)> wrote:

Aloha Leanne,

As the Board prepares to discuss your questions at their upcoming January 13<sup>th</sup> meeting, could you please provide more details on the structure of the UHMC DH program?

Specifically, are the dental hygiene students practicing on any individuals other than fellow students and instructors (i.e. practicing on actual patients?) Any other information you can provide about the format/structure of their courses throughout the program would be helpful.

Mahalo & Happy New Year,

Sheena

**From:** Leanne Higa [REDACTED]  
**Sent:** Saturday, November 16, 2024 10:21 AM  
**To:** DCCA Dental <[dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov)>  
**Subject:** Re: [EXTERNAL] Community Service Dental Hygienist - Instructor hire at UH Maui College

**CAUTION:** This email originated from outside of Hawaii State Gov't / DCCA. Do not click links or open attachments unless you recognize the sender and are expecting the link or attachment.

Could I amend my first question to two separate questions?

**Can a community service licensed dental hygienist teach dental hygiene clinic and didactic courses at UHMC Dental Hygiene Program?**  
**Can a dental hygienist not certified in infiltration or block anesthesia teach the local anesthesia and pain control course at UHMC Dental Hygiene Program.**

Mahalo,

Leanne

On Fri, Nov 15, 2024 at 5:12 PM Leanne Higa [REDACTED] > wrote:

Thank you Sheena.

I appreciate your response.

Mahalo,

Leanne Higa

On Fri, Nov 15, 2024 at 2:39 PM DCCA Dental <[dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov)> wrote:

Hi Leanne,

Thank you for reaching out. Unfortunately, the Board's agenda for the Monday, 11/18 meeting was already filed by last week's deadline, but I will include your inquiries for Board discussion at their next meeting on January 13.

You are always welcome to join the Board's hybrid meetings either in-person or via Zoom. I will check in as the January date approaches with more information on providing oral testimony.

Mahalo,

Sheena

**Sheena Choy**

Executive Officer

Department of Commerce and Consumer Affairs

Professional and Vocational Licensing Division

P.O. Box 3469

Honolulu, HI 96801

Fax: (808) 586-2874

**From:** Leanne Higa <[REDACTED]>  
**Sent:** Tuesday, November 12, 2024 10:00 AM  
**To:** DCCA Dental <[dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov)>; Sheena R. Choy <[srchoy@dcca.hawaii.gov](mailto:srchoy@dcca.hawaii.gov)>  
**Subject:** [EXTERNAL] Community Service Dental Hygienist - Instructor hire at UH Maui College

**CAUTION:** This email originated from outside of Hawaii State Gov't / DCCA. Do not click links or open attachments unless you recognize the sender and are expecting the link or attachment.

Aloha Board of Dental Examiners,

I have several questions regarding the community service dental hygiene license.

**QUESTION: Can a community service licensed dental hygienist teach clinic dental hygiene and local anesthesia at University of Hawaii Maui College dental hygiene program?**

**QUESTION: Is the University of Hawaii Maui College dental hygiene program considered a post-secondary auxiliary training program?**

**QUESTION: Are the allowable duties for a community service dental hygienist the same as a dental hygienist?**

The hygienist in question has an active community service license number CSDH (Current, valid, good standing) - there is no special privilege on the license. I researched [ADA CODA STANDARD 3-6](#) and it specifies that the dental hygienist should have qualifications which comply with Hawaii's dental hygiene practice act. I then researched the Hawaii Revised Statutes HRS 447 and that states the community service dental hygienist may be employed in a post-secondary dental auxiliary training program accredited by the American Dental Association Commission on Dental Accreditation. This led me to review CHAPTER 79 DENTISTS AND DENTAL HYGIENISTS §16-79-69.10 Allowable duties of licensed dental hygienists to evaluate if local anesthesia can be taught by a community service licensed dental hygienist.

Research information:

[ADA CODA STANDARD 3-6](#) Full-time and part-time faculty of a dental hygiene program must possess a baccalaureate or higher degree. All part-time clinical and dental science laboratory faculty appointed prior to July 1, 2022 are exempt from the degree requirement. All dental hygiene program faculty members must have: a) current knowledge of the specific subjects they are teaching. b) documented background in current educational methodology concepts consistent with teaching assignments. c) faculty who are dental hygienists or dentists must be graduates of programs accredited by the Commission on Dental Accreditation. A dentist who was appointed as a faculty prior to July 1, 2022 is exempt from the graduation requirement. d) evidence of faculty calibration for clinical evaluation. Intent: Faculty should have background in current education theory and practice, concepts relative to the specific subjects they are teaching, clinical practice experience and, if applicable, distance education techniques and delivery. **These criteria apply to dentists and dental hygienists who supervise students' clinical procedures should have qualifications which comply with the state dental or dental hygiene practice act.** Individuals who teach and supervise dental hygiene students in clinical enrichment experiences should have qualifications comparable to faculty who teach in the dental hygiene clinic and are familiar with the program's objectives, content, instructional methods and evaluation procedures.

