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

AGENDA

Date: March 10, 2025

Time: 10:00 a.m.

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

Virtual: Virtual Videoconference Meeting - Zoom Meeting (use link below)
https://dcca-hawaii-gov.zoom.us/j/84406910260?pwd=NYaz1XDSwD9mjzabbefyH3Cn5handx.1

Zoom Phone Number: (669) 900 6833
Meeting ID: 844 0691 0260
Passcode: 693641

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

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

INTERNET ACCESS:

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

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

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

PHONE ACCESS:

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

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

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

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

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

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

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

1. Roll Call, Quorum, Call to Order, Public Notice – HRS §92-3 Open Meetings and HAR §16-79-85 Oral Testimony

2. Approval of the Open & Executive Session Minutes of the January 13, 2025 Board Meeting and February 3, 2025 Special Legislative 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. Request from Dr. Fabiana Melo regarding dentist license DT-2234, license history, and options for restoration or reactivation of license

      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."

   b. Inquiry from Dr. Tuan Pham, DDS, The Queen's Medical Center – Dental Clinic Director, regarding clarification of the exemptions allowed by HRS §448-1

   c. Request from Katrina "Tina" Clarke for approval of her "Teacher Tina RDH" dental hygienist anesthesia courses to meet the educational requirements of HRS §447-3.5 for permit to administer intra-oral block anesthesia

   d. Request from Jennifer McCloskey for approval of dental hygienist anesthesia course to meet the educational requirements of HRS §447-3.5 for permit to administer intra-oral block anesthesia

   e. Central Regional Dental Testing Service, Inc. ("CRDTS") 2025 Steering

Committee Meeting – Report

Joyce Yamada is the Board's representative to CRDTS. She attended the 2025 CRDTS Steering Committee on January 25, 2025 on behalf of the Board.

4. Scope of Practice:

   a. Inquiry from Dr. Eugene Azuma regarding licensed dentist use of specific laser treatments

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) <u>Approved Dentists</u>

         DT-3213-0 Tyler Russell Johansen
         DT-3214-0 Jamie Arthus Azdair
         DT-3215-0 Joann Kim Ha Tran

      2) <u>Approved Dental Hygienists</u>

         DH-2508-0 Darci Larae Silcox
         DH-2509-0 Amanda M Clifton
         DH-2510-0 Blanchee Keith Malayka B Ablao
         DH-2511-0 Nalani Villalona
         DH-2512-0 Shirin Kerimi Villegas

      4) <u>Approved Dental Hygienist Certification in the Administration of Intra-Oral Block Anesthesia</u>

         DH-2510-0 Blanchee Keith Malayka B Ablao

6. Ongoing Business:

   a. 2025 Legislative Session – Bill Discussion & Updates

See attached list of bills for discussion and updates.

b. Discussion of considerations for future revisions to HAR §16-79

7. Executive Officer's Report:

a. Reminder - Renewal year for dental licenses

Pursuant to HRS §447-1(a)(d), HRS §448-7 and HRS §448-8.5, all dentist and dental hygiene licensees must renew their license on a biennial basis, which includes meeting the continuing education requirements. The next renewal deadline for the 2024-2025 licensure biennium is December 31, 2025.

Dentists with the additional privilege/permit to administer deep sedation/general anesthesia and/or moderate sedation are additionally reminded that a renewal facility inspection is required before December 31, 2025 if the licensee wishes to maintain the additional privilege to administer.

A renewal FAQs document is available on the Board's website: https://cca.hawaii.gov/pvl/news-releases/dental_announcements/

8. Next Meeting:

Date:	Monday, April 7, 2025 – Special Legislative Meeting
Time:	10:00 a.m.
In-Person:	Queen Liliuokalani Conference Room King Kalakaua Building, 1st Floor 335 Merchant Street Honolulu, Hawaii 96813
Virtual:	Zoom Meeting

9. Adjournment

3/4/25

If you need an auxiliary aid/service or other accommodation due to a disability, contact Sheena Choy at (808) 586-2702, Monday through Friday from 7:45 a.m. to 4:30 p.m., or email dental@dcca.hawaii.gov as soon as possible, preferably by March 6, 2025. Requests made as early as possible have a greater likelihood of being fulfilled.

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

HAWAII BOARD OF DENTISTRY
ADDENDUM TO MARCH 10, 2025 AGENDA

BILL	COMPANION	MEASURE TITLE	REPORT TITLE	DESCRIPTION	CURRENT REFERRAL	INTRODUCER(S)
SB 481		RELATING TO COMMUNITY SERVICE LICENSES	Board of Dentistry; Community Service License; Accreditation; Unrestricted Dental Practice License; Commission on Dental Accreditation of Canada	Allows a dental graduate from a dental college accredited by the Commission on Dental Accreditation of Canada to be an eligible candidate for a community service license (CSL). Repeals the requirement that the licensing examinations be completed within five years of a request for a CSL. Repeals the requirement that a CSL applicant provide a copy of an active, unrestricted dental practice license form another state. Repeals the prohibition against a person who failed the license examination from obtaining a CSL. Requires a CSL to be eligible for conversion to an unrestricted dental practice license when a dental provider who holds a CSL completes at least five thousand hours of community service to patients in the State.	HHS, CPN	SAN BUENAVENTURA, RHOADS
HB311	SB1241	RELATING TO GENERAL EXCISE TAX EXEMPTION.	General Excise Tax; Exemptions; Medical Services; Dental	Establishes general excise tax exemptions for various medical services, including dental services.	HLT, ECD, FIN	GARCIA, ALCOS, IWAMOTO, KILA, LAMOSAO, PIERICK, SHIMIZU, WARD, Reyes Oda
SB1241	HB311	RELATING TO GENERAL EXCISE TAX EXEMPTION.	General Excise Tax; Exemptions; Medical Services; Dental	Establishes general excise tax exemptions for various medical services, including dental services.	HHS, WAM	AWA, DECORTE, GABBARD
HB281		RELATING TO GENERAL EXCISE TAX.	GET; Exemption; Food; Medical Services; Dental; Minority Caucus Package	Exempts food and groceries from the general excise tax. Expands a 2024 session law exempting certain medical and dental services to include all medical and dental services.	HLT, ECD, FIN	SHIMIZU, ALCOS, GARCIA, MATSUMOTO, MURAOKA, PIERICK, REYES ODA, WARD
HB572		RELATING TO GENERAL EXCISE TAX.	GET; Exemption; Food; Medical Services; Dental Services	Exempts food and groceries from the general excise tax. Expands a 2024 session law exempting certain medical and dental services to include all medical and dental services.	ECD, FIN	MATSUMOTO, ALCOS, GARCIA, KONG, PIERICK, WARD
SB1172		RELATING TO EMPLOYER HEALTH CARE REQUIREMENTS.	Health Insurance; Mandated Coverage	Requires all health insurers in the State, including Medicaid managed care programs, to cover dental and vision treatment.	HHS, CPN	MCKELVEY, CHANG, RHOADS, Kanuha
SB557		RELATING TO HEALTH.	Health; JABSOM; UH; Huli Au Oli; Physician and Dentist Retention; Molokai; Study; Appropriation	Requires University of Hawaii John A. Burns School of Medicine (JABSOM) to direct Huli Au Oli to conduct a study on physician and dentist recruitment and retention to serve the island of Molokai. Appropriates moneys.	HRE, WAM	DECOITE, CHANG, FEVELLA, HASHIMOTO, INOUYE, MCKELVEY, RHOADS, SAN BUENAVENTURA, Gabbard
SB1373	HB1054	RELATING TO ADMINISTRATIVE LICENSURE ACTIONS AGAINST SEX OFFENDERS.	DCCA; Registered Sex Offenders; Professional Licenses; Automatic Revocation and Denial of Application to Renew, Restore, or Reinstate	Authorizes the Department of Commerce and Consumer Affairs and certain licensing boards to automatically revoke and refuse to renew, restore, or reinstate the professional licenses of registered sex offenders.		KOUCHI
HB1054	SB1373	RELATING TO ADMINISTRATIVE LICENSURE ACTIONS AGAINST SEX OFFENDERS.	DCCA; Registered Sex Offenders; Professional Licenses; Automatic Revocation and Denial of Application to Renew, Restore, or Reinstate	Authorizes the Department of Commerce and Consumer Affairs and certain licensing boards to automatically revoke and refuse to renew, restore, or reinstate the professional licenses of registered sex offenders.	CPC, JHA	NAKAMURA

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HB1339		RELATING TO GENERAL EXCISE TAX.	GET; Exemption; Food; Medical Services; Dental	Exempts food and groceries from the general excise tax. Expands a 2024 session law exempting certain medical and dental services to include all medical and dental services.	ECD, FIN	SHIMIZU, ALCOS, GARCIA, IWAMOTO, MATSUMOTO, MURAOKA, PIERICK, WARD
HB1431	SB1516	RELATING TO ORAL HEALTH.	Department of Health; Oral Health Task Force; Positions; Reports; Appropriations	Establishes an Oral Health Task Force to review the status of oral health in the State and make recommendations to improve the State's oral health infrastructure. Establishes one full-time equivalent program specialist V position. Appropriates funds.	HLT, FIN	NAKAMURA
SB1516	HB1431	RELATING TO ORAL HEALTH.	Department of Health; Oral Health Task Force; Positions; Reports; Appropriations	Establishes an Oral Health Task Force to review the status of oral health in the State and make recommendations to improve the State's oral health infrastructure. Establishes one full-time equivalent program specialist V position. Appropriates funds.		KOUCHI
SB488		RELATING TO WATER FLUORIDATION.	DOH; Water Fluoridation; Exemption; Water Testing; Training; Reports	Requires certain water suppliers in the State to adjust the fluoride level in their public water systems to the applicable United States Department of Health and Human Services standards for optimal water fluoridation levels. Exempts federal water suppliers. Requires water suppliers to test water systems for fluoride levels at intervals established by the Department of Health. Requires the Department of Health to provide training to water suppliers for the implementation of water fluoridation. Requires the Department of Health to submit annual reports to the Legislature.	HHS, WAM	CHANG
SB727		RELATING TO HEALTH.	DOH; Counties, Water Fluoridation; Water Suppliers; Public Water Systems; Training; Dental Care Insurance; Coverage; Proclamation; Reports; Appropriations	Requires suppliers of water in the State to adjust the level of fluoride in its public water system in conformance with a standard published by the Board of Water Supply of each county until the issuance of a proclamation by the Governor declaring the date on which all residents of the State have either obtained or affirmatively rejected dental insurance coverage and provide a certified copy to the Revisor of Statutes. Requires the Department of Health to provide suppliers of water with technical assistance and training and submit annual status reports to the Legislature regarding the public water systems' status of compliance with the fluoride adjustment requirement. Allows the Department of Health to reimburse suppliers of water for necessary expenses incurred for compliance. Requires the Department of Health to monitor dental insurance coverage of the State's residents, submit annual status reports to the Legislature, and upon confirmation that all residents of the State have either obtained or affirmatively rejected dental insurance coverage, submit a written verification to the Governor. Requires the Governor to issue a proclamation. Appropriates funds.	HHS, WAM/CPN	RHOADS, CHANG, FEVELLA, KIDANI

SB719		RELATING TO SUGAR-SWEETENED BEVERAGES.	DOH; Auditor; Healthy Ohana Act; Sugar-Sweetened Beverage Fee Program; Exemptions; Healthy Ohana Special Fund; Healthy Ohana Trust Fund; Healthy Ohana Trust Fund Advisory Committee; Enforcement; Penalties; Reports; Rules; Appropriations	Establishes a Sugar-Sweetened Beverage Fee Program to be administered by the Department of Health that, beginning 7/1/2026, imposes a fee on the distribution and sale of sugar-sweetened beverages in the State. Establishes the Healthy Ohana Special Fund into which revenues generated from the sugar-sweetened beverage fee are deposited. Establishes the Healthy Ohana Trust Fund in the private sector to receive revenues from the Healthy Ohana Special Fund to support prevention and control of obesity and chronic diseases. Allows the Department to contract with a third party to administer the program. Requires the Auditor to conduct a management and financial audit of the program and submit reports to the Legislature. Establishes the Healthy Ohana Trust Fund Advisory Committee to advise the Department on the administration of the trust fund. Requires the Department to adopt interim rules no later than 6/30/2026, and final rules no later than 12/31/2027. Establishes civil penalties. Requires annual reports to the Legislature. Appropriates funds.	HHS, WAM/JDC	RHOADS, CHANG
SB380		RELATING TO THE REGULATION OF TOBACCO PRODUCTS.	Hawai'i State Association of Counties Package; Tobacco Products; Regulation	Repeals existing statutory language that: declares that the sale of cigarettes, tobacco products, and electronic devices are a statewide concern; and preempts all local ordinances and regulations that regulate the sale of cigarettes, tobacco products, and electronic devices. Effective 7/1/3000. (HD1)	CPC, JHA, FIN	NAKAMURA

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

MINUTES OF MEETING[1]

Date: January 13, 2025

Time: 10:00 a.m.

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

Virtual Videoconference Meeting – Zoom Webinar
https://dcca-hawaii-gov.zoom.us/j/81118286814?pwd=qRmbmx6UaXibp6nboEObWqsNpBrkDe.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., Dental Member
Steven Pine, D.D.S., Dental Member
Joy Shimabuku, Public Member
Joyce Yamada, Ed.D., R.D.H., Dental Hygiene Member
Craig Yamamoto, D.D.S., Dental Member

Members Excused: None

Staff Present: Sheena Choy, Executive Officer ("EO Choy")
Andrew Kim, Esq., Deputy Attorney General ("DAG Kim")
Marc Yoshimura, Secretary

In-Person Guests: Charles Kamimura
Esther Brown, RICO
Laura Chang, KCC Dental Assisting Program

Zoom Webinar Guests: Leanne Higa, UH Maui College of Dental Hygiene
Noelani Greene
Sheli Cober, CRDTS
Gerraine Hignite, HDHA
Melissa Pavlicek
Richmond Luzar

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

Kim Nguyen, HDA
Dr. Norman Chun, HDA

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 10:14 a.m.

Approval of Minutes: **Approval of the Open and Executive Session Minutes of the November 18, 2024 Meeting**

The Chair asked if there was any discussion of, corrections to, or public comments regarding the November 18, 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 November 18, 2024 meeting.

Upon a motion by the Vice Chair, seconded by Dr. Pine, it was voted on and unanimously carried to approve the Open and Executive Session minutes of the November 18, 2024 meeting.

New Business: **Regulated Industries Complaints Office ("RICO") update to the Board regarding Advisory Committee Members ("ACMs")**

The Chair stated that ACMs serve as confidential consultants for RICO investigations, pursuant to HRS §26-9(s). RICO is the investigative arm of the Department of Commerce and Consumer Affairs ("DCCA"). The Board does not have investigative authority.

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

Upon a motion by Ms. Shimabuku, seconded by Ms. Yamada, the Board voted and unanimously carried to 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" at 10:19 a.m.

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

voted upon and unanimously carried to move out of Executive Session at 10:35 a.m.

The Chair reported that in Executive Session, the Board discussed sensitive matters related to public safety or security with regards to RICO's dental ACMs.

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.

EO Choy stated that the Board received three submittals of written testimony from:

1. Dr. Norman Chun, president-elect of the Hawaii Dental Association ("HDA") on behalf of HDA;
2. Gerraine Hignite, on behalf of the Hawaii Dental Hygienists' Association ("HDHA");
3. Mark Nartatez, member of the public

EO Choy read aloud the three written testimonies submitted. The written testimonies are available in the public packet posted on the Board's website: https://cca.hawaii.gov/pvl/boards/dentist/meeting_schedule/.

The Chair asked if there was any additional public testimony.

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

On behalf of HDHA, Ms. Hignite requested clarification on which proposed rules revisions were to be discussed by the Board at this meeting.

EO Choy clarified that the Board will consider and discuss all the

proposed rules revisions presented at the Board's September 16, 2024 meeting, the additional proposed amendments from the Rules PIG based on discussion with HDA, HDHA, and the Kapiolani Community College Dental Assisting ("KCC DA") Program, and any other revisions raised at this meeting.

Ms. Hignite was returned to attendee on Zoom.

EO Choy also clarified that the Board does not license dental assistants at this time. However, the Board provides some regulatory guidance in its administrative rules through the prohibited and allowable duties of dental assistants in HAR §16-79-69.1 and §16-79-69.5 respectively.

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

Ms. Cobler stated that she represents the Central Regional Dental Testing Services ("CRDTS"). She inquired if this would be an appropriate time to request that the CRDTS dental exam be accepted in Hawaii as meeting the clinical examination requirements for dentist licensure. Currently, only the ADEX exam meets the requirements for dentist licensure.

EO Choy stated that the Board is aware of CRDTS' request from previous outreach to the Board. However, the requirement for the ADEX examination is in the Board's statute (HRS §448-9.4), therefore any changes would have to be initiated through the legislative process. The Board does not have the authority to amend the HRS; it can only amend the HAR through administrative rules revision. The Board does not lobby and would provide a position if such a bill were proposed in the future.

Ms. Cobler was returned to attendee on Zoom.

Leanne Higa raised her hand on Zoom and was promoted to panelist.

Ms. Higa introduced herself as the program coordinator for the UH Maui College Dental Hygiene ("UHMC DH") Program. She offered comments on the testimony of Mark Nartatez, stating that the UHMC DH program is considering expanding to include a dental assisting program. They had a dental assisting program in the past and are considering reviving the program, possibly in the summer of this year. If revived, their program would be a non-CODA-accredited program, whereas the KCC DA program is CODA-accredited.

Ms. Higa inquired if the Board were to accept Mr. Nartatez's proposed revisions expanding the functions of dental assistants, would the expanded allowable scope also apply to graduates of the non-accredited UHMC DA program in the future.

EO Choy stated that it would depend on which, if any, of the proposed changes were to be accepted by the Board. In addition to the allowable

and prohibited duties of dental assistants, the Board defines “dental assistants” in HAR §16-79-1 as, “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.”

Ms. Higa was returned to attendee on Zoom.

Laura Chang raised her hand in person and was invited to share public comments.

Ms. Chang stated that she is a member of the public. She asked if the request from Mr. Nartatez for expanded duties of dental assistants would have to be pursued through legislative action.

EO Choy stated that if Ms. Chang is inquiring about a request for licensure of dental assistants, then the proposed new license type would need to be pursued legislatively, since current statutes do not grant the Board the authority to license dental assistants. With regards to some of the requests for expanded scope of practice, some scope inquiries could be addressed through an administrative rules change.

Ms. Chang additionally stated that HAR §16-79-69.5 contains language that dental assistants are prohibited from performing “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.” She stated this language is ambiguous and confusing and requested the Board consider clarifying the language.

The Board stated that they would have to take a closer look at the language.

Kim Nguyen raised her hand on Zoom and was promoted to panelist.

Ms. Nguyen stated that she is standing on the written comments submitted by Dr. Norman Chun, president-elect, HDA. She stated that he is having technical difficulties and was not able to appear on the call.

