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

AGENDA

Date: July 14, 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/83715370039?pwd=bdBD5p7D4U855beYSFghrMHyPfzt5M.1

Zoom Phone Number: (669) 900 6833
Meeting ID: 837 1537 0039
Passcode: 182778

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. Chair's Announcements

    a. Recognition of outgoing dentist member, Dr. Staphe Fujimoto, D.D.S.

    b. Welcome to new dental hygiene member, Marianne Timmerman, R.D.H.

    c. Welcome to new dentist member, Dr. Timmy Hirano, D.D.S., Kauai County

    d. Welcome to new dentist member, Dr. Christopher Woo, D.D.S.

3. Approval of the Open & Executive Session Minutes of the May 12, 2025 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."

4. Scope of Practice

    a. Inquiry from Leanne Higa regarding if a Hawaii licensed dentist needs to be physically present during patient treatment if a licensed dental hygienist is supervising a student in the academic clinical setting

    b. Inquiry from Dr. Steve Wilhite, D.D.S. regarding if Hawaii licensed dentists can order/prescribe a sleep test

5. Applications:

    The Board may move into Executive Session in accordance with HRS §92-4 and §92-5(a)(1) and (4) "To consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both;" and "To consult with the Board's attorney on questions and issues

pertaining to the Board's powers, duties, privileges, immunities, and liabilities;" (Board will vote in Open Meeting.)

a. Ratification Lists

1) Approved Dentists

DT-3219	Kathryn Quinn Moncrief
DT-3220	Serena Minjeong Han
DT-3221	Melissa Yee
DT-3222	Yawen Chen
DT-3223	Anthony Javier Castro
DT-3224	Eugene Talmadge
DT-3225	Erik N Quintana
DT-3226	Riley Keanu Kim
DT-3227	Linda Susan Thomas
DT-3228	Sophia Lynn Berkenpas
DT-3229	Maya K Sunar
DT-3230	Sara Jesse Rosen
DT-3231	Lucas Gil Borg
DT-3232	Evan Rocco Pagano
DT-3233	Kassie Ly Truong
DT-3234	Carlo Alberto Negroni

2) Approved Dental Hygienists

DH-2518	Makayla Nicole Mitts
DH-2519	Michaela Danielle Lovejoy
DH-2520	Molly Renae Prater
DH-2521	Mia Destiny Gorbet

3) Approved Temporary Dentists

DTT-388	Jessica Marie Hudson
DTT-389	Clesther Eloise J Ramos
DTT-390	Emily Uyen Vu
DTT-391	Olivia Taylor Foggie
DTT-392	Alisha Shrestha
DTT-393	Caroline Dianne Edwards
DTT-394	Isaac Larsen Tade
DTT-395	Sebastian Pinto
DTT-396	Andrew Trinh
DTT-397	Kari Akiko Tanji
DTT-398	Kevin Chiang
DTT-399	Su Young Kim

DTT-400 Johanne Ashley Ngu

4) Approved Community Service Dentist

CSDT-115 Sheryl John Thykattil

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

DH-2512 Shirin Kerimi Villegas
DH-2515 Bethany Elena Alvarez
DH-2520 Molly Renae Prater

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

DT-1813 Joan M Greco
DT-2889 Rohit Sahdev

b. Dentists

1) Jessica Lee

6. Ongoing Business:

a. Hawaii Administrative Rules ("HAR"), Chapter 16-79 – Board vote on revised draft of proposed new rules

The Board voted at it its January 13, 2025 meeting to accept the proposed HAR rules revisions presented by its Rules Permitted Interaction Group and as revised in Board discussion. This final draft of the proposed revisions requires final Board approval before it can advance to the next stage of the rules revision process.

7. Executive Officer's Report:

a. Announcement from the American Board of Dental Examiners ("ADEX") and CDCA-WREB-CITA ("CWC") regarding merge into a single organization under the name "American Board of Dental Examiners."

b. Update from the American Association of Dental Boards ("AADB") that the Louisiana dental board has become the first state to join AADB's Interstate Dental & Dental Hygiene Licensure ("IDDHL") Compact as of June 25, 2025

c. 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 (except for community service dental hygienists "CSDHs") 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.*

Licensees should email the Board directly beginning July 1, 2025 to coordinate their renewal inspection*.*

A renewal FAQs specific to dentists needing to renew their anesthesia permit and request a renewal facility inspection is available online: https://cca.hawaii.gov/pvl/news-releases/dental_announcements/.

A general renewal FAQs document for all dental licensees is also available on the Board's website.

Please contact the Board via email at dental@dcca.hawaii.gov with any additional questions.

8. Election of Officers in accordance with HRS §436B-6(a)

The Board will vote to elect a Chair and Vice-Chair, pursuant to HRS §436B-6(a), "Immediately upon the qualification and appointment of the original members, and annually thereafter, the board shall elect one member as chair and one member as vice-chair. In the absence of both the chair and the vice-chair to preside at a meeting, the members present shall select a chair pro tem."

9. Next Meeting:

Date:	Monday, September 15, 2025
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

10. Adjournment

7/7/25

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 July 10, 2025. Requests made as early as possible have a greater likelihood of being fulfilled.

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

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

MINUTES OF MEETING[1]

Date: May 12, 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/82209760507?pwd=FbIGtSC9YmfP6wuiZ5TlbrYZXWdPFK.1

Members Present: Andrew Tseu, D.D.S., J.D., Chair, Dental Member
Jonathan Lau, D.D.S., Vice-Chair, Dental Member
Katherine Fukushima, R.D.H., Dental Hygiene Member
Paul Guevara, D.M.D, M.D.S., Dental Member
Steven Pine, D.D.S., Dental Member
Joy Shimabuku, Public Member
Joyce Yamada, Ed.D., R.D.H., Dental Hygiene Member
Craig Yamamoto, D.D.S., Dental Member

Members Excused: Staphe Fujimoto, D.D.S., Dental Member

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

In-Person Guests: Charles Kamimura
Richmond Luzar, HDA
Dr. Christopher Woo

Zoom Webinar Guests:
Gerraine Hignite, HDHA
Alexandria
Erik
Kim Nguyen, HDA

[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.

Virtual Meeting Instructions:

A short video regarding virtual meetings was played for attendees.

Ms. Yamada and 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 10:07 a.m.

Chair's Announcements:

Appreciation for outgoing dental hygiene board member, Katherine Fukushima

The Chair announced that this is Ms. Fukushima's last meeting as her term expires on June 30, 2025. On behalf of the Board, the Chair thanked Ms. Fukushima for her service on the Board and her commitment to protecting public health, safety, and welfare.

Approval of Minutes:

Approval of the Open & Executive Session Minutes of March 10, 2025 Meeting

The Chair asked if there was any Board discussion of, corrections to, or public comments regarding the March 10, 2025 meeting.

There were none.

Upon a motion by the Vice Chair, seconded by Ms. Yamada, it was voted on and unanimously carried to approve the Open and Executive Session minutes of the March 10, 2025 meeting.

New Business:

Inquiry from Dr. Gary Umeda regarding consideration of licensure exemption for the Maui Tucker Study Club's annual international meeting under HRS §448-1(3)

The Chair stated that the Board received an email inquiry from Dr. Umeda requesting clarification as to the exemptions allowed by HRS §448-1. Specifically, he would like to know if the R.V. Tucker Study Club of Hawaii would qualify for a licensure exemption for the purposes of the lecture series under HRS §448-1(3).

EO Choy read the email from Dr. Umeda:

"Our Tucker study club will be hosting an international meeting in August 2026 on Maui. At this annual meeting, dentists will be doing dental procedures on patients live. The majority will be in state licensed and insured dentists but we would like to have some excellent and skilled dentist also do some dental procedures. Is this possible.

FYI, this will be our third hosting of the meeting and we have previously operated at Pearl Harbor, UH hygiene clinic, and at private offices. I believe there were out of state dentists operating there before. Of course, we were all insured.

Our Tucker study club has been in Hawaii since 1998 so we have a long history here encouraging and promoting excellence and quality in dentistry in Hawaii."

EO Choy stated that Dr. Umeda clarified that the name of the group is "R.V. Tucker Study Club of Hawaii." The study club plans to hold its annual international meeting on Maui at the Maui Community College of Dental Hygiene.

Dr. Christopher Woo raised his hand and was invited to share in-person oral testimony.

Dr. Woo stated that he is a member of the R.V. Tucker Study Club of Hawaii, which has existed for around 26 years. Tucker Study Clubs host annual, international conferences, and the Hawaii club follows the same model – the conferences last for four days, with one day designated for live clinical demonstrations; the remaining three days are lectures.

The Hawaii Tucker Study Club has previously hosted two such international conferences in the State. They are again seeking permission from the Board to host the third conference because guest dentists will be invited from out-of-state Tucker Study Clubs to participate in the live clinical demonstrations.

The Chair asked how out-of-state and international dentists are vetted for participation in the live patient demonstrations.

Dr. Woo stated that the Hawaii Tucker Study Club handpicks dentists to perform specific procedures based on their expertise and experience. These are all licensed dentists in current practice who provide mentorship within the international Tucker Study Club system.

EO Choy asked if there is a formal process for a dentist to be approved as a "mentor" within the Tucker Study Club system.

Dr. Woo stated that the founder of the organization was the sole individual who selected mentors prior to his passing a few years ago. No

new mentors have been trained since. One of the requirements to be a mentor is to have been a Tucker Study Club member for at least 10 years.

The Chair asked if the Hawaii Tucker Study Club has any official or unofficial affiliation with other organizations, such as the Hawaii Dental Association ("HDA").

Dr. Woo stated that members receive Academy of General Dentistry ("AGD") continuing education ("CE") credit for attendance at the Tucker Study club meetings. The mentors who teach at the study club meetings also receive AGD CE credit due to the clinical hands-on component.

EO Choy asked when the previous two conferences were held in Hawaii.

Dr. Woo stated that the first meeting was held in 2003 at Ko'olina with the clinical portion at Pearl Harbor; the other meeting was in 2014 at the Hilton Hawaiian Village with clinicals at the University of Hawaii at Manoa Dental Hygiene School. For the upcoming conference they are seeking approval for, the clinical portion will be conducted at the University of Hawaii Maui Dental Hygiene school, which has a capacity of 20 chairs for a maximum of 20 mentors to perform live clinicals. The Hawaii Tucker Study Club currently has nine (9) mentors and intends to invite about three (3) additional out-of-state mentors.

EO Choy stated that the question before the Board would be – is the R.V. Tucker Study Club of Hawaii considered a, "like dental organization" under HRS §448-1(3).

> **§448-1 Dentistry defined; exempted practices.** The following practices, acts, and operations, however, are exempt from the operation of this chapter:
>
> (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 Chair asked if there were out-of-state or international dentists who attended the 2003 and 2014 live patient demonstrations and if the Board previously approved these conferences as qualifying for the licensure exception under HRS §448-1(3).

Dr. Woo stated that there were out-of-state and/or international dentists who participated in the live clinicals during the 2003 and 2014 Hawaii conferences, as preapproved by the Board at that time. About 70 dentists from around the world attended each conference.

EO Choy asked if there were any issues during the 2003 and 2014 conferences with the live clinical demonstrations.

Dr. Woo confirmed that there were no issues during the past conferences. He stated that for the most part, they are seating appointments focused primarily on seating and polishing. The mentors hold prep sessions for the younger dentists who have not seen certain techniques, such as gold foil, performed before.

Dr. Pine stated that he has seen the work of one of the Tucker Study Club mentors and the work was impeccable.

Dr. Yamamoto asked if there are Hawaii licensed dentists who attend the Hawaii conferences and are available to support the out-of-state dentists performing the clinics. For example, if a patient were to aspirate a gold restoration, is there a designed individual assigned to address emergencies.

Dr. Woo stated that there are about 20 Hawaii licensed dentists in attendance at the in-state conferences. The clinical portion is performed in front of all attendees in an open room.

Dr. Yamamoto asked if the Tucker Study Club organization is affiliated with the American Dental Association ("ADA").

Dr. Woo stated that the founder of the Tucker Study Club organization was recognized by the ADA. He reiterated that study club sessions receive AGD credit for CE.

EO Choy clarified that if the conference or Tucker Study Club meeting attendance was submitted by licensees to meet the Hawaii CE requirements upon licensure renewal, they must confirm if the organization is AGD approved. CEs must be completed through one of the approved sponsoring organizations pursuant to HAR §16-79-142.

> **§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.

The Chair stated the Board evaluates inquiries on a case-by-case basis. Any Board decision regarding the Hawaii Tucker Study Club does not apply to any or all other study clubs or groups.

The Board provided guidance that the R.V. Tucker Study Club of Hawaii is considered a “like dental organization” under HRS §448-1(3).

EO Choy stated that dentists, whether domestic or international, attending conferences within this State, must hold a current, active, and unencumbered dental license in their own jurisdiction. Additionally, the exemption allowed under HRS §448-1(3) does not apply to any auxiliary personnel, including dental hygienists or dental assistants.

EO Choy encouraged the Hawaii Tucker Study Club to inquire with the Board for all future conferences.

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

Applications:

Ratification Lists

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

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

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

1) Approved Dentists

DT-3216 Miranda Shu Wen Yip
DT-3217 Benjamin Alston Burton
DT-3218 Alina Lee Lane

2) Approved Dental Hygienists

DH-2513 Kendra Latrice Watkins
DH-2514 Erika Shore
DH-2515 Bethany Elena Alvarez
DH-2516 Tamara Marianna Masciola
DH-2517 Elisabeth Ruth Sinclair

Ongoing Business: **2025 Legislative Session – Bill Discussion & Updates**

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

EO Choy stated that the legislative session concluded on May 2, 2025. Since the Board's last meeting on March 10, 2025, only one bill that the Board provided a position on, S.B. 1373, advanced through the entire legislative process. S.B. 1373 successfully passed through both chambers of the Legislature and is now enrolled with the Governor.

Unless the Governor vetoes the bill by July 9, 2025, it will become law effective July 1, 2025. The current draft to be enrolled to the Governor, as well as additional information about the bill can be found on the measure's bill page: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=1373&year=2025.

For those interested, EO Choy included an informational sheet from the Public Access Room on the Governor's Timeline for this last stage of the legislative process.

S.B. 1373, RELATING TO ADMINISTRATIVE LICENSURE ACTIONS AGAINST SEX OFFENDERS.

> Purpose: 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 or certification of registered sex offenders. (CD1)

EO Choy stated that updates on all the other bills are available on the addendum attached to the agenda. None of the other bills the Board was tracking made it through the final stages of the process, so they are dead.

EO Choy reported that there were several updates to the Board membership this session and congratulated the following individuals on their appointment or reappointment to the Board:

- G.M. 657: Joy Shimabuku, Public Member – Reappointment 2nd term
- G.M. 534: Dr. Steven Pine, Dentist Member, Hawaii County – Confirmation of interim appointment 1st term
- G.M. 711: Dr. Staphe Fujimoto, Dentist Member – Reappointment 2nd term

- G.M. 732: Marianne Timmerman, Dental Hygiene Member – Appointment 1st term

Board members are nominated by the Governor, confirmed by the Senate, and may serve up to two consecutive four-year terms.

Update from the Central Regional Dental Testing Service ("CRDTS") regarding dental and dental hygiene compacts

EO Choy reminded the Board that they have been discussing the issue of dental and dental hygiene compacts since two national compacts were proposed about a year ago. The two compacts are the Council of State Governments ("CSG") Dental and Dental Hygiene Compact and the American Association of Dental Boards ("AADB") Compact.

The CSG Compact is active, but awaiting implementation over the next 18 to 24 months before compact privileges can be issued. The CSG Compact has been enacted legislatively by 12 states – Washington, Colorado, Nebraska, Kansas, Minnesota, Iowa, Arkansas, Wisconsin, Tennessee, Ohio, Virigina, and Maine. Legislation is pending in Oregon, Nevada, Arizona, Texas, Oklahoma, Missouri, Pennsylvania, New Jersey, Vermont, New Hampshire, and Massachusetts.

The AADB Compact needs to be enacted by five (5) states to be activated. Legislation is pending in ten states – Texas, Oklahoma, Louisiana, Mississippi, Missouri, Kentucky, Pennsylvania, Massachusetts, and Maryland.

The CRDTS update informs state boards that CRDTS favors the CSG compact over the AADB compact. CRDTS primarily takes issue with the AADB Compact's exclusion of CRDTS as a qualifying clinical exam for compact licensure after January 1, 2024. The full CRDTS update is provided in the meeting packet.