HRS 447

[§447-1.5] **Community service license.** (a) The board of dentistry may issue, without examination, a community service license to practice dental hygiene in the employment of a federally qualified health center, Native Hawaiian health care system, or **post-secondary dental auxiliary training program accredited by the American Dental Association Commission on Dental Accreditation.** Community service licensees under this section shall abide by the requirements and conditions placed upon those fully licensed under this chapter.

**CHAPTER 79 DENTISTS AND DENTAL HYGIENISTS**

**Anesthesia requirements for dental hygienists**

**§16-79-76 Administration of local anesthesia.**

**DIRECT SUPERVISION**

**(1) A licensed dental hygienist may apply to the board for certification to administer intraoral infiltration local anesthesia by providing to the board documentation of having been certified by a**

**4.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 intraoral 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.**

Summary: My primary question is - Can the community service dental hygienist be an instructor for the University of Hawaii Maui College? Where can I find the information about this.

Can this issue be placed on agenda at the next board meeting? Can I participate in the zoom?

Mahalo for your consideration!

Sincerely,  
Leanne Higa

--

Leanne Higa, RDH, BS, MEd, FADHA

Coordinator

Dental Hygiene Program  
University of Hawai'i Maui College

[310 W Ka'ahumanu Avenue, Kahului, HI 96732](http://310 W Ka'ahumanu Avenue, Kahului, HI 96732)

[REDACTED]

[REDACTED]

[REDACTED]

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## **BEWARE OF SCAM PHONE CALLS TARGETING LICENSES OF DENTISTS AND OTHER MEDICAL PROFESSIONALS**

November 20, 2024

The Department of Commerce and Consumer Affairs (DCCA) is warning the public about phone scammers impersonating state officials and government agencies to target medical professionals, particularly those in the dental field. These scammers make false threats of investigations in an attempt to obtain sensitive personal information.

Reports have surfaced of individuals pretending to be state officials contacting current or former dental licensees, falsely claiming that the Department of Health and Human Services (DHHS) is conducting an ongoing investigation into their professional license. The scammers may request various personal information and in some cases, even use Caller ID spoofing to make it appear as though the call is coming from a legitimate government agency, to increase the illusion of credibility for the scam.

Although recent incidents have primarily involved dental professionals, other medical professionals, including nurses, pharmacists and others, have been targeted earlier this year and may continue to be targeted.

It is important to note that the Department of Health and Human Services does not have the authority to suspend or revoke professional or vocational licenses, nor can it initiate an investigation into a professional's license. Only the 52 licensing boards, commissions and programs that are affiliated with the PVL division of the DCCA can discipline the licensee after appropriate notification and investigation. The 52 boards, commissions and programs do not, however, conduct investigations. The Regulated Industries Complaints Office (RICO), in the DCCA, conducts independent investigations into licensees. RICO's official communications are sent on letterhead and include contact information for RICO offices. RICO does not ask for sensitive personal information over the phone, or attempt to solicit wire transfers, and RICO cannot take action against a licensee. Only the boards, commissions and programs can.

Please remain vigilant when receiving calls from state officials or government agencies. Remember, they will never call you to solicit money or threaten arrest. If you receive a suspicious call, hang up immediately without providing any personal information. To verify the caller's legitimacy, contact the agency directly using a verified phone number (available at <https://cca.hawaii.gov/pvl/contact/>) instead of relying on caller ID. Impersonating a public servant is a criminal offense and will be thoroughly investigated and prosecuted.

If you have received any calls similar to what has been described above or are seeking to verify contact from DCCA, please call your respective licensing board/program or PVL at 808-586-3000. A list of programs and contact information is available at <https://cca.hawaii.gov/pvl/>.

For more information on the recent scams targeting dental licensees, please refer to this [notice from the Hawaii Dental Association](#)



## SCAM PHONE CALLS TARGETING LICENSES OF DENTISTS AND OTHER MEDICAL PROFESSIONALS

DCCA is warning the public about phone scammers impersonating state officials and government agencies to target medical professionals, particularly those in the dental field.

These scammers make false threats of investigations in an attempt to obtain sensitive personal information.

If you have received any suspicious calls or are seeking to verify contact from DCCA, please call your respective licensing program or the Professional and Vocational Licensing Division at 808-586-3000.







**DEPARTMENT OF VETERANS AFFAIRS**  
**Under Secretary for Health**  
**Washington DC 20420**

November 4, 2024

Ms. Sheena Choy  
Executive Officer  
Hawaii Board of Dentistry  
P.O. Box 3469  
Honolulu, HI 96801

Dear Ms. Choy:

The Department of Veterans Affairs (VA) is developing national standards of practice to uphold safe, high-quality care for the Nation's Veterans in VA's integrated health care system and to ensure that VA health care professionals can meet the needs of Veterans when practicing within the scope of their VA employment. We would like to provide you, as a state licensing board for Dental Hygienist the opportunity to comment directly to us on the proposed national standard of practice for Dental Hygienist (enclosed). We would appreciate your comments on the VA standard within 60 days of the receipt of this letter.

VA's proposed national standard of practice for Dental Hygienist does not vary from your state's licensure requirements. However, there may be variances with other states' requirements.