Ms. Nguyen added that HDA would be happy to be included in discussions regarding expanded functions for dental assistants. However, any comments made on this matter by other community partners are not reflective of HDA leadership and membership.

Ms. Nguyen was returned to attendee on Zoom.

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

Ms. Hignite stated that HDHA is open to further discussion on expanded functions of dental assistants, but HDHA is not in support of expanded functions for dental assistants at this time.

Ms. Hignite was returned to attendee on Zoom.

EO Choy added that also included in the Board and public packets is a compilation of anonymous responses from a poll taken by the Maui County Dental Society of its membership regarding proposed changes to the continuing education ("CE") requirements. The Rules PIG did reach out to all the local dental societies as part of their research.

The Chair provided an overview of the proposed rules revisions presented to the Board at its September 16, 2024, meeting, as well as the additional recommendations provided by the Rules PIG to the Board after receiving input from HDA, HDHA, and the KCC DA program. The exact language of the proposed rules revisions and additional proposed recommendations are available in the public packet on the Board's website: https://cca.hawaii.gov/pvl/boards/dentist/meeting_schedule/.

On behalf of the Rules PIG, the Chair also provided Rules PIG responses to the written testimony received from HDA, HDHA, and Mark Nartatez:

- Regarding HDA comments on the CE requirements, the Rules PIG maintains its suggestions for the number of CEs allowed to be completed virtually versus live-in person. The PIG notes the availability of quality virtual CE courses that provide local licensees with access to a variety and depth of content from across the country. The PIG also noted that an increase in the number of CEs allowed to be completed virtually considers the geographic restrictions of neighbor island licensees.
- Regarding HDA comments on the CPR requirements for dental assistants, the Rules PIG appreciates the intent of the comments but maintains that dental assistants are auxiliary, unlicensed personnel and the requirement for CPR certification appears to be adequate. Dental assistants should not be operating without supervision from licensed dental hygienists and/or dentists, both of which are required to be BLS certified.
- Regarding HDHA requests for additional definitions in question #1, the Rules PIG recommends that the current definitions are adequate.
- The Rules PIG agrees with the recommendation from HDHA in question #2 regarding the definition of "dental record" in HAR §16-79-2.
- The Rules PIG agrees with the recommendation from HDHA in question #3 regarding language in HAR §16-79-3.1 for restoration of forfeited license.
- In response to HDHA's question #4, EO Choy clarified that temporary dentist and temporary dental hygienist licenses cannot be renewed.
- In response to HDHA's question #5, EO Choy clarified that the general requirements for the temporary dental hygienist and community service dental hygienist license types are dictated by HRS §447-1.4 and HRS §447-2, respectively.
- In response to HDHA's question #6, EO Choy clarified that temporary dentist and temporary dental hygienist licensees are not subject to CE

requirements because they are not allowed to renew their licenses. Community service dentist and community service dental hygienists have CE requirements that generally mirror the unrestricted license types.
- The Rules PIG agrees with the recommendation from HDHA in question #7 regarding anesthesia certification programs for dental hygienists.
- In response to HDHA's question #8, the Rules PIG clarifies that BLS, ACLS, and PALS are all appropriately categorized as "Life Support" courses.
- Regarding Mark Nartatez's comments requesting expanded functions for dental assistants, the Rules PIG comments that the requested changes were numerous and therefore recommends deferring the requested changes to a future rules package to allow all relevant parties the opportunity to thoroughly discuss the proposed changes.

The Chair called for a recess at 11:42 a.m.

The Board reconvened to Open Session at 11:52 a.m.

The Chair asked if there was any Board discussion.

Dr. Pine stated that under HAR §16-79-11.1(d)(1), which is the section on requirements for temporary dentist license for post-doctoral residents, he requests the Board consider adding "or a signed letter from a dean of the dental college stating successful completion of the dental program" to the list of acceptable documents to verify education requirements. Dr. Pine noted that since many post-doctoral programs begin closely after a dental student graduates, it is sometimes difficult for residents to provide the Board with official transcripts or certified copy of diploma since they are not yet available. He stated that several other state dental boards allow this type of education certification.

EO Choy stated that because the types of acceptable education verification are not specified in the existing HRS §448-12, which governs the temporary dentist license, the Board could consider Dr. Pine's suggestion for HAR revision.

Dr. Pine suggested another revision to HAR §16-79-11.2, "Documentation and credentials required for community service dental applicants" and HAR §16-79-11.7, "Documentation and credentials required for community service dental hygiene applicants." Dr. Pine stated that most community service licensees are continuously employed with the qualifying employer and therefore he suggests the requirement for the employment letter to list an "end date" be removed.

Dr. Yamamoto left the meeting at 12:00 p.m.

Dr. Pine also suggested an amendment to HAR §16-79-69.1(a)(18). He noted that "adjustment" should be added to this allowable duty so as not

to contradict a related prohibited duty in HAR §16-79-69.5; the allowable duty in HAR §16-79-69.1(a)(18) should read, "Fabrication and adjustment of provisional crowns…"

Ms. Fukushima stated that there appears to be a typo in HAR §16-79-11.7(c). The text should read, "Upon approval of the community service dental hygiene license…" The text currently incorrectly reads "dentist license."

EO Choy confirmed that the correction will be made.

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

Ms. Hignite asked why the renewal deadlines for community service dentists and dental hygienists differ.

EO Choy stated that the biennial renewal for community service dentists and the annual renewal for community service dental hygienists are dictated by statute.

Ms. Hignite asked for clarification as to how BLS courses are credited for the overall CE requirements.

It was clarified that currently, BLS courses may be credited for up to four (4) of the total CEs. If the proposed rules are passed, completion of ACLS or PALS courses can be credited for a maximum of six (6) of the total CEs. EO Choy clarified that all licensees must meet the requirements in the specific categories of "clinical," "life support," and "ethics."

Ms. Hignite was returned to attendee on Zoom.

The Chair asked EO Choy to summarize the proposed rules revisions.

EO Choy summarized the revisions as follows:

- All the rules revisions proposed in the draft by the Rules PIG and first presented at the September 16, 2024 meeting;
- The additional recommendations from the Rules PIG as included in the additional handout for this meeting;
- The inclusion of the Appendix A "Anesthesia Facility Checklist" referenced in HAR §16-79-78(c);
- The recommendation from Dr. Pine to remove the requirement for a specific end date in the employment letter for applicants for the community service dentist and community service dental hygienist license (HAR §16-79-11.2 & §16-79-11.7);
- The recommendation from Dr. Pine to add a "letter from the dean of a dental college verifying completion of a qualifying dental program" as an additional option for post-doctoral resident applicants for the temporary dentist license to verify education (HAR §16-79-11.1);

- The recommendation from Dr. Pine to add "and adjustment" to the allowable duty of dental assistants in HAR §16-79-69.1(a)(18) so as not to contradict one of the prohibited duties of a dental assistant in HAR §16-79-69.5;
- The correction noted by Ms. Fukushima to correctly state "dental hygienist" instead of "dentist" in HAR §16-79-11.7(c); and
- Other non-substantive grammatical and formatting changes.

Upon a motion by the Vice Chair, seconded by Dr. Pine, it was voted upon and unanimously carried to advance the current rules package as discussed with the noted changes above.

EO Choy explained that the rules amendments will now advance to the next stage of a very lengthy administrative rules revision process. The next main forum for public input would be at a public hearing. EO Choy stated that once scheduled, the public hearing will be announced on the Board's website along with major local newspaper publications.

Scope of Practice: **Email inquiry from Leanne Higa regarding Community Service Dental Hygiene ("CSDH") licensee's scope of practice, including allowable duties and if CSDH licensees may teach courses at the University of Hawaii Maui College Dental Hygiene Program**

EO Choy stated that the Board received several questions from Leanne Higa with regards to the University of Hawaii Maui College Dental Hygiene ("UHMC DH") Program:

1. Can a community service licensed dental hygienist teach dental hygiene clinic and didactic courses at UHMC Dental Hygiene Program?
2. Can a dental hygienist not certified in infiltration or block anesthesia teach the local anesthesia and pain control course at UHMC Dental Hygiene Program?
3. Is the University of Hawaii Maui College dental hygiene program considered a post-secondary auxiliary training program?
4. Are the allowable duties for a community service dental hygienist the same as a dental hygienist?

The Chair asked if there was any public testimony on this agenda item.

Leanne Higa raised her hand on Zoom and was promoted to panelist.

The Chair welcomed Ms. Higa to the meeting and asked her to share any additional testimony or comments to the Board.

Ms. Higa stated that she has no additional comments and would just like to hear from the Board.

The Vice Chair and Dr. Pine both indicated that they would like to recuse

themselves from discussion and any Board action on this agenda item. The Chair asked if there were any public comments. There were none.

EO Choy stated that it appears that the Board's laws and rules would dictate responses to the inquiries as follows:

1. Can a community service licensed dental hygienist teach dental hygiene clinic and didactic courses at UHMC Dental Hygiene Program?

   The Board's laws/rules are silent as to Community Service Dental Hygienists ("CSDH") teaching didactic courses where "didactic courses" refer to lecture-style teaching only without any hands-on component.

   Teaching clinical courses is considered "practice" of dental hygiene, since an instructor would be performing the duties outlined in the Board's laws/rules regarding the allowable practice of dental hygiene. The practice of clinical dental hygiene is defined by HRS §447-3(b) and clarified by allowable and prohibited duties in HAR §16-79-69.10 and HAR §16-79-69.15. Any of the duties described therein require the appropriate license to practice, pursuant to HRS §447-1(f).

   Since a CSDH is authorized to practice dental hygiene in the State of Hawaii, they are allowed to teach clinic courses at the UHMC DH program.

2. Can a dental hygienist not certified in infiltration or block anesthesia teach the local anesthesia and pain control course at UHMC Dental Hygiene Program?

   The administration of infiltration and block anesthesia falls under the clinical practice of dental hygiene, pursuant to HRS §447-3(b). Therefore, the local anesthesia and pain control course must be taught by a licensed dental hygienist.

   In order to administer intra-oral infiltration anesthesia, a licensed dental hygienist must meet the requirements of HAR §16-79-76(b)(1).

   In order to administer intra-oral block anesthesia, a licensed dental hygienist must meet the requirements of HRS §447-3.5 and HAR §16-79-76(b)(2).

3. Is the University of Hawaii Maui College dental hygiene program considered a post-secondary auxiliary training program?

   The Board's laws and rules do not have any definitions of "post-secondary auxiliary training program." However, based on general definitions of those terms, the UHMC DH program seems to meet this categorization.

Ms. Higa inquired if UHMC was to resume their dental assisting program, would that program also fall under the categorization of "post-secondary auxiliary training program?"

EO Choy stated she believes a dental assisting program could also be categorized as a "post-secondary auxiliary training program."

4. Are the allowable duties for a community service dental hygienist the same as a dental hygienist?

   The allowable duties for a community services dental hygienist ("CSDH") and a dental hygienist ("DH") are generally the same. However, the following should be noted:

   - CSDH may only operate under the employment of the following organizations listed in HRS §447-1.5(a), "federally qualified health center, Native Hawaiian health center, community health center, rural health clinic, mobile dental outreach program, or post-secondary dental auxiliary training program accredited by the American Dental Association Commission on Dental Accreditation."

   - CSDH may not administer infiltration or block anesthesia upon licensure, since certification is not a requirement for CSDH licensure.

   - All CSDH and DH licensees are reminded that they may only operate under the direct supervision of a Hawaii licensed dentist unless the requirements for general supervision are met pursuant to HRS §447-1 and HRS §447-3.

   - Administration of intra-oral infiltration and block anesthesia are allowable for licensees who are certified and approved to administer under direct supervision only, pursuant to HRS §447-1(f)(1), HRS §447-3(b), and HAR §16-79-76(b).

There were no further public comments or Board discussion.

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

Ms. Higa was returned to attendee on Zoom.

Applications: **Ratification Lists**

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

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

Upon a motion by Ms. Shimabuku, seconded by Ms. Yamada, it was voted on and unanimously carried to approve the following 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

Applications

Temporary Dentist

Rocelle Maliksi

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

The Chair deferred this agenda item.

Continuing Education Approved Sponsoring Organization Application

Dental Educational Solutions & Training – OSHA 2025 Updates &

Training

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

Upon a motion by Ms. Yamada, seconded by Dr. Pine, it was voted upon and unanimously carried to approve this application.

2025 Legislative Session:

Legislative Liaison(s)

Richmond Luzar raised his hand on Zoom and was promoted to panelist on Zoom.

Mr. Luzar stated that he is testifying on behalf of the Hawaii Dental Association ("HDA"). He testified in support of the appointment of legislative liaisons.

Mr. Luzar was returned to attendee on Zoom.

EO Choy reported that the 2025 Hawaii State Legislative Session will begin on January 15, 2025. EO Choy is requesting the Board appoint legislative liaison(s), less than quorum, who can assist the EO in legislative matters such as research, providing positions, and testifying on proposed bills.

Upon a motion by Dr. Pine, seconded by Ms. Shimabuku, it was voted upon and unanimously carried to appoint the Chair, Vice Chair, Ms. Fukushima, and Ms. Yamada as legislative liaisons for the 2025 Legislative Session.

Executive Officer's Report:

Scam calls targeting licenses of dentists and other medical professionals

EO Choy stated that the Board and the Department of Commerce and Consumer Affairs ("DCCA") received several reports from dental licensees in the last few months regarding a phone scam. Scammers were impersonating state officials and government agencies to target medical professionals, particularly those in the dental field.

DCCA published an official notice to the public on the department's website, and a notice was also posted on the Board's web page: https://cca.hawaii.gov/pvl/news-releases/dental_announcements/.

Department of Veterans Affairs ("VA") National Standard of Practice for Dental Hygienists

EO Choy stated 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.

EO Choy stated that the proposed national standards do not appear to conflict with the Board's current laws and rules. However, should future conflict arise, the VA standard would supersede state law.

Renewal year for dental licenses – renewal Frequently Asked Questions ("FAQs") posted on the Board's website

Pursuant to HRS §447-1(a)(d), HRS §448-7 and HRS §448-8.5, all dentist and dental hygiene licensees must renew their license on a biennial basis, which includes meeting the continuing education requirements. The next renewal deadline for the 2024-2025 licensure biennium is December 31, 2025.

Dentists with the additional privilege/permit to administer deep sedation/general anesthesia and/or moderate sedation are additionally reminded that a renewal facility inspection is required before December 31, 2025 if the licensee wishes to maintain the additional privilege to administer.

A renewal FAQs document is available on the Board's website: https://cca.hawaii.gov/pvl/news-releases/dental_announcements/.

EO Choy highlighted several points from the FAQs:

1. A renewal postcard will be sent to licensees closer to the renewal deadline. However, this is a courtesy reminder only. All licensees are responsible for the timely renewal of their license and compliance with all renewal requirements.

2. The Board is accepting 100% of CEs completed online for the 2024-2025 licensure biennium only. However, the hands-on component of Basic Life Support ("BLS") courses must be taken in-person.

3. Renewal facility inspections for dentist with the additional permit to administer anesthesia will begin on July 1, 2025.

4. Any request for waiver of CE requirements must be submitted and approved BEFORE a renewal application is submitted.

Next Meeting: Monday, February 3, 2025 – Special Legislative Meeting
10:00 a.m.
In-Person: Queen Liliuokalani Conference Room
HRH King Kalakaua Building

335 Merchant Street, First Floor
Honolulu, Hawaii 96813

Virtual
Participation: Virtual Videoconference Meeting – Zoom Webinar

Adjournment: The meeting adjourned at 12:42 p.m.

Taken, recorded, and approved by:

Sheena Choy
Executive Officer

SC:my

2/19/25

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

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

MINUTES OF MEETING[1]

Date:	February 3, 2025 – Special Legislative Meeting
Time:	10:00 a.m.
Place:	Queen Liliuokalani Room, 1st Floor King Kalakaua Building 335 Merchant Street Honolulu, Hawaii 96813 Virtual Videoconference Meeting – Zoom Webinar https://dcca-hawaii-gov.zoom.us/j/82528418902?pwd=r0MPGHnFpRk7nEx8KxFVpo6bdgp0Zb.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 Paul Guevara, D.M.D, M.D.S., Dental Member Steven Pine, D.D.S., Dental Member Joy Shimabuku, Public Member Joyce Yamada, Ed.D., R.D.H., Dental Hygiene Member
Members Excused:	Katherine Fukushima, R.D.H., Dental Hygiene Member Craig Yamamoto, D.D.S., Dental Member
Staff Present:	Sheena Choy, Executive Officer ("EO Choy") Andrew Kim, Esq., Deputy Attorney General ("DAG Kim") Marc Yoshimura, Secretary
In-Person Guests:	Charles Kamimura Dr. Joseph Mayer Richmond Luzar
Zoom Webinar Guests:	Noelani Greene Gerraine Hignite, HDHA Melissa Pavlicek Kim Nguyen, HDA
Virtual Meeting Instructions:	A short video regarding virtual meetings was played for attendees.

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

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

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

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

Call to Order: There being a quorum present, the Chair called the meeting to order at 10:08 a.m.

2025 Legislative Session:

Discussion of Bills

S.B. 481 – Relating to Community Service Licenses

Description: The purpose of the bill is to: (1) allow a dental graduate from a dental college accredited by the Commission on Dental Accreditation of Canada to be an eligible candidate for a community service license (CSL); (2) repeal the requirement that the licensing examinations be completed within five years of a request for a CSL; (3) repeal the requirement that a CSL applicant provide a copy of an active, unrestricted dental practice license form another state; (4) repeal the prohibition against a person who failed the license examination from obtaining a CSL; and (5) require a CSL to be eligible for conversion to an unrestricted dental practice license when a dental provider who holds a CSL completes at least five thousand hours of community service to patients in the State.

EO Choy clarified that where the bill refers to community service licenses as "CSL," the license type for community service dentists is actually "CSDT."

EO Choy stated that this bill proposes five amendments to Hawaii Revised Statutes ("HRS") §448-9.6, which governs Hawaii CSDT licenses.

EO Choy stated that the first amendment proposes to strike the allowance of a diploma or certificate of graduation from a dental college that "has a reciprocal agreement with ADA CODA," and adds the allowance of a degree from a dental college accredited by the Commission on Dental Accreditation of Canada ("CDAC").

EO Choy stated that this amendment would restrict the type of foreign dental degrees acceptable by the Board for CSDT licensure to just Canada. Currently, HRS §448-9.6(a)(1)(A) allows the Board to accept

dental colleges with a "reciprocal agreement with ADA CODA," which already includes acceptance of CDAC dental degrees – CDAC is the only accrediting body that currently has a "reciprocal agreement with ADA CODA."

If the amendment is made as currently written, any other foreign dental program which might in the future have a reciprocal agreement with CODA, would not be acceptable for CSDT licensure.

The Chair asked if there was any public testimony.

Richmond Luzar raised his hand in-person and was invited to provide oral testimony.