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

The Chair requested EO Choy invite CSG and AADB to provide updates to the Board regarding their respective dental compacts. Compacts would have a significant impact on Hawaii dental licensure and regulation.

Executive Officer's Report:

Updates to application forms for temporary dentist ("DTT"), temporary dental hygienist ("DHT"), and community service dentist ("CSDT") licensure

EO Choy reported that the application forms and instructions for DTT, DHT, and CSDT licenses have been updated. The updated forms are available for download on the Board's website: https://cca.hawaii.gov/pvl/boards/dentist/application_publications/.

EO Choy stated that one of the more significant updates was separating the DTT application into two separate applications, to address the different requirements for applicants applying for DTT licensure as post-doctoral residents.

An FAQs for post-doctoral resident applicants and their programs has also been uploaded to the Board's website: https://cca.hawaii.gov/pvl/news-releases/dental_announcements/.

Dental Board Frequently Asked Questions ("FAQ's") – Updated

EO Choy stated that a new FAQs document is available on the Board's website: https://cca.hawaii.gov/pvl/boards/dentist/.

The FAQs cover general questions about the application process, maintenance of license after licensure, and the different license types offered by the Board.

All individuals are reminded that the Board's laws, rules, and other policies are subject to change. The FAQs are provided as a guideline only and are not the final authority on licensure or other requirements. They are provided for informational and explanatory purposes only and are not binding on the Department or the Board in any way. Please see the Board's laws and rules for more details: https://cca.hawaii.gov/pvl/boards/dentist/statute_rules/.

Dr. Pine expressed appreciation for the FAQs document. He recommended the document be referenced in the application form to assist applicants.

Reminder – Renewal year for dental licenses

EO Choy stated that the Board continues to remind all dental licensees that this is a renewal year. EO Choy reported that she emailed a copy of the renewal FAQs available online to the Hawaii Dental Association ("HDA") and the Hawaii Dental Hygienists' Association ("HDHA").

Pursuant to HRS §447-1(a)(d), HRS §448-7 and HRS §448-8.5, all dentist and dental hygiene licensees, with the exception of community service dental hygienists, 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/. A yellow banner has also been posted at the top of the Board's website for a quick overview of FAQs.

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.

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"). During the last renewal cycle, there were a few dentists who were relying on receiving a hard-copy renewal postcard to remind them of the renewal deadline. He stated that HDA is aware that the renewal postcard is a courtesy only, and all licensees are responsible for timeline renewal of their licenses.

Mr. Luzar expressed HDA's appreciation to the Board for its communication and helpful resources on the renewal process and requirements that they have been sending out to their membership.

EO Choy stated that in addition to posting multiple resources to the Board's website, she also shared the Renewal FAQs document with HDA and the Hawaii Dental Hygienists' Association ("HDHA").

The Chair thanked Dr. Yamamoto, Dr. Fujimoto, and Dr. Hasegawa (former Board member and Chair) and all other volunteers who are involved in the anesthesia facility site renewal inspections. These inspections require significant time and effort from the volunteers, but are important to help protect public health, safety, and welfare.

EO Choy echoed the Chairs thanks to Dr. Yamamoto, Dr. Fujimoto, and the entire volunteer inspection team. She noted that the inspections are coordinated not just for renewals, but are also ongoing through the year.

The inspection team is comprised entirely of volunteer dentists who are not compensated. Inspections are conducted across the State.

Dr. Yamamoto shared that they are actively searching for additional qualifying volunteers.

There was no further discussion.

Next Meeting: Monday, July 14, 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 11:01 a.m.

Reviewed and approved by:

Sheena Choy
Executive Officer

Taken and recorded by:

Marc Yoshimura
Secretary

SC:my

7/2/25

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

Sheena R. Choy

From: Leanne Higa [redacted]
Sent: Friday, July 4, 2025 9:49 AM
To: DCCA Dental
Subject: Re: [EXTERNAL] General Supervision DH students

Thank you Sheena,
For the clinical setting, these would be clinical sites distant from the UHMC dental hygiene clinic at the Kahului campus. The ADA CODA accreditors approved the following major sites of education on Hawaii Island: Kealakehe, Kealekekua, and Waikoloa.
These sites will be the clinical activity sites for Hawaii island students.
The curriculum includes:
Radiography on student partners followed by family and friends in the first semester - dental hygienist instructor
Preclinical instruction on typodonts followed by student partners in the first semester.- dental hygienist instructor

From the second semester on, the students will be supervised by a dentist and instructed by a hygienist when seeing clinical patients.

I hope this helps to clarify. If you have any further questions please let me know and I would be happy to answer them.

Mahalo,
Leanne

On Fri, Jul 4, 2025 at 9:40 AM DCCA Dental <dental@dcca.hawaii.gov> wrote:

> Hi Leanne,
>
> As the Board prepares to discuss this inquiry, could you please clarify if the "clinical setting" you refer to is in the classroom/school, or is this at an offsite clinic?
>
> Thank you,
>
> Sheena

Sheena R. Choy

From: Leanne Higa <[redacted]>
Sent: Friday, May 30, 2025 3:51 PM
To: Sheena R. Choy
Subject: [EXTERNAL] General Supervision DH students

Hello Sheena,
I have some questions for you.

In the academic clinical setting, does a dentist need to be physically present during patient treatment if a licensed dental hygienist is supervising the student?

Mahalo,
Leanne

--
Leanne Higa, RDH, BS, MEd, FADHA
Coordinator
Dental Hygiene Program
University of Hawai'i Maui College
310 W Ka'ahumanu Avenue, Kahului, HI 96732
[redacted]

Agenda Item 4.a.

Inquiry from Leanne Higa RE:

If a Hawaii licensed dentist needs to be physically present during patient treatment if a licensed dental hygienist is supervising a student in the academic clinical setting

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- "Physical presence" of a Hawaii licensed dentist = "direct" supervision, pursuant to HAR §16-79-2

- At its January 13, 2025 meeting, for informational and explanatory purposes only, the Board advised that:

  "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)."

- All 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).

- Pursuant to HRS §447-3(d), general supervision is permitted in a public health setting, provided that the supervising licensed dentist is available for consultation; provided further that a licensed dental hygienist shall not perform any irreversible procedure or administer any intra-oral block anesthesia under general supervision. In a public health setting, the supervising licensed dentist shall be responsible for all delegated acts and procedures performed by a licensed dental hygienist.

  - HRS §447-3(d) defines "public health setting" as including, but is not limited to, "dental services in a legally incorporated eleemosynary dental dispensary or infirmary, private or public school, welfare center, community center, public housing, hospital, nursing home, adult day care center or assisted living facility, mental institution, nonprofit health clinic or facility, or the State or any county."

§447-1 Who may become dental hygienists; fees. (f) No person shall practice dental hygiene, either gratuitously or for pay, or shall offer or attempt so to practice, or shall advertise or announce publicly or privately as being prepared or qualified so to practice without having a license as provided in this section. The original or a copy of the certificate of licensure shall be prominently displayed at all times in the workplace where the dental hygienist is employed or practices. A dental hygienist's pocket identification card shall be readily available for viewing upon request to ensure the license is current. A licensed dental hygienist shall practice only under the supervision of a licensed dentist as provided in this chapter; provided that a licensed dental hygienist:

(1) May administer under the direct supervision of a licensed dentist only those categories of intra-oral block anesthesia listed in the course content submitted to the board pursuant to subsection (a);

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

(3) May practice under the direct supervision of a licensed dentist as provided in this chapter.

§447-3 Employment of and practice by dental hygienists. (a) Any licensed dentist, legally incorporated eleemosynary dental dispensary or infirmary, private school, welfare center, hospital, nursing home, adult day care center or assisted living facility, mental institution, nonprofit health clinic, or the State or any county, may employ licensed dental hygienists.

(b) Clinical dental hygiene may be practiced by a licensed dental hygienist. The practice of clinical dental hygiene is defined as the removal of hard and soft deposits and stains from the portion of the crown and root surfaces to the depth of the gingival sulcus, polishing natural and restored surfaces of teeth, the application of preventive chemical agents to the coronal surfaces of teeth, which chemical agents have been approved by the board of dentistry, and the use of mouth washes approved by the board, but shall not include the performing of any repair work or the preparation thereof, or any other operation on the teeth or tissues of the mouth; provided that nothing in this subsection shall prohibit a dental hygienist from using or applying topically any chemical agent that has been approved in writing by the department of health for any of the purposes set forth in part V of chapter 321, and other procedures delegated by a dentist in accordance with the rules of the board of dentistry.

In addition, a licensed dental hygienist may administer intra-oral infiltration local anesthesia and intra-oral block anesthesia under the supervision of a licensed dentist as provided in section 447-1(f) after being certified by the board, and for those categories of intra-oral infiltration local anesthesia and intra-oral block anesthesia for which the licensed dental hygienist has been certified through a course of study meeting the requirements of this chapter.

(c) A licensed dental hygienist may operate in the office of any licensed dentist, or legally incorporated eleemosynary dental dispensary or infirmary, private school, welfare center, hospital, nursing home, adult day care center or assisted living facility, mental institution, nonprofit health clinic, or in any building owned or occupied by the State or any county, but only under the aforesaid employment and under the direct or general supervision of a licensed dentist as provided in section 447-1(f). No dental hygienist may establish or operate any separate care facility that exclusively renders dental hygiene services.

(d) Notwithstanding section 447-1(f), a licensed dental hygienist may operate under the supervision of any licensed dentist providing dental services in a public health setting. General supervision is permitted in a public health setting; provided that the supervising licensed dentist is available for consultation; provided further that a licensed dental hygienist shall not perform any irreversible procedure or administer any intra-oral block anesthesia under general supervision. In a public health setting, the supervising licensed dentist shall be responsible for all delegated acts and procedures performed by a licensed dental hygienist. Notwithstanding section 447-1(f), a licensed dental hygienist under the general supervision of a licensed dentist employed in a public health setting may perform dental education, dental screenings, teeth cleanings, intra-oral or extra-oral photographs, x-rays if indicated, and fluoride applications on individuals who are not yet patients of record, have not yet been examined by a licensed dentist, or do not have a treatment plan. Other permissible duties shall be pre-screened and authorized by a supervising licensed dentist, subject to the dentist's determination that the equipment and facilities are appropriate and satisfactory to carry out the recommended treatment plan. A licensed dental hygienist shall refer individuals not currently under the care of a dentist and who are seen in a public health setting to a dental facility for further dental care. No direct reimbursements shall be provided to licensed dental hygienists.

As used in this subsection, "public health setting" includes but is not limited to dental services in a legally incorporated eleemosynary dental dispensary or infirmary, private or public school, welfare center, community center, public housing, hospital, nursing home, adult day care center or assisted living facility, mental institution, nonprofit health clinic or facility, or the State or any county.

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

§16-79-2 Definitions.

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

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

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

Sheena R. Choy

From: Steve Wilhite <s[redacted]>
Sent: Thursday, July 3, 2025 7:08 AM
To: DCCA Dental
Cc: Tseu, Andrew
Subject: Re: [EXTERNAL] Ordering a sleep test?
Attachments: HSAT_Special_Article_Proof.pdf

Good morning, Ms. Choy,
Thank you for keeping me updated on this subject. I would love to attend your meeting, but I will be out of town at that time. Here is the most current positional statement from the American Academy of Dental Sleep Medicine (AADSM). I've reached out to them and was told their position has not changed. This Academy has been the primary authority on dental sleep practice in our country for the last thirty-three years. We are a non-profit association with the primary goal of educating dentists in sleep medicine. I'm the only diplomat in the state from this association. This diplomat's distinctions require years of work to obtain. I've seen other dentists in our state approach the board concerning similar dental-related sleep topics, and they reference themselves as a diplomat of a similar-sounding association. However, they are not a diplomat of our academy, but instead a for-profit one-day course that issues these labels.
The issues I'm having with a few dentists in town are that they are making medical diagnoses from the HSAT they prescribe. I feel this is outside their scope of dental practice.
I would be happy to help the dental board with any other questions about dental sleep medicine.
Aloha,

Steve Wilhite DDS, DABDSM (Diplomate, American Board of Dental Sleep Medicine)

On Wed, Jun 18, 2025 at 11:19 AM DCCA Dental <dental@dcca.hawaii.gov> wrote:

Aloha,

Please be see HRS 448-1, below for your convenience:

§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.

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.

Mahalo,

Sheena

Sheena Choy

Executive Officer

Department of Commerce & Consumer Affairs

Professional & Vocational Licensing Division

P.O. Box 3469

Honolulu, HI 96801

From: Steve Wilhite <[redacted]>
Sent: Sunday, June 15, 2025 8:45 PM
To: DCCA Dental <dental@dcca.hawaii.gov>
Subject: [EXTERNAL] Ordering a sleep test?

Dear DCCA Dental,

Can a licensed dentist in the state of Hawaii order a sleep test?

Thank you,

Steve Wilhite DDS

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Please show your email savvy by respecting and protecting the privacy of all parties. When Forwarding, use "BCC" and press "Send" only AFTER you have deleted all extraneous email addresses from this email. It's a smart way to share.

SPECIAL ARTICLES http://dx.doi.org/10.15331/jdsm.7156

American Academy of Dental Sleep Medicine Position on the Scope of Practice for Dentists Ordering or Administering Home Sleep Apnea Tests

David Schwartz, DDS[1]; Michael Adame, DDS[2]; Nancy Addy, DDS[3]; Michelle Cantwell, DMD[4]; James Hogg, DDS[5]; Nelly Huynh, PhD[6]; Paul Jacobs, DDS[7]; Mitchell Levine, DMD[8]; Kevin Postol, DDS[9]; Rosemarie Rohatgi, DMD[10]

[1]North Shore Family Dentistry, Skokie, IL; [2]Adame Dental Sleep Medicine; [3]Snoring and Sleep Apnea Dental Treatment Center, Leawood, KS; [4]Wellspan Pulmonary and Sleep Medicine, Lancaster, PA; [5]Carolina Smiles Family Dentistry, Brevard, NC; [6]Faculty of Dentistry, Universite de Montreal, Montreal, Canada; [7]Upper Peninsula Sleep Dentistry, Escabana, MI; [8]Department of Orthodontics, University of Tennessee Health Science Center, Memphis, Tennessee; [9]Sleep Disordered Dentistry, Ballwin, Missouri; [10]San Diego Sleep Therapy, San Diego, CA

It is the position of the American Academy of Dental Sleep Medicine (AADSM) that it is within the scope of practice for a qualified dentist, defined by the American Dental Association (ADA) as a dentist treating sleep-related breathing disorders who continually updates his or her knowledge and training of dental sleep medicine with related continuing education, to order or administer home sleep apnea tests (HSATs). Data from HSATs should be interpreted by a licensed medical provider for initial diagnosis and verification of treatment efficacy.

Historically, state dental practice acts have not addressed the dentist's role in using HSATs. It is commonly understood that practice acts are intentionally broad in nature. They tend to be more specific only when prohibiting a practice or use of equipment. Based on this, it is the AADSM's interpretation that it is within the scope of practice for dentists to order and administer HSATs in states where it is not specifically prohibited. For the few states where the use of HSATs is prohibited, dentists should abide by state guidance. The AADSM maintains a list of these states on its website and will be actively encouraging them to reconsider their policies.[1]

There are other medical conditions for which dentists order and dispense medical tests. Dentists screen and perform biopsies for oral cancer. Dentists routinely administer oxygen and anesthesia and prescribe drugs, including controlled substances. In some states, dentists with training provide flu vaccinations. Dentists also routinely take blood pressure and some test hemoglobin A1C levels. Given the public burden of obstructive sleep apnea (OSA), dentists must embrace that it is within their scope of practice to order and administer HSATs.

In 2016, the American Academy of Sleep Medicine commissioned a report from Frost & Sullivan.[2] This report indicates that there were 29.4 million adults with obstructive sleep apnea, and in 80% of that group the condition was undiagnosed - costing the United States approximately $149.6 billion per year. The same report indicated that OSA is also linked to comorbidities, mental health, productivity, and accidents. It goes on to further explain that the most significant barrier to treatment of OSA is patients' disregard of symptoms and their failure to report them to primary care physicians and that once an individual is screened or informed about OSA, a significant financial and personal time investment is often necessary to address the problem. New studies published in 2019 indicate that approximately 54 million adults in the United States have sleep apnea.[3] If 80% of these adults also have undiagnosed OSA, there could be as many as 43 million adults with undiagnosed OSA.