Please note, this standard is not final. The proposed national standard of practice for Dental Hygienist has been posted in the Federal Register for broader public comment.

This standard would apply exclusively to VA employees, and most VA Dental Hygienists would not experience any change in the way they practice health care. Similarly, this would not change how your state board interacts with VA Dental Hygienist or prevent you from taking disciplinary actions for negligence or misconduct.

If your state changes its requirements and places new limitations on the tasks or duties which are inconsistent with what the national standard of practice authorizes, the national standard of practice preempts such limitations and authorizes the VA health care professional to continue to practice consistent with the tasks and duties outlined in the national standard. We encourage you to contact [VA.NSP@va.gov](mailto:VA.NSP@va.gov) if at any time you enact such a restriction.

We welcome the opportunity to further discuss the standard through a follow-up meeting if desired. Please send your comments and meeting request to [VA.NSP@va.gov](mailto:VA.NSP@va.gov).

Page 2.

Ms. Sheena Choy

Thank you for your support in enabling VA health care professionals to provide the best health care to the Nation's Veterans. For more information on the VA national standards of practice, please visit [www.va.gov/standardspractice](http://www.va.gov/standardspractice).

Sincerely,

A handwritten signature in black ink, appearing to read 'Shereef Elnahal', written in a cursive style.

Shereef Elnahal, M.D., MBA

Enclosure

c. Does your operation require a hazmat security plan? If so, what elements of a security plan are implemented?

d. Is there any other information you would like to share on this topic?

**6. Industry Process/SOPs**

a. What other companies are you utilizing when transporting hazardous materials? Can you offer a point of contact to gather information about this company's transportation of this hazardous material (or materials)?

b. What are the locations of your hazardous materials operations?

c. Can you share the Standard Operation Procedures (SOP) for the handling of hazardous materials at your company?

d. Are you familiar with registration requirements?

e. Are you required to obtain a PHMSA or Federal Motor Carrier Safety Administration (FMCSA) registration?

f. Who signs and prepares shipping papers?

g. Do you transport any hazardous materials in compliance with an approval or special permit?

h. Do you have any type of validation process that confirms compliance with the HMR prior to making hazardous material shipments?

i. Is there any other information you would like to share on this topic?

**7. Carriers/Shippers/Testers/Manufacturers**

a. Do you manufacture any hazardous material packaging?

b. Are any other entities involved with the preparation, handling, or transportation of hazardous materials?

c. Is there any other information you would like to share on this topic?

**8. Packaging**

a. Where do you purchase hazardous materials packaging?

b. Is the product loaded at any specific temperature/pressure?

c. What types of packaging do you routinely ship or receive for hazardous materials transportation? Including bulk, non-bulk, and/or cylinders.

d. At what interval are you having the package tested? Who performs this function? Are there records?

e. How are you closing the packages? Which tools or other equipment are used?

f. Is there any other information you would like to share on this topic?

**III. Data**

The estimated reporting burdens associated with this information collection are as follows:

*OMB Control Number:* None.

*Form Number:* None.

*Type of Review:* Regular submission.

*Affected Public:* Business or other for-profit organizations.

*Estimated Number of Respondents:* 1,000.

*Estimated Number of Responses:* 1,000.

*Estimated Time per Response:* 30 minutes. Information will be collected on a voluntary basis to address potential safety issues identified by PHMSA investigators.

*Estimated Total Annual Burden Hours:* 500.

*Estimated Burden Cost:* \$0.

**IV. Request for Comments to This 60-Day Supplemental Notice**

Comments are invited on: (1) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (2) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this 60-day supplemental notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Issued in Washington, DC on November 4, 2024, under authority delegated in 49 CFR 1.97.

**Alexander Ronald Wolcott,**

*Acting Chief, Regulatory Review and Reinvention Branch, Office of Hazardous Materials Safety, Pipeline and Hazardous Materials Safety Administration.*

[FR Doc. 2024-25875 Filed 11-6-24; 8:45 am]

**BILLING CODE 4910-60-P**

**DEPARTMENT OF VETERANS AFFAIRS**

**Notice of Request for Information on the Department of Veterans Affairs Dental Hygienist Standard of Practice**

**AGENCY:** Department of Veterans Affairs.  
**ACTION:** Request for information.

**SUMMARY:** The Department of Veterans Affairs (VA) is requesting information to assist in developing a national standard of practice for VA Dental Hygienists. VA

seeks comments on various topics to help inform VA's development of this national standard of practice.

**DATES:** Comments must be received on or before January 6, 2025.

**ADDRESSES:** Comments must be submitted through <https://www.regulations.gov/>. Except as provided below, comments received before the close of the comment period will be available at <https://www.regulations.gov/> for public viewing, inspection, or copying, including any personally identifiable or confidential business information that is included in a comment. We post the comments received before the close of the comment period on the following website as soon as possible after they have been received: <https://www.regulations.gov/>. VA will not post on <https://www.regulations.gov/> public comments that make threats to individuals or institutions or suggest that the commenter will take actions to harm the individual. VA encourages individuals not to submit duplicative comments. We will post acceptable comments from multiple unique commenters even if the content is identical or nearly identical to other comments. Any public comment received after the comment period's closing date will not be considered.

