



BOARD OF DENTAL EXAMINERS - September 26, 2025 Special Meeting Minutes

Alaska Division of Corporations, Business and Professional Licensing
9/26/2025 3:00 PMAKDT

Attendance

Present:

Members: Traci Elison, Megan Ferguson, Secretary Christina Hansen, Jesse Hronkin, Kenley Michaud,
Chair Jonathan Woller

Staff: Sydney Baranov-Kaderman, Occupational Licensing Examiner 3, Rachel Biliet, Program Coordinator
1, Josh Hardy, Investigator 3.

Absent:

Members: Bradley Heaston, Newell Walther (joined at 3:17 p.m. and remained present for the entire
meeting), Dominic Wenzell (joined at 3:48 p.m. and left at 4:29 p.m.)

1. Call to Order/Roll Call

Chair Jonathan Woller called the meeting to order at 3:03 p.m.

Attendance

Present:

Members: Traci Elison, Megan Ferguson, Christina Hansen, Jesse Hronkin, Kenley Michaud, Jonathan
Woller

Absent:

Members: Bradley Heaston, Newell Walther, Dominic Wenzell

A. Ethics Report

Jonathan Woller reported as designated ethics supervisor for the State of Alaska Board
of Dental Examiners he received no notification of ethics violation.

B. Review/Approve Agenda

Jonathan Woller proposed adding item #10 B Application for waiver of travel ban
implemented by Administrative Order 358 (AO 358) to request live board meeting.

Motion:

RESOLVED to APPROVE agenda as amended by Jonathan Woller.

Motion moved by Kenley Michaud and motion seconded by Jesse Hronkin. Motion
passed via unanimous consent.

2. HB197 Language

Jonathan Woller introduced the topic by stating that the board has been working with Representative Tomaszewski to make hygiene licensure easier by deleting the two-year educational requirement in AS 08.32.014(a)(1)(A).

As a result of communication from individual hygienists and the Alaska Dental Hygienist Association, Jonathan Woller said there was concern about protecting the education of hygienists and a proposal to change the language to "successfully completed least two academic years of full-time instruction or its equivalent." This would eliminate the need for the board to meet and consider applications from hygienists who have completed 18-month programs.

Motion:

RESOLVED to approve authorizing Drs. Greg Johnson and Dominic Wenzell to contact Rep. Tomaszewski's office to amend the language of House Bill 197 so that AS 08.32.014(a)(1)(A) will read:

an applicant for a license to practice dental hygiene shall provide evidence to the board that the applicant has successfully completed an academic program in dental hygiene [CURRICULUM THAT INCLUDES TWO ACADEMIC YEARS OF FULLTIME INSTRUCTION OR ITS EQUIVALENT] that, at the time of graduation, is accredited by the Commission on Dental Accreditation of the American Dental Association and is approved by the board;

Motion moved by Jonathan Woller and motion seconded by Kenley Michaud.

Motion passed unanimously via roll call vote. Christina Hansen - Yes, Kenley Michaud - Yes, Jonathan Woller - Yes, Jesse Hronkin - Yes, Megan Ferguson Yes, Traci Elison – Yes.

3. Public comment

Ms. Gail Walden addressed the board stating that HB 197 was introduced on April 16, 2025, and her first email to board staff asking about the next meeting was April 27, 2025.

She submitted a letter to the board outlining her concerns with HB 197 and would like the record to reflect her concerns about recent meeting practices. She stated that in 2025 there have been 3 Special Dental Board Meetings which she feels can limit public engagement and does not provide adequate time to conduct board business.

She expressed that she views it as a problem if the meeting is noticed five days in advance and it is requested that comments are submitted two weeks ahead of board meetings.

Ms. Walden then provided a summary of the written comments she submitted ahead of the meeting.