Mr. Luzar stated that he is representing the Hawaii Dental Association ("HDA"). HDA also submitted written testimony. He provided a correction to HDA's written testimony, stating that they meant to reference S.B. 1241, Relating to General Excise Tax Exemption, not S.B. 124. HDA is supporting numerous bills relating to access to oral health care and the dental workforce. Many such bills are listed on the Board's addendum for today's discussion.

EO Choy stated that the Board was notified that HDA's written testimony was received last Friday, January 31, 2025 after close of business. Therefore, it was distributed to the Board members this morning.

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

The Vice Chair stated that he appreciates the intent of the bill but has several concerns with the proposed amendments, as follows:

1. Amendments seem to restrict the number of individuals who could qualify for CSDT licensure;
2. Amendments remove too many safeguards for the public;
3. Noting concern with the bill's proposal to allow CSDT licensees be automatically granted unrestricted DT licensure after two and a half years of full-time CSDT practice. There are no parameters around such practitioners continuing to accept Medicaid/QUEST patients nor to continue to work in the community service health setting;
4. Passage of the National Board Dental Examination ("NBDE") Part II alone does not necessarily demonstrate clinical proficiency as there is no hands-on component to this didactic exam. The practice of dentistry is necessarily hands-on and it is important for the Board to have standards in place to be able to assess an individual's clinical competency to practice in lieu of the hands-on ADEX clinical exam.

The Chair stated that the national standard for dentist licensure across almost all states includes passage of a hands-on clinical exam. He agrees with the Vice Chair in appreciating the intent of the bill, but noted it is important for the Board to consider the cumulative implications of each

proposed change to CSDT licensure requirements.

EO Choy asked the Chair to clarify the “minimum competencies” tested by a hands-on clinical exam.

The Chair stated that, for example, the ADEX and CRDTS exams test candidates’ competency in specific, common areas of dentistry. Candidates are graded on a standardized basis against the nationally accepted standard of care.

Dr. Pine stated that the intent of the bill seems to be to fill perceived vacancies at community health centers. He is curious what the current vacancy numbers are in such community health settings. He echoed the previous concerns that the proposed amendments would restrict the number of individuals who qualify for CSDT licensure. Additionally, Dr. Pine noted that the NBDE Part II exam is not a hands-on exam; it is only a written exam, which would make Hawaii the only state in the US to allow an individual to obtain dentist licensure without having passed the complete board exams or a hands-on clinical exam or a post-doctoral residency program. He appreciates the intent of the bill but has concerns over the specific proposed amendments.

EO Choy clarified that in Hawaii, unrestricted dentist (“DT”) licensure requires passage of both the NBDE Part I & II or its successor INBDE exam and passage of the ADEX exam, which is a hands-on clinical exam. Currently, CSDT licensure does not require passage of the ADEX exam or any other hands-on clinical assessment.

Dr. Guevara agreed with previous Board comments. He stated that similar legislation has been proposed in the past. While he appreciates the intent of the bill, he cannot support the proposed changes as currently written. He stated that the bill would undermine the existing HRS requirements that applicants for an unrestricted DT license must have passed the ADEX exam. As previously noted, allowing a pathway to DT licensure that does not require the ADEX exam would pose public health, safety, and welfare concerns since this would go against the accepted licensure standards of almost all US states.

The Chair reminded the Board that the Legislature passed Act 100 in 2023, which expanded the list of eligible organizations at which CSDT licensees could practice, and amended certain requirements to increase the number of individuals who could qualify for CSDT licensure. There was due evaluation of the CSDT licensure requirements as part of this process.

Dr. Pine requested clarification if the proposed bill would allow an individual who has not been in active practice since 1992 to qualify for CSDT licensure.

EO Choy stated that currently, HRS §448-9.6(a)(1)(B)(i) requires that any

NBDE Part II or INBDE ("board") scores that are submitted for licensure must have been passed within 5 years of the date of CSDT application (e.g. for an application submitted on 1/1/2025, board scores cannot have been taken later than 1/1/2020).

This bill proposes to eliminate the five-year time limit on board exam scores (i.e. NBDE Part II or INBDE can have been taken on any date, provided proof of passing the exam is submitted). She stated that if this amendment is accepted, board exam scores could be accepted from 1992 – the date the NBDE Part II became a comprehensive exam – to current.

The Chair stated that he strongly agrees with the intent of the bill to address oral healthcare needs in Hawaii, particularly on the neighbor islands, and hopes that other options can be pursued which do not lower the licensure standards.

EO Choy stated that the bill's fourth amendment proposes to remove the disqualification of an individual who has failed any part of the ADEX exam. Currently, HRS §448-9.6(a) states that "no person who, after July 2, 2004, has failed to pass the license examination administered under this chapter shall have the benefit of a community service license."

The Vice Chair asked for clarification on what qualifies as a "failure" on the exam.

EO Choy clarified that if an individual fails any of the five parts of the ADEX exam, they do not qualify for CSDT licensure pursuant to HRS §448-9.6(a). If already licensed as a CSDT and testing, their license would become forfeit upon the date of failed exam section pursuant to HRS §448-9.6(d)(2).

The Chair stated that he personally would not have an issue with this amendment, provided the other CSDT licensure requirements remain the same.

The Vice Chair agreed that allowing individuals to continuously take the ADEX exam sections while licensed as a CSDT would be acceptable, so long as they pass all five sections prior to applying for DT licensure. He noted that in his experience as an exam grader, it usually takes individuals more than one attempt for each section to pass.

Dr. Pine agreed with the Chair. He stated that in older administrations of the ADEX exam, before they allowed the mannequin-based testing option, if a live patient failed to show for an examination, it would be considered an automatic "fail" for the candidate, at no fault of the candidate.

Dr. Guevara stated that he also agrees with the Chair.

Dr. Pine stated that removing this disqualification would potentially encourage more CSDT licensees to pursue DT licensure, since the current restriction might prevent them from attempting the ADEX exam.

EO Choy stated that the third amendment proposes to remove the requirement of HRS §448-9.6(a)(2) for applicants to hold an active, unrestricted license from another state. It is likely that the intent of this existing requirement, as well as the current requirements for not having failed ADEX exams, and for verification of NBDE Part II or evidence of active clinical practice, is to provide safeguards to assess for clinical competency to practice for individuals who have not completed ADEX exams and may not have completed board exams.

The Vice Chair reiterated that in most of the other US jurisdictions, passage of the ADEX or other hands-on clinical exam is required for dentist licensure. The current CSDT requirement appears to be a safeguard for the Hawaii public.

Dr. Pine noted that the current language of HRS §448-9.6 does not completely cover those few US jurisdictions in which a hands-on clinical exam is not required for licensure. Therefore, currently, there is the potential that some individuals may meet this requirement for CSDT licensure without having proven hands-skill competency.

EO Choy stated that if this amendment is accepted, applicants who may wish to apply for initial licensure, such as new graduates, would still not qualify for CSDT licensure since they would not be licensed in another state prior to CSDT application and therefore could not provide evidence of active clinical dental practice of 1,000 hours per year for three years as required by HRS §448-9.6(a)(1)(B)(ii).

The Chair stated that the proposed amendment to remove the requirement for an active, unrestricted dental practice license from another state also opens up CSDT licensure to applicants submitting clinical hours gained out of country under HRS §448-9.6(a)(1)(B)(ii).

Ms. Yamada stated that she agrees with the comments made by other Board members. Her particular concern is that the bill appears to provide a pathway to circumvent the clinical examination requirements for DT licensure. Although this bill addresses community service dentists, it could have future implications for the community service dental hygiene ("CSDH") license. There are some states which do not require a clinical exam for dental hygiene licensure, but licensees are restricted to practice within that state. If similar language as the current bill were proposed for CSDH licensure, this could allow someone who has never passed a clinical exam evaluating minimum competency to practice to obtain dental hygiene licensure in Hawaii.

Seeing no further discussion or public comments, the Chair asked for a motion on S.B. 481.

Upon a motion by the Vice Chair, seconded by Ms. Shimabuku, it was voted upon an unanimously carried to appreciate the intent of S.B. 481 and offer comments.

S.B. 1373 – Relating to Administrative Licensure Actions Against Sex Offenders

> Description: The purpose of this bill is to authorize the Department of Commerce and Consumer Affairs and certain licensing boards to automatically revoke and refuse to renew, restore, or reinstate the professional licenses of registered sex offenders.

EO Choy stated that as it relates to the Board, S.B. 1373 and its companion H.B. 1054 propose amendments to HRS §447 and HRS §448.

EO Choy reminded the Board that at its January 13, 2025 meeting, they appointed the Chair, Vice Chair, Ms. Fukushima, and Ms. Yamada to serve as legislative liaisons for the 2025 Legislative Session to provide positions and testify on legislative matters on behalf of the Board.

S.B. 1373 is currently scheduled for hearing on Tuesday, February 4, 2025 by the Senate Committee on Commerce & Consumer Protection ("CPN"). In order to meet the submittal deadline for written testimony, EO Choy consulted with the appointed legislative liaisons who provided a position in "support" of the bill.

EO Choy summarized the testimony submitted on the Board's behalf in "support" of the bill, which is also available on the bill's webpage: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=1373&year=2025.

There was no public testimony.

The Vice Chair stated that he supports this bill, and specifically noted that there are many one-on-one situations between oral healthcare providers and patients. This bill protects the public, especially vulnerable pediatric patients.

Upon a motion by Dr. Guevara, seconded by Ms. Shimabuku, it was voted upon and unanimously carried to support S.B. 1373.

H.B. 1054 – Relating to Administrative Licensure Actions Against Sex Offenders

> Description: The purpose of this bill is to authorize the Department of Commerce and Consumer Affairs and certain licensing boards to automatically revoke and refuse to renew, restore, or reinstate the professional licenses of registered sex offenders.

EO Choy stated that H.B. 1054 is the companion bill to S.B. 1373. This bill is also set to be heard on January 4, 2025 and a position in support of the bill was provided to the EO from the Board's legislative liaisons.

EO Choy summarized the testimony submitted on the Board's behalf in "support" of the bill, which is also available on the bill's webpage: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&billnumber=1054&year=2025.

Upon a motion by Dr. Guevara, seconded by Ms. Shimabuku, it was voted upon and unanimously carried to support H.B. 1054.

H.B. 311 & S.B. 1241 – Relating to General Excise Tax Exemption

Description: The purpose of this bill is to establish general excise tax exemptions for various medical services, including dental services.

EO Choy stated that H.B. 311 and S.B. 1241 are companion bills.

EO Choy stated that these bills, along with the remaining bills for discussion on the agenda likely do not require the Board's testimony as they do not directly relate to licensure or the practice of dentistry or dental hygiene. However, the Board can direct the EO to "track" the bills, and EO Choy will provide an update on the final status of track-only bills at the close of the Legislative Session.

EO Choy also read the written testimony submitted by HDA, which mention HDA's support for many of the bills being discussed by the Board.

Upon a motion by Dr. Pine, seconded by the Vice Chair, it was voted upon and unanimously carried to track H.B. 311 and S.B. 1241.

H.B. 281 – Relating to General Excise Tax

Description: The purposes of this bill are to: (1) exempt food and groceries from the general excise tax; and (2) expand a 2024 session law exempting certain medical and dental services to include all medical and dental services.

Upon a motion by Dr. Pine, seconded by the Vice Chair, it was voted upon and unanimously carried to track H.B. 281.

H.B. 572 – Relating to General Excise Tax

Description: The purposes of this bill are to: (1) exempt food and groceries from the general excise tax; and (2) expand a 2024 session law exempting certain medical and dental services to include all medical and dental services.

Upon a motion by Dr. Pine, seconded by the Vice Chair, it was voted upon and unanimously carried to track H.B. 572.

S.B. 1172 – Relating to Employer Health Care Requirements

Description: The purpose of this bill is to Requires all health insurers in the State, including Medicaid managed care programs, to cover dental and vision treatment.

Upon a motion by Dr. Pine, seconded by the Vice Chair, it was voted upon and unanimously carried to track S.B. 1172.

S.B. 557 – Relating to Health

Description: The purpose of this bill is to require University of Hawaii John A. Burns School of Medicine (JABSOM) to direct Huli Au Oli to conduct a study on physician and dentist recruitment and retention to serve the island of Molokai. Appropriates moneys.

Upon a motion by Dr. Pine, seconded by the Vice Chair, it was voted upon and unanimously carried to track S.B. 557.

H.B. 1339 – Relating to General Excise Tax

Description: The purposes of this bill are to: (1) exempt food and groceries from the general excise tax; and (2) expand a 2024 session law exempting certain medical and dental services to include all medical and dental services.

Upon a motion by Dr. Pine, seconded by the Vice Chair, it was voted upon and unanimously carried to track H.B. 1339.

H.B. 1431 & S.B. 1516 – Relating to Oral Health

Description: The purpose of these bills is to establish an Oral Health Task Force to review the status of oral health in the State and make recommendations to improve the State's oral health infrastructure. Establishes one full-time equivalent program specialist V position. Appropriates funds.

Upon a motion by Dr. Pine, seconded by the Vice Chair, it was voted upon and unanimously carried to track H.B. 1431 & S.B. 1516.

EO Choy noted that this is a special legislative meeting, so only legislative matters are to be discussed.

Next Meeting: Monday, March 10, 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 11:00 a.m.

Taken, recorded, and approved by:

_____
Sheena Choy
Executive Officer

SC:my

02/28/25

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

- **Question for Board:** Is the Queen's GPR Program considered a "like dental organization" under HRS 448-1(3)?
    - Proposed lecturer Dr. Nojan Bakhitari holds a dentist license in New York: #NY056067; intent is to appear as a clinician

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From: Pham, Tuan M. <[redacted]
Sent: Tuesday, December 31, 2024 10:32 AM
To: DCCA Dental <dental@dcca.hawaii.gov>
Subject: Re: [EXTERNAL] RE: Licensure Question

Hi!

Thank you for letting me know! March 4, 2025 sounds like a good timeline.

Additional information about the lecture series and indications:
-Oral maxillofacial pain is a **requirement** for the CODA (Commission On Dental Accreditation) for the Queen's Medical Center- General Practice Residency program. Listed CODA-GPR standard 2-4

2-4 The program must provide training to ensure that upon completion of the program, the resident is able to manage the following: a) medical emergencies; b) implants; c) oral mucosal diseases; d) temporomandibular disorder, and e) orofacial pain.
https://coda.ada.org/-/media/project/ada-organization/ada/coda/files/general_practice_residency_standards.pdf?rev=f95e7c4253ad4f1996152f111683a03c&hash=BF8A377E4C86C92D61E6D62D32380E6A

-Part 1 of lecture series- will be open to the public for attendance-providing expertise in oral facial pain specialty area that the community is lacking.
-Part 2 of lecture series- will be hands on for the Dental Division at the Queen's Medical Center

We appreciate your guidance and expertise.

Happy Holidays!

From: DCCA Dental <dental@dcca.hawaii.gov>
Sent: Tuesday, December 31, 2024 10:15 AM
To: Pham, Tuan M. <[redacted]
Subject: RE: [EXTERNAL] RE: Licensure Question

Aloha Dr. Pham,

Thank you for your prompt response.

Since the lecture is not until 2026, if it's okay, I will add your inquiry to the March 4, 2025 agenda. The January agenda is quite full, and I want the Board to have the adequate time to thoroughly discuss so we can provide clear guidance.

Please let me know if March is okay.

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: Pham, Tuan M. [redacted]
Sent: Tuesday, December 31, 2024 9:42 AM
To: DCCA Dental <dental@dcca.hawaii.gov>
Subject: Re: [EXTERNAL] RE: Licensure Question

Aloha,

We are aiming to host a lecture in 2026 with Dr. Nojan Bakhitari. Looking at different options for him able to provide a hands-on lecture at the Queen's Medical Center. It

would be a multiday lecture.

License NY056067

Thank you!

Tuan Pham, DDS
The Queen's Medical Center- Dental Clinic Director
[redacted]
[redacted]

From: DCCA Dental <dental@dcca.hawaii.gov>
Sent: Monday, December 30, 2024 9:03 AM
To: Pham, Tuan M. <[redacted]
Subject: [EXTERNAL] RE: Licensure Question

Aloha Dr. Pham,

Thank you for your email. This matter will have to be added to a Board agenda for discussion.

Could you kindly clarify if the matter is time-sensitive, and additionally what the format of the lecture would be (e.g. multi-day, etc.) Also, can you please provide Dr. Bakhitari's license number and jurisdiction in which he is licensed?

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: Pham, Tuan M. [redacted]
Sent: Tuesday, December 24, 2024 11:47 AM
To: DCCA Dental <dental@dcca.hawaii.gov>; Tseu, Andrew [redacted]
Subject: [EXTERNAL] Licensure Question

Aloha Sheena and Andrew,

I am the dental director at the Queen's Medical Center and am attempting to bring in a lecturer for Queen's Medical Center and open it up to the general dental population: Dr. Nojan Bakhtiari is a board-certified TMJ and Oral Facial Pain specialist. Dr. Nojan was in charge of the Orofacial Pain and TMJ Disorders service at Yale-New Haven from 2015-2020. He is a past professor of Orofacial Pain & TMJ at the University of Connecticut School of Dental Medicine, where he led the clinical service and academic curricula for the entire university and residency programs.

He was interested in providing a hands on series for the QMC-Dental division for trigger point injections.

Regarding licensure exemption HRS §448-1 Dentistry defined; exempted practices:
(3) The practice of dentistry by licensed dentists of other states or countries at meetings of the Hawaii Dental Association or component parts thereof, alumni meetings of dental colleges, or any other like dental organizations, while appearing as clinicians;

The Queen's Medical Center (General Practice Residency program and non-profit organization) would be the organization to sponsor.

Please advise this would be sufficient and what other steps we can do to make this happen.

Happy Holidays and Mahalo!

Tuan Pham, DDS
The Queen's Medical Center- Dental Clinic Director
[redacted]
[redacted]

3.b.

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

The following practices, acts, and operations, however, are exempt from the operation of this chapter:

(1) The rendering of dental relief in emergency cases in the practice of one's profession by a physician or surgeon, licensed as such and registered under the laws of this State, unless one undertakes to reproduce or reproduces lost parts of the human teeth in the mouth or to restore or replace in the human mouth lost or missing teeth;

(2) The practice of dentistry in the discharge of their official duties by dentists in the United States Army, the United States Navy, the United States Air Force, the United States Public Health Service, or the United States Department of Veterans Affairs;

(3) The practice of dentistry by licensed dentists of other states or countries at meetings of the Hawaii Dental Association or component parts thereof, alumni meetings of dental colleges, or any other like dental organizations, while appearing as clinicians;

(4) The use of roentgen and other rays for making radiograms or similar records of dental or oral tissues;

(5) The making of artificial restorations, substitutes, appliances, or materials for the correction of disease, loss, deformity, malposition, dislocation, fracture, injury to the jaws, teeth,

lips, gums, cheeks, palate, or associated tissues, or parts, upon orders, prescription, casts, models, or from impressions furnished by a Hawaii licensed dentist; and

(6) The ownership and management of a dental practice by the executor or administrator of a dentist's estate or the legal guardian or authorized representative of a dentist, where the licensed dentist has died or is incapacitated, for the purpose of winding down, transferring, or selling the practice, for a period not to exceed one year from the time of death or from the date the dentist is declared incapacitated; provided that all other aspects of the practice of dentistry are performed by one or more licensed dentists.