**FOR FURTHER INFORMATION CONTACT:** Ethan Kalett, Office of Regulations, Appeals and Policy (10BRAP), Veterans Health Administration, Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420, 202-461-0500. This is not a toll-free number.

**SUPPLEMENTARY INFORMATION:**

**Authority**

Chapters 73 and 74 of 38 U.S.C. and 38 U.S.C. 303 authorize the Secretary to regulate VA health care professions to make certain that VA's health care system provides safe and effective health care by qualified health care professionals to ensure the well-being of those Veterans who have borne the battle.

On November 12, 2020, VA published an interim final rule confirming that VA health care professionals may practice their health care profession consistent with the scope and requirements of their VA employment, notwithstanding any State license, registration, certification, or other requirements that unduly interfere with their practice. 38 CFR 17.419; 85 FR 71838. Specifically, this rulemaking confirmed VA's current practice of permitting VA health care professionals to deliver health care services in a State other than the health care professional's State of licensure,



registration, certification, or other requirement, and thereby, enhancing beneficiaries' access to critical VA health care services. The rulemaking also confirmed VA's authority to establish national standards of practice for its health care professionals, which would standardize a health care professional's practice in all VA medical facilities, regardless of conflicting State laws, rules, regulations, or other requirements.

The rulemaking explained that a national standard of practice describes the tasks and duties that a VA health care professional practicing in the health care profession may perform and may be permitted to undertake. Having a national standard of practice means that individuals from the same VA health care profession may perform the same type of tasks and duties regardless of the State where they are located or the State license, registration, certification, or other requirement they hold. We emphasized in the rulemaking and reiterate here that VA will determine, on an individual basis, that a health care professional has the proper education, training, and skills to perform the tasks and duties detailed in the national standard of practice, and that they will only be able to perform such tasks and duties after they have been incorporated into the individual's privileges, scope of practice, or functional statement. The rulemaking explicitly did not create any such national standards and directed that all national standards of practice would be subsequently created through policy.

#### Preemption of State Requirements

The national standard of practice will preempt any State laws, rules, regulations, or other requirements that are both listed and unlisted in the national standard as conflicting, but that do conflict with the tasks and duties as authorized in VA's national standard of practice. The term State, as applied here, means each of the several States, territories, and possessions of the United States and is consistent with the definition in 38 U.S.C. 101(20). If a State changes their requirements and places new limitations on the tasks and duties it permits in a manner that would be inconsistent with what is authorized under the national standard of practice, the national standard of practice will preempt such limitations and authorize the VA health care professional to continue to practice consistent with the tasks and duties outlined in the national standard of practice.

In cases where a VA health care professional's license, registration, certification, or other requirement

permits a practice that is not included in a national standard of practice, the individual may continue that practice so long as it is permissible under Federal law and VA policy; is not explicitly restricted by the national standard of practice; and is approved by the VA medical facility.

#### Need for National Standards of Practice

It is critical that VA, the Nation's largest integrated health care system, develop national standards of practice to ensure, first, that beneficiaries receive the same high-quality care regardless of where they enter the system and, second, that VA health care professionals can efficiently meet the needs of beneficiaries when practicing within the scope of their VA employment. National standards are designed to increase beneficiaries' access to safe and effective health care; thereby, improving health outcomes. The importance of this initiative has been underscored by the Coronavirus Disease 2019 (COVID-19) pandemic. The increased need for mobility in VA's workforce, including through VA's Disaster Emergency Medical Personnel System, highlighted the importance of creating uniform national standards of practice to better support VA health care professionals who practice across State lines. Creating national standards of practice also promotes interoperability of medical data between VA and the Department of Defense (DoD), providing a complete picture of a Veteran's health information and improving VA's delivery of health care to the Nation's Veterans. DoD has historically standardized practice for certain health care professionals, and VA has closely partnered with DoD to learn from their experience.

#### Process To Develop National Standards of Practice

As authorized by 38 CFR 17.419, VA is developing national standards of practice through policy. The overarching directive to describe Veterans Health Administration (VHA) policy on national standards of practice is VHA Directive 1900(3), VA National Standards of Practice, August 30, 2023. The directive is accessible on VHA's publications website at <https://www.va.gov/vhapublications>. As each individual national standard of practice is finalized, it is published as an appendix to the directive and is accessible at the same website.

To develop these national standards, VA is using a robust, interactive process that adheres to the requirements of Executive Order (E.O.) 13132, Federalism, to preempt conflicting State

laws, rules, regulations, or other requirements. For each health care occupation, a workgroup comprised of VA health care professionals in the identified occupation conducts research to identify internal best practices that may not be authorized under every State license, certification, or registration, but would enhance the practice and efficiency of the profession throughout VA. If a best practice is identified that is not currently authorized by every State, the workgroup determines what education, training, and skills are required to perform such tasks and duties. The workgroup then drafts a proposed VA national standard of practice using the data gathered and any internal stakeholder feedback received. The workgroup may consult with internal or external stakeholders at any point throughout the process.