Ms. Lisa Wells spoke and thanked the board for listening to the concerns of the Alaska Dental Hygiene Association regarding HB 197. She stated that the association also noticed the need to update AS 08.32.014(a)(1)(C) as several regional dental hygiene examinations have now merged and there is just one examination. The association reached out to Rep. Tomaszewski recommending an amendment adding "national board examination" to the existing language of AS 08.32.014(a)(1)(C).

Ms. Wells states that the association was caught off guard by the introduction of HB 197 and they are looking forward to a more collaborative approach.

Dr. Lani Marlin, President of the Alaska Dental Society spoke and provided an update on the Department of Health's pause on the restriction of handheld x-ray devices. She stated she was

able to speak with the Deputy Commissioner of the Department of Health and about one week later the pause on the restrictions was issued and there was a response to nearly all requests presented by the ADS. Dr. Marlin requested a workgroup be formed regarding regulation of radiological inspections and devices but does not currently have information on how the board can participate. She requested that the topic of radiological health be added to the next board meeting as it would give an opportunity to discuss long-term strategy and there may be more information to present.

Board staff Rachel Billiet informed Dr. Marlin that under the current administrative order 358, the board can discuss regulatory items, but board staff are prohibited from beginning or researching new regulations projects at this time so the board will be limited in what action they can take should this be added to a future agenda.

4. Application Review

A. Application review for C.G.

Moderate sedation permit tabled by Drs. Wenzell and Michaud per 12 AAC 28.015(e)(2)(B) which states that in addition to meeting the requirements of (d) and (g) of this section, before administering moderate or minimal sedation to a patient younger than 13 years of age, an applicant for an initial permit must provide proof of administration of sedation for at least 20 individually managed patients younger than 13 years of age while under the supervision of a sedation provider holding a current moderate or deep sedation permit in good standing for patients under 13 years of age or an anesthesiologist or certified registered nurse anesthetist licensed in this state or another jurisdiction.

Dr. Michaud presented the board with the reasoning for tabling the application for discussion. In summary, his concerns were:

- The pediatric portion of the training the applicant received through the Academy of Dental and Medical Anesthesia (ADMA) was simulated, and not on live patients. The applicant then had his employer observe him performing 21 cases instead of performing the cases through the training course.
- The simulated cases were for adults, EMS was never activated, even in the event of laryngospasm. The only case where dentistry was stopped was when the patient was on an undisclosed medication and the dentist opted to use Narcan.
- The pediatric portion of the training seemed to him to be geared more towards deep sedation due to the maximum dosage of the sedation drug Versed being capped at 20 milligrams, when comparatively the dosage was capped at 14 milligrams when the Alaska Native Medical Center had a pediatric course, and 10 milligrams at the Temple University course.
- Language used by the instructor, Dr. Pickens, as trained Physician Anesthesiologist, in the rubric and case debriefs are cause for concern. He spends a good amount of time discussing movement after painful stimulation in his rubric, which would indicate deep sedation. ADA courses would aim for a response to verbal command or light tactile stimulation. The definition of minimal sedation (anxiolysis) means the patient should respond normally to verbal commands, cardiovascular function has to be unaffected, the airway has to be unaffected, and ventilation has to remain spontaneous and unaffected. Also, the instructor states that "sometimes, laryngospasms can feel concerning to a sedation practitioner because of the patience required for it to break." Dr. Michaud thought that waiting for the spasm

to break was an unusual way to treat it because the only way for it to break is if the muscles stop getting blood flow or stop getting oxygen and the patient starts to code. This is more detrimental to a pediatric patient because when their oxygen levels drop, they enter sinus arrest.

- Every case performed by the applicant under his employer uses Precedex, which is limited to highly monitored care facilities because it is only available for intravenous use. The ADA states that minimal sedation is a single enteral dose which is below FDA guidelines for unmonitored home use. If you use more than that, it is no longer minimal sedation, it is moderate sedation. If you use another medication in addition, again, it must be defined as moderate sedation. Multiple cases submitted as minimal sedation were at least moderate sedation by definition, based on the use of multiple medications, the dosage being higher than home unmonitored use, and one of the medications was intravenous. This indicates the applicant may be struggling to correctly classify the sedation he is performing on patients.

