



STATE OF ALASKA

**DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT**

**DIVISION OF OCCUPATIONAL LICENSING
BOARD OF DENTAL EXAMINERS**

MISSION STATEMENT

**To ensure that competent, professional and regulated
commercial services are available to Alaska consumers.**

STATE OF ALASKA 2019

State Holidays

Date	Holiday
01/01	New Year's Day
01/21	MLK Jr.'s Birthday
02/18	Presidents' Day
03/25	Seward's Day
05/27	Memorial Day
07/04	Independence Day
09/02	Labor Day
10/18	Alaska Day
11/11	Veterans' Day
11/28	Thanksgiving Day
12/25	Christmas Day

Biweekly employees please refer to appropriate collective bargaining unit agreement for more information regarding holidays.

 Holiday
 Payday



State calendar maintained by the
Division of Finance,
Department of Administration
<http://doa.alaska.gov/calendars.html>
Revised 08/28/2018

STATE CALENDAR

JANUARY

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Call to Order / Roll Call

BOARD ROSTER

DAVID NIELSON, DDS – BOARD PRESIDENT

GAIL WALDEN, RDH, BSDH, BOARD SECRETARY

STEVEN SCHELLER, DDS

DOMINIC WENZELL, DMD

KELLY LUCAS, DDS

JESSE HRONKIN, DMD

JONATHAN WOLLER, DMD

BRITTANY DSCHAAK, RDH

ROBIN WAHTO, PUBLIC MEMBER

Review / Approve Agenda

**STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND
ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING**

BOARD OF DENTAL EXAMINERS AGENDA

April 15, 2019

550 W 7th Ave, Atwood Building Ste. 1550, Anchorage, AK 99501

Zoom Webinar Number and ID:

Zoom Webinar: 1(408)638-0968

Meeting ID: 675-533-190

<https://zoom.us/j/675533190>

<u>AGENDA</u>			
	<u>TIME</u>	<u>TOPIC</u>	<u>LEAD PERSON</u>
1.	9:00 a.m.	Call to Order/Roll Call	CHAIR
2.	9:05 a.m.	Review of Agenda	CHAIR
3.	9:10 a.m.	Review/Approve Minutes <ul style="list-style-type: none">○ February 15, 2019○ March 08, 2019	CHAIR
4.	9:15 a.m.	Ethics Report	CHAIR
5.	9:20 a.m.	Board Review Applications <ul style="list-style-type: none">○ Vote on Record	CHAIR
6.	9:45 a.m.	Break	CHAIR
7.	10:00 a.m.	Specialty Licenses	CHAIR
8.	10:30 a.m.	Regulations Update <ul style="list-style-type: none">○ Deep and Moderate Sedation Expiration Dates○ Restorative Function Expiration Dates / CE Requirements○ Coronal Polishing Expiration Dates	SHER ZINN

9. 11:00 a.m. Probation Report HOMESTEAD
○ Case Review Process FRANCOIS
10. 11:30 a.m. Radiological Equipment Inspection MR. JILLY / CHAIR
11. 12:00 p.m. Lunch CHAIR
12. 1:00 p.m. Public Comment CHAIR
13. 1:30 p.m. PDMP Report LAURA CARRILLO
14. 2:00 p.m. PDMP Penalty Matric CHAIR
○ Late PDMP Registrations
15. 2:45 p.m. Break CHAIR
16. 3:00 p.m. AAFDO Stephen Harden/CHAIR
○ References from professionals who have used SAMERI.
17. 3:30 p.m. Board Business CHAIR
○ Dental Board Task List
18. 4:30 p.m. Adjourn CHAIR

Board or Commission: _____

Meeting Date: _____

Agenda Item # _____ Tab # _____ Topic: _____

Primary Motion

Motion:

[illegible]

Subsidiary Motion or Amendment

Motion:

[illegible]

Review / Approve Meeting Minutes

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**STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND
ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS,
BUSINESS & PROFESSIONAL LICENSING
BOARD OF DENTAL EXAMINERS**

**MINUTES OF MEETING
February 15, 2019**

These DRAFT minutes were prepared by the staff of the Division of Corporations, Business and Professional Licensing. They have not been reviewed or approved by the Board.

By authority of AS 08.01.070(2) and AS 08.36.040 and in compliance with the provisions of Article 6 of AS 44.62, a meeting of the Board of Dental Examiners was held February 15, 2019, with the board at 550 W. 7th Ave. Anchorage, AK Suite 1500 and Juneau staff attending via Zoom Videoconferencing.

The meeting was called to order by Dr. Paul Silveira, President, at 8:47 a.m.

Agenda Item 1 - Roll Call

Those present, constituting a quorum of the board, were:

Dr. Paul Silveira, President – Valdez
Ms. Gail Walden – Wasilla
Dr. David Nielson – Anchorage
Ms. Paula Ross – Anchorage
Dr. Thomas Kovalski – Chugiak
Dr. Steven Scheller – Fairbanks
Dr. Kelly Lucas – Wasilla
Dr. Dominic Wenzel - Girdwood

In attendance from the Division of Corporations, Business & Professional Licensing, Department of Commerce, Community and Economic Development were:

Ms. Tracy Wiard Occupational Licensing Examiner - Juneau
Ms. Amber Treston, Records and Licensing Supervisor – Juneau
Ms. Jasmin Bautista, Investigator – Anchorage
Mr. Greg Fancois, Investigator – Anchorage
Mr. Billy Homestead, Probation Monitor - Anchorage
Ms. Sher Zinn, Regulation Specialist – Juneau – Teleconference

Members of the public in attendance:

Dr. David Logan – Anchorage

Mr. Daniel Anderson – Radiologic Equipment Inspector – Fairbanks –
Teleconference

The Honorable Judge Pedersen Office of Administrative Hearings – Anchorage

Mr. Bernard Jilly Chief of Public Health Laboratories – Juneau – Teleconference

Mr. Stephen Hardin - AAFDO – Tennessee - Teleconference

Mr. John Roberson – AAFDO – Tennessee - Teleconference

Agenda Item 2 – Review of Agenda

The board reviewed the DRAFT agendas for the 02.15.2019 Board Meeting. There were no suggested changes to the DRAFT version of the agenda for the 02.15.2019 Dental Board Meeting.

On a motion duly made by Walden, seconded by Ross, and approved unanimously by roll call vote, it was RESOLVED to approve the agenda with no changes.

Agenda Item 4 – OAH Review

On a motion duly made by Ross, seconded by Scheller, and approved unanimously, it was RESOLVED to go in to executive session in accordance with Alaska Statute 44.62.310(c)(3) for the purpose of discussing investigative matters which by law, municipal charter, or ordinance are required to be confidential. Board staff to remain during this session

Off the record: 8:51 a.m.

On the record: 9:32 a.m.

On a motion duly made by Walden, seconded by Ross, and approved unanimously by a roll call vote, it was RESOLVED to adopt the proposed decision in OAH case 18-0527-DEN.

Agenda Item 5 – Radiological Equipment

The board met with Mr. Bernard Jilly who serves as the Chief of Public Health Laboratories within the Department of Health and Social Services Division of Public Health. This section of Public Health oversees the registration and regulation of radiological equipment. The Public Health Laboratories section of Public Health used to have regulatory authority over dental radiological equipment and conducted inspections but the responsibility of dental radiological equipment was moved over to the dental board about 15 years ago.

Currently, the section of Public Health Laboratories has been absent a radiological inspector for about a year but are in the process of conducting interviews for the position. Dr. Silveira suggested that the board remove their responsibility for the registration and inspection of radiological equipment for dental offices all together. He stated with new technology if something is wrong with the equipment you know right away because you either get a good shot or you don't and the risk of harm is so small that he feels the dental board does not need to oversee the registration and inspections of the equipment.

Daniel Anderson called in via videoconference and addressed the board. Mr. Anderson is the only current X-Ray inspector in the State of Alaska. He stated he has found missing aluminum X-Ray filters and the X-Ray coming out is too much soft radiation stopped at the skin. The dentists who owned the machines knew something was wrong but not what and did not make any corrections prior to Mr. Anderson's inspection. Mr. Anderson has found film stored in lead line boxes from the 1950's and the film from the boxes were being placed in the patient's mouth. In addition, Mr. Anderson noted drifting x-ray heads that patients would have to hold in place while getting an x-ray. Mr. Anderson has also talked with dental practices advising them to move their film settings from the older settings to the digital settings. He stated he only uses 2 weeks to do inspections in Anchorage and Fairbanks that leaves most of the state's radiological dental equipment not inspected.

Dr. Nielsen stated the board's problem has been finding someone who can complete dental inspections for the entire state. The board had considered getting manufacturers or the dental supply companies to perform the inspections but they were not allowed to do that. Dr. Nielsen stated it would be nice for the state to take over the program again and instead of performing inspections on intra orals perform the inspections on cone beams and panoramic's.

The dental board states they have trouble finding qualified applicants due to the required PhD in physics or something similar. The board also states the application to become a radiological inspector is onerous. Dr. Nielsen asked Mr. Jilly if there would be any willingness for the state to take back the responsibilities for inspecting radiological equipment. Mr. Jilly stated they would be willing to take it on but it would need to be a self-supporting program with the appropriate fees associated with the program. It would require one additional FTE and costs for travel, etc. This would require a calculation for the fees for each dental office to be inspected. Mr. Jilly requested the number of radiologic equipment to be inspected to better calculate fees.

Mr. Jilly stated that the qualifications for a radiologic equipment inspector are a Bachelor's degree or higher in health physics or a closely related discipline. Since this is a lead position the state of Alaska was also asking for 3-4 years of inspection experience. Ideally an advanced degree in healthcare physics would be desired to oversee a radiological health program. If the dental board wanted to give jurisdiction back to the state, the state could hire someone with less experience who would be working under someone with more experience.

The board asked Mr. Jilly his opinion. Mr. Jilly stated he was neutral about the board keeping oversight or moving jurisdiction back over to the state. However, he does feel strongly that the equipment continues to be inspected. He stated on the medical inspections it was not just hardware that was inspected but the personnel and competencies of each person utilizing the equipment were also looked at. The personnel were corrected from sloppy safety practices as the personnel in the medical labs are the ones who are taking multiple images per day and therefore at a higher risk of unnecessary exposure than a one-time patient.

Mr. Anderson also expressed to the board that he provides training to dentists and operative staff for reduction in errors and lack of safety. The board has expressed frustration because they cannot find qualified inspectors. Mr. Anderson stated he does know an individual in Anchorage who is interested in applying for the position. He stated the potential applicant has an electrical engineering degree and has been installing x-ray machines for 30 years in medical offices. The potential applicant is aware of all of the safety issues regarding radiation.

Dr. Nielsen states the board had previously figured this issue out but were then shot down because they could not change the radiologic inspector's application form. Regulation attorney Steve Weaver had previously addressed this topic and determined the board does not have statutory authority to have regulations for licensing radiologic inspectors. Dr. Nielsen states the board was told they did not have statutory authority to change the form which caused the board frustration. The board feels stuck. Dr. Nielsen stated the board regulations removed the reference to a, "Health Radiologic Inspector I," in 2012 but the form was never changed to reflect that and the board was told they could not change the form. Dr. Nielsen would like to look at changing the form so the board may obtain inspectors qualified to conduct radiological equipment. Mr. Jilly states there is no need to require a doctorate level degree for an x-ray inspector. The board asked if this is something the state could do and Mr. Jilly said they currently have no position description the board is suggesting. It would also require a new full-time employee with fees to dentists to employ the position.

The board asked Mr. Jilly how long he believes it would take to review the proposed position requirements for a dental x-ray examiner if the board were to draft them. Mr. Jilly stated he would likely be available to review the position at the end of March. Dr. Nielsen then addressed Mr. Anderson and asked if his friend were to apply today with the way the current application is written that he would not qualify? Mr. Anderson stated he believed so but noted the person does have an electrical engineering degree. The board proposes to draft changes to the application for a second opinion regarding the change in application.

Agenda Item 8 – Investigative Report

Jasmine Bautista addressed the board and introduced the new Probation Monitor for the healthcare section of investigations Mr. Billie Homestead. Jasmine then directed the board to the investigative report. From December 06, 2018 through February 7, 2019 investigations opened 2 matters since the last report, closed 0 matters since the last report and 26 matters remained open.

Mr. Homestead addressed the board noting there were currently 5 individuals on probation and that all were in compliance except for 1. The board wanted to know why the one probationary individual was not in compliance and it was stated that information would be reviewed by a board member for compliance. Once presented to a board member they will make a recommendation for an action to resolve the issue. Ms. Bautista stated they were still gathering information at this point and details couldn't be given outside of Executive Session.