The process to develop VA national standards of practice includes listening sessions for members of the public, professional associations, and VA employees to provide comments on the variance between State practice acts for specific occupations and what should be included in the national standard of practice for that occupation. The listening session for dental hygienists was held on September 7, 2023. No comments were provided on the dental hygienists standard of practice.

After the proposed standard is developed, it is first internally reviewed. This includes a review from an interdisciplinary VA workgroup consisting of representatives from the following offices: Quality Management, VA medical facility Chief of Staff, Academic Affiliates, Veterans Integrated Services Network (VISN) Chief Nursing Officer, Ethics, Workforce Management and Consulting, Surgery, Credentialing and Privileging, VISN Chief Medical Officer, and Electronic Health Record Modernization.

After the internal review, VA provides the proposed national standard of practice to our DoD partners as an opportunity to flag inconsistencies with DoD standards. VA also engages with labor partners informally as part of a pre-decisional collaboration. Consistent with E.O. 13132, VA sends a letter to each State board and certifying organization or registration organization, as appropriate, which includes the proposed national standard and offers the recipient an opportunity to discuss the national standard with VA. After the State boards, certifying organizations, or registration organizations have received notification, the proposed national standard of practice is posted in the **Federal Register** for 60 days to obtain feedback



from the public, professional associations, and any other interested parties. At the same time, the proposed national standard is posted to an internal VA site to obtain feedback from VA employees. Responses received through all vehicles—from State boards, professional associations, unions, VA employees, and any other individual or organization that provides comments through the **Federal Register**—will be reviewed. VA will make appropriate revisions in light of the comments, including those that present evidence-based practices and alternatives that help VA meet our mission and goals. VA will publish a collective response to all comments at <https://www.va.gov/standardspractice/>.

The national standard of practice is then finalized, approved, and published in VHA policy. Any tasks or duties included in the national standard will be properly incorporated into individual VA health care professionals' privileges, scope of practice, or functional statement once it has been determined by their VA medical facility that the individual has the proper education, training, and skills to perform the task or duty. The implementation of the national standard of practice may be phased in across all VA medical facilities, with limited exemptions for health care professionals as needed.

#### **Format for the Proposed National Standard for Dental Hygienist**

The format for the proposed national standards of practice when there are State licenses is as follows. The first paragraph provides general information about the profession and what the VA health care professionals can do. For this national standard, Dental Hygienists perform oral prophylaxis and other therapeutic or preventive procedures for periodontal disease, caries control, or other dental problems. We reiterate that the proposed standard of practice does not contain an exhaustive list of every task and duty that each VA health care professional can perform. Rather, it is designed to highlight generally what tasks and duties the health care professionals perform and how they practice within VA.

The second paragraph references the education and license, or other requirement, needed to practice this profession at VA. Qualification Standards for employment of health care professionals by VA are available at: <https://www.va.gov/OHRM/>

*Qualification Standards*. VA follows the requirements outlined in its qualification standards even if the requirements conflict with or differ from a State requirement. The national standards of practice do not affect those requirements. For dental hygienists, VA requires an active, current, full, and unrestricted State license, and that the dental hygienists meet credentialing standards in 42 CFR part 75, Standards for the Accreditation of Educational Programs for the Credentialing of Radiologic Personnel. The dental hygienists VA qualification standards are available at: <https://www.va.gov/OHRM/QualificationStandards/HT38/0682-DentalHygienist.pdf>.

The second paragraph also notes whether the national standard of practice explicitly excludes individuals who practice under "grandfathering" provisions. Qualification standards may include provisions to permit employees who met all the requirements prior to revisions of the qualification standards to maintain employment at VA even if they no longer meet the new qualification standards. This practice is referred to as grandfathering. VA dental hygienists have grandfathering provisions included within their qualification standards, and VA proposes to have those individuals authorized to follow the dental hygienists national standard of practice. Therefore, there would be no notation regarding grandfathered employees in the national standard of practice as they would be required to adhere to the same standard as would any other VA dental hygienist who meets the current qualification standards.

The third paragraph establishes what the national standard of practice will be for the occupation in VA. It includes whether the professional can practice all duties covered by their license. For dental hygienists, VA proposes that VA dental hygienists can practice all duties covered by their license and the credentialing standards. VA reviewed State laws and practice acts for dental hygienists in March 2024 and did not identify any conflicts that impact practice of this profession in VA.

This national standard of practice does not address training because it will not authorize VA dental hygienists to perform any tasks or duties not already authorized under their State license or certification.

Following public and VA employee comments and revisions, each national standard of practice that is published in

policy will also include the date for recertification of the standard of practice and a point of contact for questions or concerns.

#### **Proposed National Standard of Practice for Dental Hygienists**

**Note:** All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

1. Dental hygienists perform oral prophylaxis and other therapeutic or preventive procedures for periodontal disease, caries control, or other dental problems.