[L 1903, c 40, §1; am L 1917, c 136, §1; RL 1925, §1065; RL 1935, §980; am L 1937, c 220, §1; RL 1945, §2151; am L 1955, c 170, §1; RL 1955, §61-1; HRS §448-1; am L 1983, c 220, §1; am L 2007, c 176, §1; am L 2017, c 12, §1]

Case Notes

City and county cannot pass an ordinance affecting the status of territorial licenses. 29 H. 422 (1926).

Previous Vol10_Ch0436-0474 Next

HAR §16-79-142 Approved sponsoring organizations. Licensees shall comply with the CE program requirements by completing the requisite number of hours 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;
(8) American Heart Association;
(9) American Medical Association;
(10) American Red Cross;
(11) CODA accredited programs;
(12) Dental assistant programs as approved by the board;
(13) Hawaii Department of Health;
(14) Joint Commission on Accreditation of Healthcare Organizations accredited hospitals;
(15) Regional and state testing agencies as it relates to the courses and calibration sessions;
(16) State dental associations and their component dental societies; and
(17) State dental hygienists' associations and their components.

February 28, 2025

Hawaii Board of Dentistry

To the members of the Hawaii Board of Dentistry,

Thank you for taking the time to consider these two continuing education courses around local anesthesia education. One is a certification course for dental hygienists and the other is a refresher course which may be helpful for hygienists who were certified in a different state yet haven't fully met the requirements to administer block anesthesia per the rules for the state of Hawaii.

As a clinician with nearly 25 years of experience and over 15 years of teaching local anesthesia to dental professionals in formal educational settings, an approved provider for local anesthesia instruction in the state of Oregon and Georgia, as well as a member of the American Society of Anesthesiologists, I am well versed in the educational needs for this topic. Implementing knowledge and expertise of educational methodology, head and neck anatomy, local anesthesia, and medical emergencies, I believe you will find this course curriculum highly comprehensive and inclusive of the required aspects for the state of Hawaii.

Thank you for your time and consideration.

Tina Clarke RDH, M.Ed., FADHA,
Certified CPR/BLS Instructor
Certified Continuing Education Provider by the American Academy of Dental Hygiene
Approved Provider Local Anesthesia Initial Permit Oregon Board of Dentistry, Georgia Board of Dentistry
Member: American Society of Anesthesiology, American Dental Hygienists Association, American Dental Educator Association
American Dental Hygienists Association Fellow
Author of Hit Me With Your Best Shot: Local Anesthesia for the Dental Professional

Contact Information
[redacted]

Kristina "Tina" J Clarke RDH, MEd
[redacted]

EDUCATION:

- 2013 Graduate Concordia University. Master of Education: Curriculum and Instruction-focus on Career and Technical Education
- 2001 Honors Graduate from Oregon Health Science University, with a Bachelor of Science in Dental Hygiene
    - 2001 Inductee to the Sigma Phi Alpha Dental Hygiene Honor Society

LICENSE/CERTIFICATION/AWARDS:

- Registered Dental Hygienist-expiration/renewal date September 2023
    - Nitrous Oxide Permit
    - Anesthesia Endorsement
- BLS/CPR Certified Instructor-expiration/renewal date August 2024
- Fellow American Dental Hygienists Association

PROFESSIONAL EXPERIENCE:

Teacher Tina RDH, LLC **February 2019-Current**
Owner and Founder

- Course Development
- Course Presentation
    - Anesthesia
    - Head and Neck Anatomy
    - Medical Emergencies
    - Career Development
    - DH Educational Methodology

Lane Community College ***January 2020-Current***
Dental Hygiene Instructor (part-time)

- Clinical Instruction

Portland Community College ***March 2023-Current***

- Adjunct faculty

Waterpik ***April 2021-March 2023***

- Professional Educator

Oregon Institute of Technology ***September 2011-December 2019***
Faculty-Assistant Professor (full-time)

- Didactic and Clinical Instruction
- Academic Program Director Salem Campus (August 2017-June 2019)

Chemeketa Community College ***2017, 2018***

- Summer Faculty- Introduction to Oral Health Care. Migrant Farmworker High School Students. Course for college credit. –Developed and Delivered 4-week 3 credit course.

Lane Com College/Linn-Benton Com College ***September 2007-June 2011***
Lead Clinical Instructor and Distance Site Coordinator for LCC Dental Hygiene Program at LBCC

Clinical Dental Hygienist ***2001-Current***

BOARD APPROVALS:

Oregon Board of Dentistry approved provider for local anesthesia certification
Georgia Board of Dentistry approved provider for local anesthesia certification

CE PROVIDER APPROVAL: American Academy of Dental Hygiene '21-'23, '23-25

CONSULTANT:

Key Opinion Leader Septodont 2024
Key Opinion Leader Dental Post 2023-current
Key External Expert GSK-Enamel Erosion Round Table-April 2019
Key Opinion Leader Dentsply-Ultrasonic Educational Methodology July 2019

Editorial Board Member: Modern Hygienist 2018-2023
Journal Dental Education Peer Reviewer 2018, 2019
American Dental Hygienists Association Professional Development/Continue Education Peer Reviewer 2020-2022

PUBLICATIONS and PRESENTATIONS

HIT ME WITH YOUR BEST SHOT: LOCAL ANESTHESIA FOR ORAL HEALTH CARE PROVIDERS-Self Published December 2024

The Evolving World of Non-Injectable Anesthesia: Inside Dental Hygiene
https://idh.cdeworld.com/courses/5404-the-evolving-world-of-non-injectable-anesthesia?q=

Local Anesthetic Delivery Methods: Protocols for Administering Injections to Help Prevent Pain
https://idh.cdeworld.com/courses/22861-local-anesthetic-delivery-methods-protocols-for-administering-injections-to-help-prevent-pain

6 Steps For Surviving Stab Lab. Dimensions of Dental Hygiene-Students
https://students.dimensionsofdentalhygiene.com/6-tips-for-surviving-stab-lab/

How My Clear Aligner Journey Helped Me Help My Patients. Young Dental
https://info.youngdental.com/blog/how-my-clear-aligner-journey-helped-me-help-my-patients

PODCAST GUEST: Tale of Two Hygienists, Dental Aliments, DA Rockstars, Dental Handoff, Dental Assistants Nation, Your Dental Top 5, ADHA Official Podcast, Dental Hygiene Basics

Continuing Education Courses Provided

- Oregon Local Anesthesia Initial Permit course 21 CEU lecture/hands-on (Multiple sections)
- Georgia Local Anesthesia Initial Permit course 60 CEU lecture/hands-on (Multiple sections)
- Local Anesthesia Refresher 8 CEU Lecture/Hands-On (Multiple sections)
- Multiple presentations for Today's RDH: Topics on Medical Emergencies, Local Anesthesia, Head and Neck Anatomy
- RDH Under One Roof: Local Anesthetic Options for the Oral Health Clinician
- ADHA: Hands-on Workshop Mandibular Injection Techniques
- Oregon Dental Hygiene Association Keynote Presentation Creating Your Professional Masterpiece 1 CEU
- Anesthetic Options for the Oral Health Clinician: 2-3 CEU. 2022-2023, Oregon Dental Hygienists' Association, Smile Brands, Oklahoma Dental Hygienists Association, Utah Dental Hygienists Association.
- Prevent and Prepare: Medical Emergencies in the Dental Office. 2 CEU 2023. Cloud Dentistry, Today's RDH, San Juaqine Valley Hygiene Study Club
- 5 Shots Anesthesia Success 2 CEU 2021-2022. Today's RDH, West Virginia DHA, Indian Health Services, Marion-DH Study Club
- You Can Always Teach an Old Dog: Educating with the Adult Brain in Mind 3 CEU Nov 2019. Oregon Dental Hygienists Association
- Hit Me with Your Best Shot: Oral Anesthesia – 4-5 CEU 2018-current Polk County DH Study Club, Gum Gardner's Study Club, Orange County Dental Hygiene Club. On-Demand course offering.
- Head and Neck Anatomy: Back to the Basics 3 CEU 2018- Current– BDP Study Club, Marion-DH Study Club, RDH InnerCircle, On-Demand course offering 3 CEU
- Dentistry's Got Talent-Topic Anesthesia 2017

Archived Topics:
Board Leadership-ODHA Board of Directors
Dental Instrument Sharpening-MPY-Dental Hygiene Association
That's What She Said: Front and Back Office Communication-MPY-Dental Hygiene Association
Scope of Practice: Past, Present and Future-Lane County Dental Hygiene Association

PROFESSIONAL ASSOCIATION MEMBERSHIP AND EXPERIENCE:

American Society of Anesthesiologist (ASA) Member 2023,2024
American Dental Educator Association (ADEA) Member 2015-current
American Dental Hygienists' Association (ADHA) Member 2001-current
ADHA Leadership Experience
Student ADHA member and class treasurer 1999-2001

Marion-Polk-Yamhill DHA

Immediate Past President	2008
President	2006-2007
Treasurer	2004-2005
Delegate to ODHA	2005, 2006
Newsletter Creator/Editor	2005-2010
Public Relations liaison	2004-2016

Oregon DHA

Immediate Past President	2013-2014
President	2012-2013
President Elect	2011-2012
Vice President	2010-2011
Public Relations Council member	2004-2005
Public Relations Council Chair	2005-2008
PR/Membership Council Chair	2009-2010
Alternate Delegate to the ADHA	2006, 2007, 2023
Delegate to the ADHA	2008-2009,2011-2014, 2021-2023
Student Relations Director	2020-2022

ADHA

Reference Committee Member	2009, 2022
Assistant to ADHA President (annual session)	2013-2015
HOD Minutes Review	2021
Constituent Advisory Committee DXII Rep	2020-2022

CERTIFICATE OF COMPLETION

Teacher Tina
RDH & DENTAL EDUCATOR
1920 McGilchrist St SE Salem OR 97302
TINA@TEACHERTINARDH.COM
WWW.TEACHERTINARDH.COM

FUNDAMENTALS OF LOCAL ANESTHESIA: A CERTIFICATION COURSE

EXAMPLE STUDENT NAME

for completing 60-HOURS of virtual and hands-on local anesthesia education
AADH COURSE ID: AADHTCR-05-2-25-60

DATE OF COMPLETION FEB 16, 2025

AMERICAN ACADEMY OF DENTAL HYGIENE
Approved provider through December 31, 2026

"Teacher Tina RDH is designated as an Approved Provider by the American Academy of Dental Hygiene, Inc. #AADHTCR (January 1 2024- December 31, 2026). Approval does not imply acceptance by a state or provincial Board of Dentistry. Licensee should maintain this document in the event of an audit."

Tina Clarke RDH, M.Ed

COURSE TITLE: FUNDAMENTALS OF LOCAL ANESTHESIA: A CERTIFICATION COURSE.

COURSE DESCRIPTION:

This course reviews the concepts of pain management with the use of local anesthetic agents. Participants learn fundamental principles of pharmacology of anesthetic solutions, dosages, vasoconstrictors, drug interactions, neural physiology, anatomical features, medical history evaluation, contraindications of local anesthesia delivery, and management of adverse side effects including medical emergencies. Laboratory and clinical practice of local anesthesia basic injection techniques including block and infiltration.

Total Course Hours sixty (60): 30 lecture, 15 lab, 15 clinical

COURSE REQUIREMENTS:

- Complete the lecture series prior to hands-on learning. Upon completion of the lecture portion participants will complete an exam and must pass with an 80% or better.
- Current liability insurance.
- Current BLS/CPR for the Health Care Provider
- Have a license to perform dental **OR** dental hygiene services.

GENERAL INFORMATION

The lecture information is presented in an online format. Course work comprises of thirty hours of recorded lecture, reading, assessment and live virtual sessions. Upon completion of the lecture material students must pass the examination with an 80% or higher to move on to the in-person hands-on practicum portion of the course. The practicum portion of the course includes laboratory and clinical experience. Students must demonstrate competence in the administration of local anesthesia.

During the course, participants complete a total of 50 injections with a minimum of 10 mandibular blocks and 5 PSA injections.

TEACHER TINA RDH Tina Clarke t[redacted]

RESOURCES:

Required Textbook

Bassett, KB, DiMarco, AC, Naughton, DK. Local Anesthesia for Dental Professionals 2nd ed. 2015. Pearson: Upper Saddle River, NJ.

Additional Reference

Malamed, SF. Handbook of Local Anesthesia, 7th Ed. 2019. Elsevier-Mosby:St. Louis, MO.

COURSE OBJECTIVES:

Upon completion participants will be able to:

1. Explain theories of pain control.
2. Select appropriate pain control modality.
3. Evaluate physiological aspects of pain control.
4. Identify anatomical structures and neural pathways for the purpose of oral local anesthesia.
5. Explain neurophysiology and its implications related to local anesthesia.
6. Describe the pharmacology of local anesthetics used in dentistry.
7. Describe the pharmacology of vasoconstrictors used in dentistry.
8. Evaluate the maximum recommended dosage of anesthetic solutions used in dentistry.
9. Identify armamentarium associated with local anesthesia delivery.
10. Conduct patient evaluation for local anesthesia.
11. Demonstrate competence in administering maxillary intraoral anesthesia.
12. Demonstrate competence in administering mandibular intraoral anesthesia.
13. Employ aseptic techniques with local anesthesia administration.
14. Demonstrate safe injection techniques.
15. Identify and manage adverse systemic and local complications associated with local anesthetics.
16. Manage medical emergencies involving local anesthesia.
17. Implement appropriate local anesthesia chart documentation.

COURSE OUTLINE

SECTION I: INTRODUCTION TO PAIN MANAGEMENT:

1. Explain theories of pain control.
    a. Pharmacological
    b. Non-pharmacological
2. Select appropriate pain control modality.
    a. Injectable
    b. Non-injectable
        i. Pharmacological
        ii. non-pharmacological
3. Evaluate physiological aspects of pain control.

SECTION II: ANATOMY REVIEW

1. Identify anatomical structures and neural pathways for the purpose of oral local anesthesia.
    a. Neuron
    b. Nerve bundle
    c. Neural chemicals
2. Explain neurophysiology and its implications related to local anesthesia.
    a. Sodium channel pump
    b. Action potential
3. Trigeminal Nerve Branches and Pathways:
    a. V1 Division
    b. V_2 Division
    c. V_3 Division
4. Vascular Flow of the head and neck region
    a. Arterial
    b. Venous
5. Boney anatomical features
    a. Maxilla
    b. Mandible
    c. Palatine bone
6. Anatomical Considerations:
    a. Review of anatomical landmarks used for injection placement.

b. Use of radiographs, palpation, and visual cues to identify landmarks.

SECTION III: PHARMACOLOGY OF ANESTHETIC AGENTS

1. Describe pharmacology of local anesthetics used in dentistry.
    a. Actions and concentrations of commonly used anesthetics
    b. Biotransformation
    c. Factors that influence effectiveness of local anesthetic
    d. Maximum Recommended Dosage
        i. Proper dosage calculation
2. Describe the pharmacology of vasoconstrictors used in dentistry.
    1. Actions and concentrations of commonly used vasoconstrictors
    2. Maximum Recommended Dosage
        a. Proper dosage calculation
    3. Criteria for anesthetic selection (age, length of procedure, duration, potential for Post-op discomfort or self-mutilation)

SECTION IV: ANESTHESIA PREPARATION AND HANDLING

1. Conduct patient evaluation for local anesthesia.
    a. Medical history indications and absolute and relative contraindications to local anesthetics and vasoconstrictors
    b. Age
    c. Emotional state
    d. Blood pressure
    e. Systemic disease status (ASA)
    f. Physician consults
    g. Current medications
    h. History of reactions
2. *Pediatric Considerations:*
    a. Dosage
    b. Anatomy
    c. Behavioral management
    d. Post-op mutilation
3. Identify armamentarium associated with local anesthesia delivery.

   a. Anatomy of needle
   b. Anatomy of cartridge
   c. Anatomy of syringe
4. Demonstrate safe injection techniques.
   a. Sharps safety
   b. Retraction methods
   c. Uncapping/recapping
5. Employ aseptic techniques with local anesthesia administration.
   a. Anesthetic storage
   b. Aseptic assembly and disassembly
6. Implement appropriate local anesthesia chart documentation.
   a. Documentation aspects

SECTION V: INJECTION TECHNIQUES

1. Demonstrate competence in Maxillary Injection Techniques for the following injections: PSA, MSA, ASA, IO, GP, AMSA, NP
   1. Nerve pathways
   2. Injection site and facial/oral landmarks
   3. Pathway of injections including anatomical structures in the area
   4. Depth of injections and type of needle
   5. Amount/type of solution and vasoconstrictor
   6. Nerves, soft and hard tissues anesthetized.
   7. Percent positive aspiration
   8. Indications/contraindications

2. Demonstrate competence in administering Mandibular Injection Techniques for the following injections: IA, LB, G-G, Akinosi, Mental/Incisive
   a. Nerve pathways
   b. Injection site and facial/oral landmarks
   c. Pathway of injections including anatomical structures in the area
   d. Depth of injections and type of needle
   e. Amount/type of solution and vasoconstrictor
   f. Nerves, soft and hard tissues anesthetized
   g. Percent positive aspiration
   h. Indications/contraindications

3. *Supplemental Injection Techniques for the following injections: Papillary, Intraligamentary (PDL)*

    a. Nerve pathways
    b. Injection site and facial/oral landmarks
    c. Pathway of injections including anatomical structures in the area
    d. Depth of injections and type of needle
    e. Amount/type of solution and vasoconstrictor
    f. Nerves, soft and hard tissues anesthetized.

SECTION VI: LOCAL ANESTHESIA MANAGEMENT

1. Identify and manage adverse systemic and local complications associated with local anesthetics.
    a. Managing and avoiding systemic reactions
        i. Edema
        ii. Allergic reactions
        iii. Overdose
    b. Managing and avoiding local reactions
        i. Trismus
        ii. Hematoma
        iii. Tissue sloughing
        iv. Paresthesia
        v. Broken needle
        vi. Post-op self-mutilation
2. Manage medical emergencies involving local anesthesia.
    a. Managing and avoiding systemic reactions
    b. Relative overdose
    c. Allergy
    d. Syncope
    e. Hyperventilation
    f. Cardiovascular effects
        a. Importance of understanding blood pressure
        b. Cardiac arrest
        c. Myocardial infarction
        d. Stroke
    g. Drug interaction
    h. Seizure

SECTION VII: Laboratory/Clinical Technique and Practice:

Laboratory practice consists of dry lab activities to include, but not limited to practice on typodont, skull, and various oral models.

Student partner anatomical identification of oral landmarks,

Demonstrate competence in syringe handling.