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Dr. Michaud goes on to further explain that Precedex is a special medication that is FDA approved to be given to a patient through an IV using an infusion pump at a specific rate and adjusted and watched the entire time by an anesthesia provider or sedation provider to avoid serious complications. Even with monitoring, there is a higher incidence of complications with pediatric patients. Greater than 5% of patients given Precedex have an adverse effect with bradypnea, hypotension, hypertension. Several pediatric cases submitted by the applicant show maximum dosage of Precedex on patients combined with higher doses of VERSED than was seen in the adult cases submitted. It was concerning Dr. Michaud that the applicant appears to have been correctly taught moderate sedation through the ADMA course but then he immediately started following a protocol which was not taught in the course by using Precedex. The use of this seems to be in violation of Alaska Dental Regulation 12 AAC 28.015(c) which states that dentist who holds a permit under this section may not administer or employ an agent or technique that has so narrow a margin for maintaining consciousness that the agent or technique is most likely to produce deep sedation or general anesthesia. These agents include ketamine, propofol, brexvatil, and sodium pentothal. When later asked by the applicant whether Precedex was listed in regulation as an unapproved agent, the board clarified that it wasn't, but that the drugs listed are not meant to be all encompassing.

The applicant was present and introduced himself to the board and explained that the dentist he was working under, Dr. Coplin, is a sedation permit-holder in good standing, and therefore he was under the assumption that the techniques he employed under his supervision were approved. He stated that he had difficulty finding a course that met the board requirement of 30 hours of continuing education and 20 live cases, and that he'd be happy to take an approved course if the board could point him in the direction of one. He had previously emailed board staff about this, and they were unable to provide him with a specific course after reaching out to a board member. The board explained that they originally intended to require a Pediatric Residency for this permit type, like Colorado, but at the time of his initial licensure this would have made it difficult for Dr. Coplin to obtain the permit, so the board chair at the time, Dr. Nielsen, worked with the board to create the regulations as they are, which was a bit of a "workaround" that the board now recognizes as not ideal. The applicant stated

that he did consider a residency but did not want to leave Alaska, and when asked if he would still utilize the same protocol under the instruction of Dr. Coplin had he obtained residency education, he told the board that he would use the most safe and effective method for minimal or moderate sedation that is out there. He stated if he did a residency, he would gain a lot of experience and feel most comfortable using the protocol taught.

There was discussion amongst board members regarding the fact that dental hygienists are required to obtain at least a two-year education to perform scaling and root planning, whereas sedation services have much more serious implications than hygiene services and the education obtained by the applicant is only a weekend long course. Board members stressed that it is much easier to sedate a pediatric patient more than you intend and that many pediatric dentists they know opt not to do moderate sedation in the office because of the risk being so high.

Dr. Michaud stated that he does believe the training the applicant received is sufficient to allow him to administer sedation to patients 13 years of age and older and that he would be willing to vote today to grant the applicant that permit, but

board staff stated that the applicant would need to submit a new application for the different permit type, however the refundable fees could likely be applied to the new application.

Motion:

RESOLVED to DENY Moderate Sedation Application for C.G. per 12 AAC 28.015(e)(2)(B) and 12 AAC 28.015(c)

Motion moved by Kenley Michaud and motion seconded by Megan Ferguson.