In 2017, the ADA recognized that dentists should play an essential role in addressing the public burden of OSA.[4] In their policy, the ADA suggests that all dentists screen patients for OSA as part of a comprehensive medical and dental history and refer as needed to the appropriate physicians for diagnosis. The policy indicates that dentists may use HSATs to define the optimal target position of the mandible.

By building on the ADA policy and recognizing that qualified dentists have the training and education necessary to order or administer HSATs, qualified dentists can provide a more streamlined and cost-effective model of care. A short algorithm outlining this model of care is shown in Figure 1. Communication and collaboration with physicians are key in this process. In this model of care, qualified dentists screen patients for sleep apnea. If patients are at risk and appropriate candidates for HSAT, the qualified dentist orders or administers the HSAT directly from his or her practice. Patients complete the HSAT. Pertinent patient information and HSAT data are provided to a physician for diagnosis, and, if appropriate, the physician prescribes an oral appliance. The qualified dentist then determines whether the patient is a suitable candidate, and then fabricates and delivers the appliance. After the appliance is at the appropriate therapeutic position, the qualified dentist once again orders or

administers the HSAT. Pertinent patient information and HSAT data are shared with the physician who verifies treatment efficacy.

This model of care achieves several outcomes:

1. Dentists identify patients at risk for sleep apnea.
2. The process of obtaining a diagnosis for sleep apnea requires fewer appointments, reducing expenses and patient inconvenience while increasing the likelihood of treatment if sleep apnea is diagnosed in a patient.
3. The workload of primary care physicians and board-certified sleep medicine physicians related to ordering and dispensing HSATs is reduced, allowing them to better allocate their resources to the diagnosis and treatment of sleep disorders.
4. The diagnosis of medical diseases and verification of treatment efficacy remains the responsibility of the medical provider.

With the public burden of OSA and technologic advances, new models of care are being implemented at a rapid pace. Patients can now purchase HSATs directly from online sources. It is hard to find an argument against allowing a qualified dentist who will collaborate directly with patients' physicians when patients can order the test directly from the Internet, entirely bypassing their health care providers.

As health care providers who live by the ethical code of "do no harm" and understand the harmful consequences of OSA, we owe it to the public to implement models of care that reduce barriers to diagnosis and treatment, ensure that sleep apnea is diagnosed and treatment efficacy is verified by physicians, and maximize the training and skills of qualified dentists.

CITATION

Schwartz D, Levine M, Adame M, Addy N, Cantwell M, Hogg J, Huynh N, Jacobs P, Postol K, Rohatgi R. American Academy of Dental Sleep Medicine Position on the Scope of Practice for Dentists Ordering or Administering Home Sleep Apnea Tests. *J Dent Sleep Med.* 2020;7(4).

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2. Frost & Sullivan. Darien, IL: American Academy of Sleep Medicine; 2016. Hidden health crisis costing America billions. Underdiagnosing and undertreating obstructive sleep apnea draining healthcare system. https://aasm.org/advocacy/initiatives/economic-impact-obstructive-sleep-apnea/. Accessed August 18, 2020.
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4. Policy on Dentistry's Role in Treating Obstructive Sleep Apnea, Similar Disorders. American Dental Association. ada.org/sleepapnea. Accessed August 18, 2020.

SUBMISSION AND CORRESPONDENCE INFORMATION

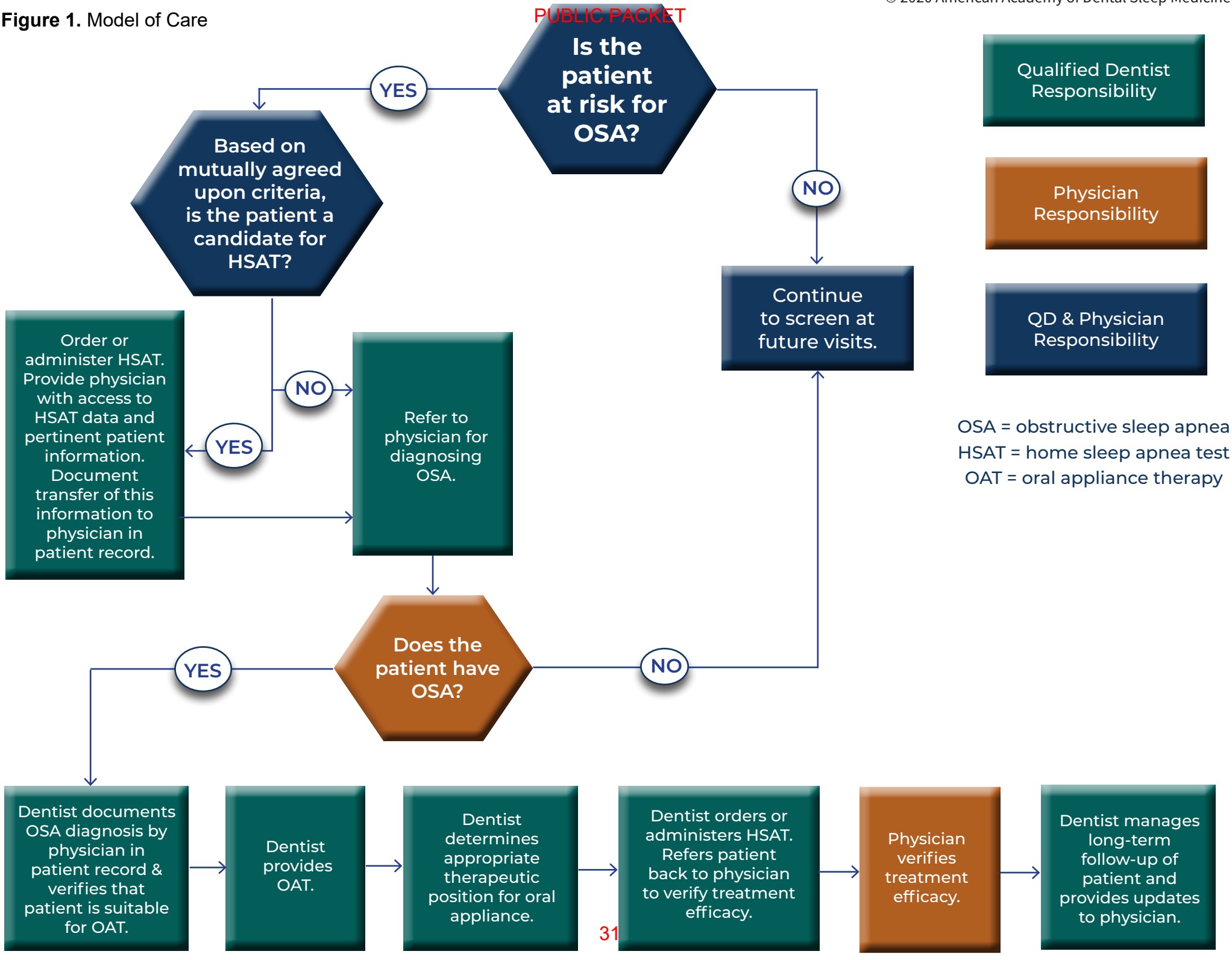
Submitted in final revised form August 28, 2020.

Address correspondence to: David Schwartz, DDS; Email: dschwartz@aadsm.org

DISCLOSURE STATEMENT

All authors are members of the AADSM Board of Directors. Dr. Schwartz declares investments in Prosomnus Sleep.

Figure 1. Model of Care



or treating oral diseases, which can affect systemic health.

3. The term “Essential Dental Care” be defined as any care that prevents or eliminates infection, preserves the structure and function of teeth as well as the orofacial hard and soft tissues, and that this term be used in lieu of the terms “Emergency Dental Care” and “Elective Dental Care” when communicating with legislators, regulators, policy makers and the media in defining care that should continue to be delivered during global pandemics or other disaster situations, if any limitations are proposed.
4. Government agencies such as the Department of Homeland Security and the Federal Emergency Management Agency have acknowledged dentistry as an essential service needed to maintain the health of Americans. State agencies or officials should recognize the oral health workforce when designating its essential workforce during public health emergencies, in order to assist them in protecting the health of their constituents.

Diagnostic Testing by Dentists (*Trans.*2020:321)

Resolved, that dentists with the requisite knowledge and skills can order and administer diagnostic medical tests to screen patients for chronic diseases and other medical conditions that could complicate dental care or put the patient and staff at risk, and be it further
Resolved, that point of care testing to screen is within a dentist’s scope of practice, and be it further
Resolved, that point of care testing results be communicated with the patient and the patient be referred to their physician for appropriate diagnoses and treatment, and be it further
Resolved, that dentists comply with federal and state requirements, as appropriate, to administer the tests.

Direct to Consumer Dental Laboratory Services (*Trans.*2018:304)

Resolved, that the ADA strongly discourages the practice of direct to the consumer dental laboratory services because of the potential for irreversible harm to patients.

Do-It-Yourself Teeth Straightening (*Trans.*2017:266)

Resolved, that for the health and well-being of the public, the American Dental Association believes that supervision by a licensed dentist is necessary for all phases of orthodontic treatment including:

- oral examination
- periodontal examination
- radiographic examination
- study models or scans of the mouth
- treatment planning and prescriptions
- periodic progress assessments and
- final assessment with stabilizing measures

and be it further
Resolved, that the ADA strongly discourages the practice of do-it-yourself orthodontics because of the potential for harm to patients.

Policy Statement on the Role of Dentistry in the Treatment of Sleep Related Breathing Disorders (*Trans.*2017:269; 2019:270; 2021:XXX)

Policy Statement on the Role of Dentistry in the Treatment of Sleep Related Breathing Disorders

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 modalities exist to treat SRBD. Oral appliances, specifically custom-made, titratable devices can improve SRBD in adult patients Oral appliance therapy (OAT) can improve or effectively treat OSA in adult patients, especially those who are intolerant of positive airway pressure therapy (PAP therapy). 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 patients are at risk and appropriate candidates for sleep apnea tests (SAT) the dentist may order or administer the appropriate SAT in accordance with applicable laws. If risk for SRBD is determined, patients and pertinent patient information and SAT data should be referred, to the appropriate physicians for 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 obstructive sleep apnea, and for severe obstructive sleep apnea when a CPAP cannot or will not be tolerated by the patient.
- When a physician diagnoses obstructive sleep apnea in a patient and the treatment with oral appliance therapy is recommended through written or electronic referral, 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, monitor its effectiveness and titrate the appliance as necessary.
- 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, home sleep apnea tests (HSAT) may be used by the dentist to help define the optimal target position of the mandible. A dentist trained in the use of HSAT'S 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 regarding the patient's treatment progress and any recommended follow-up treatment.
- Follow-up sleep testing should be conducted so the physician is able to evaluate the improvement or confirm treatment efficacy for the OSA.

Medical (Dental) Loss Ratio (*Trans.*2015:244; 2019:262)

Resolved, that the ADA supports the concept of a "Medical Loss Ratio" for dental plans defined as the proportion of premium revenues that is spent on clinical services, and be it further

Resolved, that dental plans, both for profit and nonprofit should be required to make information available to the general public and to publicize in their marketing materials to plan purchasers and in written communications to their beneficiaries the percentage of premiums that fund treatment and the percentage of premiums that go to administrative costs, promotion, marketing and profit, or in the case of nonprofit entities, reserves, and be it further

Resolved, that the ADA support legislative efforts to require dental benefit plans to file a comprehensive MLR report annually and to establish a specific loss ratio for dental plans in each state and ERISA benefit plans.

ADA Policy on Tooth Whitening Administered by Non-Dentists (*Trans.*2008:477)

Resolved, that the American Dental Association supports educating the public on the need to consult with a licensed dentist to determine if whitening/bleaching is an appropriate course of treatment, and be it further

Resolved, that the Council on Scientific Affairs compile scientific research to describe treatment considerations for dentists prior to the tooth whitening/bleaching procedure in order to reduce the incidence of adverse outcomes and report these findings to all state dental associations, and be it further

Resolved, that the American Dental Association petition the Food and Drug Administration to properly classify tooth whitening/bleaching agents in light of the report from the Council on Scientific Affairs, and be it further

Resolved, that the American Dental Association urges constituent societies, through legislative or regulatory efforts, to support the proposition that the administering or application of any intra-oral chemical for the sole purpose of whitening/bleaching of the teeth by whatever technique, save for the lawfully permitted self application and application by a parent and/or guardian, constitutes the practice of dentistry and any non-dentist engaging in such activity is committing the unlicensed practice of dentistry.

Position Statement

Role of the Dentist in the Treatment of Sleep-disordered Breathing

April 30, 2025

The Ohio State Dental Board is committed to ensuring the safe practice of dentistry to the public. The purpose of these recommendations is to address inquiries regarding the role of the dentist in the treatment of a patient with sleep-disordered breathing (SDB). It is understood that the field of dental sleep medicine is constantly evolving, and that due to changes in knowledge and technology, future modifications to these recommendations may be necessary.

Sleep-disordered breathing encompasses both sleep-related breathing disorders (SRBD), sleep disorders characterized by abnormalities of respiration during sleep, including upper airway resistance syndrome and obstructive sleep apnea, and other similar abnormalities, including snoring.

Dentists are encouraged to screen patients for SRBD as part of a comprehensive medical and dental history and to recognize symptoms such as daytime sleepiness, choking during sleep, snoring, witnessed apneas, and other risk factors such as obesity, macroglossia, Mallampati class 3 or 4, or hypertension. If a risk for SRBD is determined, then patients should be referred to an appropriate physician for further evaluation and diagnosis. The dentist may order home sleep apnea testing (HSAT), if the dentist has adequate training in SRBDs.

Dentists may elect to administer pulse oximetry or HSAT as part of an initial screening for SRBD. However, the scoring and interpretation of such testing, as well as the patient's diagnosis, must be the sole responsibility of a physician. If a dentist deems that an oral appliance (OA) is an appropriate treatment option for the patient, the dentist should collaborate with the physician for a prescription or referral before fabricating an OA.

The dentist is uniquely qualified to determine if the patient is a candidate for oral appliance therapy (OAT) and, if so, obtain the necessary records to fabricate an OA for the therapeutic benefit of an individual suffering from SRBD when this course of therapy is recommended by the physician. The dentist shall determine which appliance is best suited for the dentition of the patient and for reaching the objectives set forth by the physician.

The dentist shall ensure that the fit on the intra-oral structures is such that the therapeutic benefit is able to be fully realized by the patient. The dentist shall then proceed with appropriate titration whereby patient symptoms and objective data may be utilized to monitor or improve treatment.

As titration of an OA has been shown to improve the final treatment outcome and overall OA success, dentists may use pulse oximetry or an HSAT device to help define the optimal target position of the mandible. A dentist trained in the use of these devices may assess the

objective interim results for the purposes of OA titration. In no instance should the dentist rely on the outcomes of these devices to make the independent determination that the SRBD has been optimally treated. The physician has ultimate responsibility for judging treatment efficacy.

Dentists' use of a pulse oximeter or HSAT devices for screening and/or OA calibration should be considered *within* the scope of practice of a qualified dentist, defined as an adequately trained dentist treating SRBD who continually updates their knowledge and training with related continuing education.

The dentist shall be responsible for monitoring and maintaining the OA as well as identification and management of the potential occlusal, orthodontic, and temporomandibular side effects while the physician should be responsible for monitoring the patient's medical condition. Dentists should fully discuss potential side effects and provide informed consent to any patient that they treat. If a patient presents to the dentist with changes in efficacy they should be referred back to the physician for evaluation.

Training in dental sleep medicine is necessary for the dentist to provide safe, quality care to patients using OA for SRBD. Dentists treating SRBD should continually update their knowledge and training of dental sleep medicine with related continuing education, such as that outlined by the American Academy of Dental Sleep Medicine.

References

1. Levine M, Cantwell M, Posto I K, Schwartz D. Dental sleep medicine standards for screening, treating, and management of sleep related breathing disorders In adults using oral appliance therapy. J Dent Sleep Med. 2022;9(4)

2. ADA Policy Statement on the Role of Dentistry In the Treatment of Sleep Related Breathing Disorders (Trans.2017:269; 2019:270; 2021:XXX)

GEORGIA BOARD OF DENTISTRY

Adopted Board Policies

Table of Contents

Any updates to the manual post July 1, 2016, will reflect the date approved by the Governor.

Please note that policy statements issued by the Board are subject to change and require no prior notice from the Board. You may contact the Boar d office to confirm that the information in this publication is still current.