- Syringe set-up
- Uncapping
- Recapping
- Syringe dismantling
- Sharps management

Clinical practice consists of and may include but not limited to the following items:

Student partner practices technique positioning without needle penetration with the use of educational materials such as swabs, capped syringe, etc.

Student active administration of local anesthesia on student partners.

Demonstrate competence in maxillary and mandibular injection techniques.

Maxillary Injection Techniques for the following injections:

PSA, MSA, ASA, IO, GP, NP, AMSA, local infiltration

Mandibular Injection Techniques for the following injections:

IA, LB, G-G, Akinosi, Mental/Incisive, local infiltration

COURSE TITLE: LOCAL ANESTHESIA REFRESHER COURSE

COURSE DESCRIPTION:

This course is designed for dental professionals who have already trained in local anesthesia administration. Participants review the concepts of pain management with the use of local anesthetic agents including principles of pharmacology of anesthetic solutions, anatomical features, medical history evaluation, contraindications of local anesthesia delivery, and management of adverse side effects including medical emergencies. This course includes hands-on instruction including administration techniques of maxillary and mandibular injections.

This is an ideal course for anyone who wants to solidify their skills in local anesthesia administration and/or obtain additional hours and clinical practice for state anesthesia requirements.

Total course hours twenty-three (23): 15 lecture, 8 clinical

COURSE REQUIREMENTS:

- Complete the lecture series prior to hands-on learning.
- Current liability insurance.
- Current BLS/CPR for the Health Care Provider
- Have a license to perform dental **OR** dental hygiene services.

GENERAL INFORMATION

The lecture information is presented in an online format. The practicum portion of the course includes clinical experience. Students may administer local anesthesia for the following injections: PSA, MSA, ASA, IO, GP, AMSA, NP, IA/L, LB, G-G, VA, Mental/Incisive, Infiltration.

RESOURCES:

Required Textbook

Bassett, KB, DiMarco, AC, Naughton, DK. Local Anesthesia for Dental Professionals 2nd ed. 2015. Pearson: Upper Saddle River, NJ.

Additional Reference

Malamed, SF. Handbook of Local Anesthesia, 7th Ed. 2019. Elsevier-Mosby:St. Louis, MO.

COURSE OBJECTIVES:

Upon completion participants will be able to:

1. Identify anatomical structures and neural pathways for the purpose of oral local anesthesia.
2. Describe the pharmacology of local anesthetic solutions used in dentistry.
3. Evaluate the maximum recommended dosage of anesthetic solutions used in dentistry.
4. Conduct patient evaluation for local anesthesia.
5. Demonstrate competence in administering maxillary intraoral anesthesia.
6. Demonstrate competence in administering mandibular intraoral anesthesia.
7. Employ aseptic techniques with local anesthesia administration.
8. Demonstrate safe injection techniques.
9. Identify and manage adverse systemic and local complications associated with local anesthetics.
10. Manage medical emergencies involving local anesthesia.
11. Implement appropriate local anesthesia chart documentation.

COURSE OUTLINE

SECTION I: ANATOMY REVIEW

1. Trigeminal Nerve Branches and Pathways:
    a. V_2 Division
    b. V_3 Division
2. Vascular Flow of the head and neck region
    a. Arterial
    b. Venous

3. Boney anatomical features
    a. Maxilla
    b. Mandible
    c. Palatine bone
4. Anatomical Considerations:
    a. Review of anatomical landmarks used for injection placement.
    b. Use of radiographs, palpation, and visual cues to identify landmarks.

SECTION II: PHARMACOLOGY OF ANESTHETIC AGENTS

1. Describe pharmacology of local anesthetics used in dentistry.
    a. Actions and concentrations of commonly used anesthetics
    b. Biotransformation
    c. Factors that influence effectiveness of local anesthetic
    d. Maximum Recommended Dosage
        i. Proper dosage calculation
2. Describe the pharmacology of vasoconstrictors used in dentistry.
    1. Actions and concentrations of commonly used vasoconstrictors
    2. Maximum Recommended Dosage
        a. Proper dosage calculation
    3. Criteria for anesthetic selection (age, length of procedure, duration, potential for Post-op discomfort or self-mutilation)

SECTION III: PATIENT EVALUATION

1. Conduct patient evaluation for local anesthesia.
    a. Medical history indications and absolute and relative contraindications to local anesthetics and vasoconstrictors
    b. Age
    c. Emotional state
    d. Blood pressure
    e. Systemic disease status (ASA)
    f. Physician consults
    g. Current medications
    h. History of reactions
2. *Pediatric Considerations:*
    a. Dosage
    b. Anatomy

c. Behavioral management
d. Post-op mutilation

SECTION IV: LOCAL ANESTHESIA MANAGEMENT

1. Identify and manage adverse systemic and local complications associated with local anesthetics.
    a. Managing and avoiding systemic reactions
        i. Edema
        ii. Allergic reactions
        iii. Overdose
    b. Managing and avoiding local reactions
        i. Trismus
        ii. Hematoma
        iii. Tissue sloughing
        iv. Paresthesia
        v. Broken needle
        vi. Post-op self-mutilation
2. Manage medical emergencies involving local anesthesia.
    a. Managing and avoiding systemic reactions
    b. Relative overdose
    c. Allergy
    d. Syncope
    e. Hyperventilation
    f. Cardiovascular effects
        a. Importance of understanding blood pressure
        b. Cardiac arrest
        c. Myocardial infarction
        d. Stroke
    g. Drug interaction
    h. Seizure

SECTION V: INJECTION TECHNIQUES

1. Review Maxillary Injection Techniques for the following injections: PSA, MSA, ASA, IO, GP, AMSA, NP
        1. Nerve pathways
        2. Injection site and facial/oral landmarks

3. Pathway of injections including anatomical structures in the area
4. Depth of injections and type of needle
5. Amount/type of solution and vasoconstrictor
6. Nerves, soft and hard tissues anesthetized.
7. Percent positive aspiration
8. Indications/contraindications

2. Review Mandibular Injection Techniques for the following injections: IA, LB, G-G, Akinosi, Mental/Incisive
    a. Nerve pathways
    b. Injection site and facial/oral landmarks
    c. Pathway of injections including anatomical structures in the area
    d. Depth of injections and type of needle
    e. Amount/type of solution and vasoconstrictor
    f. Nerves, soft and hard tissues anesthetized
    g. Percent positive aspiration
    h. Indications/contraindications

3. *Supplemental Injection Techniques for the following injections: Papillary, Intraligamentary (PDL)*

    a. Nerve pathways
    b. Injection site and facial/oral landmarks
    c. Pathway of injections including anatomical structures in the area
    d. Depth of injections and type of needle
    e. Amount/type of solution and vasoconstrictor
    f. Nerves, soft and hard tissues anesthetized.

3.c.

§447-3.5 Educational requirements for intra-oral block anesthesia. (a) The applicant for certification to administer intra-oral block anesthesia shall show proof that the applicant successfully completed a course of study that shall include the following categories of intra-oral infiltration local anesthesia and intra-oral block anesthesia:

(1) Maxillary mandibular infiltration anesthesia;
(2) Long buccal nerve block anesthesia;
(3) Mental nerve block;
(4) Inferior alveolar/lingual nerve block;
(5) Incisive nerve block;
(6) Posterior superior alveolar nerve block;
(7) Middle superior alveolar nerve block;
(8) Anterior superior alveolar nerve block;
(9) Nasopalatine (incisive canal) nerve block; and
(10) Greater (anterior) palatine nerve block.

(b) A course of study shall also include didactic studies and clinical experience, and for intra-oral block anesthesia categories in subsection (a)(1) to (10), at least thirty-nine hours, and a minimum of fifty successful injections of which ten shall be in intra-oral block in subsection (a)(4) and five in intra-oral block in subsection (a)(6).

(c) The curriculum of the course of study shall include as follows:

(1) Cardiopulmonary resuscitation certification;
(2) Medical history evaluation procedures;
(3) Physical evaluation procedures;
(4) Anatomy of head, neck, and oral cavity as it relates to administering local anesthetic agents;
(5) Pharmacology of local anesthetics and vasoconstrictors;
(6) Indications and contraindications for administration of local anesthetics;
(7) Prevention, diagnosis, and management of medical emergency;
(8) Recognition and management of post-injection complications and management of reactions to injections;
(9) Medical and legal management complications;
(10) Selection and preparation of the armamenteria and recordkeeping for administering various local anesthetics;
(11) Methods of administering local anesthetics with emphasis on technique, which includes aspiration and slow injection, in addition to minimum effective dosage; and
(12) Proper infection control techniques with regard to local anesthesia and the proper disposal of sharps.

3.c.

(d) As part of the course of study, the applicant or licensed dental hygienist shall be required to pass an examination to determine if the applicant or licensed dental hygienist has acquired the necessary knowledge and clinical proficiency to administer intra-oral block anesthesia.

(e) The board of dentistry may adopt rules pursuant to chapter 91, relating to the education and certification of dental hygienists to administer intra-oral block anesthesia. [L 1999, c 97, §1; am L 2018, c 203, §4]

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§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 by the board.

(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 by the board; and

(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] (Auth: HRS §448-6) (Imp: HRS §§447-1, 447-3, 447-3.5, 448-1, 448-6)

HAWAII STATE BOARD OF DENTISTRY
GUIDELINES: CERTIFICATION FOR ADMINISTRATION OF INTRA-ORAL BLOCK ANESTHESIA EDUCATIONAL REQUIREMENTS

Approved by the Board as Guidance: January 22, 2024

NOTE: Individuals should first apply and be approved for their **general dental hygiene license** in Hawaii before applying for Certification for Administration of Intra-Oral Block Anesthesia.

If you are approved for your general dental hygiene license and do not wish to apply for the additional intra-oral block Certification, you may only administer intra-oral infiltration anesthesia pursuant to HAR §16-79-76(b).

I. Dental Anesthesia Injection Requirements*

An applicant for certification to administer intra-oral block anesthesia shall show proof that the applicant successfully completed a course of study that shall include the following categories of intra-oral infiltration local anesthesia and intra-oral block anesthesia. Refer to the table below.

Categories of Intra-Oral Infiltration Local Anesthesia & Intra-Oral Block Anesthesia Injections	Total Number of Injections Completed *	Completed (Yes/No)	Date Requirement Completed
(1) Maxillary mandibular infiltration anesthesia			
(2) Long buccal nerve block anesthesia			
(3) Mental nerve block			
(4) Inferior alveolar/lingual nerve block (Minimum 10)			
(5) Incisive nerve block			
(6) Posterior superior alveolar nerve block (Minimum 5)			
(7) Middle superior alveolar nerve block			
(8) Anterior superior alveolar nerve block			
(9) Nasopalatine (incisive canal) nerve block			
(10) Greater (anterior) palatine nerve block			

**Minimum of 50 successful injections required.*

II. Dental Anesthesia Course of Study Requirements

A course of study shall also include didactic studies and clinical experience, and for intra-oral block anesthesia categories as pertinent to the required dental anesthesia injections, at least thirty-nine hours, and a minimum of fifty successful injections of which ten shall be “inferior alveolar/lingual nerve” intra-oral block and five in “posterior superior alveolar nerve” intra-oral block.

The curriculum of the course of study shall include as follows:

(1) Cardiopulmonary resuscitation certification;

(2) Medical history evaluation procedures;

(3) Physical evaluation procedures;

(4) Anatomy of head, neck, and oral cavity as it relates to administering local anesthetic agents;

(5) Pharmacology of local anesthetics and vasoconstrictors;

(6) Indications and contraindications for administration of local anesthetics;

(7) Prevention, diagnosis, and management of medical emergency;

(8) Recognition and management of post-injection complications and management of reactions to injections;

(9) Medical and legal management complications;

(10) Selection and preparation of the armamenteria and recordkeeping for administering various local anesthetics;

(11) Methods of administering local anesthetics with emphasis on technique, which includes aspiration and slow injection, in addition to minimum effective dosage; and

(12) Proper infection control techniques with regard to local anesthesia and the proper disposal of sharps.

As part of the course of study, the applicant or licensed dental hygienist shall be required to pass an examination to determine if the applicant or licensed dental hygienist has acquired the necessary knowledge and clinical proficiency to administer intra-oral block anesthesia.

III. Documentation for Certification to Administer Intra-oral Block Anesthesia

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:

(1) A certificate of completion from a CODA accredited dental hygiene school or by a certification program approved by the board; and

(2) 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.

Note: An applicant can fulfill the minimum dental anesthesia injection requirements by submitting more than one certificate from a CODA accredited hygiene school or certification program approved by the board.

IV. Hawaii Statutory References

- Hawaii Revised Statutes §447-3.5
- Hawaii Administrative Rules §16-79-76

Disclaimer: This document offers general guidance on intra-oral block anesthesia certification requirements. For specific statutory references, consult Hawaii Revised Statutes §447-3.5 and Hawaii Administrative Rules §16-79-76.

Frequently Asked Questions:

1. I graduated from a CODA-accredited dental hygiene program, but the program did not offer certification/training in intra-oral block and/or intra-oral infiltration anesthesia. How do I apply for the Certification to Administer Intra-Oral Block Anesthesia?

   To meet Hawaii's statutory requirements, you should identify a CODA-accredited dental hygiene program that meets the requirements for Certification as outlined in HRS §447-3.5 and contact the Board for approval. Upon Board approval and subsequent completion of the course, you can submit your application for Certification.

2. I graduated from a CODA-accredited dental hygiene program, but my program was "short" one or more of the injection requirements of HRS §447-3.5 (e.g. short 1 of the 10 IA/IL injections). How do I remediate?

   To remediate, you should identify a CODA-accredited dental hygiene program that, in the course of study, you will be able to "make-up" the injections you are short in. You should contact the Board for approval of the course before enrolling.

3. Can I remediate injection requirements I am "short" by submitting a letter from my employer that I perform injections as part of my dental hygiene work?

   No. If you need to remediate injection requirements, you must enroll in a formal course approved by the Board.

From: Jennifer McCloskey
To: DCCA Dental
Subject: [EXTERNAL] Local Anesthetic information
Date: Friday, February 7, 2025 12:10:30 PM
Attachments: Hawaii Anes Syllabus.pdf

Dear Ms. Choy,
I am submitting the syllabus for Taft College's CODA approved Dental Hygiene local anesthetic course for your review.
I am planning on completing the required injections at Taft College.
Thank you for your time
Jennifer McCloskey, RDH

From: Jennifer McCloskey
To: DCCA Dental
Subject: [EXTERNAL] Local anesthetic question Attn: Sheena Chou
Date: Wednesday, January 15, 2025 12:28:15 PM
Attachments: Syllabus for Local Anesthesia for Dental Hygienists.pdf
jennifermccloskeyLA2013.pdf
Cumulative Score Report.pdf

Dear Ms. Choy,

I am submitting information from the local anesthetic course which I completed in 2013. I am in communication with Indiana University Dental school, they are working on an addendum course so that I may complete the required number of injections for the state of Hawaii. If you could please direct me in the appropriate steps to obtain board approval for the course. I have attached the syllabus, completion letter, certificate, CE credit and the cumulative score report from CDCA-WERB-CITA for your review.
Based on my calculations I would need to complete the following to total the required 50 injections:

6- Inferior alveolar/lingual nerve block
1-Posterior Superior alveolar nerve block
And an additional 7 injections (due to the Gow Gates block not counted by Hawaii) *see completion letter for comparison.

I appreciate your time
Sincerely
Jennifer McCloskey

Letter LA

Syllabus

Score report LA

LA certificate

LA CE course

HAWAII STATE BOARD OF DENTISTRY
GUIDELINES: CERTIFICATION FOR ADMINISTRATION OF INTRA-ORAL BLOCK ANESTHESIA
EDUCATIONAL REQUIREMENTS

Approved by the Board as Guidance: January 22, 2024

NOTE: Individuals should first apply and be approved for their **general dental hygiene license** in Hawaii before applying for Certification for Administration of Intra-Oral Block Anesthesia.

If you are approved for your general dental hygiene license and do not wish to apply for the additional intra-oral block Certification, you may only administer intra-oral infiltration anesthesia pursuant to HAR §16-79-76(b).

I. Dental Anesthesia Injection Requirements*

An applicant for certification to administer intra-oral block anesthesia shall show proof that the applicant successfully completed a course of study that shall include the following categories of intra-oral infiltration local anesthesia and intra-oral block anesthesia. Refer to the table below.

Categories of Intra-Oral Infiltration Local Anesthesia & Intra-Oral Block Anesthesia Injections	Total Number of Injections Completed *	Completed (Yes/No)	Date Requirement Completed
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**Minimum of 50 successful injections required.*

II. Dental Anesthesia Course of Study Requirements

A course of study shall also include didactic studies and clinical experience, and for intra-oral block anesthesia categories as pertinent to the required dental anesthesia injections, at least thirty-nine hours, and a minimum of fifty successful injections of which ten shall be “inferior alveolar/lingual nerve” intra-oral block and five in “posterior superior alveolar nerve” intra-oral block.

The curriculum of the course of study shall include as follows:

(1) Cardiopulmonary resuscitation certification;

(2) Medical history evaluation procedures;

(3) Physical evaluation procedures;

(4) Anatomy of head, neck, and oral cavity as it relates to administering local anesthetic agents;

(5) Pharmacology of local anesthetics and vasoconstrictors;

(6) Indications and contraindications for administration of local anesthetics;

(7) Prevention, diagnosis, and management of medical emergency;

(8) Recognition and management of post-injection complications and management of reactions to injections;

(9) Medical and legal management complications;

(10) Selection and preparation of the armamenteria and recordkeeping for administering various local anesthetics;

(11) Methods of administering local anesthetics with emphasis on technique, which includes aspiration and slow injection, in addition to minimum effective dosage; and

(12) Proper infection control techniques with regard to local anesthesia and the proper disposal of sharps.

As part of the course of study, the applicant or licensed dental hygienist shall be required to pass an examination to determine if the applicant or licensed dental hygienist has acquired the necessary knowledge and clinical proficiency to administer intra-oral block anesthesia.

III. Documentation for Certification to Administer Intra-oral Block Anesthesia

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:

(1) A certificate of completion from a CODA accredited dental hygiene school or by a certification program approved by the board; and

(2) 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.

Note: An applicant can fulfill the minimum dental anesthesia injection requirements by submitting more than one certificate from a CODA accredited hygiene school or certification program approved by the board.

IV. Hawaii Statutory References

- Hawaii Revised Statutes §447-3.5
- Hawaii Administrative Rules §16-79-76

Disclaimer: This document offers general guidance on intra-oral block anesthesia certification requirements. For specific statutory references, consult Hawaii Revised Statutes §447-3.5 and Hawaii Administrative Rules §16-79-76.

Frequently Asked Questions:

1. I graduated from a CODA-accredited dental hygiene program, but the program did not offer certification/training in intra-oral block and/or intra-oral infiltration anesthesia. How do I apply for the Certification to Administer Intra-Oral Block Anesthesia?

   To meet Hawaii's statutory requirements, you should identify a CODA-accredited dental hygiene program that meets the requirements for Certification as outlined in HRS §447-3.5 and contact the Board for approval. Upon Board approval and subsequent completion of the course, you can submit your application for Certification.