2. Dental Hygienists in the Department of Veterans Affairs (VA) possess the education, license, and certification required by VA qualification standards, available at: <https://www.va.gov/OHRM/QualificationStandards/HT38/0682-dentalhygienist.pdf>.

3. VA Dental Hygienists can practice all duties covered by their license, and practice in accordance with the credentialing standards in 42 CFR part 75, Standards for the Accreditation of Educational Programs for the Credentialing of Radiologic Personnel, available at: <https://www.ecfr.gov/>. VA reviewed State laws and practice acts for Dental Hygienists in March 2024 and did not identify any conflicts that impact practice of this profession in VA.

#### **Request for Information**

1. Is VA's assessment of what your State permits and prohibits accurate?
2. Are there any areas of variance between State licenses, certification, registration, or other requirement that VA should preempt that are not listed?
3. Is there anything else you would like to share with us about this VA national standard of practice?

#### **Signing Authority**

Denis McDonough, Secretary of Veterans Affairs, approved and signed this document on October 22, 2024, and authorized the undersigned to sign and submit the document to the Office of the Federal Register for publication electronically as an official document of the Department of Veterans Affairs.

**Luvenia Potts,**  
Regulation Development Coordinator, Office of Regulation Policy and Management (OOREG), Office of General Counsel, Department of Veterans Affairs.

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BILLING CODE 8320-01-P

## Dentist & Dental Hygienist Licenses Renewal Requirements and FAQs For the 2024-2025 Licensing Biennium

**Renew your license online at <https://mypvl.dcca.hawaii.gov>**

(If you have not already done so, you can create a MyPVL account)

### **RENEWAL LICENSURE REQUIREMENTS: CONTINUING EDUCATION**

**Requirement:** Unless you are approved for one of the exemptions or have received prior approval for an extension by the Hawaii Board of Dentistry, **ALL** Hawaii Dentist and Dental Hygienist licensees must complete their required continuing education requirements.

**Note:** If you do not renew your dentist or dental hygienist license by December 31, 2025, you may NOT practice as a dentist or dental hygienist in this State.

If you do not renew your dentist or dental hygienist license by December 31, 2025, you have two (2) years (until December 31, 2027) to restore your license. Restoration requires hard-copy submittals of a restoration application, restoration fee, and certificates of completion for the full CE requirements, regardless of time of licensure. Individuals who miss the renewal deadline may NOT practice until/unless their license is appropriately restored.

*Please note that while the board sends a courtesy reminder, pursuant to HAR §16-79-3(a) it is each licensee's responsibility to ensure timely renewal, completion of CE requirements, and the satisfaction of renewal requirements provided by law.*

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## **General Renewal FAQs**

### **1. When is the deadline to renew my license?**

All Dentist and Dental Hygienist licensees must renew their licenses by **December 31, 2025**, regardless of the date that the license was issued.

### **2. Can I renew online?**

You may renew online at <https://mypvl.dcca.hawaii.gov/>

Licensed dentists who hold a permit to administer general anesthesia, deep sedation, or moderate (conscious) sedation CANNOT renew online. All renewals must be submitted via hard-copy regardless of whether you are planning to renew your special privilege or not. **Additionally, you must complete a renewal facility inspection by December 31, 2025 if you wish to maintain your privilege to administer.**

If you are switching your license to active/inactive status you CANNOT renew online and must request a hardcopy renewal form.

### **3. How do I request a hardcopy renewal form?**

Hardcopy renewal form may be requested 8 weeks before license expiration date by:

- a) Phone: Professional and Vocational Licensing Branch at (808) 586-3000
- b) Email: [dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov) – include your name, license number, and complete mailing address
- c) In-person: King Kalakaua Building, 335 Merchant Street, Rm. 301 Honolulu, Hawaii 96813

Hours of Operation: The DCCA will be open 7:45 AM – 4:30 PM (Hawaii Standard Time), Monday to Friday, except state holidays.

### **4. How early can I submit my renewal application?**

Renewals will be accepted from November 5, 2025 to December 31, 2025. We encourage licensees to submit their renewals as early as possible during the renewal period to avoid delays.

### **5. Can I email my renewal form?**



We do not accept application, renewal, or restoration forms via email. You must mail in hard-copies if not submitting online.

**6. I was recently issued a license; do I still need to renew and pay fees?**

All licenses, regardless of issuance date, are subject to renewal by December 31 of every odd-numbered year.

**7. Will I receive a reminder from the board to renew?**

The board will send a courtesy renewal reminder postcard mailed out by November 5, 2025 to the latest mailing address we have on file. It shall be the licensee's responsibility to provide written notice to the licensing authority of any change of address within thirty days of the change. (HRS §436B-17).

Please note that the reminder postcard is a courtesy. Pursuant to HAR §16-79-3(a), it is each licensee's responsibility to ensure timely renewal, completion of CE requirements, and the satisfaction of renewal requirements provided by law.

Please be advised that it is almost impossible for DCCA to verify whether or not a licensee has received the postcard reminder. It is not the board's responsibility to track postcard deliveries once they have been mailed out.