Dr. Nielsen asked if it would be appropriate to ask the investigative staff about the new administration's proposal to combine all investigative staff on the record? Ms. Bautista stated that investigative staff do not have a lot of answers but they will keep the board updated as they know more. Greg Francois introduced himself and addressed the boards concerns. He mentioned Administrative Order 306 that consolidates all investigators from DCCED, DOL, REV, INS, etc. There will be a task force developed to implement a procedure of how they will combine investigative staff. The investigators will remain but will be combined under the Department of Law.

Agenda Item 9 – Public Comment

During the Investigative Report before going into Executive Session, it was noted by the Chair that it was time for public comment. Dr. Logan addressed the board through the chair asking if each

case was assigned a board member and the board member was recused, shouldn't the recused board member stay informed of the case? Chief Francois noted that investigations needed to keep the information confidential. Dr. Logan then asked if the board member was not recused and was offering professional opinions shouldn't they be informed of the ongoing status of the case? Chief Francois replied that the member would know the result at the end. The investigative process cannot be contaminated by information but the participating board member would need to recuse themselves from the final board determination. The investigative process is very compartmentalized and the board cannot be tainted with information regarding the case. The board further discussed the investigative process and decided to take a break.

Off the Record: 10:46am

On the Record: 10:55am

Agenda Item 8 – Investigative Report

On a motion duly made by Ross, seconded by Nielsen, and approved unanimously, it was RESOLVED to go in to executive session in accordance with Alaska Statute 44.62.310(c)(3) for the purpose of discussing investigative matters which by law, municipal charter, or ordinance are required to be confidential. Board staff to remain during this session.

Off the record: 10:57 am

On the record: 11:44 am

Agenda Item 3 – Review and Approve Past Meeting Minutes

The board reviewed the meeting minutes from the December 7, 2018 Dental Board Meeting. On line 272 the regulation left out a medical anesthesiologist. It was stated this would need to be amended on the overview of the regulations that were currently out for public comment and not a change that would be made in the minutes.

The next question was regarding line 99-100 regarding administration of I.V. Medication. It was brought up that the board member does not believe the minutes should include, "The medications need to be administered under the direct supervision of a sedation permit holder." The board agreed this should be taken out of the minutes and the paragraph should end on line 99 after the word, "regulation."

It was noted that there is a misspelling in line 407 that should say take instead of rake. This spelling error needs to be corrected. Line 399 needs to spell out post-graduate year 1 instead of PG1. Line 487 needs to remove in on board since it was not in quotations or capitalized.

On a motion duly made by Nielsen, seconded by Scheller, and approved unanimously, it was RESOLVED to approve the minutes as amended of the December 7, 2018 Teleconference.

Agenda Item 6 – Ethics Report

There are no ethic violations or conflicts of interest that need to be reported by the board.

241 **Agenda Item 12 – Lunch**

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243 Off the Record: 11:54 am

244 On the Record: 1:04 pm

245 **Roll Call**

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247 Those present, constituting a quorum of the board, were:

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249 Dr. Paul Silveira, President – Valdez

250 Ms. Gail Walden – Wasilla

251 Dr. David Nielson – Anchorage

252 Ms. Paula Ross – Anchorage

253 Dr. Thomas Kovaleski – Chugiak

254 Dr. Steven Scheller – Fairbanks

255 Dr. Kelly Lucas – Wasilla

256 Dr. Dominic Wenzel - Girdwood

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258 In attendance from the Division of Corporations, Business & Professional Licensing,
259 Department of Commerce, Community and Economic Development were:

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261 Ms. Tracy Wiard Occupational Licensing Examiner - Juneau

262 Ms. Amber Treston, Records and Licensing Supervisor – Juneau

263 Ms. Jasmin Bautista, Investigator – Anchorage

264 Mr. Greg Fancois, Investigator – Anchorage

265 Mr. Billy Homestead, Probation Monitor - Anchorage

266 Ms. Sher Zinn, Regulation Specialist – Juneau – Teleconference

267
268 Members of the public in attendance:

269
270 Dr. David Logan – Anchorage

271 Mr. Daniel Anderson – Radiologic Equipment Inspector – Fairbanks –

272 Teleconference

273 The Honorable Judge Pedersen Office of Administrative Hearings – Anchorage

274 Mr. Bernard Jilly Chief of Public Health Laboratories – Juneau – Teleconference

275 Mr. Stephen Hardin - AAFDO – Tennessee - Teleconference

276 Mr. John Roberson – AAFDO – Tennessee - Teleconference

277
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279 **Agenda Item 13 – Division Update**

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281 Administrative Officer Dumas addressed the board and informed them that they are in the middle
282 of a renewal cycle currently. She directed the board to see the revenue and expenditures for the past
283 7 years up to the 2nd quarter of FY 19. It was noted that the renewals are completed in odd
284 numbered years. So far, total revenue is \$59, 572. Direct Expenditures are \$143, 841. Indirect
285 Expenditures are calculated at the end of the year but a placeholder average of \$94,398 was listed for
286 Indirect Expenditures. The boards total expenses totaled \$238,239 which is a deficit of \$178,667.
287 The carryforward deficit from FY 18 is \$51,984. This leaves a total deficit of \$230,651. It is

anticipated that the board will have a revenue in the black at the end of FY 19 once the renewals are processed and those funds are added to the dental board revenue.

Agenda Item 11 – Military Experience In lieu of Licensing Requirements

The board reviewed the statute 08.08.064. The board does not want to use the statute for a temporary license. The board stated they do not offer a temporary license but only an incapacitated license or a courtesy license. It was clarified that the reference was for 08.08.064 (a). The board was questioning who verifies military training can be a substitute for training, or a component of the exam, etc. It was asked if the board would like to clear up the decision regarding military experience in lieu of training. There was a discussion regarding the statute and how the board does not want to give rubber stamp approvals for licensees that may not be qualified.

On a motion duly made by Ross, seconded by Scheller, and approved unanimously, it was RESOLVED to go in to executive session in accordance with Alaska Statute 44.62.310(c)(3) for the purpose of discussing investigative matters which by law, municipal charter, or ordinance are required to be confidential. Board staff to remain during this session.

Off the Record at: 1:20 pm

On the Record at: 1:32 pm

On a motion duly made by Scheller, seconded by Walden, and approved unanimously by a roll call vote, it was RESOLVED to approve Richard Lauderback's Dental Application by Exam Level II.

The board wanted to note on the record that further military applications would be considered on a case by case basis. There was evidence to show that the licensing qualifications have been met but the board does like to review qualifications on a case by case basis.

Agenda Item 10 – Regulation Review

Dr. Nielsen addressed the board and said he would like to discuss a few changes to the regulations. He informed the board he had gotten a comment from someone that would be considered public comment and asked the person to draft a letter but they did not. Regulations Specialist Zinn stopped Dr. Nielsen and explained that public comment cannot be delivered by a board member. Public comment must be completed in writing and submitted through the appropriate channels in the public comment process to be considered. The board did review the public comments properly submitted and considered the cost to the public.

The board reviewed the regulations that were previously out for public comment. It was noted that 12 AAC 28.015(e)(2)(B) has left out a physician anesthesiologist. There was a question as to if licensed medical anesthesiologist was covered under the term, "sedation provider?" Regulations Specialist Zinn stated that because CRNA was listed then a licensed anesthesiologist would also need to be listed. A medical anesthesiologist would not fall under a moderate or deep sedation permit because an anesthesiologist is a license outside the dental boards jurisdiction. The board would need to add licensed anesthesiologist to the current regulations.

On a motion duly made by Silveira, seconded by Ross, and approved unanimously, it was **RESOLVED** to adopt the regulations amending to add licensed anesthesiologist as an acceptable 12 AAC 28.015(e)(2)(B), 12 AAC 28.015(j)(2), 12 AAC 28.027(a). It was also resolved to approve 12 AAC 28.940(b)(8)(B) as amended with the word, "one," removed after the word, "or."

The board reviewed the application again and discussed the content to be covered. They discussed the course covering implants and sinus grafts and how the course offers 40 hours of CEU's. The board discussed perhaps each course being reviewed individually. There was discussion of the course being CERP, PACE, or ADA approved and that would make this course more acceptable to the board for an approved CEU. It was also noted that this course is not open to the public dental community.

On a motion duly made by Scheller, seconded by Walden, and denied unanimously by a roll call vote, it was **RESOLVED** to Deny the BTY Study Club as a board approved continuing education study group citing 12 AAC 28.410(3) as it does not meet the board approval.

Agenda Item 15 - PDMP

Information was provided to the board that there was a compliance rate of 73%, 122.4% increase in logins from December 2018 through January 2019, there are no significant increases in patient searches even though logins have drastically increased which was interpreted to mean dentists are logging in but not checking and there is a -26% change in MME's prescribed. The board was also shown a graph of the numerical data. It was noted a dentist not in compliance with PDMP would be a dentist who has a DEA and has not registered with the PDMP program.

The board discussed the confusion regarding registration and renewal for the PDMP. Many dentists are confused about the process and noted they do not get any confirmation that they successfully registered with the PDMP. Licensing Supervisor Treston stated a weekly report has been run on the dental board applicants noting any dentists that have been late coming into compliance.

The board was to discuss a penalty matrix for non-compliance with PDMP registration. Due to the confusion regarding successful registration with the PDMP registration and compliance the board felt it was hard to do a penalty matrix if people do not know if they successfully registered. The board requested to defer the decision until they were able to discuss the penalty matrix issue with the PDMP Program Coordinator. The board took a short break.

Off the record at 2:16 pm

On the record at 3:30 pm

Roll Call

Those present, constituting a quorum of the board, were:

Dr. Paul Silveira, President – Valdez

Ms. Gail Walden – Wasilla

Dr. David Nielson – Anchorage

Ms. Paula Ross – Anchorage

Dr. Thomas Kovaleski – Chugiak
Dr. Steven Scheller – Fairbanks
Dr. Kelly Lucas – Wasilla
Dr. Dominic Wenzel - Girdwood

In attendance from the Division of Corporations, Business & Professional Licensing,
Department of Commerce, Community and Economic Development were:

Ms. Tracy Wiard Occupational Licensing Examiner - Juneau
Ms. Amber Treston, Records and Licensing Supervisor – Juneau
Ms. Jasmin Bautista, Investigator – Anchorage
Mr. Greg Fancois, Investigator – Anchorage
Mr. Billy Homestead, Probation Monitor - Anchorage
Ms. Sher Zinn, Regulation Specialist – Juneau – Teleconference

Members of the public in attendance:

Dr. David Logan – Anchorage
Mr. Daniel Anderson – Radiologic Equipment Inspector – Fairbanks –
Teleconference
The Honorable Judge Pedersen Office of Administrative Hearings – Anchorage
Mr. Bernard Jilly Chief of Public Health Laboratories – Juneau – Teleconference
Mr. Stephen Hardin - AAFDO – Tennessee - Teleconference
Mr. John Roberson – AAFDO – Tennessee - Teleconference

Agenda Item 18 – Board Business

18e) 2019 Board Meetings:

The board discussed the option of scheduling upcoming meetings for the remainder of 2019. It was decided by the board that a Doodle Poll should be sent out after March 1, 2019 once the new board members are officially added to the board and the current members whose terms have ended are no longer on the board.

18a) Radiologic Inspection Regulations:

The board would like an update at the next meeting to determine if HSS has hired a radiologic Equipment Inspector. They would also like to schedule Mr. Jilly at the next board meeting. In addition, that would like to see if they can change the application that the Dental Board currently for becoming a radiologic inspector. Dr. Nielsen will send the previous submitted forms regarding changing the forms but the board would like the state to take over the process of radiologic inspections.

18d) New Board Chair:

A certificate of appreciation was presented to outgoing board chair Paul Silveira and member Paula Ross. A certificate of appreciation was mailed to outgoing board member Thomas Kovaleski and

Mike Moriarity. The board and staff of CBPL expressed sincere gratitude for the time they spent working together.

With the term expirations for the current board chair it was noted that the board would need a new chair. Dr. Silveira asked if there were any members currently interested in being the new board chair? Paula Ross nominated Dave Nielsen to be the board chair for the next term and outgoing chair Silveira concurred with the nomination. There was board discussion regarding the nomination.