Motion passed 7 to 1 via roll call vote. Kenley Michaud - Yes, Jonathan Woller – No, Christina Hansen - Yes, Megan Ferguson – Yes, Newell Walther – Yes, Jesse Hronkin – Yes, Dominic Wenzell – Yes, Traci Elison - Yes

5. Continuing education audit reviews

A. Audit review for A.W.

Continuing Education Audit tabled by Dr. Wenzell per 12 AAC 28.410(a)(1) which states that except as provided in (c) of this section, and subject to the limits set out in (g) and (h) of this section, only the following courses will be accepted as continuing education under 12 AAC 28.400 — 12 AAC 28.420 and 12 AAC 28.880(b), and only if participation in those courses is verifiable and the subject matter contributes to the professional knowledge and development of the practitioner or enhances the ability to provide services to the patient: courses, workshops, or symposiums approved, provided, or sponsored by the American Dental Hygienist's Association (ADHA), Academy of General Dentistry (AGD), or American Dental Association (ADA).

Board staffed referred this audit to the board as the licensee submitted several American Medical Association continuing education (CE) topics that staff were unsure were applicable to their dental hygiene license. The board commented that the

hygienist has been working as a physician assistant, which explains the different kinds of CE, but that several of the topics such as vitamins and amoxicillin are relevant to dental hygiene. Board members pointed out that there are several dental related CE amidst the medical topics, but some could not be counted as the licensee was seemingly unaware of the regulation that states you cannot take more than 8 hours of CE online within a 24-hour period.

Dr. Wenzell stated that he tabled the audit not because he did not approve, but simply because he believed it should be discussed at a meeting.

Motion:

RESOLVED to APPROVE CE Audit for A.W.

Motion moved by Dominic Wenzell and motion seconded by Kenley Michaud.

Motion passed via roll call vote. Christina Hansen - Yes, Dominic Wenzell - Yes, Kenley Michaud - Yes, Jonathan Woller - Yes, Megan Ferguson - Yes, Jesse Hronkin - Yes, Newell Walther - Yes, Traci Elison - Yes

B. Audit review for D.C.

CE audit tabled by Dr. Michaud per 12 AAC 28.400(a)(3) which states that except as provided in 12 AAC 28.405(a), an applicant for renewal of a dentistry license shall submit evidence of continued professional competence by documenting, if the applicant holds a valid federal Drug Enforcement Administration registration number, verification that the applicant has completed not less than two hours of continuing education in pain management and opioid use and addiction.

The licensee submitted a continuing education certificate from 2020 to satisfy the two hours of continuing education in pain management and opioid use and addiction requirement which did not apply because it was outside the licensing period. They then submitted a course which they had presented for consideration. The board determined that the course had not been approved by the board prior to it being submitted for CE and therefore would not count.

Motion:

RESOLVED to DENY the CE Audit for D.C. per 12 AAC 28.400 (a)(3).

Motion moved by Kenley Michaud and motion seconded by Newell Walther.

Motion passed via roll call vote. Kenley Michaud - Yes, Newell Walther - Yes, Traci Elison - Yes, Jonathan Woller, Christina Hansen - Yes, Jesse Hronkin - Yes.

C. Audit review for H.W.

CE audit tabled by Drs. Michaud and Wenzell per 12 AAC 28.410(i) which states that not more than eight hours of continuing education taken through the Internet in a 24-hour period may apply to meet the continuing education hours required by 12 AAC 28.400 or 12 AAC 28.405.

The licensee submitted 17 online course hours within a 24-hr period. The board discussed that because 9 of these hours cannot be accepted, this may also affect whether the licensee met the requirement for two hours of continuing education on

pain management, opioid use, and addiction but ultimately, that will be determined by the paralegal if the licensee is referred for a failed audit.

Motion:

RESOLVED to DENY CE audit for H.W. per 12 AAC 28.410(i)

Motion moved by Kenley Michaud and motion seconded by Megan Ferguson.

Motion passed via roll call vote. Christina Hansen - Yes, Kenley Michaud - Yes, Megan Ferguson - Yes, Jesse Hronkin - Yes, Newell Walther - Yes, Traci Elison - Yes

6. Investigations

Investigator Josh Hardy presenting on applicant D.R. who wishes to withdraw their application, but it has already been sent to investigations and had board member review.

Reviewing board members Jonathan Woller and Dr. Wenzell were recused from discussion and voting.