**8. Do I have to submit CEs to renew?**

At the time of renewal, each licensee shall certify on the renewal application that the licensee has satisfied all CE requirements pursuant to HAR §16-79-146.

Please see the CE Requirement section below.

Please do NOT send the board your CE records unless you are requested to do so. The board performs a random audit after the renewal period is closed and all on-time renewals have been processed. Those randomly audited will be contacted with instructions by mail.

**9. What are the renewal fees?**

**On-Time Cost to Renew:**

- Dentist (DT) - active status - \$308.00
- Dental Hygienist (DH) – active status - \$164.00



- Dentist (DT) w/Anesthesia Privilege - active status - \$388.00 (*must renew by hardcopy only and submit facility inspection form*)
- Dental Hygienist (DH) – inactive status - \$12.00
- Dentist (DT) - inactive status - \$12.00
- Community Service Dental Hygienist (CSDH) - \$105.00
- Community Service Dentist (CSDT) - \$200.00

**10. My license is currently on “inactive” status, do I still have to renew my inactive license by the renewal deadline?**

Yes, all “inactive” licenses must be renewed on “inactive status” by December 31<sup>st</sup> of each odd-numbered year to maintain inactive status. Continuing education is not required for inactive status licensees, unless applying to reactivate your inactive license.

Pursuant to HAR §16-79-12.7(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.”

**11. How do I place my license on “Inactive” status?**

If you would like to place your current, active license on “inactive” status anytime outside the renewal window, please submit an “Inactivation” application available on our website, along with the inactivation fee: [https://cca.hawaii.gov/pvl/boards/dentist/application\\_publications/](https://cca.hawaii.gov/pvl/boards/dentist/application_publications/).

Please be advised that you must still RENEW your inactive license by the renewal deadline of December 31<sup>st</sup> of every odd-numbered year.

If you would like to place your current, active license on “inactive” status DURING the renewal window (November 5, 2025 – December 31, 2025), please request a hard-copy renewal form from our office by emailing [dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov). There is a section to check on the hard-copy renewal form to renew and change status to “inactive.”

**12. How long does it take for my renewal to process?**

Processing times are average and subject to licensee meeting all requirements. Processing times may be longer due to the high volume of renewals received.

Online: 3-5 business days; hardcopy 14-21 business days

**13. How will I know whether or not my renewal was successful?**

Please check the licensee look-up to monitor whether your renewal was processed. Your license status will reflect that it is, "CURRENT, VALID & IN GOOD STANDING" and the expiration date will be updated to: 12/31/2027.

Please note that you must retrieve and print your pocket ID online via your MyPVL account at: <https://mypvl.dcca.hawaii.gov>. **NO OTHER NOTICE WILL BE PROVIDED.**

**14. What if I missed the renewal deadline of December 31, 2025?**

Your license will be considered "forfeited." Forfeited licenses 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 (HRS §16-79-3.1).

**15. How do I check that my hard-copy renewal form was received?**

To verify if our office has received your hard-copy renewal form, please call the Licensing Branch at (808) 586-3000 or email [Dental@dcca.hawaii.gov](mailto:Dental@dcca.hawaii.gov).

We recommend that you do not rely solely on USPS or other mail tracking to confirm that your renewal form was received by our office. We are not responsible for lost, misplaced, or misfiled mail. You must check directly with our office to confirm if your mailed application was received our not.

Please allow at least 3 business days from the day you posted your mail to check with our office as all mail must be received, sorted, and processed into our system.

## Continuing Education Requirements for Dentist and Dental Hygienist Renewal

### 1. What are the CE requirements I must meet to renew?

Your CEs must have been completed between January 1, 2024 and December 31, 2025.

Please see detailed information regarding CE requirements in HRS §448-8.5 (Ethics Requirements for Dentists) and HAR Chapter 16-79, Subchapter 14 Continuing Education.

To receive CE credits, courses shall be taken from approved sponsoring organizations pursuant to HAR §16-79-142, or courses previously approved by the Board pursuant to HAR §16-79-143.

Dentist CE Requirements		
Licensed anytime <u>before</u> Jan 1, 2024	Licensed anytime from Jan 1, 2024 – Dec 31, 2024	Licensed anytime from Jan 1, 2025 – Dec 31, 2025
38 total	22 total	6 total
At least 20 clinical	At least 12 clinical	
At least 6 ethics	At least 6 ethics	6 ethics
At least 1 BLS*, not more than 4	At least 1 BLS*, not more than 4	

Dental Hygienist CE Requirements		
Licensed anytime <u>before</u> Jan 1, 2024	Licensed anytime from Jan 1, 2024 – Dec 31, 2024	Licensed anytime from Jan 1, 2025 – Dec 31, 2025
20 total	10 total	2 total
At least 11 clinical	At least 6 clinical	
At least 2 ethics	At least 2 ethics	2 ethics
At least 1 BLS*, not more than 4	At least 1 BLS*, not more than 4	

**\*Please note:**

- 1) Basic Life Support (“BLS”) for Healthcare Providers courses must be sponsored by the American Red Cross or the American Heart Association. Completion of a general CPR course will not be sufficient.
- 2) A dentist administering general anesthesia or moderate sedation shall be required to complete the Advanced Cardiac Life Support (“ACLS”) course or if treating pediatric patients, the Pediatric Advanced Life Support (“PALS”) course; provided that both courses shall be completed if the dentist is treating pediatric patients and minors thirteen years or older.