On a motion duly made by Ross, seconded by Scheller, and approved unanimously, it was RESOLVED to approve Dr. David Nielsen as the State of Alaska Board of Dental Examiners Chair from 03/01/2019 – 03/01/2021.

On a motion duly made by Ross, seconded by Scheller, and approved unanimously, it was RESOLVED to go in to executive session in accordance with Alaska Statute 44.62.310(c)(3) for the purpose of discussing investigative matters which by law, municipal charter, or ordinance are required to be confidential. Board staff to remain during this session.

Off the Record: 2:48 pm

On the Record: 3:01 pm

Agenda Item 17 – AAFDO

Mr. Hardin was present via teleconference and was granted permission as a host in Zoom. He prepared a power point presentation that explained the origins of the Accreditation Association for Dental Offices (AAFDO), their mission of patient safety, costs and services provided should the board elect to utilize AAFDO to conduct inspections dental offices in Alaska that use deep or moderate sedation.

AAFDO discussed the need for dental office sedation and anesthesia and the risks associated. About 40% of general dental offices provide some type of sedation or anesthesia and 70% of pediatric dentists provide sedation or anesthesia. That combined with a poor response to emergencies and an increase in patients with challenging conditions leads to potentials for harm in the dental chair. It is estimated that a dental patient dies every other day in the US.

Mr. Hardin discussed what AAFDO would provide customized inspections to the board and the licensees holding deep and moderate sedation permits in Alaska. The inspections are available to be conducted remotely which is a tremendous benefit and cost saving given the unique geographic characteristics of Alaska. The inspections would be tailored to follow Alaska Statutes and Regulations. Training and credentials would be considered during an inspection as well as readiness for emergencies and the facility and layout of the equipment.

The dentists holding moderate and deep sedation permits in the State of Alaska would pay a \$1499.00 fee for the inspection. The dentists would sign up online and AAFDO would send inspection preparation materials including mock emergency drills guide. Once the dentists complete the pre-inspection preparation they would go back online and schedule the inspection which is conducted by Zoom.

Once the inspection is completed the dentist is issued a certificate of successful completion. The State of Alaska Dental Board would get a record of completion and Administrative Expense Offset Fee. The state would have expenses for administration of the program. In addition, every member who participates in the mock drills is eligible to receive 12 CEU's. The process would take place once every 3 years.

Dr. Nielsen questioned how much other states are charging for inspections. Mr. Roberson stated that the California Board of Dentistry charges \$2000.00 for an onsite inspection. Minnesota and North Dakota charge about \$500.00 per inspection. Kentucky has a 1-page document for an inspection. Mr. Roberson stated if an accrediting agency like JCAHO came in for an inspection it would cost thousands of dollars. Mr. Roberson also answered the board question regarding qualifications of instructors. The instructors are EMT's, Paramedics, CRNA's, and other providers certified to instruct BLS, ACLS and PALS courses.

18f) Task List:

The following items are to be added to the task list and e-mailed to the board members upon completion:

Complete a Doodle Poll 03/01/2019 to determine next board meeting.
Discuss PDMP and matrix with PDMP Program Coordinator at next meeting. Send e-mail asking what kind of verifications applicants receive to show successful completion of PDMP registration.
Investigations case review process at next meeting add to agenda.
Discuss adding specialty licenses at next board meeting. Add to agenda. Obtain old statutes and regulations that had specialty licenses in them.
Schedule Bernard Jilly at next meeting.
Send position description for dental equipment radiologic equipment inspector.
Obtain references from dentists that have used AAFDO for inspections as well as a sample of an inspection for the board to view. Ask what capacity for inspections per year is.

**Dr. Nielsen made a motion to adjourn the meeting which was seconded by Paula Ross.
Meeting adjourned at: 4:02 PM.**

Respectfully Submitted:

Tracy Wiard
Occupational Licensing Examiner

Approved:

David Nielsen, DDS, President

Date:_____

Board or Commission: _____

Meeting Date: _____

Agenda Item # _____ Tab # _____ Topic: _____

Primary Motion

Motion:

[illegible]

Subsidiary Motion or Amendment

Motion:

[illegible]

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**STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND
ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS,
BUSINESS & PROFESSIONAL LICENSING
BOARD OF DENTAL EXAMINERS**

**MINUTES OF MEETING
March 08, 2019**

These DRAFT minutes were prepared by the staff of the Division of Corporations, Business and Professional Licensing. They have not been reviewed or approved by the Board.

By authority of AS 08.01.070(2) and AS 08.36.040 and in compliance with the provisions of Article 6 of AS 44.62, a meeting of the Board of Dental Examiners was held March 08, 2019, with the board via Zoom Videoconferencing.

The meeting was called to order by Dr. Dave Nielson, President, at 3:03 p.m.

Agenda Item 1 - Roll Call

Those present, constituting a quorum of the board, were:

Dr. David Nielson, President – Anchorage
Ms. Gail Walden, Board Secretary - Wasilla
Dr. Kelly Lucas – Wasilla
Dr. Jesse Hronkin – Wasilla
Dr. Jonathan Woller – Fairbanks
Ms. Brittany Dschaak – Naknek
Ms. Robin Wahto – Anchorage
Dominic Wenzell – Gridwood – called in at 3:04 p.m.

In attendance from the Division of Corporations, Business & Professional Licensing, Department of Commerce, Community and Economic Development were:

Ms. Tracy Wiard Occupational Licensing Examiner - Juneau
Ms. Sher Zinn, Regulation Specialist – Juneau – Teleconference

Members of the public in attendance:

Dr. David Logan, Alaska Dental Society – Anchorage

Agenda Item 2 – Review of Agenda

Dr. Nielson present the DRAFT agenda for the 03.08.2019 Board Meeting. The purpose of this videoconference meeting prior to the regularly scheduled board meeting in April is to develop the State of Alaska Dental Boards position on SB 68. In addition, the board would like to discuss requirements of licensing foreign dental graduates with a 2-year, post-graduate residency. Dr.

Nielson asked if there were any requested changes to the agenda. Gail Walden suggested adding a public comment period at the end of the meeting for Dr. Logan to make comments from the Alaska Dental Society.

On a motion made by Gail Walden, seconded by Dominic Wenzell, and passed unanimously, it was RESOLVED to approve the agenda with the discussed amendments.

Agenda Item 3 – Ethics Report

Dr. Nielson asked if there were any ethics violations or potential conflicts of interest? It was stated by Dr. Kelly Lucas that he has a collaborative agreement with fellow board member and Dental Hygienist Britany Dschaak. Dr. Lucas stated he does not see a conflict of interest or their employment relationship impacting board business or decisions. He stated Ms. Dschaak was very independent and their working relationship would not affect either persons decision regarding board business. He did state SB 68 may affect their collaborative plan but would not likely affect decisions either of them make regarding board business.

Brittany Dschaak stated on the record that she has a working relationship and collaborative plan with fellow board member Dr. Kelly Lucas. Ms. Dschaak stated that the board business is completely independent of any work they do together and that their employment arrangement would not affect board business. She further emphasized any judgement and decisions made regarding board business and votes are completely independent of Dr. Lucas.

Agenda Item 4 - 2 Year Residency for Foreign Dental Graduates

Dr. Nielson overviewed the history of the board having to deny applicants that have not graduated from a dental school accredited by CODA. CODA accreditation only occurs in the US and that would mean only US dental school graduates would meet the qualification. The board tried adding a section to 12 AAC 28.938 allowing applicants who have not graduated from an accredited dental school but have successfully completed a 2 or more-year CODA accredited post-graduate residency program to be eligible for licensure.

It was determined by Department of Law that the board did not have the statutory authority to make that change. AS 08.36.110(1)(A) states that the applicant must graduate from a dental school approved by the board. The Department of Law states that a dental school and a residency program are not the same thing. The board cannot accept a CODA accredited residency in lieu of a dental school approved by the board. It was recommended a statute change or regulation change be made to qualify applicants who have not graduated from a CODA accredited dental school.

Dr. Nielson stated that the board should or withdraw the suggested changes to 12 AAC 28.938 from the regulations project as long as the board lacks authority anyways. Previous concerns with giving a general practice license to a graduate of a specialty program in the US who never went to a US dental school were raised again. The reason being Alaska does not have a specialty license that restricts practice to the specialty and a licensee could perform procedures they were not trained in the US to perform. The board thought it would be best to revisit this when they discuss bringing back specialty licenses. Dr. Nielson suggested complete removal of the 2-year residency requirement from current regulations projects.

On a motion made by Gail Walden, seconded by Dominic Wenzell, and passed unanimously, it was **RESOLVED** to withdraw any changes from 12 AAC 28.938 from the regulation project.

Agenda Item 5 - SB 68

Dr. Nielson brought SB 68 to the board's attention. He stated it may be nice to draft a letter of the board's stance on the bill to present to the legislature if needed. He stated the bill would get rid of the current collaborative plan, allow for advanced dental hygienists to perform some functions independently and bill for insurance.

The board reviewed SB 68 and discussed the proposed bill. Ms. Dschaak stated a concern of hers regarded the requirement of practice to be a section of the population that is not considered underserved as determined by the dental board. She stated that may not allow her to practice if her location was considered under served. With her current collaborative plan with a licensed dentist she has the option to practice independently within the agreed scope of practice. Ms. Walden stated the State of Alaska previously had a list of recognized areas considered underserved. Dr. Nielson stated more options would be preferred over just one option to provide the greatest access to dental care possible.

Dr. Woller stated that he spoke to some dental hygienists regarding the bill and the sponsor of the bill thought it would be best to replace the collaborative agreement with an advanced level dental hygiene license. Dr. Woller stated that the sponsor of the bill and hygienists thought the dental board would bristle against having both a collaborative agreement and an advanced dental hygiene license. Dr. Woller stated the dentists he spoke with stated that they would like to have the options for an advanced level dental hygiene license in addition to a collaborative plan.

Dr. Wenzell stated that this bill is basically replacing a collaborative agreement with an independent hygienist. As a board member he did not want to replace the collaborative agreement with independent hygienists but would like to see both license types in place. Dr. Nielson stated removing the collaborative agreement could affect certain populations in a negative way if the area was not determined to be an underserved portion of the population.

Dr. Nielson stated there are a few items he has an issue with. He stated there are many procedures performed by dental hygienists that are done under general supervision and local anesthesia is one of them. He wanted the boards input about this as administration of local anesthesia may require a health evaluation and may be best left under general supervision. He also stated the atraumatic restorative technique (ART) may require additional training. Ms. Walden stated that (ART) is not part of a dental hygiene curriculum as far as she as aware.

Dr. Woller stated he did some research on other states that allow dental hygienists to perform atraumatic restorative technique (ART) and found that Kansas is the only state allowing the technique under a level III permit that requires a certain number of clinical hours of practice and completion of an 18-hour board approved course. The other issue Dr. Woller noted was the application of silver diamine fluoride. He stated when you combine these 2 modalities of treatment (ART) and (SDF) it brings forth the question if dental hygienists will begin diagnosing and treating dental carries. He stated that this seems to be beyond the scope of any dental hygiene practice. He

144 stated there is a public health benefit to having a dentist make the diagnosis to prevent miss-
145 treatment and misdiagnosis of dental carries.

146
147 Dr. Nielson asked the board to come to a consensus of what the dental hygienists would be allowed
148 to do with the advanced practice license. Dr. Wenzell suggested the board remove local anesthesia,
149 atraumatic restorative technique and silver diamine fluoride from the allowable procedures AS
150 08.32.115(a)(3), (9) and (11). Dr. Woller recommended adding a definition under radiographs or a
151 defined type of radiograph under AS 08.32.115(a)(7). This would be to eliminate the use of cone
152 beam or 3-dimensional imaging as that is not in the scope of practice. Ms. Walden and Dr. Nielson
153 stated the population served by this license type would be underserved and there would be no cone
154 beam.

155
156 Regulations specialist Zinn addressed the board and stated the current collaborative agreement
157 08.32.115 (9) allows the dental hygienist to administer local anesthesia. Dr. Nielson stated item (9) is
158 only allowed after being authorized by the dentist with whom the collaborative agreement is with
159 and an advanced dental hygiene license would not require approval from a dentist. Dr. Nielson
160 states the dentist has evaluated the patient prior to approving the hygienist to administer local
161 anesthesia.

162
163 After further discussion Dr. Nielson believed the board wanted to keep the collaborative agreements
164 between dentists and hygienists and add the advanced dental hygiene license. Ms. Walden stated
165 that the training of dental hygienists is more than adequate to treat syncope and administer local
166 anesthetic. Ms. Walden believed the biggest drawback would be atraumatic restorative function and
167 that should require additional training.