2. I graduated from a CODA-accredited dental hygiene program, but my program was "short" one or more of the injection requirements of HRS §447-3.5 (e.g. short 1 of the 10 IA/IL injections). How do I remediate?

   To remediate, you should identify a CODA-accredited dental hygiene program that, in the course of study, you will be able to "make-up" the injections you are short in. You should contact the Board for approval of the course before enrolling.

3. Can I remediate injection requirements I am "short" by submitting a letter from my employer that I perform injections as part of my dental hygiene work?

   No. If you need to remediate injection requirements, you must enroll in a formal course approved by the Board.

Taft College Dental Hygiene Program

CA Dental Board Approved Continuing Education Provider #5715

Syllabus

Block Anesthesia Education and Skill Requirements for Hawaii Dental Hygiene Licensing

Requirements for Hawaii (50 total Injections) OR as specified by the Board to meet the 50 injection requirement

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In PERSON location – Taft College Dental Hygiene Program Clinic Facility / 29 Cougar Ct., Taft, CA 93268

REQUIRED: Participants MUST HAVE on file: Proof of Current **CPR/BLS/AED**; **AND** valid active DH license (if applicable); **OR** proof of graduation from a CODA accredited dental hygiene program or an equivalent accrediting body. Provide copies of current malpractice insurance coverage (minimum coverage $1,000,000). To purchase, visit HPSO at HPSO.com **(http://www.hpso.com/professional-liability-insurance/).**

A completion certificate is provided to each participant at the end of the course.

Required Hours: 24

COURSE DESCRIPTION: *Presents theory, methods, and techniques for administration of block local anesthesia used in dental hygiene.* This course covers basic, advanced, and current concepts in, local anesthesia as used in the dental setting.

Local Anesthesia- Participants administer local anesthetics safely, effectively, with minimal discomfort. Topics will include administration techniques, anesthetic reversal agents, armamentarium, physical and psychological evaluation of patients, legalities, pharmacology, neurophysiology of respective nerves and musculature, anesthetics and dosages, emergency procedures, calculations and documentation of solution and vasoconstrictors, and management of local complications (24 hours didactic and preclinical /24 clinical)

Didactic portions of this course are offered through online learning system, a learning format that will require the participant to have access to high-speed internet. The didactic portion involves reading, viewing PowerPoint presentations, videos, written activities, self-assessments, and theory competency quizzes/examinations.

Learning Outcomes

Upon successful completion of this course, the participant will be able to:

1. Demonstrate competence in assessing patient data for the use of local anesthetics
2. Demonstrate application of theoretical concepts to technical skill of safe technique in administration of anesthetic solution appropriate for dental hygiene procedures
3. Identify contraindications for use of local anesthetic
4. Discuss difference between adult and pediatric doses including American Academy of Pediatric Dentistry Guidelines on use of local anesthesia for Pediatric Dental Patients.
5. Demonstrate medical emergency procedures through role-play.

Content Objectives:

1. Fundamentals of pain
2. Review of body systems: periodontal tissues, head and neck anatomy; trigeminal nerve and its branches; structure of the lungs and capacity
3. Standard infection control techniques
4. Patient assessment and selection of anesthetic agents; physical and psychological evaluation
5. Pharmacological considerations and actions of anesthetics, vasoconstrictors, anesthetic reversal agents
6. Local anesthetic agents: topical and injected
7. Dental emergencies
8. Administration techniques of local anesthetics and discussion of anesthetic reversal agents
9. Medical and legal considerations; patient consent; standard of care; patient privacy
   Treatment documentation including computations of maximum recommended dosages for local anesthetics

Content Outcomes:

Upon completion of the course the student will be able to:

1. Review and assess a patient's medical and dental history to determine their suitability to receive local anesthesia and determine contraindication for and/or what precautions, if any, should be taken prior to administering local anesthetic;
2. Discuss the role of neurophysiology in local anesthetic use;
3. Describe the pharmacologic action of local anesthetics and vasoconstrictors;
4. Discuss methods of anxiety control and articulate methods of introduction of local anesthetic and nitrous oxide/oxygen analgesia;
5. Identify advantages and disadvantages of administering local anesthesia and nitrous oxide/oxygen analgesia in the practice of dental hygiene;
6. Identify and explain difference between adult and pediatric anesthesia dosages and injection techniques.
7. Identify the indications and contraindications to administering local anesthesia;
8. Identify complications which may result from the administration of anesthetic agents and the proper management or emergency procedures to use in response to these complications;
9. Select the proper local anesthetic agent for use on a patient after assessing medical history following proper treatment protocols;
10. Calculate the maximum safe dosage of local anesthetic for any given patient;
11. Explain post-procedural instructions;
12. Select the correct armamentarium required for administration of local anesthetic;
13. Identify which nerve, teeth, and soft tissue structures are anesthetized for each of the intraoral injections;
14. Successfully administer local anesthesia and reversal agents following procedural guidelines;
15. Document dental hygiene procedures following standard of care including correct calculations for anesthetic and reversal agents and lung capacity.

METHODS OF INSTRUCTION:

1. Online PowerPoint /Video /Self-Directed Learning Modules
2. Demonstration
3. Partners – pre-clinic/clinical procedures
4. Discussion

PLEASE READ THOROUGHLY

PASSING LEVELS: Pass both the didactic and clinical portion of the courses at the 75 % level.

TEXTBOOKS:

Required: Bassett, K., DiMarco, A., and Naughton, D. (2013) Local Anesthesia for Dental Professionals. ISBN-13: 978-0-13-307771-1 Pearson (2nd edition)

YouTube video's are also helpful

If a later version is available - please purchase the latest version. Purchasing from Amazon is recommended for quicker access to materials.

NOTE: If you have the Malamed text, you may opt to use it, however, please realize the online quizzes and tests are OPEN BOOK based on the Bassett textbook.

COURSE SUPPLIES

REQUIRED Participants will bring to campus:

Scrubs: Clinical attire is required.

Eyewear: Please have **your own eyewear** (safety glasses/ loupes) **AND** eyewear for your patients.

- **Syringes and supplies will be provided please bring your own if you would prefer.**

Facility will supply:

Disposables: gauze, barriers, gloves, gowns, masks, anesthetic, etc.

Injections

This course **will include both right and left sides of the mouth.**

IMPORTANT: Participants will have both preclinical and clinical experiences of each injection on both right and left sides of the mouth. (pre-clinic); All participants will be receiving injections from others in the course. If you cannot receive injections or nitrous oxide, you may be requested to bring someone to sit for you and receive injections on your behalf. Mepivicaine is used in this course.

Any Patient used is required to be an adult 18 years or older and free of significant/complex medical conditions. Patients must be able to receive anesthetic solution.

If a medical clearance is needed for you or your patient to receive anesthetic, contact the course facilitator for a release form.

Local Anesthesia Requirements for Hawaii (50 total Injections) OR as specified by the Board to meet the 50 injection requirement
Online Modules: review reading material, powerpoint slides and videos
Clinical: Injections required for EACH experience and Final Competency
Maxillary and Mandibular Infiltrations Long Buccal Nerve Block (LB) Mental Nerve Block (M) Inferior Alveolar/Lingual Nerve Block (IA/L) – minimum of 10 required Incisive Nerve Block Posterior Superior Alveolar Nerve Block (PSA) – minimum of 5 required Middle Superior Alveolar Nerve Block (MSA) Anterior Superior Nerve Block (ASA) Nasopalantine (incisive canal) Nerve Block (NP) Greater (anterior) Palantine Nerve Block (GP)

Clinical Practice: **All participants will have at least one of each injection evaluated as the *for the final* clinical competency.**

MEDICAL ISSUES: Participants/Patients with the following medical conditions will NOT receive injections during lab practice; however, the participant will be required to provide a suitable clinic patient to receive injections.

- Rheumatic heart disease with valvular damage / Organic heart murmur
- Uncontrolled hypertension/Uncontrolled diabetes / Heart disease / Anti-coagulant or steroid therapy
- Heart attack or stroke in the past 6 months
- Pregnancy (Medical Clearance required)
- Prosthetic hip joint replacement

STATEMENT FOR FINAL GRADE/ Remediation or Repeating: This course includes a didactic portion and a preclinical/clinical portion, but results in one final grade.

Both areas of the course must be passed at the 75% level or better. Didactic (online), local anesthesia. Should the participant receive less than 75% in **any one area** of study, the participant must repeat that section and receive a passing grade. Once all areas have been achieved at 75% or better, the participant completes the course successfully.

REMEDIATION: Should a course participant be unsuccessful in any part of the course (didactic/clinical), the participant has the option to develop a remediation plan with the course director. Such plan may include but not be limited to: attending additional weekends, repeating the online and/ or on-campus sections of the course.

ATTENDANCE AND/OR PARTICIPATION
Attendance and active participation are required. In order to complete requirements, participants must work at a steady pace.

ACADEMIC INTEGRITY:
Plagiarism statement: "Academic dishonesty" of any type by a participant provides grounds for dismissal from the course. Participants are expected to abide by ethical standards. Such standards are founded on basic concepts of integrity and honesty.

PROFESSIONALISM:
Participants are viewed as peers and colleagues. Mutual respect can be expected by participants and course facilitators.

OTHER ACADEMIC INFORMATION:
Academic and lab performance will be evaluated. If you need extra help or have extenuating circumstances which affect your progress in the curriculum or if performance is below average, please communicate with the course facilitator as soon as possible. It is important for the participant to take on the major responsibility for course completion.

COURSE CONTENT

8 Hours (aprox)- Theory Schedule (online): View Supplementary Clinical Manual- complete all activities, assignments, quizzes, exams.

Topics of instruction:
Local Anesthetic / Nitrous Oxide/Oxygen Analgesia / Periodontal Soft Tissue Curettage

Local Anesthesia *Bassett Text*

Section I	Review of head and neck anatomy, trigeminal nerve and its branches; Fundamentals of pain management; Neuroanatomy/neurophysiology.
Section II	Pharmacology of Local Anesthetic/ Pain Control; dental anesthetics; vasoconstrictors; dose calculations; topical anesthetics; anesthetic reversal agents; injection fundamentals
Section III	Patient Assessment: Health History Evaluation and Potential Complications; Patient Management / Pediatric Guidelines; Risk Management; Legal and Ethical Issues; Record-keeping
Section IV	Clinical Administration Techniques of Local Anesthesia / Trends in anesthesia techniques

In Person Sessions (16 Total Hours)

REQUIRED: *ALL online coursework must be completed and passed at 75% by the pre-determined deadline and prior to the start of the lab/clinical portion of this course.*

The focus is to be hands on with equipment and administration techniques. Pre-clinical and clinical sessions meet for a total of 24 hours with participants involved in providing care and sitting as a patient partner.

All flights for out-of-state participants should plan to arrive the night before on-campus class meetings to avoid delays and cancellations

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Course Syllabus

Edit

COURSE DESCRIPTION

The Indiana Dental Practice Act granted certification for licensed hygienist to administer local anesthesia. This course will provide the required didactic and laboratory training for certification under the rules established by the Indiana State Board of Dentistry. By taking this intensive and comprehensive program, participants will learn how to safely and properly administer local anesthesia to their patients. Upon completion, participants will be eligible to take the CDCA (formerly the NERB) Local Anesthesia Exam and apply for the required Indiana Local Anesthesia Permit.

You will learn how to administer the following types of injections:

- Posterior Superior Alveolar (PSA) Nerve Block
- Middle Superior Alveolar (MSA) Nerve Block
- Anterior Superior Alveolar (ASA) Nerve Block
- Greater Palatine (GP) Nerve Block
- Nasopalatine (NP) Nerve Block
- Inferior Alveolar Nerve Block (IANB)
- Long Buccal Nerve Block
- Supraperiosteal (Local Infiltration)
- Mental Incisive (MI) Nerve Block
- Gow-Gates (GG) Nerve Block

This course includes case-based review of medical emergency management and what to do when you can't get your patient numb.

COURSE PREREQUISITES

This program is designed for licensed dental hygienists who want to receive certification in the administration of block and local infiltration anesthesia. You must be a currently licensed dental hygienist practicing in Indiana to take this course, as well as current in BLS for the Healthcare Provider. It will be up to each participant to register to take the CDCA (formerly the NERB) Local Anesthesia Examination for Dental Hygienists, and submit required paperwork for licensing. You can find out more about the exam at: http://www.cdcaexams.org/dental-hygiene-exams/

HOW IT WORKS

Once registered, you will receive instructions on how to set up online access via Canvas to the course presentations, Powerpoints, online quizzes and other documents. Participants are encouraged to take notes of any questions/issues to discuss during the first day of on-site class. You will also need to purchase the textbook for the course - Handbook of Local Anesthesia by Dr. Stanley Malamed, 7th Edition. You must review the text, access the online presentations, and pass the review quizzes prior to attending the first session on March 4th. This date will be followed by two lab/clinic sessions on March 11 & 18, 2023. Participants will act as live patients for practice and competency checks. Each participant is required to sign a release in order to participate. Attendance is required at all sessions. Failure to appear to any of the sessions will result in automatic failure. If you have questions with regard to the course, please contact the IUSD CE office for assistance or additional information at 317-278-9002.

ADDITIONAL INFORMATION

Participants will act as live patients for practice and competency checks. Each participant is required to sign a release in order to participate. Attendance is required at all sessions. Failure to appear to any of the sessions will result in automatic failure.

TUITION

Tuition for this course is $1100.00. Tuition includes clinic/lab supplies, continental breakfast and lunch. Each participant must purchase the Handbook of Local Anesthesia by Dr. Stanley Malamed. No refunds will be issued once you have logged into Canvas or within three weeks of the first lab session. A $50 cancellation fee will be issued for all refunds.

It will be up to each participant to purchase the required textbook and to register to take the CDCA Local Anesthesia written (computer) exam and submit required paperwork for Indiana Dental Hygiene Local Anesthesia certification following conclusion of the course. Please contact the CE office at 888-373-4873 or e-mail ds-ce@iupui.edu with questions about course schedules, tuition, attendance, course resources, or submission of course completion documents to the Indiana Dental Board.

LOCATION

Participants must complete the online didactic modules and pass the online quizzes prior to attending the first of the three Saturday sessions. Saturday laboratory sessions will be held at the Indiana University School of Dentistry, 1121 W Michigan Street, Indianapolis, IN 46202.

FACULTY

Lecturers and Content Experts

Dr. Jason Au-Yeung is a native of Toronto, Canada. He completed his undergraduate studies at Queen's University with a bachelor of science degree and then went on to complete his Doctor of Dental Surgery training at the University of Detroit Mercy. He then pursued and completed specialty training in periodontology and implant dentistry at Indiana University where he was the recipient of the Henry Swenson award for clinical and didactic excellence. He has a certificate in periodontics and a Master of Science in Dentistry where his research focused on dental implant surface technology. He has remained active in academics as an adjunct professor in the department of periodontology at IU School of Dentistry as well as the continuing education department. He is also constantly seeking out training to stay current with the latest technological advances and has recently become certified by the Academy of Laser Dentistry. Additionally, he is also a board-certified diplomate of the American Board of Periodontology and Implant dentistry where fewer than 2% of dentists achieve this distinction.

Ms. Consuela Flores, MPH, BSDH, RDH, CDA is a graduate of Indiana University with a Bachelor's in Dental Hygiene. She obtained her Master of Public Health with a concentration in Health Policy and Management from Indiana University's Richard M. Fairbanks School of Public Health. She is a licensed dental hygienist, a DANB-certified dental assistant, and certified in Nitrous Oxide and Oxygen sedation. She currently teaches Radiology for the Dental Auxiliary and Local Anesthesia for Dental Hygienists through the Continuing Education Division at Indiana University School of Dentistry. She is also a didactic/clinical instructor and visiting lecturer within the Allied Sciences Dental Hygiene program at IUSD.

Canvas Administration Faculty

Dr. Jason Au-Yeung, Periodontist
Ms. Consuela Flores, Dental Hygienist

CONTINUING EDUCATION CREDITS

Participants who complete this program will earn 16 hours of CE credit for the podcasts and lecture, and 32 hours of CE credit for the lab and clinic sessions.

IUSD is an ADA CERP Recognized Provider.

INDIANA LOCAL ANESTHESIA ADMINISTRATION CERTIFICATION

Indiana statutes describing legal requirements for dental hygienists to administer local anesthesia can be found online at the website of the Indiana Board of Dentistry: http://www.in.gov/pla/dental.htm

Applications and information about certification can be reviewed at that website. Upon successful completion of this course, each participant will be provided with written certification that they have met the educational requirements for local anesthesia certification. Candidates for certification must complete the state application, pay all applicable fees and complete the local anesthesia computer-delivered examination administered by the CDCA-Commission on Dental Competency Assessments (formerly known as NERB) in order to meet the requirements for certification. (see www.cdcaexams.org)

INDIANA UNIVERSITY
SCHOOL OF DENTISTRY

January 15, 2025

Certificate of Completion for Local Anesthesia Administration Course

This letter certifies that Jennifer McCloskey has completed the course: "Local Anesthesia and Pain Management for the Dental Hygienist" at Indiana University School of Dentistry – Office of Continuing Education in Indianapolis, IN.

The aforementioned individual satisfactorily completed all requirements for the course on Saturday, February 23, 2013.

This course included 48 hours of didactic and clinical/lab training. The accredited curriculum included:

- Theory of pain control
- Selection of pain control modalities
- Anatomy, neurophysiology
- Pharmacology of local anesthesia
- Pharmacology of vasoconstrictors
- Psychological aspects of pain control
- Systemic complications
- Techniques for maxillary and mandibular anesthesia
- Infection control
- Local anesthesia in medical emergencies

The following 40 maxillary/mandibular infiltration and nerve block injections were administered as part of the course competencies:

- 4 Posterior Superior Alveolar (PSA) Nerve Blocks
- 4 Middle Superior Alveolar (MSA) Nerve Blocks
- 4 Anterior Superior Alveolar (ASA) Nerve Blocks
- 4 Greater Palatine (GP) Nerve Blocks
- 4 Nasopalatine (NP) Nerve Blocks
- 4 Inferior Alveolar Nerve Blocks (IANB)
- 4 Long Buccal Nerve Blocks
- 4 Supraperiosteal (Local Infiltration)
- 4 Mental Incisive (MI) Nerve Blocks
- 4 Gow-Gates (GG) Nerve Blocks

Completion of all modalities is required for a dental hygiene anesthetic certificate to be issued. This form certifies that the individual listed above has met all requirements for the certification. The signature below certifies that this information is accurate and valid.

Please contact me at (317) 278-9002 or by email at rfuentes@iu.edu with any questions or reach out to our clinical instructor Consuela Flores at coflores@iu.edu.

Sincerely,

Roxana Fuentes
Continuing Education Coordinator

3.d.