A. Application review for D.R.

Motion:

Motion to enter into executive session in accordance with AS 44.62.310(c), and Alaska Constitutional Right to Privacy Provisions, for the purpose of discussing application review of D.R. Board staff to remain during the session.

Motion moved by Jonathan Woller and motion seconded by Kenley Michaud.

Motion passed via unanimous consent.

The board went off record at 4:33 pm. and returned on record at 4:42 p.m.

Attendance

Present:

Members: Megan Ferguson, Christina Hansen, Kenley Michaud, Newell Walther, Jonathan Woller, Traci Elison, Jesse Hronkin.

Absent:

Members: Bradley Heaston, Dominic Wenzell

Motion:

RESOLVED to APPROVE accepting the withdrawal of application for D. R.

Motion moved by Kenley Michaud and motion seconded by Christina Hansen. Motion unanimously passed via roll call vote with JonathanWoller abstaining as the reviewing board member. Christina Hansen - Yes, Kenley Michaud - Yes, Megan Ferguson - Yes, Jesse Hronkin - Yes, Newell Walther - Yes, Traci Elison - Yes

7. Approved letter to Department of Health Radiological Program - discuss addressee

Jonathan Woller wanted to confirm the letter already approved by the board was addressed to the correct person. No board members indicated it should be sent elsewhere. Board staff will prepare and send the letter as addressed.

 [DRAFT - Letter to Commissioner Hedberg.pdf](#)

8. Disciplinary Matrix Update - Dr. Wenzell

Dr. Wenzell was unavailable to speak on the topic as he left the meeting at 4:29, and it will be added to the December agenda.

9. Board Business

- A. Application by Credentials Interview Process - Rotation Reminder

Board staff provided a quick reminder that application by credentials interviews are done by Board members on a rotation and asked that members respond in a timely manner to requests for interviews to avoid delaying applications.

- B. December meeting travel request

Board staff informed Jonathan Woller that he would need to draft a Waiver Request from the travel ban implemented by AO 358 to be sent in order to request approval for an in-person meeting to be held in December. Jonathan Woller asked the board to approve him to write the letter.

Motion:

RESOLVED to APPROVE Jonathan Woller to write a Waiver Request for Travel for December Meeting

Motion moved by Jesse Hronkin and motion seconded by Kenley Michaud. Motion passed unanimously via roll call vote.

Christina Hansen - Yes, Kenley Michaud - Yes, Megan Ferguson - Yes, Jesse Hronkin - Yes, Newell Walther - Yes, Traci Elison - Yes

Dr. Elison requested a discussion regarding the date for the board meeting after December.

The board agreed on March 23, 2026 as a tentative meeting date.

Dr. Walther inquired as to whether there was any possibility for being reimbursed for attending an upcoming American Association of Dental Boards meeting. Under the current Administrative Order 358, board staff does not know if this is a possibility. Dr. Walther stated he intends to go regardless and inquired if the board needed to make a motion approving his attendance on the record.

Motion:

RESOLVED to APPROVE Dr. Walther to attend the Annual AADB meeting in Texas on October 18 and 19, 2025.

Motion moved by Jonathan Woller and motion seconded by Kenley Michaud. Motion passed unanimously via roll call vote. Christina Hansen - Yes, Kenley Michaud - Yes, Megan Ferguson - Yes, Jesse Hronkin - Yes, Newell Walther - Yes, Traci Elison - Yes

10. Adjourn

Motion:

RESOLVED to ADJOURN the September 26th, 2025, meeting of the Board of Dental Examiners.

Motion moved by Jonathan Woller and motion seconded by Kenley Michaud.

Motion passed via unanimous consent.

Meeting adjourned at 5:02 p.m.

Date Final Meeting Minutes Approved by Board: Meeting <input type="checkbox"/> OnBoard <input checked="" type="checkbox"/>	Board ballot PASS: 10/16/2025
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