168
169 Dr. Nielson stated the market would best determine if a collaborative plan or advanced dental
170 hygienist would meet the needs to the communities being served. Ms. Dschaak stated that having a
171 hygienist place silver diamine fluoride could be advantageous in more rural communities with home
172 bound or patients or other underserved, immobile patients where dental visits are rare. She
173 approves removal of AS 08.32.115(b)(7) if the collaborative plans remain in place.

174
175 Regulations specialist Zinn addressed the board before moving on to public comment. She noted
176 possible contradictory information on page 4 of the bill AS 08.32.115(d)(1) stating services could be
177 limited to preventative and not comprehensive. Ms. Zinn wanted to know if there were any
178 procedures listed that would be considered comprehensive? Board members stated atraumatic
179 restorative technique and silver diamine fluoride would be considered comprehensive treatment.
180 Dr. Woller stated that nonsurgical periodontal therapy was also not preventative. It was suggested
181 that preventative phraseology be removed from AS 08.32.115 (d)(1)

182 183 **Agenda Item 6 - Public Comment**

184
185 Dr. Logan addressed the board and stated that the Alaska Dental Society is still formulating a
186 position regarding SB 68. He was interested to listen to the boards discussion regarding
187 administration of local anesthetic as that hasn't been discussed in depth by the Alaska Dental Society
188 at this point. Dr. Logan stated he has not formulated an opinion now.

190 Dr. Nielsen felt he understood the position of the board. He stated he would draft a letter to
191 present to the board for a vote. He would then submit the letter to the legislature in case any of the
192 members are asked to provide testimony regarding SB 68.
193

194 There was a recap and Dr. Nielson stated the board would like to see some extra training if the
195 hygienists were going to provide atraumatic restorative technique. The silver diamine fluoride may
196 be okay if the word preventative in AS 08.32.115(d)(1) was replaced with different wording. Dr.
197 Woller believed it should mirror the collaborative agreement and the wording should be within the
198 scope of practice. Dr. Lucas wanted to make sure this bill would not remove collaborative
199 agreements per which the board agreed.
200

201 **Dr. Woller made a motion to adjourn the meeting, Gail Walden seconded. There were no**
202 **objections. Meeting adjourned at 4:05 p.m.**
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206 Respectfully Submitted:
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210 _____
211 Tracy Wiard
212 Occupational Licensing Examiner
213

214 Approved:
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218 _____
219 David Nielson, DDS, President
220

221 Date: _____
222

Board or Commission: _____

Meeting Date: _____

Agenda Item # _____ Tab # _____ Topic: _____

Primary Motion

Motion:

[illegible]

Subsidiary Motion or Amendment

Motion:

[illegible]

Ethics Report

State of Alaska Department of Law

Ethics Act Procedures for Boards & Commissions

All board and commission members and staff should be familiar with the Executive Branch Ethics Act procedures outlined below.

Who Is My Designated Ethics Supervisor (DES)?

Every board or commission subject to the Ethics Act¹ has several ethics supervisors designated by statute.

- The chair serves as DES for board or commission members.
- The chair serves as DES for the executive director.
- The executive director serves as DES for the staff.
- The governor is the DES for a chair.²

What Do I Have To Disclose?

The Ethics Act requires members of boards and commissions to disclose:

- Any matter that is a potential conflict of interest with actions that the member may take when serving on the board or commission.
- Any circumstance that may result in a violation of the Ethics Act.
- Any personal or financial interest (or that of an immediate family member) in a state grant, contract, lease or loan that is awarded or administered by the member's board or commission.
- The receipt of certain gifts.

The executive director of the board or commission and its staff, as state employees, must also disclose:

- Compensated outside employment or services.
- Volunteer service, if any compensation, including travel and meals, is paid or there is a potential conflict with state duties.
- For more information regarding the types of matters that may result in violations of the Ethics Act, board or commission members should refer to the guide, *"Ethics Information for Members of Boards and Commissions."* The executive director and staff should refer to the guide, *Ethics Information for Public Employees."* Both guides and disclosure forms may be found on the Department of Law's ethics website.

How Do I Avoid Violations of the Ethics Act?

- Make timely disclosures!

- Follow required procedures!
- Provide all information necessary to a correct evaluation of the matter!³
- When in doubt, disclose and seek advice!
- Follow the advice of your DES!

What Are The Disclosure Procedures for Board and Commission Members?

The procedural requirements for disclosures by members are set out in AS 39.52.220 and 9 AAC 52.120. One goal of these provisions is to help members avoid violations of the Ethics Act. The procedures provide the opportunity for members to seek review of matters in advance of taking action to ensure that actions taken will be consistent with the Act.

Procedure for declaring actual or potential conflicts.

Members must declare potential conflicts and other matters that may violate the Ethics Act **on the public record and in writing to the chair.**

Disclosure on the public record. Members must identify actual and potential conflicts orally at the board or commission's public meeting **in advance** of participating in deliberations or taking any official action on the matter.

- A member must always declare a conflict and may choose to refrain from voting, deliberations or other participation regarding a matter.⁴
- If a member is uncertain whether participation would result in a violation of the Act, the member should disclose the circumstances and seek a determination from the chair.

Disclosure in writing at a public meeting. In addition to an oral disclosure at a board or commission meeting, members' disclosures must be made in writing.

- If the meeting is recorded, a tape or transcript of the meeting is preserved **and** there is a method for identifying the declaration in the record, an oral disclosure may serve as the written disclosure.
- Alternatively, the member must note the disclosure on the Notice of Potential Violation disclosure form and the chair must record the determination.

Confidential disclosure in advance of public meeting. Potential conflicts may be partially addressed in advance of a board or commission's public meeting based on the published meeting agenda or other board or commission activity.

- A member identifying a conflict or potential conflict submits a Notice of Potential Violation to the chair, as DES, in advance of the public meeting.
- This written disclosure is considered confidential.
- The chair may seek advice from the Attorney General.
- The chair makes a written determination, also confidential, whether the disclosed matter represents a conflict that will result in a violation of the Ethics Act if the member participates in official action addressing the matter. ⁵

- If so, the chair directs the member to refrain from participating in the matter that is the subject of the disclosure.
- An oral report of the notice of potential violation and the determination that the member must refrain from participating is put on the record at a public meeting.⁶

Determinations at the public meeting. When a potential conflict is declared by a member for the public record, the following procedure must be followed:

- The chair states his or her determination regarding whether the member may participate.
- Any member may then object to the chair's determination.
- If an objection is made, the members present, excluding the member who made the disclosure, vote on the matter.
- *Exception:* A chair's determination that is made consistent with advice provided by the Attorney General may not be overruled.
- If the chair, or the members by majority vote, determines that a violation will exist if the disclosing member continues to participate, the member must refrain from voting, deliberating or participating in the matter.⁷

If the chair identifies a potential conflict, the same procedures are followed. If possible, the chair should forward a confidential written notice of potential violation to the Office of the Governor for a determination in advance of the board or commission meeting. If the declaration is first made at the public meeting during which the matter will be addressed, the members present, except for the chair, vote on the matter. If a majority determines that a violation of the Ethics Act will occur if the chair continues to participate, the chair shall refrain from voting, deliberating or participating in the matter. A written disclosure or copy of the public record regarding the oral disclosure should be forwarded to the Office of the Governor for review by the chair's DES.

Procedures for Other Member Disclosures

A member's interest in a state grant, contract, lease or loan and receipt of gifts are disclosed by filling out the appropriate disclosure form and submitting the form to the chair for approval. The disclosure forms are found on the Department of Law's ethics website.

What Are The Disclosure Procedures for Executive Directors and Staff?

Ethics disclosures of the executive director or staff are made in writing to the appropriate DES (chair for the executive director and the executive director for staff).

- Disclosure forms are found on the ethics website, noted above.

Notices of Potential Violations. Following receipt of a written notice of potential violation, the DES investigates, if necessary, and makes a written determination whether a violation of the Ethics Act could exist or will occur. A DES may seek advice from the Attorney General. If feasible, the DES shall reassign duties to cure a potential violation or direct divestiture or

removal by the employee of the personal or financial interests giving rise to the potential violation.

- These disclosures are not required to be made part of the public record.
- A copy of a determination is provided to the employee.
- Both the notice and determination are confidential.

Other Disclosures. The DES also reviews other ethics disclosures and either approves them or determines what action must be taken to avoid a violation of the Act. In addition to the disclosures of certain gifts and interests in the listed state matters, state employees must disclose all outside employment or services for compensation.

- The DES must provide a copy of an approved disclosure or other determination to the employee.

How Are Third Party Reports of Potential Violations or Complaints Handled?

Any person may report a potential violation of the Ethics Act by a board or commission member or its staff to the appropriate DES or file a complaint alleging actual violations with the Attorney General.

- Notices of potential violations and complaints must be submitted **in writing and under oath**.
- Notices of potential violations are investigated by the appropriate DES who makes a written determination whether a violation may exist.⁸
- Complaints are addressed by the Attorney General under separate procedures outlined in the Ethics Act.
- **These matters are confidential**, unless the subject waives confidentiality or the matter results in a public accusation.

What Are The Procedures for Quarterly Reports?

Designated ethics supervisors must submit copies of notices of potential violations received and the corresponding determinations to the Attorney General for review by the state ethics attorney as part of the quarterly report required by the Ethics Act.

- Reports are due in April, July, October and January for the preceding quarter.
- A sample report may be found on the Department of Law's ethics website.
- An executive director may file a quarterly report on behalf of the chair and combine it with his or her own report.
- If a board or commission does not meet during a quarter and there is no other reportable activity, the DES advises Angie White by e-mail at Angie.White@alaska.gov and no other report is required.

If the state ethics attorney disagrees with a reported determination, the attorney will advise the DES of that finding. If the ethics attorney finds that there was a violation, the member who committed the violation is not liable if he or she fully disclosed all relevant facts

reasonably necessary to the ethics supervisor's or commission's determination and acted consistent with the determination.

How Does A DES or Board or Commission Get Ethics Advice?

A DES or board or commission may make a **written request** to the Attorney General for an opinion regarding the application of the Ethics Act. In practice, the Attorney General, through the state ethics attorney, also provides **advice by phone or e-mail** to designated ethics supervisors, especially when time constraints prevent the preparation of timely written opinions.

- A request for advice and the advisory opinion are confidential.
- The ethics attorney endeavors to provide prompt assistance, although that may not always be possible.
- The DES must make his or her determination addressing the potential violation based on the opinion provided.

It is the obligation of each board or commission member, as well as the staff, to ensure that the public's business is conducted in a manner that is consistent with the standards set out in the Ethics Act. We hope this summary assists you in ensuring that your obligations are met.

- 1 The Act covers a board, commission, authority, or board of directors of a public or quasi-public corporation, established by statute in the executive branch of state government.
- 2 The governor has delegated the DES responsibility to Guy Bell, Administrative Director of the Office of the Governor.
- 3 You may supplement the disclosure form with other written explanation as necessary. Your signature on a disclosure certifies that, to the best of your knowledge, the statements made are true, correct and complete. False statements are punishable.
- 4 In most, but not all, situations, refraining from participation ensures that a violation of the Ethics Act does not occur. Abstention does not cure a conflict with respect to a significant direct personal or financial interest in a state grant, contract, lease or loan because the Ethics Act prohibition applies whether or not the public officer actually takes official action.
- 5 The chair must give a copy of the written determination to the disclosing member. There is a determination form available on the Department of Law's ethics web page. The ethics supervisor may also write a separate memorandum.
- 6 In this manner, a member's detailed personal and financial information may be protected from public disclosure.
- 7 When a matter of particular sensitivity is raised and the ramifications of continuing without an advisory opinion from the Attorney General may affect the validity of the board or commission's action, the members should consider tabling the matter so that an opinion may be obtained.

8 The DES provides a copy of the notice to the employee who is the subject of the notice and may seek input from the employee, his or her supervisor and others. The DES may seek advice from the Attorney General. A copy of the DES' written determination is provided to the subject employee and the complaining party. The DES submits a copy of both the notice and the determination to the Attorney General for review as part of the DES' quarterly report. If feasible, the DES shall reassign duties to cure a potential violation or direct divestiture or removal by the employee of the personal or financial interests giving rise to the potential violation.