## 2. Does the board accept virtual CEs?

Virtual CEs will be accepted for this renewal period only. These do not need to be synchronous courses.

However, this waiver DOES NOT include acceptance of 100% virtual BLS courses. The hands-skill portion of BLS/PALS/ACLS must be completed in-person.

**On September 16, 2024, the Board of Dentistry (“Board”) voted to extend its blanket waiver allowing for acceptance of all continuing education (“CE”) courses completed through virtual means due to undue hardship from the pandemic, pursuant to Hawaii Administrative Rules (“HAR”) §16-79-147.**

This exemption will only be applied towards the required CE course hours for the biennial renewal period of January 1, 2024 to December 31, 2025. All CE hours will still need to be in the approved categories pursuant to HAR §16-79-141, and shall be taken from approved sponsoring organizations pursuant to HAR §16-79-142, or courses previously approved by the Board pursuant to HAR §16-79-143.

The waiver DOES NOT include the hands-skill portion of the required Basic Life Support (“BLS”) for Healthcare Providers course sponsored by the American Red Cross or the American Heart Association.

A dentist administering general anesthesia or moderate sedation shall be required to complete the Advanced Cardiac Life Support (“ACLS”) course or if treating pediatric patients, the Pediatric Advanced Life Support (“PALS”) course; provided that both courses shall be completed if the dentist is treating pediatric patients and minors thirteen years or older. The ACLS and/or the PALS course may be completed through virtual means during the biennial renewal period of January 1, 2024 to December 31, 2025.

### 3. What happens if I am audited for CEs?

Pursuant to HAR §16-79-146, at the time of renewal, each licensee shall certify on the renewal application that the licensee has satisfied all of the CE requirements. In order to determine whether the CE requirements have been met, the Board will conduct a random audit of licensees after all on-time renewal applications have been processed. All selected licensees will be notified by mail and will be required to submit copies of the original documents or evidence of attendance to be attached to the summary form provided by the Board.

### 4. Waiver or modification of requirements:

If you are applying for a waiver request for the CE requirements, you must submit a signed, dated request for waiver with supporting documents **BEFORE** you submit your renewal application.

Submitting a request for waiver of the CE requirements does not guarantee that your request will be approved.

Pursuant to HAR §16-79-147, the Board may waive or modify the CE requirements based on the following:

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;
4. Being retired from practice and not performing any dental or dental hygiene services; or
5. Undue hardship or any other extenuating circumstances.

### 5. Common deficiencies from the continuing education audit:

- CE course was taken with an organization that is NOT on the Board's approved sponsoring list in HAR §16-79-142 or HAR §16-79-143
- Individuals licensed in more than one state submitting CEs that comply with other states, but do not meet Hawaii's specific CE requirements
- Missing CEs in the required CE categories (clinical, ethics, BLS – all have specific minimum/maximum requirements based on license type and date of licensure)

- CEs taken outside the dates of the current licensing biennium
- BLS taken with an organization that “follows the standards of American Heart Association or American Red Cross” but is not SPONSORED by the AHA or ARC. Must be sponsored by AHA or ARC, or a BLS course approved by the Board (list of approved courses is posted on the Board’s website)
- Licensee has an ACTIVE license, but states they are close to retiring, not in active practice, no longer located in Hawaii, etc. If you have an active license, you MUST meet the CE requirements unless you submit waiver request information and are approved for waiver or are renewing in INACTIVE status.
- Licensee submits CE course on practice-building/marketing
  - Pursuant to HAR §16-79-141(a), “All eligible CE categories shall be relevant to the care and treatment of patients...”
  - Pursuant to HAR §16-79-141(a)(1)(A), the clinical course requirements, “Shall be directly related to the provision of oral health care and treatment of patients”
- No documentation maintained to verify that the CEs were completed
  - Pursuant to HAR §16-79-145, all licensees are required to maintain original documentation showing completion of CE courses for a minimum of four (4) years after completion of the CE course

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### **FORFEITURE OF LICENSE**

Pursuant to HAR §16-79-3(c), the failure to timely renew a license, the failure to pay all applicable fees, the failure to complete the CE requirements, 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.

The Board recommends all practitioners familiarize themselves with licensing laws and rules at their website: <http://cca.hawaii.gov/pvl/boards/dentist>

**REFERENCES**

- HRS § 447-1(d) (biennial renewal – dental hygienists)
- HRS § 448-8.5 (biennial renewal - dentists)
- HAR § 16-79-141 (continuing education categories)
- HAR § 16-79-142 (approved sponsoring organizations)
- HAR § 16-79-143 (requirements for approval by the board)
- HAR § 16-79-144 (biennial renewal)
- HAR § 16-79-145 (record keeping)
- HAR § 16-79-147 (waiver or modification of requirements)