§447-3.5 Educational requirements for intra-oral block anesthesia. (a) The applicant for certification to administer intra-oral block anesthesia shall show proof that the applicant successfully completed a course of study that shall include the following categories of intra-oral infiltration local anesthesia and intra-oral block anesthesia:

(1) Maxillary mandibular infiltration anesthesia;
(2) Long buccal nerve block anesthesia;
(3) Mental nerve block;
(4) Inferior alveolar/lingual nerve block;
(5) Incisive nerve block;
(6) Posterior superior alveolar nerve block;
(7) Middle superior alveolar nerve block;
(8) Anterior superior alveolar nerve block;
(9) Nasopalatine (incisive canal) nerve block; and
(10) Greater (anterior) palatine nerve block.

(b) A course of study shall also include didactic studies and clinical experience, and for intra-oral block anesthesia categories in subsection (a)(1) to (10), at least thirty-nine hours, and a minimum of fifty successful injections of which ten shall be in intra-oral block in subsection (a)(4) and five in intra-oral block in subsection (a)(6).

(c) The curriculum of the course of study shall include as follows:
(1) Cardiopulmonary resuscitation certification;
(2) Medical history evaluation procedures;
(3) Physical evaluation procedures;
(4) Anatomy of head, neck, and oral cavity as it relates to administering local anesthetic agents;
(5) Pharmacology of local anesthetics and vasoconstrictors;
(6) Indications and contraindications for administration of local anesthetics;
(7) Prevention, diagnosis, and management of medical emergency;
(8) Recognition and management of post-injection complications and management of reactions to injections;
(9) Medical and legal management complications;
(10) Selection and preparation of the armamenteria and recordkeeping for administering various local anesthetics;
(11) Methods of administering local anesthetics with emphasis on technique, which includes aspiration and slow injection, in addition to minimum effective dosage; and
(12) Proper infection control techniques with regard to local anesthesia and the proper disposal of sharps.

3.d.

(d) As part of the course of study, the applicant or licensed dental hygienist shall be required to pass an examination to determine if the applicant or licensed dental hygienist has acquired the necessary knowledge and clinical proficiency to administer intra-oral block anesthesia.

(e) The board of dentistry may adopt rules pursuant to chapter 91, relating to the education and certification of dental hygienists to administer intra-oral block anesthesia. [L 1999, c 97, §1; am L 2018, c 203, §4]

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Central Regional Dental Testing Service, Inc.
1725 SW Gage Blvd.
Topeka, KS 66604-3333
www.crdts.org

Ph: 785-273-0380
FX: 785-273-5015
info@crdts.org

January 25, 2025 – Post Meeting Summary

TO: Steering Committee Members
CC: Executive Committee
FROM: Richael Cobler, Executive Director

Hello Steering Members. It was good to see you all at the Steering Committee meeting held in Kansas City last week. Whether you were able to attend in person or virtually, your participation and input are important to the continued growth and success of CRDTS, and we appreciate your attendance.

Below is a summary of the meeting including action items and particular points of interest for you to share with your boards.

- **The first notable discussion was regarding the finalization of the CRDTS/SRTA Merger.** The finalization of the merger was announced January 6, 2025. For more information go to the crdts.org website and view the Press Release. It was great to have Dr. Holt, former president of SRTA, in attendance at the meeting to address the Steering Committee and answer questions. We also heard from CRDTS President Dr. Dohm who noted we are looking forward to being better together as CRDTS+SRTA.
- **Concern continues regarding the two compacts** currently being lobbied to legislators across the nation:
  - **The American Association of Dental Boards (AADB Compact) in conjunction with CDCA/WREB/CITA(ADEX)**. The AADB Compact can be viewed on the website: https://aadbcompact.org/
    - The biggest issue remains to be that the AADB compact, now being referred to as the Interstate Dental and Dental Hygiene Licensure Compact (IDDLC), **Eliminates CRDTS**, effectively working toward a monopoly for CWC/ADEX.
    - **CRDTS issued a letter** to the president and board of the AADB requesting that that make a couple **very simple changes to the IDDLC.** These changes would be easy to add to already proposed language.

      Section 2. DEFINITIONS
      Remove (f) "ADEX examination"
      This examination is administered by the CDCA/WREB/CITA group only and is therefore covered in (y) "Regional Board Examination" definition (y) in this Section 2.

      Section 2. DEFINITIONS
      (p) "Dental hygienist" … (line 94-96): Remove stricken language and add language in red.
      2. Has successfully passed a Regional Board Examination that includes a psychomotor hand skills component, or equivalent state administered psychomotor licensure examination;

      Section 2. DEFINITIONS
      (r) "Dentist" … (lines 115-117): Remove stricken language and add language in red.
      2. Has successfully passed a Regional Board Examination that includes a psychomotor hand skills component, or equivalent state-administered psychomotor licensure examination;
  - The reply received from the AADB was that they could not undergo substantive changes because the IDDLC had already been submitted in several Legislative jurisdictions. Legislation is revised at nearly every step.

- This is not a legitimate argument for leaving the language as is. This is an **arbitrary and capricious decision** made by the AADB and **every state board member and legislator should question the decision** to intentionally leave out CRDTS as an acceptable exam in the compact.
    - The AADB states that the ADEX exam was chosen for the compact **not because of the quality of the exam** as compared to other nationally accepted regional exams but simply because of the number of states it is accepted in.
    - In fact, **when asked if the exams were reviewed side-by-side for quality, the answer was NO**.
    - If 39 of the 48 states that accept licensure examinations as a pathway toward licensure accept CRDTS exams, **limiting the compact privilege** to those taking the ADEX exam **will hinder not help with portability**
    - **CWC is the only agency allowed to administer the ADEX exam**
    - The AADB Interim Director is a paid CWC employee and was credited with the writing of the IDDLC at the Annual Meeting – **Is there a conflict of interest with the AADB aligning itself with, accepting money from, and sharing employees with the only testing agency that is allowed to give the ADEX exam and requiring that exam in the compact**
    - Only a handful of state dental board representatives, many of whom were administrative personnel and not dental professionals, were allowed to participate in the meetings leading up to the introduction of the IDDLC.
    - Just like the CSG Compact, States cannot get out of the compact without further legislative action which is contrary to what they are telling boards and legislators.
- **The Council on State Governments (CSG Compact) in conjunction with the ADA and ADHA**. The CSG has posted information about the CSG Compact on its website: https://ddhcompact.org/
    - The CSG compact **presents patient safety issues** as it **allows for clinical licensure assessments without a hand skills component.** Clinical Examination is defined in the CSG compact means "examination or process, required for licensure as a Dentist or Dental Hygienist as applicable, that provides evidence of clinical competence in dentistry or dental hygiene." This means the DLOSCE (written assessment) which is only accepted in a handful of states due to the lack of psychomotor hand skills assessment will be an acceptable pathway for licensure in participating states.
        - For example, if a state requires a hand skills or psychomotor component as part of the acceptable licensure exams but is part of the CSG compact with a state that does not require a hands skills or psychomotor component, they must grant a licensee Compact Privilege if they have been licensed by passing the DLOSCE, OR even after graduating from a school or program that a compact state has deemed an appropriate process for licensure, e.g. Wisconsin has deemed graduates of Marquette University eligible for licensure based on their diploma alone. State Dental boards will no longer have the discretion to deem whether a licensee's credentials satisfy their own state's requirements.

Again, we urge you to get involved. Talk with your colleagues, write an opinion letter, consider testifying at a hearing for the compact bills. We understand that boards cannot lobby typically, however, as dental professionals you have a voice, and these compacts will affect your ability to do your job as state dental board members.

- **Officers, Committee Chairs and Professional Staff presented their reports**. No action items arose from those reports.

  Highlights of those reports include:

  - The **CRDTS Dental Exam program is healthy** again going from one exam site in 2021 to eight exam sites in 2025 (not including the Topeka exams) and there is interest from several other schools to host a CRDTS dental exam that we are not currently hosting in. If you have contacts with a dental school that is interested in hearing more about our exams, please put them in touch with Dr. Edwards or me.
  - **Dental Hygiene has experienced growth** again this year and anticipates more next year. Again, if you know of a dental hygiene program that may be interested in learning more about CRDTS exams, please put them in touch with us. They can contact Kelly Mandella or Trelawny Saldana, or anyone at central office.
  - Dental and Dental Hygiene have both undergone an **updated Occupational Analysis** which is the basis of the development and enhancements to the licensure exams. **State boards should be asking each testing agency for their Occupational Analysis and how it supports the content of the exams they administer**.
  - The **CARE Remediation and Reeducation** continues to grow rapidly and many of the state board representatives attested to the quality of the program within their State of the States reports. **If your state dental board has not received a presentation on CARE or needs an update, please contact catrice@crdts.org or richael@crdts.org to schedule.**
  - The **CRDTS Annual Meeting will be August 21-23, 2025, in Omaha, NE**. State board members and an administrative representative from each board are invited to attend.
  - CRDTS will be announcing a call for **nominations for President-Elect and for Dental ERC Chair Elect** in the coming weeks

From: Eugene Azuma
To: DCCA Dental
Subject: [EXTERNAL] Re: Procedure allowance
Date: Tuesday, February 11, 2025 12:42:21 PM

SO SORRY , I am still formulating this email and it was sent by mistake.
Sheron Harwood wanted me to contact you for consideration for approval of procedures to be allowed under my Dental license. The Nightlase procedure is a nonsurgical UPPP stimulating Neocollagenesis with no pain, no anesthesia, and nonablative procedure. The Naselase, Liplase, and Smoothlase procedures are all similar tissue effect with no residual contraindications. These procedures, with the exception of the Naselase procedure are performed intraorally.

Due to the wavelength on light utilized by the Fotona Lightwalker laser, these effects are nonablative and does not result in trauma and residual scaring light the similar procedure performed with a CO2 laser which is a hot, ablative wavlength of the light spectrum.

Thank you very much for your attention on this matter.
Dr. Eugene Azuma, DDS, DASBA

On Tue, Feb 11, 2025 at 12:25 PM Eugene Azuma <[redacted]> wrote:

> Aloha Board Members,
> I have never had to address the board or request anything of the board, But while I was at the HDA conference at the end of Jan, I had a conversation with Sheron Harwood from TDIC.
> During this conversation she asked me to get some clarification from the Dental Board about certain procedures that I have been trained to perform.
>
> I am a Diplomate with the American Sleep and Breathing Academy, and have been on the Board of this organization since 2014, from 2022-24 I was the VP and now am the Acting Executive Director of this Organization.
>
> As my level of continuing education and scope of practice has been expanded to support the ADA' s 2017 policy on OSA (Please refer to attached document).
> In my practice we address the entire airway from the Nares to the lungs.
> I have been coordinating care with Pulmonologist, Myofunctional therapists, ENT, OMFS, AO and SGOT .
>
> i am VIVOS trained, and have done advanced Craniofacial manipulations and am trained in nonsurgical Maxillomandibular expansions. This is the only FDA approved treatment for all levels of OSA in adults and children. We have a 3D conebeam and utilize various airway assessment from Nasal ,URAS, Nasal vs Oral breathing, Sleep position, Posterior pharyngeal airway collapse and oral causes of inadequate tongue space due to Maxillo-mandibular deficiency, Nightime bruxism to create airway patency.
> The Dentist is in the unique position because of routine recall appts and oral signs and

manifestations which are easily recognizable during our recall appointments.

The structures which are within our Dental realm greatly affect the person's ability to sleep and greatly affect the airway.

I have been involved with Dental lasers since 1995 from Diode, Erbium, Lightwalker(both of these wavelengths in one laser unit). Fotona Lightwalker laser has been FDA approved to perform a non Surgical version of the UPPP to open and stimulate Neocollagenesis called Nightlase. https://www.fotona.com/en/treatments/2039/nightlase-r/

There are other procedures that can be performed such as Naselase, Oralase, Liplase, Smoothlase which have beneficial effects on increasing airway patency. I

4.a.

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

The following practices, acts, and operations, however, are exempt from the operation of this chapter:

(1) The rendering of dental relief in emergency cases in the practice of one's profession by a physician or surgeon, licensed as such and registered under the laws of this State, unless one undertakes to reproduce or reproduces lost parts of the human teeth in the mouth or to restore or replace in the human mouth lost or missing teeth;

(2) The practice of dentistry in the discharge of their official duties by dentists in the United States Army, the United States Navy, the United States Air Force, the United States Public Health Service, or the United States Department of Veterans Affairs;

(3) The practice of dentistry by licensed dentists of other states or countries at meetings of the Hawaii Dental Association or component parts thereof, alumni meetings of dental colleges, or any other like dental organizations, while appearing as clinicians;

(4) The use of roentgen and other rays for making radiograms or similar records of dental or oral tissues;

(5) The making of artificial restorations, substitutes, appliances, or materials for the correction of disease, loss, deformity, malposition, dislocation, fracture, injury to the jaws, teeth,

lips, gums, cheeks, palate, or associated tissues, or parts, upon orders, prescription, casts, models, or from impressions furnished by a Hawaii licensed dentist; and

(6) The ownership and management of a dental practice by the executor or administrator of a dentist's estate or the legal guardian or authorized representative of a dentist, where the licensed dentist has died or is incapacitated, for the purpose of winding down, transferring, or selling the practice, for a period not to exceed one year from the time of death or from the date the dentist is declared incapacitated; provided that all other aspects of the practice of dentistry are performed by one or more licensed dentists.

[L 1903, c 40, §1; am L 1917, c 136, §1; RL 1925, §1065; RL 1935, §980; am L 1937, c 220, §1; RL 1945, §2151; am L 1955, c 170, §1; RL 1955, §61-1; HRS §448-1; am L 1983, c 220, §1; am L 2007, c 176, §1; am L 2017, c 12, §1]

Case Notes

City and county cannot pass an ordinance affecting the status of territorial licenses. 29 H. 422 (1926).

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The Role of Dentistry
in the Treatment of Sleep Related Breathing Disorders

Adopted by ADA's 2017 House of Delegates

Sleep related breathing disorders (SRBD) are disorders characterized by disruptions in normal breathing patterns. SRBDs are potentially serious medical conditions caused by anatomical airway collapse and altered respiratory control mechanisms. Common SRBDs include snoring, upper airway resistance syndrome (UARS) and obstructive sleep apnea (OSA). OSA has been associated with metabolic, cardiovascular, respiratory, dental and other diseases. In children, undiagnosed and/or untreated OSA can be associated with cardiovascular problems, impaired growth as well as learning and behavioral problems.

Dentists can and do play an essential role in the multidisciplinary care of patients with certain sleep related breathing disorders and are well positioned to identify patients at greater risk of SRBD. SRBD can be caused by a number of multifactorial medical issues and are therefore best treated through a collaborative model. Working in conjunction with our colleagues in medicine, dentists have various methods of mitigating these disorders. In children, the dentist's recognition of suboptimal early craniofacial growth and development or other risk factors may lead to medical referral or orthodontic/orthopedic intervention to treat and/or prevent SRBD. Various surgical modalities exist to treat SRBD. Oral appliances, specifically custom-made, titratable devices can improve SRBD in adult patients compared to no therapy or placebo devices. Oral appliance therapy (OAT) can improve OSA in adult patients, especially those who are intolerant of continuous positive airway pressure (CPAP). Dentists are the only health care provider with the knowledge and expertise to provide OAT.

The dentist's role in the treatment of SRBD includes the following:

- Dentists are encouraged to screen patients for SRBD as part of a comprehensive medical and dental history to recognize symptoms such as daytime sleepiness, choking, snoring or witnessed apneas and an evaluation for risk factors such as obesity, retrognathia, or hypertension. If risk for SRBD is determined, these patients should be referred, as needed, to the appropriate physicians for proper diagnosis.

- In children, screening through history and clinical examination may identify signs and symptoms of deficient growth and development, or other risk factors that may lead to airway issues. If risk for SRBD is determined, intervention through medical/dental referral or evidenced based treatment may be appropriate to help treat the SRBD and/or develop an optimal physiologic airway and breathing pattern.

- Oral appliance therapy is an appropriate treatment for mild and moderate sleep apnea, and for severe sleep apnea when a CPAP is not tolerated by the patient.

- When oral appliance therapy is prescribed by a physician through written or electronic order for an adult patient with obstructive sleep apnea, a dentist should evaluate the patient for the appropriateness of fabricating a suitable oral appliance. If deemed appropriate, a dentist should fabricate an oral appliance.

- Dentists should obtain appropriate patient consent for treatment that reviews the proposed treatment plan, all available options and any potential side effects of using OAT and expected appliance longevity.

- Dentists treating SRBD with OAT should be capable of recognizing and managing the potential side effects through treatment or proper referral.

- Dentists who provide OAT to patients should monitor and adjust the Oral Appliance (OA) for treatment efficacy as needed, or at least annually. As titration of OAs has been shown to affect the final treatment outcome and overall OA success, the use of unattended cardiorespiratory (Type 3) or (Type 4) portable monitors may be used by the dentist to help define the optimal target position of the mandible. A dentist trained in the use of these portable monitoring devices may assess the objective interim results for the purposes of OA titration.

- Surgical procedures may be considered as a secondary treatment for OSA when CPAP or OAT is inadequate or not tolerated. In selected cases, such as patients with concomitant dentofacial deformities, surgical intervention may be considered as a primary treatment.
- Dentists treating SRBD should continually update their knowledge and training of dental sleep medicine with related continuing education.

- Dentists should maintain regular communications with the patient's referring physician and other healthcare providers to the patient's treatment progress and any recommended follow-up treatment.

- Follow-up sleep testing by a physician should be conducted to evaluate the improvement or confirm treatment efficacy for the OSA, especially if the patient develops recurring OSA relevant symptoms or comorbidities.

European Archives of Oto-Rhino-Laryngology (2023) 280:307–312
https://doi.org/10.1007/s00405-022-07539-9

HEAD AND NECK

Treatment of snoring using a non-invasive Er:YAG laser with SMOOTH mode (NightLase): a randomized controlled trial

Valerie A. Picavet[1,2,3] · Marc Dellian[2] · Eckard Gehrking[2] · Alexander Sauter[2] · Katrin Hasselbacher[3]

Received: 7 May 2022 / Accepted: 29 June 2022 / Published online: 22 July 2022

Abstract

Objectives The aim of this study was to assess safety and efficacy of a non-invasive 2940 nm Er:YAG treatment with SMOOTH mode in reducing snoring in adult patients and to compare its efficacy and safety to sham treatment in a randomized controlled trial setting.

Methods 40 primary snoring patients (≥ 18 year, AHI < 15e/h, BMI ≤ 30) were randomized to receive either 3 sessions NightLase or sham laser treatment. The main outcome measures were Snore Outcomes Survey (SOS), the Spouse/Bed Partner Survey (SBPS), a visual analogue snoring scale (bed partner) and a visual analogue pain scale.

Results NightLase was well tolerated, no local anaesthesia was required (mean VAS pain score in NightLase group = 3.0 ± 1.7). No complications occurred. SOS, SBPS and VAS snoring scores improved in the NightLase group (33.7 ± 14.1 to 56.2 ± 16.1) (35.0 ± 17.1 to 61.5 ± 16.4) and (7.9 ± 2.0 to 4.7 ± 2.8) while no changing in the sham group (32.2 ± 14.5 vs 32.1 ± 13.0) (36.7 ± 12.1 vs 34.7 ± 12.7) (8.1 ± 1.7 vs 8.0 ± 1.6), respectively.