2/12

Department of Law P.O. Box 110300, Juneau, AK 99811-0300
Phone: 907-465-3600 Fax: 907-465-2075 TTY: 907-258-9161
State of Alaska © 2013 Webmaster

Board or Commission: _____

Meeting Date: _____

Agenda Item # _____ Tab # _____ Topic: _____

Primary Motion

Motion:

[illegible]

Subsidiary Motion or Amendment

Motion:

[illegible]

Board Review of Applications

EXECUTIVE SESSION MOTION

I, _____, move that the Alaska State Board of Dental
Examiners enter into executive session in accordance with AS 44.62.310(c), and
Alaska Constitutional Right to Privacy Provisions, for the purpose of discussing

Board staff member(s) _____ to remain
during the session.

Off record: _____

On record: _____

Authority: AS 44.62.310(c), Government meetings public

The following subjects may be considered in executive session:

- matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;**
- **matters which by law, municipal charter, or ordinance are required to be confidential;**
- matters involving consideration of government records that by law are not subject to public disclosure.

Agenda Item # _____ Topic: _____

Agenda Item # _____ Topic: _____

Board of Dental Examiners

Meeting Date: _____

Board Member	1 st / 2nd	Yes	No	Abstain	Comments
David Nielson, DDS					
Gail Walden, RDH					
Steven Scheller, DDS					
Brittany Dschaak, RDH					
Jesse Hronkin, DDS					
Jonathan Woller, DMD					
Kelly Lucas, DDS					
Dominic Wenzell, DMD					
Robin Wahto, Public					

[illegible]

Break



Specialty Licenses

From: [Hartwig, Gianna](#)
To: [Treston, Amber M \(CED\)](#); [Boards and Commissions \(GOV sponsored\)](#)
Cc: [Wiard, Tracy L \(CED\)](#)
Subject: RE: Board of Dental Examiners Meeting March 8th
Date: Thursday, April 4, 2019 10:19:57 AM
Attachments: [Specialty Advertising Letter.docx](#)

Hello Ms. Treston,

Thank you for your response and insight. I have attached a letter regarding dental specialties for the Board to consider during its April 15th teleconference. I believe I will be joining the Zoom meeting as well to answer any questions and to participate.

Thank you for your time,
Gianna

From: Treston, Amber M (CED) <amber.treston@alaska.gov>
Sent: Thursday, March 7, 2019 6:00 PM
To: Boards and Commissions (GOV sponsored) <boards@alaska.gov>; Hartwig, Gianna <ghartwig@aaortho.org>
Cc: Wiard, Tracy L (CED) <tracy.wiard@alaska.gov>
Subject: RE: Board of Dental Examiners Meeting March 8th

Ms. Hartwig,

The board briefly discussed bringing back dental specialty licenses in the February meeting. They requested that this be added to the next quarterly board meeting, which is scheduled for Monday, April 15th. The brief teleconference that is scheduled for tomorrow afternoon is to allow the board to discuss SB68. They will not be discussing specialty licensing tomorrow.

If you have additional questions please feel free to contact me, or the Occupational Licensing Examiner for the Board of Dental Examiners, Tracy Wiard.

Respectfully,

Amber Treston

*Records and Licensing Supervisor
(907)465-1074*

*Alaska State Medical Board
<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx>*

*Board of Dental Examiners
<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofDentalExaminers.aspx>*

From: Boards and Commissions (GOV sponsored) <boards@alaska.gov>
Sent: Thursday, March 07, 2019 2:16 PM
To: Hartwig, Gianna <ghartwig@aaortho.org>
Cc: Treston, Amber M (CED) <amber.treston@alaska.gov>
Subject: RE: Board of Dental Examiners Meeting March 8th

Gianna,

Please reach out to Amber Treston regarding this question.

Thanks,

Courtney Enright

Boards and Commissions Specialist
Governor Michael J. Dunleavy
Courtney.Enright@alaska.gov
Office: (907) 269-0006

From: Hartwig, Gianna <ghartwig@aaortho.org>
Sent: Wednesday, March 6, 2019 11:01 AM
To: Boards and Commissions (GOV sponsored) <boards@alaska.gov>
Subject: Board of Dental Examiners Meeting March 8th

Hello,

I noticed from the February draft minutes that the Board discussed adding specialty licenses at next board meeting. Has this item been officially placed on the agenda?

Thank you,
Gianna

Gianna Hartwig
Regional State Affairs Coordinator
American Association of Orthodontists
314.292.6527 Direct
ghartwig@aaortho.org





Alaska Board of Dental Examiners
333 Willoughby Ave, 9th Floor
State Office building
Juneau, AK 99801-1770

VIA E-MAIL: amber.treston@alaska.gov

Dear Ms. Treston and Members of the Alaska Board of Dental Examiners,

Brent E. Larson, DDS, MS
President



612.626.9202 phone
blarson@aaortho.org

Gary O. Inman, DMD
President-Elect



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ginman@aaortho.org

Christopher A. Roberts, DDS, MS
Secretary-Treasurer

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Lynne Thomas Gordon, CAE
Executive Director

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lthomasgordon@aaortho.org

I write on behalf of the American Association of Orthodontists (AAO). The AAO is the world's oldest and largest dental specialty organization, created in 1900. It represents more than 19,000 orthodontists throughout the United States, Canada, and abroad. AAO member orthodontists have successfully completed an accredited orthodontic residency program, after previously graduating from dental school. As a professional organization, the AAO is dedicated to, among other goals: (a) ethically advancing the art and science of orthodontics and dentofacial orthopedics worldwide; (b) improving the health of the public by promoting quality orthodontic care, the importance of overall oral healthcare, and advocating for the public interest; and (c) educating the public about the benefits of orthodontic treatment and the educational qualifications of orthodontic specialists.

We are submitting this letter to make some preliminary comments on dental specialties and advertising.

The AAO supports regulations that require those who are advertising as "specialists" to have successfully completed a post-doctoral program in a specialty area of dentistry consisting of at least two full-time years and which is accredited by an accreditation agency that is recognized by the U.S. Department of Education (i.e. CODA). CODA is the only nationally-recognized accrediting body for dentistry and the related dental fields, receiving its accreditation authority from the acceptance of all stakeholders within the dental community and recognition by the United States Department of Education. The AAO is opposed to dentists with less education and training being able to advertise on the same level or in the same manner or with similar words used to describe those who have graduated from accredited programs that receive accreditation from an agency recognized by the U.S. Department of Education (U.S. DOE), as the AAO believes it is not in the best interest of patients' health and safety.

An accreditation standard backed by the U.S. DOE best assures Alaska citizens that an individual who truthfully holds himself or herself out as a specialist has met high standards for education and training. Allowing a dentist to advertise as a "specialist" without completing a multi-year

accredited program backed by the U.S. DOE, risks diluting Alaska's "specialty" laws and allowing certain providers, who do not have years of supervised clinical and didactic training and/or who have not satisfied extensive criterion, to advertise on par with those providers who have long-term, comprehensive education and training through U.S. DOE accredited programs. Such dilution threatens the health and safety of Alaska patients by obscuring important distinctions between dental professionals as well as their respective educational and training backgrounds. As such, the AAO believes that graduating from an U.S. DOE accredited educational program should be required under Alaska specialty laws.

Thank you for your work on this issue and your consideration of these comments. Please do not hesitate to contact me at ghartwig@aaortho.org or 314-292-6527 if you have any questions regarding the aforementioned issues.

Sincerely,
Gianna

Gianna Hartwig
Regional State Affairs Coordinator

(6) provides to the board an authorization for release of records in a form prescribed by the board.

(b) dentist applying for licensure without clinical examination is responsible for providing to the board all materials required by this section or by the board to implement this section to establish eligibility for a license without clinical examination. In addition to the grounds for revocation of a license under AS 08.36.315, the board may revoke a license issued without a clinical examination upon evidence of misinformation or substantial omission.

(c) The board shall adopt regulations necessary to implement this section including the form and manner of certification of qualifications under this section.

Sec. 08.36.238. Exemption from license requirement. (a) A person enrolled as a full-time student in an accredited school of dentistry may perform procedures as part of a course of study without a license if

(1) the procedures are performed under the direct supervision of a member of the faculty who is licensed under this chapter, or under the direct supervision of a team of licensed faculty dentists, at least one of whom is licensed under this chapter; and

(2) the clinical program has received written approval from the board.

(b) A person practicing dentistry under (a) of this section is subject to all other provisions of this chapter and to other laws and regulations which apply to the practice of dentistry.

Sec. 08.36.240. Issuance and display of license. The board shall issue a license to each successful dentist applicant who has paid the required fees. The licensee shall display the license in a conspicuous place where the licensee practices.

Repeated **Sec. 08.36.244. License to practice as specialist required.** A licensed dentist may not hold out to the public as being especially qualified in a branch of dentistry by announcing through the press, sign, card, letterhead or printed matter, or any means of public advertising, using such terms as "specialist," or inserting the name of the specialty, or using other phrases customarily used by qualified specialists that would imply to the public that the dentist is so qualified, without first securing a specialist's license as provided in this chapter.

Repeated **Sec. 08.36.246. Qualification for a specialist license.** (a) An applicant for a specialty license shall

(1) meet all of the requirements under AS 08.36.110(1) and (3);

(2) have completed as many academic years of advanced education in the specialty as are required by the appropriate specialty board in a program accredited by the Commission on Accreditation of the American Dental Association or its successor agency;

(3) be a diplomate or the equivalent of the appropriate specialty board, or be eligible to be examined for diplomate status as documented by an organization recognized by the American Dental Association; and

(4) satisfy one of the following:

(A) pass an examination approved by the board;

(B) pass a specialty examination given by the Central Regional Examining Board; or

(C) be board certified by a specialty certification board recognized by the American Dental Association.

(b) The provisions of (a)(2) and (3) of this section do not apply to dentists who limit their practice exclusively and who ethically announce limitation of practice in accordance with the Principles of Ethics and Code of Professional Conduct of the American Dental Association.

Repeated **Sec. 08.36.247. Limitation of special practice.** (a) A specialty license may not be issued unless the applicant presents proof satisfactory to the board that the applicant is qualified to practice that specialty. A specialist appointed by the board and licensed in that specialty shall assist the board in the licensing procedures.

(b) This section may not be construed as limiting or preventing a licensed and qualified dentist from performing, without a specialty license, dental acts or services to the public in any of the branches of dentistry, except that a dentist may not administer a general anesthetic to a patient without a valid permit as required by regulations of the dental examiners board.

Repeated **Sec. 08.36.248. Suspension or revocation of specialty licenses.** The board may suspend or revoke a specialty license upon any grounds set out in AS 08.36.315, and the procedure shall be the same as for the revocation or suspension of a license to practice dentistry.

license renewal, lapse & reinstatement
Sec. 08.36.250. Renewal of registration. (a) At least 60 days before expiration of a licensee's registration certificate, the department shall mail a form for renewal of registration to each licensed dentist. A licensee who wishes to renew a license shall complete the form and return it with the appropriate fee and evidence of continued professional competence as required by the board. The department shall, as soon as practicable, issue a registration certificate valid for a stated number of years. A licensee shall keep the registration certificate beside or attached to the licensee's license. Failure to receive the registration form does not exempt a licensee from renewing registration.

(b) When applying for license renewal, a dentist shall report to the board each instance during the prior registration period in which the quality of the licensee's professional services was the subject of legal action.

Agenda Item # _____ Topic: _____

Agenda Item # _____ Topic: _____

Board of Dental Examiners

Meeting Date: _____

Board Member	1 st / 2nd	Yes	No	Abstain	Comments
David Nielson, DDS					
Gail Walden, RDH					
Steven Scheller, DDS					
Brittany Dschaak, RDH					
Jesse Hronkin, DDS					
Jonathan Woller, DMD					
Kelly Lucas, DDS					
Dominic Wenzell, DMD					
Robin Wahto, Public					

[illegible]

Regulations Review

Chapter 28. Board of Dental Examiners.

12 AAC 28.010(e)(5)(B) is amended to read:

(B) provide documentation that **at least** 20 of the 50 anesthesia or deep sedation cases were individually managed patients younger than 13 years of age.