Acupuncture for Treatment

Because acupuncture is not a specialty recognized by the Georgia Board of Dentistry or the American Dental Association, there are no licensing procedures or guidelines regarding its use which can be found in the Georgia Dental Practice Act. Consequently, the Georgia Board of Dentistry can neither endorse nor encourage the use of this technique in the practice of dentistry at this time.
(adopted 02/11/00)

Appliances Used for Weight Loss

The impression, construction, insertion (delivery) of the appliance and the maintenance of the oral health related to the appliance is within the scope of practice of dentistry pursuant to O.C.G.A. Title 43 Chapter 11. The diagnosis, evaluation and continued evaluation of the patient's suitability for the appliance is not within the scope of practice pursuant to O.C.G.A. Title 43 Chapter 11.

Therefore, only under the orders of a physician can a dentist fabricate this appliance for the designated patient and conduct only those tasks allowed pursuant to O.C.G.A. Title 43 Chapter 11.
(adopted 10/08/04)

Applications for Licensure

Number of references required for licensure:

- The Georgia Board of Dentistry requires as part of the application process, two (2) letters of reference. (adopted 5/11/07)

Expiration of incomplete applications:

- Incomplete applications are maintained in the Board office for a period of one (1) year. After such time, the application is rendered void and the applicant must reapply and pay all required fees. (adopted 1/10/03)

Approval of Licensure by Executive Director:

- The Georgia Board of Dentistry established the requirement that all licensure applications with "non-standard" or unusual applicant responses must be presented to the Board for approval. (adopted 1/12/01)

Administratively Processed Applications with report of DUI

Applications received that report only one (1) DUI within the last three (3) years, and verified by a GCIC report that this is the only criminal activity (GCIC to be run by Enforcement), can be approved administratively. The administrative processing of these licenses means that the Board staff has reviewed the documents and approved licensure based upon the laws, rules and board policies that pertain to that specific type of licensure. These administratively issued licenses will be considered for a vote to ratify at the next regularly scheduled board meeting.
(adopted 06/18/04)

Continuing Education Audits for Licensure Renewal

Effective February 1, 2010, the Board will randomly select a percentage of its licensees to conduct a CE audit for the preceding renewal period.
(adopted 01/11/08)

CE Audit Guidelines:

1. Pursuant to Rule 150-3-.09 and Rule 150-5-.02, official documentation is defined as documentation from an approved provider that verifies a licensee's attendance, course content, hours earned, and date and times that a course is given. Checks for payment, hotel reservations, or copies of a course syllabus shall not serve as official documentation.
2. Any licensee who does not respond to the audit notice or to a deficiency notice within thirty (30) calendar days will be considered by the board for sanction for non-compliance and falsifying the renewal application.
3. A report of licensees deemed in compliance and those deemed noncompliant will be presented by the CE Audit Committee to the full Board at the next regularly scheduled board meeting(s) following a review of audit materials.

(adopted 01/11/08)

Dental Hygienists

Approved Modalities for Dental Hygienists:
Use of the following therapies and their placement by trained dental hygienists are approved:

1. Fluorides, including but not limited to: stannous, neutral sodium, acidulated phosphate
2. Chlorhexidene gluconate solutions, including but not limited to: Peridex, Perioguard
3. Chlorhexidene gluconated chip, including but not limited to: Perio-Chip
4. Resorbable doxycycline hyclate, including but not limited to: Atridox

5. Resorbable minocycline hydrochloride, including but not limited to: Arestin
6. Non-Injectable Local Anesthetics, including but not limited to: Oraqix, Kovanaze, Cetacaine, and HurriPak

This list will be continually visited and updated, and it will be the responsibility of the licensed dental hygienist to ensure that he/she is practicing within the law. This list is not to be construed as an endorsement of any specific product by the Georgia Board of Dentistry. (adopted 08/09/02, amended 02/18/19)

Dental Screenings by Dental Hygienists:

- Definition of the term "Other Health Fair Settings" – healthcare settings where other healthcare disciplines are represented as part of the overall screening. Approval by the Georgia Board of Dentistry will not be granted under the provisions of Code Section §43-11-74(e) for the performance of dental screenings in settings where other healthcare disciplines are not represented.
- Administrative staff (Executive Director/Applications Specialist) is authorized to approve routine applications on behalf of the Board. Ratification of such approvals from the full Board will occur at the next regularly scheduled board meeting.
- Applications of "other health fair settings" shall be submitted to the Board office for approval at least ten (10) days prior to the scheduled health fair date.

(adopted 10/04/01)

Dental Hygienists Sanctioned by the Board

If a dental hygienist is sanctioned by the Board, a letter of concern will be sent to the dentist for whom they work surrounding the same issue for which the hygienist is sanctioned.
(adopted 06/18/04)

Denturism

The Georgia Board of Dentistry strongly feels that any move to legalize and/or license individuals engaged in the practice of denturism would adversely affect the oral health of Georgia citizens. In carrying out its licensure and regulation responsibilities for the protection of the public, each year the Board must initiate investigations into citizen complaints of unlicensed practice by individuals who are unqualified and untrained. Any effort to legitimize the practice of denturism would result in an increased number of complaints, misleading and deceptive misrepresentations to the public, and a decrease in the quality of health care in Georgia. During the period of 1998 to the present,

the Board has had to initiate twenty-one separate investigations into allegations of unlicensed practice of dentistry. These investigations reveal that patients are often times deceived by these technicians who hold themselves out to the public as dentists, but do not have the extensive educational training needed to properly address the full range of patient oral health care needs. Specifically, in recent years the Board has seen cases where patients under the care of such individuals have been harmed when serious oral maladies and conditions went undetected and ultimately resulted in the need for radical and deforming surgery. Likewise, in an era where the spread of infectious diseases is of great public concern, a large number of Board investigations related to unlicensed practice activity have shown that patient health, safety, and welfare, is severely compromised due to a common failure by such individuals to adhere to proper infection control guidelines and procedures. Conversely, all dentists are required by law to adhere to CDC infection control standards and have received extensive training in this area to prevent the transmission of infectious diseases such as HIV and Hepatitis B during dental procedures. Although rising concerns with the cost of dental care is an issue of many citizens, the complaints received by the Board office and those which have received local media attention, clearly indicate that Georgia citizens do not want quality of care compromised for the sake of cost. The Board trusts that the interests of the citizens of this state will rise above the economic concerns of a small group of individuals and defeat any efforts to legalize the unqualified, untrained, and unlicensed practice of dentistry.
(adopted 04/27/01)

Direct Supervision in All Dental Assisting Programs

A licensed dentist is required to provide direct supervision in all dental assisting programs in Georgia for training on any patient based procedures, including but not limited to exposing x-rays.
(adopted 06/08/07)

Emergency Rules

The Georgia Board of Dentistry is charged with promulgating rules and regulations to carry out the performance of its duties as set forth in Georgia law. Such rules and regulations are enacted in compliance with the notice and hearing as required by Georgia law O.G.G.A. 50-13-4(a). In the event that the Board finds that an imminent peril to the public health, safety or welfare exists, the Board may adopt a rule upon fewer than 30 days' notice or not notice or hearing. In the event that such an emergency rule is necessary, the Board shall enact such a rule in compliance with the procedures outlined in Georgia law O.C.G.A. 50-13-4(b).

General Anesthesia/Conscious Sedation

Sites:
Each site where Conscious Sedation/General Anesthesia is administered must maintain its own stationary stand-alone equipment and medication. Conscious Sedation/General Anesthesia applicants must submit statements with their application materials requiring them to notify the Board of any site or technique changes or additions.
(adopted 05/12/00)

Permits to Licensed Physicians:
The Georgia Board of Dentistry may only issue a permit to a dentist who has met the requirement set forth in accordance with O.C.G.A. §43-11-21 and O.C.G.A. §43-11-21.1; consequently, it is not within the purview of the Georgia Board of Dentistry to issue a CS/GA permit to any individual practicing dentistry under his or her medical license.
(adopted 07/21/00)

Licensure by Credentials for Active Duty Military

Applicants for licensure by credentials who have been active duty military will be considered for an exemption to the state of licensure practice requirement upon receipt of a letter of endorsement from his/her Commanding Officer attesting that there have been no disciplinary actions on his/her record during his/her service.
(adopted 09/07/07)

Licensure Overview Committee Appointments

Failure to show for an appointment scheduled with the Licensure Overview Committee will result in the individual not being allowed to reschedule the appointment for one year from the date of the missed appointment.
(adopted 03/11/05)

Periodontal Parameters of Care

As stated in a memo dated 3/31/01 from the Georgia Society of Periodontists: Following phase one treatment variously known as initial therapy, non-surgical therapy, scaling and root planning, etc., patients should be comprehensively re-examined and reevaluated, and the results recorded and documented. Following such reevaluation, surgical resective or regenerative therapy or extraction to eliminate periodontal infection should be considered and implemented if indicated, if one or more of the following conditions are identified:

1. Infected persistent pockets, manifested by bleeding on probing and/or suppuration, and/or redness, and/or swelling
2. Non-maintainable deeper periodontal pockets exceeding 5 millimeters in depth
3. Residual radiographic calculus
4. Angular or horizontal bony defects identified radiographically
5. Furcation defects identified radiographically
6. Tooth mobility.

(adopted 07/15/05)

Practice Management

Paperless Patient Records:

- Practice Management Computer Software for creating and storing patient records:
    - Dentists utilizing such technology must be able to produce a diagnostic quality image and in response to a request for records, must also certify under oath that the records and the image(s) have not been altered.

(adopted 11/08/02)

Reinstatement Policy

For licensees whose licenses expired at the most recent renewal deadline.

The Reinstatement Application is available on the board's web site at https://gbd.georgia.gov/documents/applications-and-forms.
Fees - $1675 Dentist/$375 Hygienist

The supporting documents required with the reinstatement application include:

- Dentist - CE totaling 40 hours within the last two years;
- Hygienist – CE totaling 22 hours within the last two years;
  - The CE hours used for reinstatement cannot be used to meet the CE requirement for the biennium for which the license is reinstated;
- Copy current CPR card;
- Verification of licensure from all states in which they hold a license;
- Jurisprudence;
- NPDB Report;
- Resume/CV;
- Four references;
- Completed malpractice questionnaire

For any reinstatement application citing problems, (not having CE during last biennial renewal period, convictions, disciplinary action in other states, impairment, etc.) the licensee will be scheduled to a meeting with the Licensure Overview Committee and the following guidelines may apply:

Guidelines for Reinstatement

No Clinical Practice	Reassessment of Skills (1 week)	Remediation and Reassessment of Skills	Letter of Competency	CRDTS Exam
3 – <5 yrs	X		X	
5 yrs - <10 yrs	X	X	X	X
10 yrs - +		X	X	X

For licensees that state that they have not been practicing without a license since the date that the license lapsed are reinstated without a consent order. However, the following guidelines may apply:

Guidelines for Reinstatement

No Clinical Practice	Reassessment of Skills (1 week)	Remediation and Reassessment of Skills	Letter of Competency	CRDTS Exam
3 – <5 yrs	X		X	
5 yrs - <10 yrs	X	X	X	X
10 yrs - +		X	X	X

For licensees that state that they have been practicing without a license since the date that the license lapsed are reinstated and the matter is referred to Legal Services to send a public consent order citing the dates of the unlicensed practice with a $1,000 fine ($500 fine for dental hygienists) to be paid within 120 days of the effective date of the order, 3 years probation, completion the Law Ethics and Professionalism (LEAP) course within one year of the effective date of the order, 4 hours CE in Risk Management within one year of the effective date. A letter of concern is to be mailed to all employers of hygienists with a lapsed license concerning aiding and abetting unlicensed practice.

The board also allows reinstatement consent orders that have been signed by the licensee and returned to the board office to be accepted upon receipt, with the Executive Director signing for the Board President.

If reinstatement is granted, the license will be required to be renewed by the last day of December in ODD numbered years, regardless of when the license is reinstated.

The implications of a licensee practicing without a license are far- reaching. Employees/associates working with an unlicensed person could be subject to disciplinary action for aiding & abetting unlicensed practice; Medicaid & Medicare charges during the unlicensed period may be subject to denial or reimbursement; malpractice providers may not cover the individual during the unlicensed period.

All reinstatement applications must be reviewed and approved by the Board.

(amended 03/11/05)
(amended 02/08/13)
(amended 01/20/17)

Smoking Cessation Policy

The Georgia Board of Dentistry considers the use of behavior modification techniques, nicotine replacement therapy using nicotine patches or chewing gum and prescription drugs approved for smoking cessations including but not limited to bupropion (Zyban® or Wellbutrin®) to be within the scope of practice of Dentistry in Georgia.
(adopted 01/19/07)

Cease and Desist Orders

It is the policy of the Georgia Board of Dentistry to accept all Voluntary Cease and Desist Orders upon receipt in the Board office and authorize the present/chairperson or his or her designee to execute the Order and to authorize the Orders to be docketed and served. It is the intent of the Board that the orders will be in effect upon docketing.
(adopted 07/07/08)

License Renewals for Deployed Licensees

Licensees can renew on-line beginning approximately Mid-November 2009. Licensees have until June 2010 to late renew. Upon receipt of copies of official military orders citing active duty military deployment, the Board will consider allowing late renewal without payment of the additional late renewal penalty fees. Licensees who can provide paperwork to the Board concerning military deployment will not be lapsed for non-renewal and upon request will renew said license without penalty.
(adopted 06/05/09)

Media Policy

Effective January 7, 2011, the Georgia Board of Dentistry voted that it is not appropriate for any one member to make verbal or written comments or statements to any media outlet on behalf of the Board until such time as authorized by the Board. Any verbal or written comments or statements provided by an individual board member are the opinions of that board member only and should not be attributed to or representative of the Georgia Board of Dentistry.
(adopted 01/07/11)

Mid-level Providers and Direct Supervision

The Georgia Board of Dentistry does not support the implementation of any training program or licensure pathway for mid-level dental providers that allows for the performance of irreversible dental, surgical or restorative procedures. Further, the Georgia Board of Dentistry reaffirms its support for the direct supervision of dental auxiliaries in all areas of dental care. Based on the repeated availability and distribution studies of general practitioners, there is reasonable Georgia access to dental treatment by qualified graduates of a CODA-approved pre-doctoral program. A reduced level of education in mid-level provider training results in a multi-tiered level of treatment that undermines and stratifies the standard of dental care for Georgia citizens.
(adopted 01/27/16)

Sleep Apnea Testing

Georgia dentists are not prohibited from ordering sleep apnea tests. Diagnosis of sleep apnea is solely in the purview of the patient's physician and the practice of medicine.

Dentists are allowed to dispense portable monitors for patients at risk for sleep apnea.

Dentists are allowed to order portable monitors for patients identified by the dentist as being at risk for sleep apnea.

Dentists are allowed to use a portable monitor to help determine the optimal effective position of a patient's oral appliance

Dentists are allowed to order a portable monitor to verify the effectiveness of an oral appliance.
(adopted 01/06/23)

Approval of Expanded Duties Dental Assisting Programs

The Georgia Board of Dentistry approves all out-of-state expanded duties dental assisting programs whose programs train expanded duties dental assistants in the duties set forth in Ga. Comp. R. & Regs. 150-9-.02(3) and certificates issued include the duties set forth in Ga. Comp. R. & Regs. 150-9-.02(3). No expanded duties dental assistant shall be permitted to perform any duties that exceed those set forth in Ga. Comp. R. & Regs. r. 150-9-.02(3), even if such expanded duties dental assistant received training in another state in those tasks.
(adopted 02/10/17)

Coronal Polishing ("Rubber Cup Prophy")

Definition of Prophylaxis – Child (D1120)
Removal of plaque, calculus and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irritational factors.

Requirements for calculus removal
Calculus, if present during a "rubber cup prophy", must be identified and removed by a Georgia-licensed DMD/DDS or RDH only.

Age of primary dentition
The American Dental Association (ADA) lists the presence of primary teeth from approximately one year to about age twelve. The Georgia Board of Dentistry recognizes and accepts these basic parameters as the ages when primary teeth are present in a child.

Billing as a Prophylaxis
The prophylaxis, D1120, includes the combined processes of examination (DMD/DDS), calculus removal if present (DMD/DDS/RDH) and coronal polishing, "rubber cup prophy" (Trained DA).