Conclusions NightLase is a safe, minimal invasive treatment that significantly reduced snoring compared to sham treatment.

Keywords Snoring · UARS · OSA · NightLase

Introduction

Snoring occurs as a result of soft tissue vibration caused by a partial upper airway collapse during sleep [1]. For the treatment of snoring, lasers are traditionally used in an ablative way to reduce soft tissue hypertrophy. Recently, a non-ablative laser modality using an Er:YAG laser with non-contact SMOOTH mode (NightLase by Fotona) has been shown promising in treatment of snoring and apnea [2–7]. It involves an easy to perform, patient friendly non-ablative heating of the oropharyngeal tissue that requires no special preparation, anaesthesia, or post-treatment therapy.

The patented Smooth mode consists out of a series of sub-ablative micro pulses. These very short temperature pulses, as generated at the epithelial surface, are then transformed via heat diffusion into a long lasting thermal pulse within the deeper lying connective tissue. As a result, two complementary regenerative processes are initiated: (1) an indirect triggering effect by short duration heat shocking of the epithelium and (2) a direct slow thermal injury of the connective tissues. Both result in collagen remodelling and neocollagenesis. Consequently, the oropharyngeal mucosa is strengthened and its vibration capacity and collapsibility is reduced. By that, an expansion of the pharyngeal airway is achieved. The histological effects of NightLase were shown by Unver et al. in the soft palate of rats [8]. They found a shrinkage of the palatal mucosa with no evidence of bleeding, severe inflammation, carbonisation or necrosis. In addition, a pilot study by Lee et al., showed, that the photothermic effects of NightLase significantly increased the airway volume and the minimal cross-sectional area at 12 weeks post-laser treatment, measured with three-dimensional imaging of the upper airway using Cone Beam Computed Tomography (CBCT) [3].

Taking into account the minimal invasivity of NightLase, it can represent a good alternative to more aggressive treatment options for snoring. The aim of this study was to

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evaluate the efficacy of a non-invasive 2940 nm Er:YAG in reducing snoring and to compare its efficacy and safety to sham treatment in a randomised controlled trial setting.

Materials and methods

The study protocol was approved by the ethics board of the Faculty of Clinical Medicine of the Ludwig-Maximilians-University Munich, Germany.

Patient selection

Adult patients (≥ 18 years) with primary snoring/mild OSA (AHI < 15e/h as measured with home respiratory polygraphy and/or polysomnography), a maximum BMI of 30 and without daytime sleepiness (ESS ≤ 9) were included if they had complained about socially disturbing snoring and asked for treatment. Both non- and invasive treatment alternatives including weight reduction, positiontherapie, intraoral devices, laser-assisted uvulopalatoplasty and UPPP were offered to all our patients. Nasal obstruction and tonsil hypertrophy as a cause for snoring were excluded.

Patients that fulfilled the inclusion criteria and signed the informed consent form were randomised using the online randomisation software Sealed Envelope (www.sealedenvelope.com) to either laser or sham treatment.

Laser procedure

The oropharynx (soft palate, anterior and posterior tonsillar pillar, tonsils, uvula and base of the tongue) and the posterior part of the hard palate were treated with 2940 nm Er:YAG laser wavelength in a non-ablative, thermal SMOOTH™ mode (implemented in SP Dynamic laser system, Fotona, Slovenia) using a non-contact PSO3 hand-piece with 7 mm spot size and collimated laser beam. The latter permits the practitioner to move the hand-piece over a range of positions without significantly defocusing or altering the spot size of the beam. All procedures were performed by the same MD. The laser parameters were set to the following: SMOOTH Mode with a fluence of 8.5–9 J/cm^2 with 1.6–2.2 Hz performing 4–6 smooth pulses per spot and total smooth pulses ranging between 2011 and 2297 per session (Table 1).

Each patient underwent 3 treatments in a period of 42 days (approximately at days 0, 14–21 and 42). Patients in the sham group were treated using the same laser but with an attached sham hand-piece, which blocks the passage of the laser light onto the tissue. In that way, patients remained blinded, as they see and hear the device in the active mode.

Table 1 Lasersetting NightLase SP Dynamis, Fotona

	Erb:YAG
Handpiece	PSO3X
Spotsize	7 mm
Fluence	8.5–9 J/cm^2
Pulse Mode	SMOOTH mode
Frequency	1.6–2.2 Hz
Stacks/Spot	4–6 SMOOTH Puls/Spot
Overlap	No Overlap
Number of Pulses	2000–2300 SMOOTH Pulses

Study outcomes

Snore Outcomes Survey (SOS)—The SOS is a reliable and valid instrument for assessing sleep-related health status for patients with snoring and sleep-disordered breathing and for measuring change in health status following therapy.

It consists of 8 items relating to the intensity, duration, frequency and impact of sleep disordered breathing symptoms—specifically snoring [9]. Because of the impact of Sleep disordered breathing (SDB) on the bedpartner, a separate *Spouse/Bed Partner Survey (SBPS)* containing 3 Likert-type items was also included. Scores on the SOS and SBPS are normalized on a scale ranging from 0 (worst) to 100 (best) [9].

A *visual analogue snoring score* (0 no snoring—10 extreme snoring/sleep separately) to evaluate snoring severity by the bed partner.

Patients and their bed partners were asked to fill out the above mentioned questionnaires before treatment, after each laser session and 3 months after the last procedure.

In addition, immediately after every session, and at days 1 and 3 after treatment, patients were asked to mark the perceived pain on a *visual analogue pain scale* (0 = no pain, 10 = worst pain) and to rate specific side effects at days 1 and 3: sore throat (no-very mild–mild–moderate–severe), disturbed taste (no-very mild–mild–moderate–severe), foreign body sensation (no-very mild–mild–moderate–severe). If moderate to severe symptoms occurred, patients were asked to contact us, to check for mucous damage or aphthous ulcer formation.

Statistics

The sample size was determined according to the assumption that the NightLase treatment is an effective treatment

for snoring and was derived from the effectiveness data from previously published studies [4, 5], taking the average drop in the VAS snoring score, according to bed partners, into account. From the randomized controlled trial of a placebo-controlled trial of radiofrequency surgery for snoring, it was estimated that the placebo effect on the VAS snoring score evaluated by the bed partner was minimal [11]. Based on these values, it was estimated that 16 patients in each group will be sufficient to prove NightLase effectiveness over the sham treatment with 80% statistical power. Accounting drop-out rate of 15–20%, 20 patients were recruited to each arm. Changes in SOS, SBPS and VAS snoring were calculated. Statistical analysis comparing the effectiveness between laser and sham group was performed up to the 3-month follow-up after last treatment (two-sample rank sum, *U* test). *P* values < 0.05 were considered statistically significant. Statistical analysis was performed using SAS 9.4 (SAS Institute).

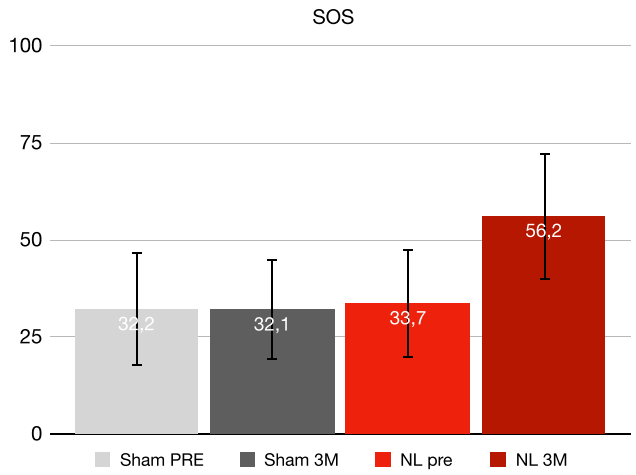


Fig. 1 Mean SOS scores remained unchanged in the sham group (32.2 ± 14.5 vs 32.1 ± 13.0), while improved in the NightLase group from 33.7 ± 14.1 to 56.2 ± 6.1 at 3 M follow up

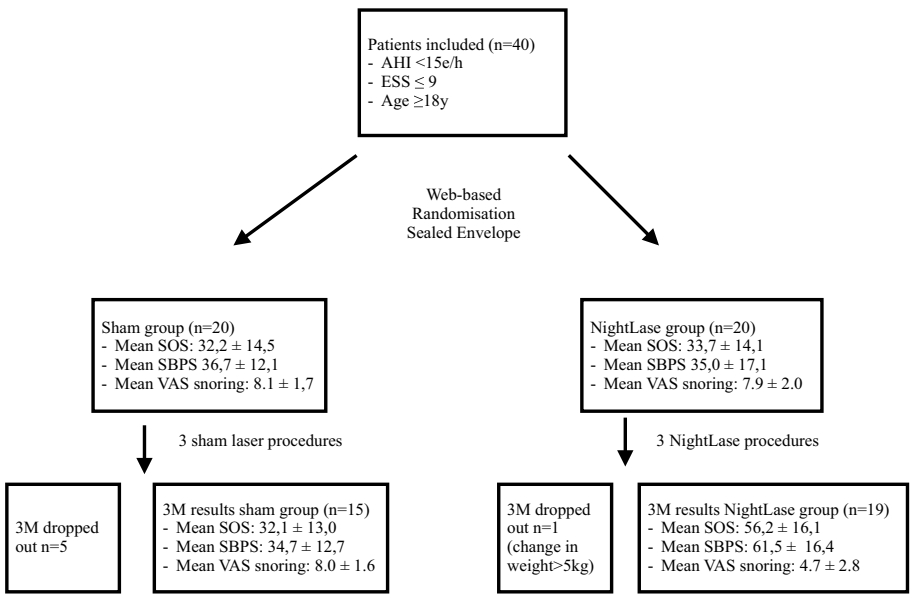
Results

The NightLase group consisted out of 20 patients, 7 women and 13 men, with a mean age of 43.3 ± 10.1 years (range 24–67) and mean BMI off 26.6 ± 3.6. All patients in the NightLase group completed the protocol. One patient in the NightLase group was excluded at the 3-month follow-up because of a change in weight ≥ 5 kg. The Sham group consisted out of 20 patients, 5 women and 15 men, with a mean age of 44.5 ± 8.3 years (range 33–62 years) and mean BMI off 26.9 ± 3.9. In the sham group, 5 patients dropped out after the second treatment (Table 2).

In none of the patients local anaesthesia was needed. Mean VAS pain score in the NightLase group was 3.3 ± 1.9 at time of treatment, 0.3 ± 0.5 at day 1 and 0 at day 3. All the observed side effects were mild and transient. At day 1, 4 patients reported a very mild sore throat (20%), one patient a mild sore throat (5%), and 3 patients a very mild sensation of dry throat (15%) and/or a very mild foreign body sensation (15%). None of the patients reported a disturbed taste. All symptoms had diminished at day 3. In none of the patients ulceration or scarring occurred.

Mean SOS and SBPS scores remained unchanged in the sham group (32.2 ± 14.5 vs 32.1 ± 13.0 and 36.7 ± 12.1 vs 34.7 ± 12.7, respectively), while improved in the NightLase group from 33.7 ± 14.1 to 56.2 ± 16.1 and from 35.0 ± 17.1 to 61.5 ± 16.4, respectively, at 3 M follow-up (Figs. 1, 2). Similarly, mean visual analogue snoring scores as assessed

Table 2 Study flowchart—results



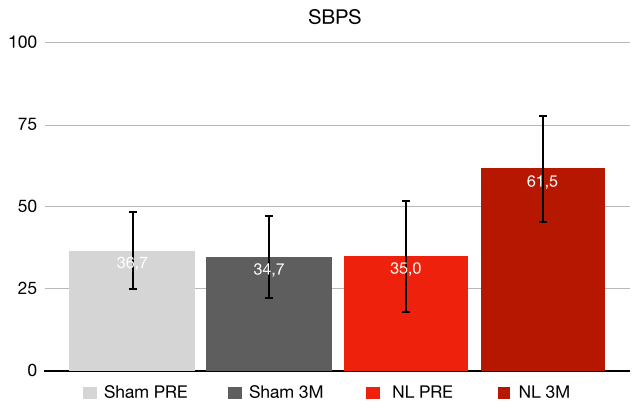


Fig. 2 Mean SBPS scores remained unchanged in the sham group 36.7 ± 12.1 vs 34.7 ± 12.7, while improved in the NightLase group from 35.0 ± 17.1 to 61.5 ± 16.4 respectively at 3 month (M) follow up

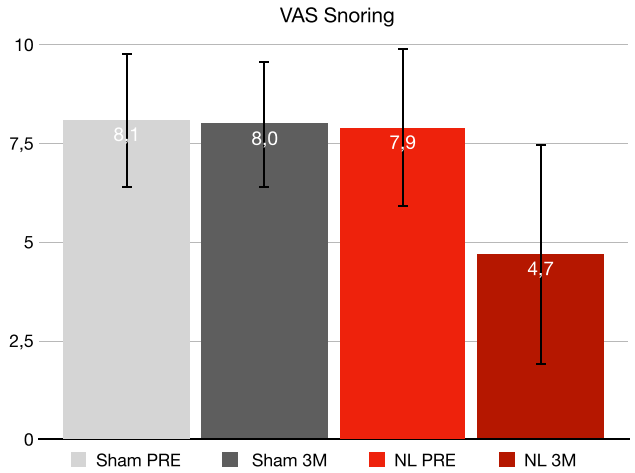


Fig. 3 Mean visual analogue snoring scores as assessed by the bed partner remained unchanged in the sham group 8.1 ± 1.7 vs 8.0 ± 1.6, while it improved in the NightLase group from 7.9 ± 2.0 preoperative to 4.7 ± 2.8 at 3 month (M) postoperative

by the bed partner remained unchanged in the sham group (mean VAS snoring score before surgery: 8.1 ± 1.7 vs 8.0 ± 1.6 after surgery), while it improved in the NightLase group from 7.9 ± 2.0 preoperative to 4.7 ± 2.8 postoperative (Fig. 3). There was a statistically significant difference between the two groups regarding the changes in SOS scores, SBPS and VAS snoring ($p < 0.001$).

Discussion

For the first time, the effectiveness of NightLase was investigated in a prospective, placebo controlled study. We found that NightLase treatment was significantly more effective than sham laser treatment in reducing socially disturbing snoring. In addition, sleep-related health status from both patient and bed partner significantly improved, as assessed by the SOS, and the SBPS.

Isolated snoring in adults is a very common cause of distress for patients and their bed partners. Consequently, a high number of snorers seek medical help.

Different treatment modalities for primary snoring are available, ranging from conservative behavioural measures, such as weight loss and posture therapy to more or less invasive procedures. The latter most frequently aim to reduce soft tissue hypertrophy related with snoring—e.g., uvulopalatopharyngoplasty (UPPP), laser-assisted uvulopalatoplasty (LAUP) and radio-frequency tissue volume reduction (RFTVR)—and or to stiffen the soft palate by inducing scar tissue—e.g., pillar procedure, injection snoreplasty and radiofrequency. Most of these procedures are performed under local or general anaesthesia and are associated with (prolonged) postoperative pain and many potential side effects, such as pharyngeal dryness, globus sensation, vocal change, pharyngonasal reflux and even severe complications, such as bleeding and death [11–15]. On top of that, low success rates and a significant number of relapses have been described [11, 12, 14].

Mandibular advancement devices (MADs) also have gain interest in the treatment of OSAS. Worn intra-orally at night, MADs are attached to the teeth. Therefore, MAD's are restricted for patients with healthy dentition [16, 17]. Moreover, patients often decline to wear an oral appliance or discontinue such therapy due to the almost universal initial side-effects of excessive salivation, teeth and jaw discomfort [16, 18].

Non-invasive NightLase laser-therapy might tackle these shortcomings. The treatment, performed without any anaesthesia, was very well tolerated by all patients. All the observed side effects were (very) mild and transient, with very mild sore throat (in 20% of patients) and a very mild sensation of a dry throat (in 15% of patients) at day 1 after treatment being the most often reported side effects. No severe adverse effects occurred and none of the patients developed ulceration or scarring of the oral mucosa. These findings are consistent with literature. Pooled data from published studies, including 294 patients, showed that the most common side effect is a transient dry throat and foreign body sensation, which is present in up to 19% of patients [7]. 4% of patients reported transient altered palatal sensation, while 1% of patients reported sore throat and aphthous ulcer formation, respectively. No serious adverse effects or scarring were reported in any of the published studies with the NightLase protocol [2–7].

The results of our study are promising, but still not all subjects reported an adequate reduction of snoring. The small sample size and the short follow-up limits the significance of our conclusions. Nevertheless, our results are in accordance with available literature on NightLase. Fini

Storchi et al. found in a prospective study ($n=40$) a satisfaction rate of 85%, which was sustainable at 20 months in 71.2% of patients [4]. Retrospectively, Cetinkaya et al. found an average rate of improvement after three Er:YAG treatments of 65% ($n=33$) [2]. The greatest improvement and satisfaction were experienced by patients aged ≥ 50 years. They suggested that variations in response to the treatment might be related to the difference in the collagen remodelling capacity of each patient [2].

The efficacy of NightLase was comparable with the results of a randomised controlled study investigating the efficacy of temperature-controlled radiofrequency ablation in 26 non-sleepy snorers compared to sham surgery [11]. The authors reported that snoring estimated by a bedroom partner on a VAS scale from 0 to 10, was reduced by surgery compared with sham surgery from a mean of 8.1 to 5.2 and by sham surgery from 8.4 to 8.0. Similarly, Ferguson et al. randomized 46 snoring patients with an apnea–hypopnea index between 10 and 27 to laser-assisted uvulopalatoplasty or no treatment, followed up for 7 months. Snoring intensity estimated by a bedroom partner on a VAS scale from 0 to 10 was reduced by surgery from a mean of 9.2 to 4.8 and by no treatment from 8.9 to 8.5 [19]. Larossa et al. randomized 28 snoring patients with an apnea–hypopnea index < 30 to laser-assisted uvulopalatoplasty or sham surgery and followed them for 3 months [20]. They found no significant difference in change in subjective snoring intensity, Snoring index or decibels of snoring [20].

These results indicate that the effectiveness of NightLase is comparable with that of more invasive treatments. Still, as mentioned above, not all subjects reported an adequate reduction of snoring. More large scale prospective and longterm studies are necessary. They will help us to identify the patients who most likely will benefit from this minimal invasive treatment.

Conclusions

NightLase treatment significantly reduced snoring compared to sham treatment. Its efficacy is similar to that achieved with other more aggressive treatments.

Taking into account the minimal invasiveness of NightLase, this procedure seems to represent a valuable, low-risk treatment option for primary snoring/mild OSAS. More prospective large-scale and long-term follow-up studies are warranted to prove its (long-term) efficacy.

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Declarations

Conflict of interest The authors have no conflict of interest to declare. There are no competing financial interests in relation to the work described.

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