(Eff. 4/10/70, Register 34; am 5/29/98, Register 146; am 6/24/2012, Register 202; am 12/15/2013, Register 208; am 4/14/2018, Register 226; am 12/9/2018, Register 228; am ____/____/____, Register ____)

Authority:	AS 08.01.065	AS 08.36.100	AS 08.36.234
	AS 08.36.070	AS 08.36.110	AS 08.36.250

12 AAC 28.015(e)(1)(B) is amended to read:

(B) a board-approved continuing education course in sedation consistent with the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, adopted by reference in (A) of this paragraph, **and required under 12 AAC 28.026**; the course must consist of a minimum of 60 hours of instruction plus administration of sedation for at least 20 individually managed patients per participant to establish competency and clinical experience in moderate sedation and management of a compromised airway; and

12 AAC 28.015(e)(2)(A) is amended to read:

(A) provide proof that the applicant completed an additional 30 hours of board-approved coursework in pediatric moderate sedation **required under 12 AAC 28.027**; and

12 AAC 28.015(e)(2)(B) is amended to read:

(B) 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.**

12 AAC 28.015(f) is amended to read:

(f) In addition to meeting the requirements of (d) and (g) of this section, an applicant for an initial permit to administer moderate or minimal sedation only to patients who are younger than 13 years of age under this section must provide proof of administration of sedation for at least 20 individually managed patients younger than 13 years of age to establish competency and clinical experience in management of a comprised airway, and provide documentation that the applicant has completed

[(1)] a Commission on Dental Accreditation (CODA) accredited residency in pediatric dentistry[; OR

(2) AT LEAST 60 HOURS OF CONTINUING EDUCATION COURSEWORK IN PEDIATRIC MODERATE SEDATION APPROVED BY THE BOARD].

12 AAC 28.015(h)(5)(B) is amended to read:

(B) provide documentation that **at least** 10 of the 25 moderate sedation cases were individually managed patients younger than 13 years of age.

12 AAC 28.015(j)(1) is amended to read:

(1) provide proof of an additional 30 hours of board-approved continuing education in pediatric moderate sedation **required under 12 AAC 28.027**; and

12 AAC 28.015(j)(2) is amended to read:

(2) 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.**

(Eff. 4/14/2018, Register 226; am 12/9/2018, Register 228; am ____/____/____, Register ____)

Authority:	AS 08.01.065	AS 08.36.100	AS 08.36.234
	AS 08.36.070	AS 08.36.110	AS 08.36.250

12 AAC 28 is amended by adding new sections in Article 1 to read:

12 AAC 28.025. Board approval of coursework or continuing education in moderate sedation, or minimal sedation of patients younger than 13 years of age. The board may upon its own motion or upon the request of any interested person, approve coursework required under 12 AAC 28.015(e)(2)(A) or continuing education required under 12 AAC 28.015(e)(1)(B) or (j)(1) upon receipt of

(1) a completed form provided by the department that includes the name of the college or university providing the course, or if the course is completed through a continuing

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education course, the name of the sponsor, accredited program and faculty member presenting the course;

(2) a course outline that verifies inclusion of the subjects and procedures required under

(A) 12 AAC 28.026 if certification to administer moderate sedation only for patients 13 years of age and older is sought; and

(B) 12 AAC 28.027 if certification to administer moderate or minimal sedation for patients younger than 13 years of age is sought; and

(3) an explanation of the evaluation procedures used to determine successful completion of the course. (Eff. ____/____/____, Register _____)

Authority: AS 08.36.070

12 AAC 28.026. Requirements for documentation of training, or a continuing education course in moderate sedation for patients 13 years of age and older. (a)

Documentation of training or a continuing education course required under 12 AAC 28.015(e)(1)(B) for an initial permit in moderate sedation only for patients 13 years of age and older must include

(1) a certification of competence in moderate sedation techniques;

(2) a certification of competence in rescuing patients from a deeper level of sedation than intended, including managing the airway, intravascular or intraosseous access, and reversal medications;

(3) a provision by the course director or faculty of additional clinical experience if participant competency has not been achieved in the time allotted; and

(4) records of instruction and clinical experience that are maintained and available for participant review, including the number of patients managed by each participant in each modality or route.

(b) To receive board approval a continuing education course required under 12 AAC 28.015(e)(1)(B) for an initial permit in moderate sedation for patients 13 years of age and older must be certified by the American Dental Association (ADA) Continuing Education Recognition Program (CERP), or the Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE). (Eff. ____/____/____, Register ____)

Authority: AS 08.36.070

12 AAC 28.027. Requirements for coursework or continuing education in moderate sedation and minimal sedation for patients younger than 13 years of age. To receive board approval for coursework required under 12 AAC 28.015(e)(2)(A) or continuing education under 12 AAC 28.015(j)(1), the coursework or continuing education must be certified by the American Dental Association (ADA) Continuing Education Recognition Program (CERP), the Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE), or the American Academy of Pediatric Dentistry (AAPD), or offered by other organizations approved by the board including, the American Dental Society of Anesthesiology (ADSA), and the Society for Pediatric Sedation (SPS). Course titles and outlines must be provided to the board and must include the following subject areas:

(1) physical, psychological, and social child development, and age-appropriate behavior response;

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- (2) principles and objectives of sedation and anesthesia as behavior guidance techniques in children, and indication and contraindications for sedatives and their use;
- (3) prevention, recognition, treatment, and management of pharmacological related emergencies in pediatric patients, and rescuing a child from a deeper level of sedation than intended;
- (4) pre-operative evaluation and risk assessment of the pediatric patient;
- (5) assessing the effects of pharmacologic agents on the pediatric patient;
- (6) at least three hours of hands-on simulated airway management specific to the pediatric patient;
- (7) pediatric patient monitoring; and
- (8) recovery room management and pediatric post-operative appraisal and follow-up. (Eff. ____/____/____, Register ____)

Authority: AS 08.36.070

12 AAC 28.360 is amended to read:

12 AAC 28.360. Registry. The board will maintain a registry of all [BOARD APPROVED COURSES OF INSTRUCTION AND ALL] dental hygienists certified to administer local anesthetic agents or nitrous oxide sedation. (Eff. 5/31/81, Register 78; am 4/14/2018, Register 226; am ____/____/____, Register ____)

Authority: AS 08.32.110 AS 08.36.070

12 AAC 28.925(a)(2) is amended to read:

- (2) pays the renewal fee established in **12 AAC 02.190(a)(4) and (10) and (b)(6),**

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(10), and (13) [12 AAC 02.190(a)(4), (a)(8), (b)(5), (b)(6), AND (b)(14)], as applicable; and
(Eff. 1/15/2003, Register 165; am 12/15/2013, Register 208; am ____/____/____, Register
____)

Authority: AS 08.32.081 AS 08.36.070 AS 08.36.250

12 AAC 28.937(c)(4)(B) is amended to read:

(B) that the applicant has been **licensed for five years or more and** in
active clinical practice documenting at least 2,500 hours for five years immediately
preceding **the date of** application;

12 AAC 28.937(c)(7) is amended to read:

(7) affidavits from three licensed dentists or licensed dental hygienists stating the
applicant has been **licensed for five years or more and** in active clinical practice documenting
at least 2,500 hours during the five years immediately preceding **the date of** application.

(Eff. 1/22/2004, Register 169; am 5/5/2006, Register 178; am 12/5/2009, Register 192; am
12/15/2013, Register 208; am 3/11/2016, Register 217; am ____/____/____, Register ____)

Authority: AS 08.32.014 AS 08.32.070 AS 08.36.070
AS 08.32.030

12 AAC 28.940(b)(8)(B)(vi) is amended to read:

(vi) patient based operative examination that includes one class II
posterior alloy **or** [AND ONE] composite procedure, **and one additional**

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operative procedure, either anterior class III or posterior class II; or

(Eff. 1/28/2000, Register 153; am 8/15/2001, Register 159; am 1/15/2003, Register 165; am 1/22/2004, Register 169; am 4/27/2007, Register 182; am 10/19/2008, Register 188; am 12/2/2012, Register 204; am 12/15/2013, Register 208; am 9/26/2018, Register 227; am ____/____/____, Register ____)

Authority: AS 08.36.070 AS 08.36.110

12 AAC 28.951(c)(6)(B) is amended to read:

(B) the applicant has been **licensed for five years or more and** in active clinical practice documenting at least 5,000 hours;

12 AAC 28.951(c)(11) is amended to read:

(11) affidavits from three licensed dentists documenting the applicant has been **licensed for five years or more and** in active clinical practice for at least 5,000 hours during the five years immediately preceding the date of application;

(Eff. 2/18/93, Register 125; am 2/4/94, Register 129; am 2/22/98, Register 145; am 1/28/2000, Register 153; am 8/15/2001, Register 159; am 1/22/2004, Register 169; am 5/5/2006, Register 178; am 10/19/2008, Register 188; am 12/15/2013, Register 208; am 3/11/2016, Register 217; am 9/26/2018, Register 227; am ____/____/____, Register ____)

Authority: AS 08.36.070 AS 08.36.110 AS 08.36.234

12 AAC 28.955(a) is amended to read:

(a) The board will issue a courtesy license to practice dentistry or dental hygiene **to a**

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nonresident for only a limited purpose that is approved by the board under (b) of this section to an applicant who meets the requirements of this section. The board will specify the limitations on scope of the approved practice and duration of the courtesy license. A courtesy license does not authorize the licensee to practice dentistry or dental hygiene outside the limited purpose that is specified on the courtesy license.

(Eff. 12/24/2006, Register 180; am 12/15/2013, Register 208; am ____/____/____, Register ____)

Authority:	AS 08.01.062	AS 08.32.165	AS 08.36.234
	AS 08.32.160	AS 08.36.110	AS 08.36.315

Sedation/anesthesia permits- For sedation permits that should expire after two years, use the language in (g)(3) for an example.

I added “lapses” to (2) because we have had dentists renew their sedation permits, but not their dental licenses.

12 AAC 28.010

(g) A permit to administer deep sedation and general anesthesia

(1) will be renewed when the dentist’s license to practice is renewed if the dentist demonstrates continued compliance with AS 08.36 and this chapter;

(2) **lapses or** expires on the date the dentist’s license **lapses or** expires;

(3) may be reinstated if the permit has lapsed at least 60 days but less than two years if the applicant submits

(A) a complete renewal application on a form provided by the department;

(C) the applicable renewal fee established in 12 AAC 02.190;

(B) evidence of continuing education and documentation of sedation cases required by 12 AAC 28.010(e)(1),(2),(3), and (5), as applicable.

CBPL definitions-

Lapsed- means the person may still renew or reinstate a license up to a maximum time determined by statute or regulation.

Expired- means the person may not renew or reinstate because the permit or license lapse date has exceeded the maximum time period for reinstatement of a lapsed license. Therefore, they must reapply for a new license.

Moderate/minimal sedation permit reinstatement regulations.

12 AAC 28.015

(I) A permit to administer moderate or minimal sedation under this section

(1) will be renewed when the dentist's license to practice is renewed if the dentist demonstrates continued compliance with AS 08.36 and this chapter; and

(2) **lapses or** expires on the date the dentist's license **lapses or** expires;

(3) may be reinstated if the permit has lapsed at least 60 days but less than two years if the applicant submits

(A) a complete renewal application on a form provided by the department;

(B) the applicable renewal fee established in 12 AAC 02.190;

(C) evidence of continuing education and documentation of sedation cases required by 12 AAC 28.015(h)(1),(2),(3), and (5), as applicable.

Dental hygienist restorative function:

12 AAC 28.400. CONTINUING EDUCATION REQUIREMENTS FOR DENTISTRY AND DENTAL HYGIENISTS LICENSEES. This section will explain what type of CE’s are required.

New section (c), moving existing (c) and (d) to (d) and (e).

(c) An applicant for renewal of a dental hygienist restorative function endorsement under 12 AAC 28.780 shall submit evidence of continued competence by documenting at least two hours of continuing education relating to materials or techniques used for the restoration of teeth.

Also add the renewal requirements under **12 AAC 28.780. RENEWAL OF DENTAL HYGIENIST'S RESTORATIVE FUNCTION LICENSE ENDORSEMENT.** (There are currently 62 active hygienist restorative function endorsements, requiring 6 CE audits for this program.)

Example-

12 AAC 28.780. RENEWAL OF DENTAL HYGIENIST'S RESTORATIVE FUNCTION LICENSE ENDORSEMENT. (a) A dental hygienist's endorsement to perform restorative functions **lapses or** expires on the date the dental hygienist's license **lapses or** expires.

(b) A dental hygienist's endorsement to perform restorative functions will be renewed when the dental hygienist's license to practice is renewed.

(c) The board will maintain a registry of dental hygienists who have an endorsement under AS 08.32.085 and 12 AAC 28.750 to perform restorative functions.

(d) An applicant for renewal of a dental hygienist endorsement to perform restorative functions must submit

(1) a complete renewal form;

(2) the applicable renewal fee established in 12 AAC 02.190;

(3) documentation of successful completion of two hours of continuing education required under 12 AAC 28.400(c).