Training in Coronal Polishing ("Rubber Cup Prophy") for Dental Assistants
A dental assistant with at least one year of prior chairside experience or a graduate of an approved dental assisting program is eligible to attend an 8 hour pre-approved course of study that includes didactic and clinical applications necessary for coronal polishing ("rubber cup prophy") and shall include:

- Ethics and Georgia jurisprudence related to coronal polishing
- Identify the potential risks, indications and contraindications for coronal polishing
- Understand the definition of plaque, types of stain, calculus, and related terminology
- Dental anatomy and morphology for the proper identification of adult and child dentition
- Principles of coronal polishing including, but not limited to –
    - armamentarium;
    - proper positioning used/ergonomics;
    - preferred polishing technique using a stable fulcrum;
    - abrasive polishing agents commonly used in coronal polishing;
    - polishing coronal surfaces of teeth on a typodont using a slow speed handpiece
- Indications for professionally applied topical fluoride agents for caries prevention
- Fluoride Delivery Methods

(approved 04/30/18)

§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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DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

Amendment and Compilation of Chapter 16-79
Hawaii Administrative Rules

M DD YYY

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

"HAWAII ADMINISTRATIVE RULES

TITLE 16

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

CHAPTER 79

DENTISTS AND DENTAL HYGIENISTS

Subchapter 1 General Provisions

Subchapter 2 Applications

Subchapter 3 Repealed

§§16-79-20 to 16-79-24 Repealed

Subchapter 4 Repealed

§§16-79-28 to 16-79-33 Repealed

Subchapter 5 Repealed

§§16-79-40 to 16-79-50 Repealed

Subchapter 6 Repealed

§§16-79-54 to 16-79-63 Repealed

Subchapter 7 Dental Assistants and Licensed Dental Hygienists

Subchapter 8 Anesthesia

Subchapter 9 Fees

SUBCHAPTER 1

GENERAL PROVISIONS

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

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

"ADA" means the American Dental Association.

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

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

"ADHA" means the American Dental Hygienist Association.

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

"BLS" means basic life support.

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

"CE" means continuing education.

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

"CPR" means cardiopulmonary resuscitation.

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

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

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

"HDA" means Hawaii Dental Association.

"HIPAA" means Health Insurance Portability and Accountability Act.

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

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

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

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

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

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

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

"NPDB" means the National Practitioner Data Bank.

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

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

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

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

(2) "General supervision" means that the supervising licensed dentist has examined and diagnosed the condition to be treated, and has authorized each procedure to be carried out in accordance with the dentist's diagnosis and treatment plan. The presence of the supervising dentist is not required; provided the dentist shall be available for consultation and shall be responsible for all delegated acts and procedures performed

by licensed dental hygienists. In the case of programs under the supervision and control by the department of health or in any facility specified in section 447-3, HRS, the foregoing shall not apply except that the supervising licensed dentist shall be available for consultation, shall be responsible for all delegated acts and procedures performed by licensed dental hygienists and the procedures pursuant to section 447-3, HRS, shall have been prescribed by a licensed dentist or otherwise be authorized by law.

"Virtually in real-time" means learning where the participant and the instructor interact live via video conferencing or other electronic platforms that allows immediate communication or engagement. [Eff 7/2/64; am and ren §16-79-2, 2/13/81; am 1/27/86; am and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §448-6)

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

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

(c) The failure to timely renew a license, the failure to pay all applicable fees, the failure to complete the CE requirements during each biennium, the dishonoring of any check upon first deposit, or the failure to comply with any other requirement provided

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

§16-79-3.1 Restoration of forfeited license. (a) A license which has been forfeited may be restored within two years after the date of expiration upon compliance with the licensing renewal requirements provided by law and upon written application and payment of all applicable renewal fees, penalty fees, and compliance resolution fund fees.

(b) A forfeited license may be restored after two years from the date of expiration upon:

(1) Written application and payment of all renewal, penalty, and other applicable fees;

(2) Being engaged in the practice of dentistry or dental hygiene, as applicable, for at least three years preceding the date of the written application which includes:

(A) Evidence of active clinical practice of not less than one thousand hours per year for the three years immediately prior to the date of request; and

(B) A certification from the appropriate state board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice;

(3) Submitting evidence of completion of the CE requirements of a minimum of thirty-two hours, plus six hours of ethics training each biennium, for licensed dentists and twenty hours, to include two hours of ethics training, for licensed dental hygienists each biennium;

(4) Submitting a self-query background check from the NPDB. In addition, the board may require a background check from an independent background check service approved by the board, provided that the applicant shall pay the cost of the background check; and

(5) If the person is unable to meet the above requirements, the person may be required to reapply as a new applicant, take and pass the licensure examination.

(b) If the person has not restored the license for more than five years from the date of expiration, the person shall be required to reapply as a new applicant, take and pass the licensure examination, submit a self-query report from the NPDB, and submit a report from an independent background check service approved by the board; provided that the applicant shall pay the cost of the background check. [Eff and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp] (Auth: HRS §448 6) (Imp: HRS §§447-1, 448-6, 448-7, 448-8.5)

§16-79-4 Repealed. [R 1/27/14]

§16-79-5 Prosthetic appliances. A licensed dentist shall provide a written work order authorizing the making or repair of artificial restorations, substitutes, appliances, or materials for the correction of disease, loss, deformity, malposition, dislocation, traction, fracture, injury to the jaws, teeth, lips, gum, cheeks, palate, or associated head and neck tissues or parts, from casts, models, or impressions and shall keep a file copy of written work orders for a period of at least one year. The work order shall be dated and signed by the dentist, include the dentist's license number and the name and

address of the independent dental laboratory. [Eff 7/2/64; am 2/24/67; am and ren §16-79-5, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§448-1, 448-6)

§16-79-6 Repealed. [R 1/27/14]

§16-79-7 Approved apron. An apron, preferably with cervical collar, with .25 mm lead equivalent shall be the minimum shielding for dental radiographic procedures. [Eff and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02; comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§448-1.5, 448-6)

§16 79 8 Approved infection control practices. Licensed dentists and licensed dental hygienists shall practice levels of infection control consistent with the guidelines and recommendations of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) and the ADA. [Eff and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§447-1, 448-6)

SUBCHAPTER 2

APPLICATIONS

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

(1) Be eighteen years of age or more;

(2) Pass the National Board Dental Examination or the Integrated National Board Dental Examination;

(3) Pass the ADEX dental examination;

(4) Be a United States citizen, United States national, permanent resident of the United States, or alien authorized to work in the United States; and

(5) Be a D.D.S. or D.M.D. graduate from a dental [~~school~~] college accredited by CODA.

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

(1) Be eighteen years of age or more;

(2) Pass the National Board Dental Hygiene Examination;

(3) Pass a regional dental hygiene examination until a national clinical dental hygiene examination becomes available, pursuant to section 447-1(b) and (c), HRS;

(4) Be a United States citizen, United States national, permanent resident of the United States, or alien authorized to work in the United States;

(5) Be a graduate from a dental hygiene school accredited by CODA; and

(6) Be certified in the administration of intra-oral infiltration local anesthesia and intra-oral block anesthesia from an accredited dental hygiene school or certification program approved by the board.

[Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§436B-10, 447-1, 448-6, 448-9)

§16-79-10 Application forms. All applications shall be made on the forms as prescribed by the board. No application shall be deemed complete which does not set forth all the information relative to the applicant required by said forms and this chapter. The applicant is solely responsible for submitting a completed application. [Eff 7/2/64; am and ren §16-79-10, 2/13/81; am and comp 2/9/89; am and comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§447-1, 448-6, 448-9)

§16-79-11 Documentation and credentials required for dental applicants. (a) All dental licensure applicants shall arrange to have sent directly to the board:

(1) An official verification of having successfully passed the National Board Dental Examination or the Integrated National Board Dental Examination;

(2) An official verification of having successfully passed the ADEX dental examination; and

(3) A certified copy of a dental degree, a certificate of graduation, or an official transcript of a D.D.S. or D.M.D. degree from a dental [~~school~~] college accredited by CODA.

(b) Applicants licensed as a dentist in another state shall also submit an official verification of licensure and licensure status from the board of dental examiners of that state and submit a self-query report from the NPDB.

The board may require additional background checks of dental applicants from an independent background check service as approved by the board, provided that the applicant shall pay the cost of the background check. [Eff 7/2/64; am and ren §16-79-11, 2/13/81; am and comp 2/9/89; am and comp 8/20/90; am and comp 2/9/01;

comp 2/9/02; am and comp 1/27/14; comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-9, 448-9.4)

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

(1) A certified copy of a dental degree, a certificate of graduation, or an official transcript of a D.D.S. or D.M.D. degree from a dental college accredited by CODA;

(2) A signed letter of employment prepared by the applicant's prospective employer, qualified pursuant to section 448-12(a), HRS. The letter must list specific employment start and end dates; and

(3) If licensed as a dentist in another state, the applicant shall also submit an official verification of licensure and licensure status from the board of dental examiners of that state and submit a self-query report from the NPDB.

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

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

(1) Verification of a D.D.S. or D.M.D. degree from a dental college accredited by, or that has a reciprocal agreement with, CODA, verified by a certified copy of a dental degree, a certificate of graduation, a signed letter on official letterhead from the dean of the dental college verifying successful completion of the dental program, or an official transcript;

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

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

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

(3) If licensed as a dentist in another state, the applicant shall also submit an official verification of licensure and licensure status from the board of dental examiners of that state and submit a self-query report from the NPDB.

(e) Individuals who are applying for the temporary dentist license as post-doctoral residents may pass or fail the ADEX exam and still qualify for the temporary dentist license. [Eff and comp] (Auth: HRS §448-6) (Imp: HRS §§448-9, 448-12, 436B-10)

§16-79-11.2 Documentation and credentials required for community service dental applicants. (a) All community service dental licensure applicants shall arrange to have sent directly to the board:

(1) A certified copy of a dental degree, a certificate of graduation, or an official transcript of a D.D.S. or D.M.D. degree from a dental college accredited by, or that has a reciprocal agreement with, CODA;

(2) A signed letter of employment prepared by the applicant's prospective employer, qualified pursuant to section 448-9.6(a), HRS. The letter must list a specific employment start date;

(3) An official verification of licensure and licensure status from another state board of dental examiners;

(4) A self-query report from the NPDB; and

(5) Additional requirements outlined in section 448-9.6(a)(1)(B), HRS, as applicable.

(b) Any individual shall not qualify for the community service dentist license upon failure of the ADEX exam.

(c) Upon approval of the community service dentist license, the licensee may obtain additional employment with another employer, qualified pursuant to section 448-9.6(a), HRS. To add additional employment, a licensee shall:

(1) Provide the Board with a signed letter from the additional employer listing a specific employment start date; and

(2) Maintain employment with the employer through which the individual gained initial licensure, pursuant to section 448-9.6(d)(1), HRS.

(d) Applicants applying as commissioned officers under section 448-9.6(e), HRS shall arrange to have sent directly to the board:

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

(2) A copy of documentation reflecting official duty assignment to a qualifying community dental service dental site. [Eff and comp] (Auth: HRS §448-6) (Imp: HRS §448-9.6)

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

(1) An official verification of having successfully passed the National Board Dental Hygiene Examination;

(2) An official verification of having successfully passed any one of the regional clinical examinations authorized by section 447-1(b), HRS, or pursuant to section 447-

1(c), HRS, an official verification of having passed a national clinical examination;

(3) A certified copy of a dental hygiene degree, certificate of graduation or an official transcript from a dental hygiene school accredited by CODA; and

(4) Documentary proof of being certified in the administration of intra oral infiltration local anesthesia and intra-oral block anesthesia from an accredited dental hygiene school or by a certification program approved by the board.

(b) Applicants licensed as a dental hygienist in another state shall also submit an official verification of licensure and licensure status from the board of dental examiners of that state and submit a self-query report from the NPDB.

(c) The board may require additional background checks of dental hygiene applicants from an independent background check service as approved by the board, provided that the applicant shall pay the cost of the background check. [Eff and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§447-1, 448-6)

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

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

(2) A signed letter of employment prepared by the applicant's prospective employer, qualified pursuant to section 447-2, HRS. The letter must list specific employment start and end dates; and

(3) If licensed as a dental hygienist in another state, the applicant shall also submit an official verification of licensure and licensure status from the board of dental examiners of that state and submit a self-query report from the NPDB.

(b) Individuals who are applying for the temporary dental hygienist license may pass or fail any regional clinical exam under Chapter 447, HRS and still qualify for the temporary dental hygiene license. [Eff and comp] (Auth: HRS §448-6) (Imp: HRS §§436B-10, 447-1, 447-2, 448-6)

§16-79-11.7 Documentation and credentials required for community service dental hygiene applicants. (a) All community service dental hygiene licensure applicants shall arrange to have sent directly to the board:

(1) A certified copy of a dental hygiene degree, a certificate of graduation, or an official transcript from a dental hygiene college accredited by, or that has a reciprocal agreement with, CODA;

(2) A signed letter of employment on official letterhead prepared by the applicant's prospective employer, qualified pursuant to section 447-1.5(a), HRS. The letter must list a specific employment start date;

(3) An official verification of licensure and licensure status from another state board of dental examiners;

(4) A self-query report from the NPDB; and

(5) Additional requirements outlined in section 447-1.5(a)(1)(B), HRS, as applicable.

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

(c) Upon approval of the community service dental hygiene license, the licensee may obtain additional employment with another employer, qualified

pursuant to section 447-1.5(a), HRS. To add additional employment, a licensee shall:

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

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

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

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

(2) A copy of documentation reflecting official duty assignment to a qualifying community service dental hygiene site. [Eff and comp] (Auth: HRS §448-6) (Imp: HRS §§447-1.5)

§16-79-12 Repealed. [R 1/27/14]

§16 79 12.7 Application for inactive license. (a) Upon written request by a licensee during the licensure period or at renewal, and upon payment of an inactive license fee, the board shall place the licensee's active license on an inactive status.

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

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

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

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

(1) Completing an application for reactivation;

(2) Fulfilling all requirements in effect at the time of application to return the license to active status, including the payment of an activation fee and other fees that may be required;

(3) Meeting the CE requirements; and

(4) Providing information to ensure the licensee is fit to engage in the practice of dentistry or dental hygiene, including but not limited to reporting license sanctions, pending disciplinary actions, or conviction of a crime in which the conviction has not been annulled or expunged.

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

§16-79-13 Repealed. [R 1/27/14]

§16-79-14 Denial of application. In the event an application for the issuance or renewal of a

license or permit, or for the reinstatement, or reactivation of a license thereof is denied, the board shall notify the applicant or licensee by letter of the board's action which shall include a concise statement of the reasons therefor and a statement informing the applicant or licensee of the right to a contested case hearing pursuant to chapter 91, HRS. [Eff 7/2/64; am and ren §16-79-14, 2/13/81; am and comp 2/9/89; am and comp 8/20/90; comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§91-9, 91-9.5, 447-1, 447-7, 448-6, 448-7, 448-8.5, 448-9, 448-17, 448-18)

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

~~(1) Failure to comply with, observe, or adhere to any law in a manner such that the board deems the licensee to be an unfit or improper person to hold a license;~~

~~(2) Employing, utilizing, or attempting to employ or utilize at any time any person not licensed or certified where licensure or certification is required;~~

~~(3) Violating this chapter, the applicable licensing laws, or any rule or order of the board;~~

~~(4) When the applicant has committed any of the acts for which a license may be suspended or revoked under section 448-17, HRS;~~

~~(5) If the applicant fails to demonstrate that the applicant possesses a good reputation for~~

~~honesty, truthfulness, fairness, and financial integrity; or~~

~~(6) If the applicant has had disciplinary action taken by any jurisdiction, including any federal or state regulatory body.~~

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

§16-79-16 Repealed. [R 2/9/89]

SUBCHAPTER 3 - REPEALED

§16-79-20 Repealed. [R 2/9/89]

§16-79-21 Repealed. [R 8/20/90]

§16-79-22 Repealed. [R 8/20/90]

§16-79-23 Repealed. [R 2/9/89]

§16-79-24 Repealed. [R 8/20/90]

SUBCHAPTER 4 – REPEALED

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

§16-79-32 Repealed. [R 2/9/89]

§16-79-33 Repealed. [R 8/20/90]

SUBCHAPTER 5 – REPEALED

§16-79-40 Repealed. [R 1/27/14]

§16-79-41 Repealed. [R 1/27/14]

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

SUBCHAPTER 6 - REPEALED

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

§16-79-59 Repealed. [R 2/9/89]

§16-79-60 Repealed. [R 2/9/01]

§16-79-61 Repealed. [R 2/9/89]

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

SUBCHAPTER 7

DENTAL ASSISTANTS AND LICENSED DENTAL HYGIENISTS

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

"Coronal polish" means a procedure limited to the removal of plaque biofilm and stain from exposed tooth surfaces, utilizing an appropriate instrument and

polishing agent, as delegated by a licensed dentist. This procedure is not to be interpreted as a "dental prophylaxis".

"Dental prophylaxis" means the preventive supragingival and subgingival scaling and selective coronal polishing of the tooth surfaces, to remove calculus, soft deposits, plaque biofilm, and stains, using the appropriate instrumentation to create an environment in which hard and soft tissues can be maintained in good health by the patient, as delegated by a licensed dentist.

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

§16-79-68 Repealed. [R 2/9/89]

§16-79-69 Repealed. [R 2/9/89]

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

(1) Assisting the licensed dentist who is actually performing a dental procedure on the patient, that includes: preparing procedural trays/armamentaria set-ups; retracting a patient's oral tissues to maintain the field of operation during the dental procedure; removing debris, as is normally created and accumulated during or after operative procedures by the dentist; placing and removing the rubber dam; mixing dental materials; and transferring dental instruments or any other concept of four-handed dentistry the dentist requires to perform the procedure;

(2) Assisting the licensed dental hygienist in the performance of the duties of the dental hygienist; provided the assistance does not include procedures included in section 16-79-69.5 and section 16-79-69.10;

(3) Collecting medical and dental histories, taking intra-oral and extra-oral photographs, and recording or charting clinical findings as dictated by the licensed dentist or dental hygienist;

(4) Completing prescription and authorization forms for drug or restorative, prosthodontic or orthodontic appliance for the supervising licensed dentist whereby the dentist signs the forms;

(5) Conducting mouth mirror supragingival inspections and reporting observations to the supervising licensed dentist; provided that this is not interpreted as an oral cancer screening;

(6) Exposing, processing, mounting, and labeling radiographs;

(7) Digital intraoral scannings and ~~M~~making impressions for diagnostics, study casts, opposing models, occlusal appliances (e.g., splints, bite guards), mouth guards, orthodontic retainers, and medicament trays;

(8) [~~Making intra-oral measurements for orthodontic procedures, performing the preliminary selection and sizing of bands; checking for loose bands and bonded brackets; placing and removing orthodontic separators, ligature ties, and inter-arch elastics (i.e., chain elastics and rubber bands); fitting and removing head appliances; and removing arch wires~~]Final digital intraoral scannings, which would lead to the fabrication of any appliance or prosthesis which, when worn by the patient, would come in direct contact with hard or soft tissues shall be evaluated and approved by a dentist with the exception of duties listed in paragrah(7);

(9) [~~Measuring and recording vital signs~~] Making intra-oral measurements for orthodontic procedures, performing the preliminary selection and sizing of bands; checking for loose bands and bonded brackets; placing and removing orthodontic separators, ligature ties, and inter-arch elastics (i.e., chain elastics and rubber bands); fitting and removing head appliances; and removing arch wires;

(10) [~~Monitoring the nitrous oxide/oxygen unit and reporting to the supervising dentist any adverse observations, provided the licensed dentist evaluates, initiates, and administers the sedation~~] Measuring and recording vital signs;

(11) [~~Placing matrix retainers~~] Monitoring the nitrous oxide/oxygen unit and reporting to the supervising dentist any adverse observations, provided the licensed dentist evaluates, initiates, and administers the sedation;

(12) [~~Placing non-aerosol topical anesthetics~~] Placing matrix retainers;

(13) [~~Relating pre-operative and post-operative instructions, and patient education in oral~~

~~hygiene as instructed by the supervising licensed dentist or dental hygienist~~] Placing non-aerosol topical anesthetics;

(14) [~~Removing dressing and sutures~~] Relating pre-operative and post-operative instructions, and patient education in oral hygiene as instructed by the supervising licensed dentist or dental hygienist;

(15) [~~Removing excess supragingival cement after a licensed dentist has placed a permanent or temporary prosthetic restoration, appliance, or orthodontic bands with hand instruments; and~~] Removing dressing and sutures;

(16) [~~Performing a try-in with any removable prosthetic or orthodontic appliance, provided the supervising licensed dentist makes the adjustments.~~] Removing excess supragingival cement after a licensed dentist has placed a permanent or temporary prosthetic restoration, appliance, or orthodontic bands with hand instruments;

(17) Performing a try-in with any removable prosthetic or orthodontic appliance, provided the supervising licensed dentist makes the adjustments[~~.~~]; and

(18) Fabrication and adjustment of provisional crowns or bridge, outside of the patient's mouth, to be delivered to the patient under the dentist's direct supervision.

(b) A dental assistant may operate under the general supervision of any dentist licensed under chapter 448, HRS, to provide auxiliary support dental services in a public health setting under the specific provisions of section 448-3.5, HRS, to perform the supportive dental procedures described in section 448-3.5(c), HRS.

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

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

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

§16-79-69.5 Prohibited duties of dental assistants. A dental assistant shall not perform the following intra-oral functions or any other activity deemed to be irreversible as to cause change in the affected hard or soft tissues and is permanent or may require reconstructive or corrective procedures; and any other activity which represents the practice of dentistry and dental hygiene or requires the knowledge, skill, and training of a licensed dentist or licensed dental hygienist:

(1) Administering local anesthetic, sedation, or general anesthesia;
(2) Cementing, bonding, and adjusting any part of a prosthesis or appliance worn in the mouth;
(3) Cementing or re-cementing, finishing margins, performing a try-in, and adjusting the occlusion of any temporary or permanent

fixed prosthetic restoration; or placing cement bases;

(4) Cementing bands and brackets, or activating any orthodontic appliance;

(5) Establishing occlusal vertical dimension, making bite registrations, and making face-bow transfers;

(6) Examining, diagnosing, or prescribing a treatment plan;

(7) Making final impressions, which would lead to the fabrication of any appliance or prosthesis which, when worn by the patient, would come in direct contact with hard or soft tissues with the exception of duties listed in section 16-79-69.1(a)(7);

(8) Performing any endodontic procedure to ream, file, irrigate, medicate, dry, try-in cores, or fill root canals; establishing the length of the tooth;

(9) Performing any surgical or cutting procedures on hard or soft tissues, extracting teeth, and suturing;

(10) Placing, condensing, carving, finishing, or adjusting the occlusion of final restorations; or placing cavity liners, medicaments, or pulp cap materials;

(11) Placing materials subgingivally, including but not limited to, prescriptive medicaments, retraction cords, and other devices used for tissue displacement;

(12) Prescribing medications or authorizing the fabrication of any restorative, prosthodontic, or orthodontic appliances;

(13) Testing pulp vitality; and

(14) Using of ultrasonic instruments and polishing natural or restored surfaces.

[Eff and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-3, 448-6)

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

(1) Administering intra-oral infiltration and intra-oral block anesthesia in accordance with the provisions of section 16-79-76;
(2) Administering prescriptive treatments and chemotherapeutic agents (i.e., application or placement of supragingival and subgingival prescription drugs, including but not limited to, fluoride desensitizers, antimicrobial rinses and local delivery antibiotics), as prescribed by the licensed dentist;
(3) Applying pit and fissure sealants;
(4) Performing non-surgical clinical and laboratory oral diagnostic tests, (e.g., pulp vitality test) for interpretation by the licensed dentist;
(5) Performing non-surgical periodontal scaling and root planing, and periodontal maintenance;
(6) Performing dental prophylaxis, coronal polish natural or restored surfaces, and removing overhangs;
(7) Placing periodontal dressing;
(8) Collecting, documenting, and assessing the comprehensive patient data that may include screenings for oral cancer, periodontal chartings, indices, and risk assessments which identify dental hygiene needs;
(9) Establishing the dental hygiene care plan that reflects dental hygiene goals and strategies; and

(10) Providing dental hygiene care which may include, but is not limited to, pain management, full mouth debridement, care of restorations, behavior modification, preventive health education and nutrition counseling as it relates to oral health.

(b) [~~In a public health setting as allowed pursuant to section 447-3(d), HRS, a licensed dental hygienist may perform the procedures describe in subsection (a) under the general supervision of a licensed dentist.~~] Pursuant to section 447-1(f), HRS, a licensed dental hygienist may practice under the general supervision of a licensed dentist and pursuant to an existing treatment plan with respect to patients of record who have had an examination by the licensed dentist; provided that a licensed dental hygienist shall not perform any irreversible procedure or administer any intra-oral block anesthesia under general supervision.

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

(d) In a school-based oral health program, as allowed pursuant to section 447-3(e), HRS, a licensed dental hygienist may perform dental sealant screenings and apply dental sealants under the general supervision of a licensed dentist. [Eff and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§447-3, 448-6)

§16-79-69.15 Prohibited duties of licensed dental hygienists. No licensed dentist shall allow a licensed dental hygienist who is in the dentist's employ or is acting under the dentist's supervision or direction to perform any of the procedures disallowed for dental assistants except for those duties

specifically allowed for dental hygienists in section 447-3, HRS, and in this chapter. [Eff and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§447-3, 448-6)

§16-79-70 Repealed. [R 2/9/89]

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

SUBCHAPTER 8

ANESTHESIA

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

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

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

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

patent airway and spontaneous ventilation may be inadequate.

"Facility" means a properly equipped facility that meets all the requirements set forth in the exhibit entitled "Exhibit A: State of Hawaii Board of Dentistry Anesthesia Site Evaluation Check List" (10/1/2024) located at the end of this chapter, which is made a part of this chapter.

"Hospitalization" means formal admission into a hospital for in-patient care, provided that treatment in an emergency room by itself shall not constitute "hospitalization."

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

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

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

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

§16-79-76 Administration of local anesthesia. (a) Any licensed dentist may administer local anesthesia.

(b) Any licensed dental hygienist may administer intra-oral local infiltration, intra-oral block

anesthesia, or both under the direct supervision of a licensed dentist, upon meeting the following:

(1) A licensed dental hygienist may apply to the board for certification to administer intra-oral infiltration local anesthesia by providing to the board documentation of having been certified by a CODA accredited dental hygiene school, [~~or by~~] a certification program [~~approved~~] that is offered by [~~the board~~] providers recognized by ADA CERP or AGD PACE, or 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~~] ADA CERP or AGD PACE certified anesthesia certification program(s), or by a certification program approved by the board, provided that a compilation of certificates may be presented to meet the injection requirements of the board pursuant to section 447-3.5, HRS; 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; comp] (Auth: HRS §448-6) (Imp: HRS §§447-1, 447-3, 447-3.5, 448-1, 448-6)

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

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

(b) In order to receive a written authorization or permit, the licensed dentist shall apply to the board, pay an application fee, and submit documentary evidence showing that the following requirements are met:

(1) Educational training requirements.

(A) General anesthesia and deep sedation: Applicant has completed an advanced dental education program accredited by CODA and approved by the board that provides comprehensive training necessary to administer deep sedation or general anesthesia and includes documented proficiency in Basic Life Support for Healthcare Providers and Advanced Cardiac Life Support or Pediatric Advanced Life Support as required pursuant to subsection 16-79-141(a)(2). Evidence of that comprehensive training shall include but not be limited to: being a Diplomate of the American Board of Oral and Maxillofacial Surgery, a Fellow/member of the American Association of Oral and Maxillofacial Surgery or completion of an ADA accredited residency in Oral and Maxillofacial Surgery or Dental Anesthesiology and shall practice in compliance with that training.

(B) Moderate (conscious) sedation: Applicant has completed a comprehensive training program at the postgraduate level that meets the moderate (conscious) sedation program objectives and content as outlined in the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. The training program shall be a minimum of sixty hours of instruction, include supervised management of at least twenty moderate (conscious) sedation patients with clinical experience in managing the compromised airway and establishment of intravenous access, and provide current documented proficiency in Basic Life

Support for Healthcare Providers and Advanced Cardiac Life Support or Pediatric Advanced Life Support as required pursuant to sub section 16-79-141(a)(2).

(C) A dentist administering general anesthesia or moderate sedation shall be required to complete the Advanced Cardiac Life Support course or if treating pediatric patients, the Pediatric Advanced Life Support course; provided that both courses shall be completed if the dentist is treating pediatric patients and minors thirteen years or older.

(2) In lieu of the requirements in paragraph (1)(A) and (B), a licensed dentist may receive a written authorization or permit to use general anesthesia, deep sedation or moderate (conscious) sedation, if the licensed dentist employs or works in conjunction with a physician licensed pursuant to chapter 453, HRS, who specializes in anesthesiology or a certified registered nurse anesthetist who holds a license in good standing pursuant to chapter 457, HRS, provided that the physician who specializes in anesthesiology or certified registered nurse anesthetist shall remain on the premises of the dental facility until the patient is fully recovered and discharged from the facility.

(3) Facilities and staff requirements. Applicant has a properly equipped facility for the administration of general anesthesia, deep sedation, or moderate (conscious) sedation staffed with a supervised team of auxiliary personnel capable of reasonably handling anesthesia procedures, problems, and emergencies incident thereto. The current ADA Guidelines for the Use of Sedation and

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

(c) Prior to the issuance or renewal of a written authorization or permit, the board shall require an on-site inspection of the facility, equipment, and personnel to determine whether the facilities and staff requirements have been met. This evaluation to determine whether the facility is adequate and properly equipped, may be carried out in a manner and generally following the guidelines, standards, requirements, and basic principles as described in the current American Association of Oral and Maxillofacial Surgeons Office Anesthesia Manual. The inspection and evaluation shall be carried out by a team of consultants appointed by the board. Compliance with the exhibit entitled "Exhibit A: State of Hawaii Board of Dentistry Anesthesia Site Evaluation Check List" (10/1/2024), shall constitute a rebuttable presumption that the requirements of subsection (b)(3) and section 448-29(d)(3), HRS, have been met.

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

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

employ a qualified person to administer general anesthesia, deep sedation, or moderate (conscious) sedation shall renew the authorization or permit biennially and pay a biennial fee.

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

(g) A licensed dentist who currently has a written authorization or permit to administer general anesthesia or sedation may continue to administer general anesthesia or sedation without the need to meet the additional requirements under subsection (b). However, if that dentist's license becomes forfeited that dentist shall file a new application and comply with all of the requirements of this section in existence at the time of the application. [Eff 10/7/76; am and ren §16-79-78, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-1, 448-6, 448-29, 448-30)

§16-79-79 Reporting of adverse occurrences. (a) All licensed dentists in the practice of dentistry in this State shall submit a report within a period of thirty days to the board of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of a patient during or as a direct result of anesthesia related thereto. The report shall include at the minimum responses to the following:

(1) Description of the dental procedure;

(2) Description of the physical condition of the patient unless the patient has a Class I status as defined by the American Society of Anesthesiologists;
(3) List of drugs and dosage administered;
(4) Detailed description of techniques utilized in administering the drugs utilized;
(5) Description of the adverse occurrence:
(A) Symptoms of any complications, including but not limited to onset and type of symptoms of the patient;
(B) Treatment instituted on the patient;
(C) Response of the patient to the treatment; and
(6) Description of the patient's condition on termination of any procedure undertaken.

(b) Failure to comply with subsection (a) when the occurrence is related to the use of general anesthesia, deep sedation, or moderate (conscious) sedation shall result in the loss of the written authorization or permit of the licensed dentist to administer or to employ another person to administer general anesthesia, deep sedation, or moderate (conscious) sedation. [Eff 10/7/76; am and ren §16-79-79, 2/13/81; am and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§448-1, 448-6)

SUBCHAPTER 9

FEES

§16-79-83 Fees. The license and examination fees for licensed dentists and licensed dental hygienists shall be as provided in chapter 16-53, relating to fees for boards and commissions. [Eff 11/7/64; am 8/3/70; am 10/26/70; am and ren §16-79-83,

2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §§92-28, 448-6) (Imp: HRS §§92-28, 448-6)

SUBCHAPTER 10

PRACTICE AND PROCEDURE

§16-79-84 Administrative practice and procedure. The rules of practice and procedure for licensed dentists and licensed dental hygienists shall be as provided in chapter 16-201, the rules of practice and procedure of the department of commerce and consumer affairs which are incorporated by reference and made a part of this chapter. [Eff and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §§91-2, 448-6) (Imp: HRS §§91-2, 448-6, 448-18)

SUBCHAPTER 11

ORAL TESTIMONY

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

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

(2) The board may request that any person providing oral testimony submit the remarks,

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

(3) The board may rearrange the items on the agenda for the purpose of providing for the most efficient and convenient presentation of oral testimony;

(4) Persons presenting oral testimony shall identify themselves and the organization, if any, that they represent at the beginning of the testimony;

(5) The board may limit oral testimony to a specified time period but in no case shall the period be less than five minutes, and the person testifying shall be informed prior to the commencement of the testimony of the time constraints to be imposed; and

(6) The board may refuse to hear any testimony which is irrelevant, immaterial, or unduly repetitious to the agenda item on which it is presented.