Assistants- If you want to add CE for renewal of a restorative function endorsement for Assistants- add to **12 AAC 28.880. RENEWAL OF DENTAL ASSISTANT'S RESTORATIVE FUNCTION CERTIFICATE.**

There are currently 20 assistant restorative function certificates, requiring 2 CE audits.

If you want to limit reinstatement to 2 years, it would go under this same section.

Example-

12 AAC 28.880. RENEWAL OF DENTAL ASSISTANT'S RESTORATIVE FUNCTION CERTIFICATE. (a) A dental assistant's restorative function certificate must be renewed biennially on or before February 28 of odd-numbered years. In order to renew a certificate to perform restorative function, a dental assistant must submit to the department [A]

(1) **a** completed application for renewal on a form provided by the department;

(2) **the** \$60 certificate renewal fee; and

(3) documentation of completion of two hours of continuing education required under (b) of this section.

(b) An applicant for renewal of a dental assistant restorative function certificate shall complete two hours of approved continuing education under 12 AAC28.410(a) relating to materials or techniques used for the restoration of teeth.

(b) (c) The board will maintain a registry of dental assistants certified under AS 08.36.344 and 12 AAC 28.850 to perform restorative functions.

(d) A dental assistant restorative function certificate may not be renewed if the certificate has lapsed for two years or more.

Agenda Item # _____ Topic: _____

Agenda Item # _____ Topic: _____

Board of Dental Examiners

Meeting Date: _____

Board Member	1 st / 2nd	Yes	No	Abstain	Comments
David Nielson, DDS					
Gail Walden, RDH					
Steven Scheller, DDS					
Brittany Dschaak, RDH					
Jesse Hronkin, DDS					
Jonathan Woller, DMD					
Kelly Lucas, DDS					
Dominic Wenzell, DMD					
Robin Wahto, Public					

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Investigation and Probation Report



THE STATE
of **ALASKA**



GOVERNOR MICHAEL J. DUNLEAVY

Department of Commerce, Community,
and Economic Development

BOARD OF DENTAL EXAMINERS

550 W. 7th Avenue, Suite 1500
Anchorage, Alaska 99501
Main: 907.269-8100
Toll free fax: 907.269-8195

MEMORANDUM

DATE: April 3, 2019
TO: Alaska Board of Dental Examiners
THRU: Sonia Lipker, Senior Investigator 
FROM: Jasmin Bautista, Investigator 
RE: Investigative Report for the April 15, 2019 Meeting

The following information was compiled as an investigative report to the Board for the period of February 8, 2019 through April 3, 2019. Including cases, complaints, and intake matters, since the last report, the Division opened **fifteen (15) matters** and closed **twelve (12) matters**. **Twenty-nine (29) matters** remain open at this time.

Matters opened by the Paralegal in Juneau, regarding continuing education audits and license action resulting from those matters are not covered in this report.

OPEN CASES

<u>CASE NUMBER</u>	<u>OPEN DATE</u>	<u>COMPLAINT/INVESTIGATION</u>	<u>PROFESSION</u>
2017-000421	04/05/2017	Unethical Conduct	Dentist
2017-000526	05/03/2017	Unprofessional Conduct	Dentist
2017-000527	05/03/2017	Standard of Care	Dentist
2017-000528	05/03/2017	Standard of Care	Dentist
2017-000529	05/03/2017	Standard of Care	Dentist
2017-000546	05/11/2017	Standard of Care	Dentist
2017-000547	05/11/2017	Standard of Care	Dentist
2017-000549	05/11/2017	Standard of Care	Dentist
2017-000560	05/17/2017	Standard of Care	Dentist
2017-000635	06/07/2017	Standard of Care	Dentist
2017-000814	08/04/2017	Fraud or Misrepresentation	Dentist
2017-000926	09/01/2017	Standard of Care	Dentist

2017-000948	09/07/2017	Unlicensed Practice	Dentist
2017-001252	12/13/2017	Standard of Care	Dentist
2017-001285	12/22/2017	Standard of Care	Dentist
2018-000011	01/03/2018	Standard of Care	Dentist
2018-000279	03/14/2018	Standard of Care	Dentist
2018-000397	04/17/2018	Standard of Care	Dentist
2018-000654	06/21/2017	Violation of Licensing Regulations	Dentist
2018-000852	07/31/2018	Violation of Licensing Regulations	Dentist
2018-001023	09/07/2018	Standard of Care	Dentist
2018-001317	11/14/2018	Standard of Care	Dentist
2019-000177	02/15/2019	Substance Abuse	Dentist
2019-000203	02/26/2019	Falsified Application	Dentist
2019-000228	03/01/2019	Substance Abuse	Dentist
2019-000229	03/01/2019	Falsified Application	Dentist
2019-000247	03/01/2019	Substance Abuse	Dentist
2019-000320	03/19/2019	Prescriptive Practice	Dentist
2019-000352	04/02/2019	Standard of Care	Dentist

OPEN: TOTAL = 29 (including intakes)

CLOSED CASES SINCE LAST MEETING:

<u>CASE NUMBER</u>	<u>VIOLATION</u>	<u>CLOSURE DATE</u>	<u>CLOSURE</u>
2018-000252	Contested License Denial	02/26/2019	Application Denied
2018-000695	Standard of Care	03/14/2019	No Action - No Violation
2019-000155	License Application Problem	03/08/2019	Review Complete
2019-000156	License Application Problem	03/12/2019	Review Complete
2019-000185	Standard of Care	04/02/2019	Incomplete Complaint
2019-000190	License Application Problem	03/01/2019	Review Complete
2019-000192	License Application Problem	03/12/2019	Review Complete
2019-000194	License Application Problem	03/12/2019	Review Complete
2019-000206	Falsified Application	03/18/2018	No Action - No Violation
2019-000230	License Application Problem	03/05/2019	Review Complete

2019-000244	License Application Problem	03/12/2019	Review Complete
2019-000251	License Application Problem	03/12/2019	Review Complete

CLOSED: TOTAL = 12 (*including intakes*)

END OF REPORT



THE STATE
of **ALASKA**

GOVERNOR MICHAEL J. DUNLEAVY

Department of Commerce, Community,
and Economic Development

DIVISION OF CORPORATIONS, BUSINESS, AND
PROFESSIONAL LICENSING
Anchorage Office

550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.6238
Toll free fax: 907.269.8156

PROBATION REPORT

DATE: April 2, 2019

TO: Alaska Board of Dental Examiners

THROUGH: Sonia Lipker, Senior Investigator 

FROM: Billy Homestead, Investigator

SUBJECT: Probation Report for the April 15, 2019 meeting.

The following is a complete list of individuals on probation for this Board. All individuals are in compliance with their agreements, except as noted (*).

<u>NAME</u>	<u>START OF PROBATION</u>	<u>END OF PROBATION</u>
LOCKWOOD, Glenn	02/23/2015	02/23/2020
NESS, Douglas	02/08/2011	<i>HOLD</i>
*HARBOLT, Timothy	09/06/2013	<i>HOLD</i>
MURPHY, George	05/16/2014	05/16/2019
WIMSATT, James III	11/09/2018	11/09/2023

END OF REPORT

EXECUTIVE SESSION MOTION

I, _____, move that the Alaska State Board of Dental
Examiners enter into executive session in accordance with AS 44.62.310(c), and
Alaska Constitutional Right to Privacy Provisions, for the purpose of discussing

Board staff member(s) _____ to remain
during the session.

Off record: _____

On record: _____

Authority: AS 44.62.310(c), Government meetings public

The following subjects may be considered in executive session:

- matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;
- **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;**
- **matters which by law, municipal charter, or ordinance are required to be confidential;**
- matters involving consideration of government records that by law are not subject to public disclosure.

Overview of the Board and Division (Investigation Unit) functions:

The Board or Commission's primary function is that of a regulatory body that makes licensure decisions and monitors compliance with the statute and regulations governing the profession. The professional statutes and regulations are found in centralized statutes of Title 8, and also in the statutes and regulations specific to each board, commission, or occupational area.

Complaints:

All written complaints, or reports, alleging a violation of statute or regulations should provide a specific and detailed summary of the complaint; the complainant must include any documentation or witnesses they feel supports the allegation of wrongdoing and, in healthcare complaints, a release for patient records.

Upon receipt, the complaint and evidence are reviewed by investigators to ensure jurisdiction over the person named in the complaint and the alleged violation by that person. This review takes into account, informal guidelines established by the Board or Commission, and the statutes and regulations of that specific practice area. If the complaint does not appear to allege a violation that is within the Board's jurisdiction, the Division may close the complaint. If the complaint does center on a violation that is within the Board's jurisdiction, an initial letter may be sent to the licensee against whom the complaint is filed. This letter provides notice of the complaint and allegations and may request records, an interview, or other response by the licensee.

Complaints that present an immediate threat to public safety are given priority; however, all complaints are investigated as quickly as possible. The steps taken in the investigation are determined on a case by case basis by the specifics of the allegations. This portion of the investigative process may be quite lengthy and may require additional information or evidence from the complainant, licensee, businesses, other governmental agencies or state boards, witnesses, or related parties.

Inquiry and Investigation:

The Investigators conduct an inquiry into the complaint; generally, the steps for an inquiry include the following:

- obtaining records, documentation and evidence related to the complaint;
- locating and interviewing the complainant, the client, the subject and any witnesses;
- drafting and serving subpoenas for necessary information.

After investigators have gathered pertinent information or evidence to prove or disprove an alleged violation, the matter is reviewed with the Chief Investigator and, when appropriate, the Board or Commission's liaison, a panel of two Board Members, or an expert in the field. This review may result in a recommendation that more information be obtained, the case be closed, or that the case continue forward. The Board's liaison or review panel does not determine guilt or innocence; it simply reviews the complaint to determine whether the allegations, supported by un-contested or sufficient evidence, would warrant proceeding with disciplinary action even if contested by the licensee.

If the complaint is supported by evidence, it proceeds to a case, or investigation. Once an investigation is opened, the licensee is notified they are under official investigation by the Division on behalf of the Board or Commission. This distinguishes between allegations brought against a licensee and a matter where allegations were brought and it was determined the licensee committed a violation of statutes or regulations governing their license. This is an important step because complaints can be unfounded or determined to be unsupported by evidence, and they are closed before becoming an official investigation, protecting the subject of the complaint from unwarranted repercussions in the community or area of practice. If a violation is supported by evidence and the matter proceeds to an investigation, the next step is determining an appropriate result.

Disposition of Cases:

The majority of cases are resolved through a Consent Agreement, an amicable settlement of a case short of a public hearing; this Agreement spells out agreed upon disciplinary action between the Board and the licensee and allows more options in achieving a balanced resolution for both parties.

The Consent Agreement is written by the Division, in consultation with a Reviewing Board or Commission Member; they consider the nature of the violation, the standard in effect at the time it was violated, the effect of the violation on the public and the profession, whether the respondent was knowing and willful, previous violations, whether the licensee was cooperative and took responsibility for the violation, any mitigating circumstances, the disciplinary action's effect on improving the licensee's practices, precedents set by other cases for consistency from case to case, and if appropriate, a necessary deterrent for other practitioners to avoid a similar violation.