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

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

SUBCHAPTER 12

LICENSURE EXAMINATION REMEDIATION

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

§16-79-114 Postgraduate studies after three failures. Any applicant who has three failures on the ADEX dental examination shall successfully complete a postgraduate course of one full semester or trimester in operative and prosthetic dentistry at an accredited dental college before the applicant shall be eligible to take the ADEX dental examination again. The course completion shall be evidenced by a certificate filed with the board. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6,) (Imp: HRS §§448-6, 448-17)

§16-79-115 Repealed. [R 1/27/14]

SUBCHAPTER 13

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

SUBCHAPTER 14

CONTINUING EDUCATION

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

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

§16-79-141 Continuing education categories. (a) All eligible CE categories shall be relevant to the care and treatment of patients and shall consist of the following required categories:

(1) Clinical courses:

(A) Shall be directly related to the provision of oral health care and treatment of patients;

(B) Shall be comprised of more than one half of the required CE hours per biennium for each dentist; and

(C) Shall be comprised of more than one half of the required CE hours per biennium for each dental hygienist;

(2) [~~BLS~~] Life Support courses:

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

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

(C) Shall be, for all dentist and dental hygienist licensees, at least one CE hour of a Basic Life Support for Healthcare Providers course;

(D) [~~A dentist administering general anesthesia or moderate sedation shall be required to complete the Advanced Cardiac Life Support course or if treating pediatric patients, the Pediatric Advanced Life Support course; provided that both courses shall be completed if the dentist is treating pediatric patients and minors thirteen years or older;~~] BLS credit shall be

limited to a maximum of four CE hours per biennium;

(E) [~~Shall be limited to a maximum of four CE hours per biennium; and~~] Additionally, a dentist administering general anesthesia or moderate sedation shall be required to complete the Advanced Cardiac Life Support course or if treating pediatric patients, the Pediatric Advanced Life Support course; provided that both courses shall be completed if the dentist is treating pediatric patients and minors thirteen years or older; provided further that the courses shall be limited to a maximum of six CE hours per biennium; and

(F) All [~~BLS~~] life support courses shall not be credited toward fulfilling the clinical course requirements of subsection (a)(1)(B) or (C);

(3) Ethics courses:

(A) Ethics course of at least two hours per biennium for dental hygienists; and

(B) Ethics course of at least [~~three~~]six hours per [~~year~~] biennium for dentists;

(b) Other eligible categories include:

(1) Non-clinical courses which are related to the practice of dentistry or dental hygiene including, but not limited to, patient management, practice management, ethics and the law;

(2) Volunteer hours:

(A) Participation in the promotion of oral health;

(B) Participation in the licensure examination calibration; and

(C) Shall be limited to a maximum of four CE hours per biennium;

(3) Didactic, clinical or non-clinical oral health instructor's hours: [~~shall be limited~~

~~to a maximum of two CE hours per biennium; and~~]

(A) Instructors providing CE courses shall earn two CE hours per hour of instruction up to a maximum of eight CE hours per biennium; and

(B) Instructors providing training to students enrolled in a program that is accredited by CODA shall receive one CE hour per sixteen hours of instruction, not to exceed eight CE hours per biennium. The hours of participation shall be confirmed by the educational institution and submitted to the dentist in certificate form designating the CE hours earned.

(4) Attendance hours:

(A) During any convention of the ADA and its recognized component organizations or the ADHA and its recognized component organizations; and

(B) Shall be limited to a maximum of two CE hours per biennium.

(c) Courses in estate planning, membership, marketing, business, personal financial planning, and investments shall not be eligible CE categories.

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

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

(2) Of the CE hour requirements for dental hygienists, at a minimum six CE hours shall

be completed live in-person or completed virtually in real-time; and

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

16-79-141.5 Ethics. (a) In addition to the continuing education requirements, dentists shall complete ethics courses of at least six hours per biennium.

(b) Dental hygienists shall complete ethics courses of at least two hours per biennium. These credit hours shall count towards the continuing education requirements.

(c) All ethics courses shall be presented by board approved sponsoring organizations listed in section 16-79-142. [Eff and comp] (Auth: HRS §448-6) (Imp: HRS §448-8.5)

§16-79-142 Approved sponsoring organizations. Licensees shall comply with the CE program requirements by completing the requisite number of hours approved pursuant to section 16-79-143 or from courses offered by the following sponsoring organizations approved by the board, provided the courses meet the eligibility requirements of section 16-79-141:

(1) Academy of General Dentistry approved CE providers;

(2) Accreditation Council for Continuing Medical Education certified CE providers;

(3) ADA and its recognized specialty organizations;

(4) ADA Continuing Education Recognition Program approved CE providers;
(5) ADHA;
(6) American Academy of Dental Hygiene;
(7) [~~American Council on Pharmaceutical Education;~~] American College of Dentists;
(8) [~~American Heart Association;~~] American Council on Pharmaceutical Education;
(9) [~~American Medical Association;~~] American Heart Association;
(10) [~~American Red Cross;~~] American Medical Association;
(11) [~~CODA accredited programs;~~] American Red Cross;
(12) [~~Dental assistant programs as approved by the board;~~] CODA accredited programs;
(13) [~~Hawaii Department of Health;~~] Dental assistant programs as approved by the board;
(14) [~~Joint Commission on Accreditation of Healthcare Organizations accredited hospitals;~~] Hawaii Department of Health;
(15) [~~Regional and state testing agencies as it relates to the courses and calibration sessions;~~] International College of Dentists;
(16) [~~State dental associations and their component dental societies; and~~] Joint Commission on Accreditation of Healthcare Organizations accredited hospitals;
(17) [~~State dental hygienists' associations and their components.~~] Regional and state testing agencies as it relates to the courses and calibration sessions;
(18) State dental associations and their component dental societies;
(19) State dental hygienists' associations and their components;
(20) The United States Armed Forces;
(21) The United States Department of Veterans Affairs; and
(22) The University of Hawaii] [Eff and comp 2/9/02; am and comp 1/27/14; comp 8/22/16;

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

§16-79-143 Requirements for approval by the board. (a) [~~Sponsoring~~] Except as provided in subsection (e), sponsoring organizations who are not listed in section 16-79-142, shall be required to apply to the board on a form prescribed by the board prior to the course event. The sponsoring organization shall comply with all requirements, policies, and standards set forth by the board.

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

(1) A detailed outline which provides course content, total hours of the course, and clearly breaks down the amount of time spent on each portion of the course and the direct relation to patient care; and

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

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

(1) Name of sponsoring organization;

(2) Course or program title and date;

(3) Course or program approval number;

(4) Number of CE hours; and

(5) Name of attendee.

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

(e) A course which has been approved by another state dental licensure board may qualify as CE in this state, provided that the course meets the eligibility requirements of section 16-79-141.

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

§16-79-144 Biennial renewal. At the time of the biennial renewal, not later than December 31 of each odd-numbered year, each licensee shall have completed the CE program requirements for the two calendar years preceding the renewal date as follows:

(1) Licensed dentist:

(A) Dentists initially licensed in the first year of the biennium shall have completed sixteen CE hours, inclusive of the Life Support CE requirement, and in addition, completed six hours of ethics training;

(B) Dentists initially licensed in the second year of the biennium shall [~~not be required to complete any CE hours~~] ~~and~~ have completed the Life Support CE requirement, and in addition, completed three hours of ethics training;

(C) All other dentists shall have completed thirty-two CE hours[~~.~~], inclusive of the Life Support CE requirement, and in addition, completed at least six hours of ethics training per biennium; and~~.~~

(D) In addition to subsections (A)[~~, (B),~~] or (C) above, [~~after January 1, 2016, each licensee who is a dentist shall complete at least three hours of ethics training per year~~] clinical courses shall be compromised of more than half of the required CE hours.

(2) [~~Licensed~~ ~~dental hygienist:~~

~~(A) Dental hygienists initially licensed in the first year of the biennium shall have completed ten CE hours;~~

~~(B) Dental hygienists initially licensed in the second year of the biennium shall not be required to complete any CE hours; and~~

~~(C) All other dental hygienists shall have completed twenty CE hours~~]

Community service licensed dentists shall comply with the continuing education requirements in subsection (1).

(3) [~~Except as provided in section 16-79-147, the failure of a licensee to present evidence of compliance with the CE program requirements shall constitute a forfeiture of license, which may be restored pursuant to section 16-79-3.1.~~]
Licensed dental hygienists:

(A) Dental hygienists initially licensed in the first year of the biennium shall have completed ten CE hours, inclusive of the Basic Life Support CE requirement and two hours of ethics training;

(B) Dental Hygienist initially licensed in the second year of the biennium shall have completed the Basic Life Support CE requirement and one hour of ethics training;

(C) All other dental hygienists shall have completed twenty CE hours, inclusive of the Basic Life Support CE requirement and at least two hours of ethics training per biennium; and

(D) In addition to subsections (A) or (C) above, clinical courses shall be compromised of more than half of the required CE hours.

(4) Except as provided in section 16-79-147, the failure of a licensee to present evidence of compliance with the CE program requirements shall constitute a forfeiture of license, which may be restored pursuant to section 16-79-3.1. [Eff and comp 2/9/02; am and comp 1/27/14; am and comp 8/22/16; am and comp] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-8.5)

§16-79-144.1 Annual renewal for community service dental hygiene license. Community service dental hygiene licenses must be renewed annually. At the time of the annual renewal, not later than December 31 of each year, each licensee shall have completed the CE program requirements for the calendar year preceding the renewal date as follows:

(1) Community service licensed dental hygienist:

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

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

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

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

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

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

[Eff and comp] (Auth: HRS §448-6) (Imp: HRS §§448-8.5, 448-9.6)

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

requirements. [Eff and comp] (Auth: HRS §448-6) (Imp: HRS §§448-8.5, 448-12)

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

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

(1) The certificate of attendance;
(2) The name of the licensee;
(3) The name of the eligible course or program;
(4) The name of the sponsoring organization;
(5) The date and place where the course or program was held; and
(6) The number of the eligible credit hours.

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

§16-79-146 Certification of compliance and audit. (a) At the time of renewal, each licensee shall certify on the renewal application that the licensee has satisfied all of the CE requirements.

(b) The board may audit and shall provide written notice of an audit, [~~require~~] requiring any licensee to submit copies of the original documents or evidence of attendance to be attached to the summary form provided by the board. The board may require additional evidence demonstrating the licensee's compliance with the CE requirements.

(c) A licensee shall respond to an audit or a request for additional evidence demonstrating the licensee's compliance with the CE requirements within sixty days of the date of the request. [Eff and comp 2/9/02; am and comp 1/27/14; comp 8/22/16; am and

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

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

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

(2) Other supporting documents.

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

(1) Full time service in the armed forces of the United States;

(2) An incapacitating illness documented by a licensed physician;

(3) Being disabled and unable to practice dentistry or dental hygiene documented by a licensed physician;

(4) Being retired from practice and not performing any dental or dental hygiene services; or

(5) Undue hardship or any other extenuating circumstances.

(c) Written requests for waiver or medication of CE requirements, with explanation and supporting documents must be received and approved before the renewal deadline to be considered for that licensing biennium. [Eff and comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-8.5)

§16-79-148 Penalty for false certification. A false certification to the board by a licensee shall be deemed a violation of this chapter and chapters 447

and 448, HRS, as applicable, and subject the licensee to disciplinary proceedings." [Eff and comp 2/9/02; am and comp 1/27/14; comp 8/22/16; comp] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-8.5)

SUBCHAPTER 15

DENTAL RECORDS

§16-79-149 Retention of dental records. (a) Dental records may be computerized or minified by the use of microfilm or any other similar photographic process; provided that the method used creates an unalterable record. The dentist shall retain dental records in the original or reproduced form for a minimum of seven years after the last data entry, except in the case of minors, whose records shall be retained during the period of minority plus seven years after the minor reaches the age of majority.

(b) Dental records may be destroyed after the seven-year retention period. [Eff and comp] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-17)

§16-79-150 Access to dental records. Access to dental records shall adhere to the regulations by HIPAA, and the ethical guidelines and requirements established by the ADA and HDA. [Eff and comp] (Auth: HRS §448-6) (Imp: HRS §§448-6, 448-17)

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

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

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

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

NADINE Y. ANDO
Director of Commerce and
Consumer Affairs

APPROVED AS TO FORM

Deputy Attorney General

[§448-30] Inspection of facilities, equipment, and personnel. (a) Prior to the issuance or renewal of a written authorization or permit pursuant to section 448-29, the board shall, in addition to other requirements established by statute or administrative rule, require an on-site inspection of the facility, equipment, and personnel to determine whether the facility and staff requirements pursuant to section 448-29(d) have been met. The inspection to determine whether the facility is adequate and properly equipped may be carried out in a manner that generally follows the guidelines, standards, requirements, and basic principles as described in the most current edition of the American Association of Oral and Maxillofacial Surgeons' Office Anesthesia Evaluation Manual. The inspection and evaluation shall be carried out by a team of consultants appointed by the board.

(b) Written authorizations and permits subject to section 448-29 shall be issued only to those applicants whose facilities, equipment, and personnel have been deemed adequate pursuant to this section. [L 2017, c 106, pt of §2]

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EXHIBIT A

STATE OF HAWAII BOARD OF DENTISTRY ANESTHESIA SITE EVALUATION CHECK LIST

PATIENT RECORDS	YES	NO
An adequate medical history of the patient.		
An adequate physical evaluation of the patient.		
Anesthesia record showing: continuous monitoring of heart rate, blood pressure, and respiration using electrocardiographic monitoring and pulse oximetry		
Recording of monitoring every 5 minutes		
Evidence of continuous recovery monitoring, with notation of patient's condition upon discharge and person to whom the patient was discharged		
Accurate recording of medications given, including amounts and times given		
Records illustrating length of procedure		
Records reflecting any complications of anesthesia		
Informed consent of appropriate for the level of anesthesia being administered		

DRUGS	YES	NO
Vasopressor drug available?		
Corticosteroid drug available?		
Bronchodilator drug available?		
Muscle relaxant drug available?		
IV medications and fluids for treatment of cardiopulmonary arrest available?		
Narcotic antagonist drug available?		
Benzodiazepine antagonist drug available?		
Antihistamine drug available?		
Antiarrhythmic drug available?		
Anticholinergic drug available?		
Coronary artery vasodilator drug available? *(Exempt if treating pts 12 Y.O. or younger)*		
Antihypertensive drug available? *(Exempt if treating pts 12 Y.O. or younger)*		
Medication for treatment during acute seizure available?		
Mechanism for response to Malignant Hyperthermia (if applicable)-Dantrolene		
Dextrose 50% or other Antihypoglycemic drug available?		

OFFICE FACILITY AND EQUIPMENT		
MONITORS	**YES**	**NO**
Noninvasive blood pressure monitor		
Electrocardiograph		
Defibrillator/Automated External Defibrillator		
Pulse Oximeter		
End-tidal Carbon Dioxide Monitor-Capnography		
Temperature probe or thermometer		

STATE OF HAWAII BOARD OF DENTISTRY ANESTHESIA SITE EVALUATION CHECK LIST

OFFICE FACILITY AND EQUIPMENT *(continued from previous page)*		
OPERATING THEATER	**YES**	**NO**
Operating theater large enough to accommodate the patient on a table or in an operating chair		
Operating theater permits an operating team consisting of at least 3 individuals to move freely about the patient		

OPERATING CHAIR OR TABLE	**YES**	**NO**
Permits the patient to be positioned so the operating team can maintain the airway		
Permits the team to alter the patient's position quickly in an emergency		
Provide a firm platform for the management of cardiopulmonary resuscitation		

LIGHTING SYSTEM	**YES**	**NO**
Permits the evaluation of the patient's skin and mucosal color		
There is a battery-powered backup lighting system		
Backup lighting system is of sufficient intensity to permit completion of any operation underway at the time of a general power failure		

SUCTION EQUIPMENT	**YES**	**NO**
Suction equipment permits aspiration of the oral and pharyngeal cavities		
There is a backup suction device available that can be used during a power failure		

OXYGEN AND SUPPLEMENTAL GAS DELIVERY SYSTEMS	**YES**	**NO**
The oxygen delivery system has adequate full face masks & appropriate connectors,		
and is capable of delivering oxygen to the patient under positive pressure		
There is an adequate backup oxygen delivery system		
In addition to delivering positive pressure oxygen, the system should be installed and		
maintained according to the manufacturer's instructions:		
1. Gas outlets for remote delivery systems must be pin-indexed		
2. Fail-safe mechanism must be present		
3. Gas outlets and systems are color coded		
If Remote Gas Storage Is Used:		
1. Must allow for rapid change over to reserve supplies		
2. At least 2 tanks of oxygen must be connected to the system		
3. An audible or visible low oxygen pressure warning device is mandatory		
4. System is in place to secure the tanks		

RECOVERY AREA (Can be the operating theater)	**YES**	**NO**
Recovery area has available oxygen		
Recovery area has adequate suction		

STATE OF HAWAII BOARD OF DENTISTRY ANESTHESIA SITE EVALUATION CHECK LIST

OFFICE FACILITY AND EQUIPMENT *(continued from previous page)*		
RECOVERY AREA (Can be the operating theater)	**YES**	**NO**
Recovery area has adequate lighting		
Recovery area has adequate electrical outlets		
Patient can be observed by a member of the staff at all times during recovery period		

ANCILLARY EQUIPMENT	**YES**	**NO**
Working laryngoscope complete with adequate selection of blades, spare batteries and bulbs		
Endotracheal tubes and appropriate connectors		
Oral airways		
Laryngeal mask airways		
Tonsillar or pharyngeal type suction tip adaptable to all office outlets		
Endotracheal tube (McGill) forceps		
Sphygmomanometer and stethoscope		
Electrocardioscope and defibrillator/automated external defibrillator		
Pulse Oximeter		
Adequate equipment for the establishment of an intravenous infusion		
Equipment available to perform a cricothyroidotomy or surgical airway		

TRANSPORT EQUIPMENT AND EMERGENCY EVACUATION PLAN	**YES**	**NO**
Portable chairs to allow for transport of patient from surgery area to recovery area		
Fire/disaster plan and equipment in place for evacuation of a sedated patient.		

COMMUNICATION EQUIPMENT	**YES**	**NO**
Ability to communicate within the office in case of emergency (call button/intercom)		
Ability to quickly call 911		

DRUG STORAGE AND PREPARATION AREA	**YES**	**NO**
Drugs and stored and prepared in an area that allows for sterile technique		
DEA compliant storage of controlled medications		
Provision for separate drug refrigeration		

REGULATED INDUSTRIES COMPLAINTS OFFICE ("RICO") SIGN	**YES**	**NO**
RICO sign is displayed in an area visible to patients and staff		

Name of Inspector Completing Check List: _____

_____ _____

Inspector Signature Date

CDCA-WREB-CITA and ADEX Sign Memorandum of Understanding to Merge

(June 20, 2025) The American Board of Dental Examiners (ADEX) and CDCA-WREB-CITA have signed a Memorandum of Understanding (MOU) on **June 12, 2025**, to merge into a single organization under the unified name *American Board of Dental Examiners*. This decision reflects a shared commitment to national dental licensure standards and uniting exam development and delivery under one roof.

The combined organization will continue to include the direct representation of dental boards throughout the United States and North America, furthering the ADEX national exam standard and its innovative psychomotor performance exam administration capabilities.

“The new ADEX is uniquely positioned to bring the dental community the licensure uniformity it has sought for decades,” explained CDCA-WREB-CITA Chair Dr. Mark Armstrong.

This combination marks a new chapter in dental licensure, one that advances public protection, professional mobility, and common competency exam standards throughout the United States and beyond.

“At each step, it has taken forethought and intention to create the path to where we are today. I am proud of what we have already achieved and grateful for the thoughtful leadership that has guided us here,” noted current ADEX President Dr. Conrad McVea.

What This Means for Stakeholders:

One connected organization: Combining ADEX’s exam development expertise with CDCA-WREB-CITA’s national exam administration delivery network, similar to Medical’s USMLE and Nursing’s NCLEX.

Broader representation: All member dental boards will have the opportunity to appoint both a dentist and a dental hygienist to participate in the development of exam content and oversight.

Continued innovation: The organizations’ successful joint efforts, including the CompeDont™ and SimuDont exam technology, will continue under a common mission.

Next Steps:

Final approval of the merger is expected later this summer, pending votes by both organizations, including the ADEX House of Representatives and the General Assembly of CDCA-WREB-CITA.

Stakeholders will be kept informed throughout the process, with additional details to be shared following ratification.

For additional information, contact Renea Chapman at office@adexexams.org or Stephanie Beeler at sbeeler@adextesting.org.

2025 Dentist Deep Sedation/General Anesthesia & Moderate Sedation Permit Renewal Requirements and FAQs

ANESTHESIA PERMIT RENEWAL REQUIREMENT: FACILITY INSPECTION

Facility Inspection Requirement

Requirement: Unless you have received prior approval for an extension by the Hawaii Board of Dentistry, **ALL** Hawaii Dentist licensees who wish to maintain their anesthesia permit to administer deep sedation/general anesthesia and/or moderate sedation ("anesthesia permit") must complete & pass a facility inspection.

Note: These FAQs are only for DT license holders who currently hold the anesthesia permit and wish to renew their anesthesia permit by December 31, 2025.

If you do not renew your anesthesia permit by December 31, 2025, you may NOT administer deep sedation/general anesthesia and moderate sedation in this State.

All anesthesia permit holders must also submit a separate hardcopy renewal form and fees to renew their DT-**license** by December 31, 2025.

Please note that while the board sends a courtesy reminder, pursuant to HAR §16-79-3(a) it is each licensee's responsibility to ensure timely renewal of their license, completion of facility inspection, and any other renewal requirements as provided by law.

General Renewal FAQs

1. **How do I request a renewal facility inspection?**
   Send in a request for a renewal inspection to the Board by email: dental@dcca.hawaii.gov and include:

   a) The addresses and phone numbers of each office you perform sedations in
   b) Your dentist (DT) license number
   c) Your contact information

You will be assigned an evaluator(s) to perform your inspection, who will contact you to schedule a date and time for inspection.

2. What do I need at the time of my renewal inspection?

At the time of your inspection, you must have:

a) Proof of current Basic Life Support ("BLS") certification and Advanced Cardiac Life Support ("ACLS") course or, if treating pediatric patients, the Pediatric Advanced Life Support ("PALS") course; provided that both courses shall be completed if the dentist is treating pediatric patients and minors thirteen years or older. The ACLS and/or the PALS course must have a hands-on component for the biennial renewal period of January 1, 2024 to December 31, 2025.

b) Proof of current BLS certification for 1 assistant if performing moderate sedations, or for 2 assistants if performing deep sedation/general anesthesia.

c) All the requirements listed on the State of Hawaii Board of Dentistry Anesthesia Site Evaluation Checklist ("Exhibit A").

d) Make sure all drugs, disposables with expiration dates (OETT's, LMA's, AED pads, etc.) are up to date and not expired.

e) Have some completed anesthesia records available for inspection. Make sure the appropriate information is included.

f) Have copies of your anesthesia consent form and health history forms available.

g) Regulated Industries Complaints Office (RICO) sign must be posted in view of your patients: https://cca.hawaii.gov/rico/files/2016/02/Act-106-Sample-RICO-sign-2017_8_7.pdf

3. Do I need to submit any application form for the renewal inspection?

No renewal facility inspection application form is required. Please do not submit the initial anesthesia permit application. You just need to request the renewal inspection via email.

A hard-copy renewal form for your dentist license is required for DT license renewal (i.e. separate from the anesthesia permit renewal).

4. **Where can I find the State of Hawaii Board of Dentistry Anesthesia Site Evaluation Checklist ("Exhibit A")?**
The Board's Anesthesia Site Evaluation Checklist is available online at: https://cca.hawaii.gov/pvl/boards/dentist/.

- Click on the "Applicants and Licensees" drop down section on the left side of the page.
- Click on "Application Forms, Requirements, Fees and Instructions."
- Under "Dentist Permit to Administer Deep Sedation/General Anesthesia and Moderate Sedation" heading click "Anesthesia Site Evaluation Check List" to view and download.
- This is also the place to download the instructions and application for an initial permit. You don't need this for the renewal.

4. **When is the deadline to renew my anesthesia permit?**
All dentist licensees with the permit to administer deep sedation/general anesthesia and moderate sedation must renew their anesthesia permit by **December 31, 2025,** regardless of the date that the dentist license or anesthesia permit was issued.

Please note that you must complete and pass a facility inspection for each location in which you wish to practice sedation.

5. **How early can I request a renewal facility inspection?**
You may request an inspection for this renewal period starting from July 1, 2025. The Board has a 6-month inspection window from July through December 2025 for facility inspections.

We encourage licensees to email the Board to schedule a renewal inspection as early as possible to avoid delays in processing.

You should allow for **at least** 1.5 months to have a completed inspection.

6. **Can I renew my anesthesia permit online?**

Licensed dentists who hold a permit to administer general anesthesia, deep sedation, or moderate (conscious) sedation **CANNOT** renew either their dentist license or their anesthesia permit online.

All renewals must be submitted via hard-copy regardless of whether you are planning to renew your anesthesia permit or not.

7. **Is my anesthesia permit automatically renewed when I renew my Dentist license?**
No, your anesthesia permit is not automatically renewed when you renew your dentist license. You must pass the renewal inspection in order to have your anesthesia permit renewed.

Hard-copy license renewal and anesthesia permit renewal are both due by December 31, 2025.

8. **I was recently issued an anesthesia permit; do I still need to undergo a renewal inspection and pay fees?**
All licensees with the anesthesia permit, regardless of issuance date, are subject to renewal and inspection by December 31 of every odd-numbered year.

9. **Will I receive a reminder from the board to renew?**
The board will send a courtesy renewal reminder mailed out on or before July 31, 2025 to the latest mailing address we have on file. It shall be the licensee's responsibility to provide written notice to the licensing authority of any change of address within thirty days of the change. (HRS §436B-17).

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

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

10. **What are the anesthesia permit renewal fees?**
The on-time cost to renew your anesthesia permit is $80. Therefore, the total cost for active status renewal of your dentist license (DT) with your

anesthesia permit is $388.00, paid at the time you submit your hardcopy license renewal form (*must renew by hardcopy only and submit facility inspection form).*

11. What if I no longer want to hold an anesthesia permit?

If you wish to forfeit your anesthesia permit, you do not need to submit any facility inspection forms or fees. However, please be advised that you must still follow the regular dentist license renewal requirements by December 31, 2025 if you wish to maintain your dentist license.

Licensed dentists who hold a permit to administer general anesthesia, deep sedation, or moderate (conscious) sedation CANNOT renew online. All renewals must be submitted via hard-copy regardless of whether you are planning to renew your anesthesia permit or not.

Licensees who forfeit their anesthesia permit must submit a new "Application for Permit to Administer Deep Sedation/General Anesthesia and Moderate Sedation" should they wish to regain the anesthesia permit in the future.

12. How long does it take for my facility inspection request to process?

Processing times are average and subject to licensee meeting all requirements.

Please note that you must complete and pass a facility inspection for each location in which you wish to practice sedation.

Email response to **schedule** your renewal inspection: 7-14 business days

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

For your anesthesia permit renewal only, you will receive a hard-copy letter from the Board as written authorization to continue administering deep sedation/general anesthesia or moderate (conscious) sedation at a specific facility. The written authorization is valid until 12/31/2027.

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

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

FORFEITURE OF LICENSE AND/OR ANESTHESIA PERMIT

Pursuant to HAR §16-79-3(c), the failure to timely renew a license, the failure to pay all applicable fees, the failure to complete the facility inspection, the dishonoring of any check upon first deposit, or the failure to comply with any other requirement provided by law, shall cause the license and/or anesthesia permit to be automatically forfeited.

Pursuant to HAR §16-79-79(b), failure to comply with subsection (a), regarding reporting requirements for adverse occurrences, when the occurrence is related to the use of general anesthesia, deep sedation, or moderate (conscious) sedation shall result in the loss of the written authorization or permit of the licensed dentists to administer or to employ another person to administer general anesthesia, deep sedation, or moderate (conscious) sedation.

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

REFERENCES

- HAR § 16-79-78 (administration of general anesthesia and sedation)
- HAR § 16-79-141 (continuing education categories)
- HAR § 16-79-142 (approved sponsoring organizations)
- HAR § 16-79-143 (requirements for approval by the board)
- HAR § 16-79-144 (biennial renewal)
- HAR § 16-79-147 (waiver or modification of requirements)
- HRS § 448-8.5 (continuing education requirements)
- HRS § 448-29 (administration of general anesthesia and sedation; requirements)
- HRS § 448-30 (inspection of facilities, equipment, and personnel)

Louisiana Joins Interstate Dental & Dental Hygiene Licensure Compact

First state adopts dental licensure reform, enshrining high standards for patient care

BATON ROUGE, La. (June 25, 2025) - Louisiana has become the first state to join the Interstate Dental & Dental Hygiene Licensure (IDDHL) Compact. HB543, sponsored by Representative Wayne McMahen, is now law after it passed the legislature with no opposition. The IDDHL Compact, developed by the American Association of Dental Boards, aims to streamline the licensing process for dentists and dental hygienists who want to practice in multiple states. This compact offers a voluntary, expedited pathway to licensure for qualified dental professionals while maintaining high standards of patient safety and care.

“The Compact facilitates a more efficient licensure process allowing practitioners to begin working in new states more quickly after meeting eligibility requirements,” said Representative Wayne McMahen during the House Committee on House and Governmental Affairs hearing on May 7, 2025. “Joining the Compact could significantly benefit Louisiana by expanding the dental workforce, improving access to care, and streamlining licensure process for dental professionals.”

The IDDHL Compact, modeled after the medical licensure compact, preserves state authority over dental licensing while simplifying the process for qualified professionals to practice across state lines. It requires graduates from Commission on Dental Accreditation (CODA)-approved schools to pass the American Board of Dental Examiners (ADEX) licensure exam or have five years of practice after passing a regional licensing examination.

"This is a great step forward for dental care in Louisiana and the U.S., marking a significant milestone in dental care accessibility and professional mobility," said Dr. Art Jee, President of the AADB's Board of Directors. "Louisiana's adoption of the compact creates new opportunities for dental professionals to serve communities across state lines."

Key benefits of the compact include:

- Expedited licensure process for qualified dental professionals
- Enhanced professional mobility for dentists and dental hygienists
- Maintained high standards of patient safety through uniform competency requirements
- Cost-effective implementation for participating states

The compact will also provide access to an AADB Licensure Repository, a centralized portal for verifying licensure documents and sharing disciplinary information among member states.

"By joining the IDDHL Compact, Louisiana demonstrates its commitment to meeting the needs of providers while protecting public health," added Dr. Jee. "We anticipate other states will follow Louisiana's lead, creating a nationwide network that benefits both dental professionals and patients."

The IDDHL Compact has been introduced in a total of nine states so far. It is actively being considered by legislatures in Massachusetts and Pennsylvania. The IDDHL Compact was also passed by the Oklahoma House of Representatives and both chambers of the Mississippi Legislature while making progress in other states where it has been introduced.

For more information about the Interstate Dental & Dental Hygiene Licensure Compact, visit aadbcompact.org.

About the American Association of Dental Boards (AADB)
The American Association of Dental Boards, founded in 1883, is a national organization that promotes high standards in dental education, licensure, and regulation. AADB membership includes state dental boards, specialty boards, and dental educators from across the United States and its territories.

§436B-6 Organization of boards. (a) Immediately upon the qualification and appointment of the original members, and annually thereafter, the board shall elect one member as chair and one member as vice-chair. In the absence of both the chair and the vice-chair to preside at a meeting, the members present shall select a chair pro tem.

(b) Each board shall meet not less than twice a year at a time and place determined by the board.

(c) The majority of the members to which the board is entitled shall constitute a quorum. The concurrence of a majority of the members to which the board is entitled shall be necessary to make any action taken by the board valid. Each board shall conduct its meetings in accordance with chapters 91 and 92. [L 1991, c 111, pt of §2; am L 1992, c 202, §8]

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