Consent Agreements may involve any of the following:

- reprimand
- revocation
- assessment of a civil penalty (fine)
- suspension (for a specific period of time)
- probation
- condition to take additional Continuing Education over and above the annual requirement
- restrictions on practice (some Boards)

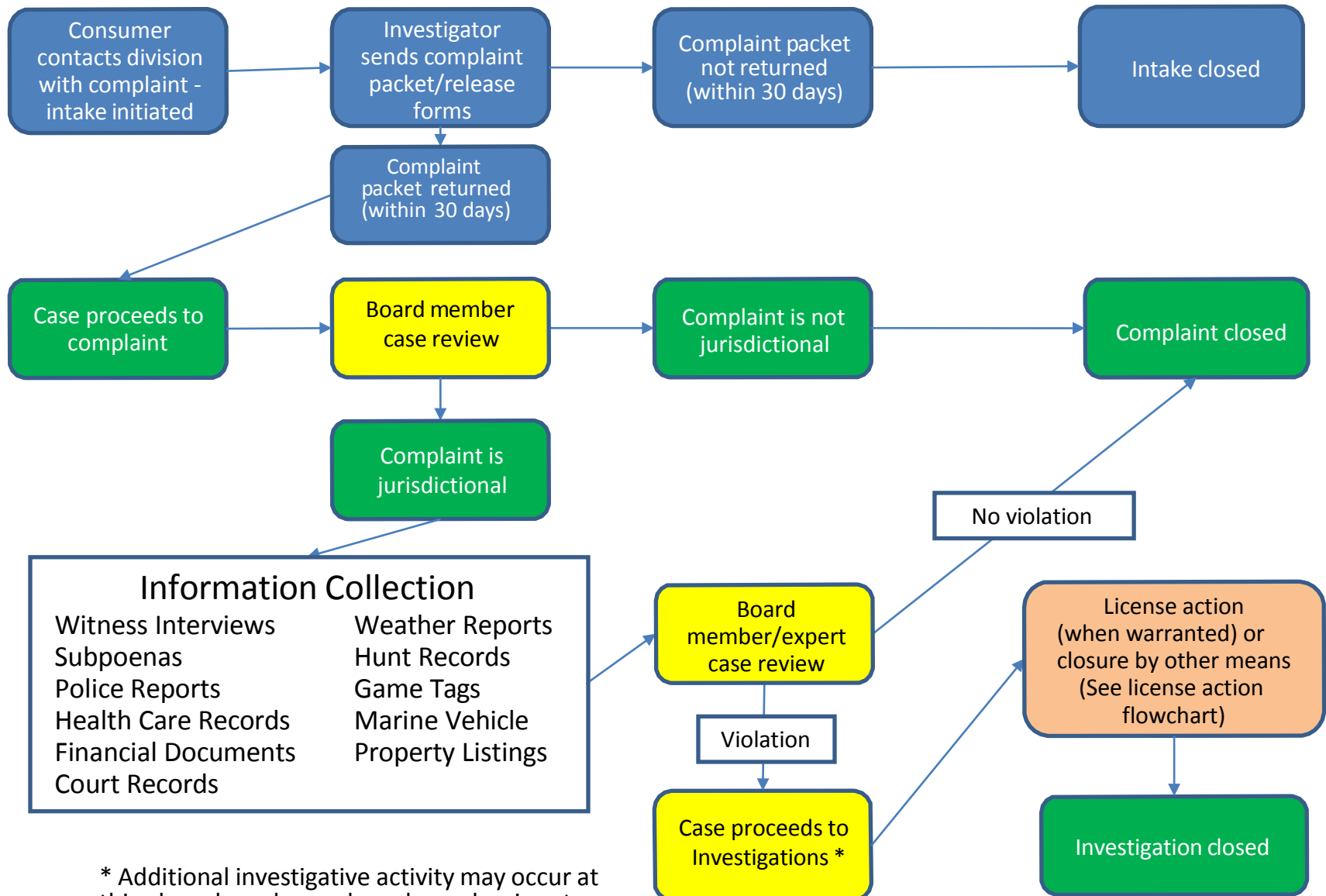
If an Agreement with the licensee is unsuccessful, the case is referred to the investigators' counsel, an Assistant Attorney General (AAG), for review and possible litigation, filing an Accusation charging the violations. If an Accusation is filed, the licensee is entitled to a hearing on the charges against them. After guidance from the Board or Commission and the Division, the AAG may approach the licensee to negotiate a settlement prior to a hearing. If a settlement cannot be reached, an administrative hearing will be held. All involved parties may be requested to appear and testify at the hearing, conducted by the Office of Administrative Hearings (OAH). After the hearing, OAH provides the Board or Commission with a proposed decision and order; the Board or Commission may adopt, amend, or reject the proposed decision and issue their own Decision and Order. Any Decision and Order adopted by the Board or Commission may be appealed to the Superior Court by the licensee.

The Division does not intervene in a dispute regarding the fees charged by a licensee. Disciplinary action is considered carefully on a case-by-case basis since the action may adversely affect the licensee reputation and ability to make a living. Therefore, it takes more than a claim of wrongdoing to file a complaint with the Board; the allegation must be substantiated and must be jurisdictional to the statutes and regulations of that Board or practice area.

Confidentiality:

Investigations are required by statute to be kept confidential. This often prevents the complainant, licensee, and the Board from obtaining progress reports or information that may disclose the current status of an open investigation. This also protects the reputation of licensees who may be accused of wrongdoing but the allegations against them are unproven. Cases often involve other agencies, businesses, and practices; disclosing information during an on-going case can compromise the investigation, create conflicts for reviewing Board members, or result in unnecessary hardship to the licensee.

Investigative Process



Board/Commission License Action Options

Circumstance

Response/Options

Cease and Desist Order

On notice of possible violation, the Commissioner may, if in public's interest, issue Cease and Desist Order. AS 08.01.087(b). The board is polled for objection.



Board can object.

Must be majority, within 10 days.

Summary Suspension

Investigation shows "clear and immediate threat to public health and safety", Division presents petition for summary suspension.



Board issues summary suspension; hearing to follow within 7 days.

AS 08.01.075(c)

Post-hearing there is a proposed decision (from a judge), requires adoption by board.

License Denial



Board issues or denies license based on Alaska statutes specific to the profession.

Possible hearing if license is denied, proposed decision, and final adoption by board.

Consent Agreement

Investigation Unit presents a Consent Agreement, either before or after an Accusation is filed.



Board may approve or reject.

If board rejects Consent Agreement, further negotiations may follow or a hearing may be held.

Accusation

Investigation informed by the professional opinion of a Reviewing Board Member leads to filing an Accusation; if requested, hearing follows, decision goes to board with proposals for action from both parties, if any.



Board determines whether to accept, reject, or modify proposed decision and determine which sanctions to impose.

AS 08.01.075

Violation of Consent Agreement: Automatic Suspension

Board is informed of violation warranting immediate suspension under terms of Consent Agreement.



Division initiates suspension (per delegated authority) within Consent Agreement. Hearing possible, after which the board considers proposed ALJ decision, and adopts, rejects or amends.

Radiologic Equipment

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BOARD OF DENTAL EXAMINERS
P.O. BOX 110806
JUNEAU, ALASKA 99811-0806
(907) 465-2542
E-mail: license@alaska.gov

RADIOLOGICAL EQUIPMENT INSPECTOR APPLICATION FORM

INSTRUCTIONS: Please type or print in ink and forward to the above address. Complete and specific answers will aid in the processing of your application.

Name: _____

Company Name: _____

Residence Address: _____

City State Zip Code

Mailing Address: _____

City State Zip Code

Home Telephone: _____ Business or Message Telephone: _____

Document the following by submitting transcripts **and** other supporting evidence of the following requirements to be a Radiological Health Specialist I according to AS 08.36.075:

1. A Bachelor's degree or the equivalent from an accredited college with a major in radiological health, health physics, physics, chemistry, environmental science, or closely related field.
2. Two years of professional experience which involved four or more of the following:
 - a. inspecting, investigating or surveying the use of radiation producing equipment;
 - b. determining compliance with rules and regulations governing radiation use;
 - c. providing advice on safe practices concerning radiation;
 - d. operating radiation field survey and laboratory instruments;
 - e. carrying out procedures to control radioactive contamination or to reduce radiation exposures to the public; and
 - f. evaluation of hazards associated with use of radioactive materials.

At least one year must have been in medical and/or dental X-ray protection.

SUBSTITUTION

1. Master's degree or the equivalent from an accredited college in radiological health, health physics, physics, chemistry, environmental science, or a closely related field may substitute or the nonspecific experience on a year-for-year basis; and
2. One year of experience in medical and/or dental X-ray protection involving four or more of the functions described above.

WARNING: The deliberate concealment or falsification of information on this application may result in the rejection of your application, removal from the list of eligible candidates, or removal from the position. Information supplied with this application is considered public, unless required to be kept confidential pursuant to state or federal law.

I certify under penalty of perjury that the information furnished in this application is true and correct.

Signature: _____

Date: _____

STATE OF ALASKA
BOARD OF DENTAL EXAMINERS
LETTER OF PROFESSIONAL REFERENCE

Dear : _____:

I am applying to be a dental radiological equipment inspector in the State of Alaska and I am required to provide two professional references. Please provide the information requested to the State of Alaska at the address shown below. In lieu of using this form, this professional reference may be written on professional letterhead. Thank you for your assistance.

State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
Board of Dental Examiners
P.O. Box 110806
Juneau, Alaska 99811-0806

Signature: _____

Printed Name: _____

Address: _____

PLEASE DO NOT DETACH

I recommend the applicant as being professional capable, reliable, and worthy of confidence. In addition, I offer the following personal statement regarding my knowledge of the applicant:

Printed name Degree

Signature

Title/Company

Address

City State Zip Code

Office Telephone Number

Home Telephone Number



NOTE: The letter of recommendation must come from a professional who is familiar with the applicant's work.

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BOARD OF DENTAL EXAMINERS
P.O. BOX 110806
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RADIOLOGICAL EQUIPMENT INSPECTOR APPLICATION FORM

INSTRUCTIONS: Please type or print in ink and forward to the above address. Complete and specific answers will aid in the processing of your application.

Name: _____

Company Name: _____

Residence Address: _____

City State Zip Code

Mailing Address: _____

City State Zip Code

Home Telephone: _____ Business or Message Telephone: _____

Document the following by submitting transcripts **and** other supporting evidence of the following requirements:

1. A Bachelor's degree, Master's degree or the equivalent from an accredited college with a major in radiological health, health physics, physics, chemistry, engineering, environmental science or other closely related field.
2. One year of professional experience which involved three or more of the following:
 - a. the use of radiation producing equipment in a professional setting and the application of procedures to both control and reduce radiation exposure to the public in order to minimize its potential harmful effects;
 - b. a working knowledge of the rules and regulations governing radiation use;
 - c. providing advice on safe practices concerning the use of radiation producing equipment;
 - d. the operation of radiation field survey instruments and/or technical field or laboratory instruments.

Professional experience required in item (2) above must have been in medical and/or dental X-ray protection.

SUBSTITUTION

Provide evidence of your qualifications to conduct dental x-ray tube head and control panel inspections to the satisfaction of the Board of Dental Examiners to insure that dental x-ray equipment is operating within the tolerances provided by the equipment manufacturer. This includes demonstrating your ability to obtain field test data and complete an objective analysis of that data to determine if test values are within specification.

WARNING: The deliberate concealment or falsification of information on this application may result in the rejection of your application, removal from the list of eligible candidates, or removal from the position. Information supplied with this application is considered public, unless required to be kept confidential pursuant to state or federal law.

I certify under penalty of perjury that the information furnished in this application is true and correct.

Signature: _____

Date: _____

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Juneau, Alaska 99811-0806

Signature: _____

Printed Name: _____

Address: _____

PLEASE DO NOT DETACH

I recommend the applicant as being professional capable, reliable, and worthy of confidence. In addition, I offer the following personal statement regarding my knowledge of the applicant:

Printed name _____ Degree _____

Signature _____

Title/Company _____

Address _____

City _____ State _____ Zip Code _____

Office Telephone Number _____

Home Telephone Number _____



NOTE: The letter of recommendation must come from a professional who is familiar with the applicant's work.

Agenda Item # _____ Topic: _____

Agenda Item # _____ Topic: _____

Board of Dental Examiners

Meeting Date: _____

Board Member	1 st / 2nd	Yes	No	Abstain	Comments
David Nielson, DDS					
Gail Walden, RDH					
Steven Scheller, DDS					
Brittany Dschaak, RDH					
Jesse Hronkin, DDS					
Jonathan Woller, DMD					
Kelly Lucas, DDS					
Dominic Wenzell, DMD					
Robin Wahto, Public					

[illegible]

Lunch



Public Comment

PDMP Report

Intent:

This report contains high-level information on the Prescription Drug Monitoring Program (PDMP) and is intended to provide a summary of registration and reporting data specific to your profession. This report includes data up to March 2019.



Overview:

The PDMP began in 2008 and is housed with the Board of Pharmacy under the Department of Commerce, Community, and Economic Development (DCCED) – Corporations, Business, and Professional Licensing (CBPL) section. Mandatory registration, reviewing, and reporting requirements went into effect in July 2017. All actively licensed practitioners with a valid DEA registration are required to register with the database; however, there are both practice-specific and supply-duration exemptions in AS 17.30.200(k) and (u) in which practitioners are not required to consult the PDMP. Generally, practitioners are required to review patient prescription history before prescribing, administering, and/or directly dispensing a federally scheduled II – IV controlled substance. If directly dispensing, practitioners must report this information to the PDMP on a daily basis. Information on exemptions can be found pdmp.alaska.gov under the Registration and Use Exemptions tab and includes information for federally-employed practitioners and pharmacists as well as information on situational exemptions to PDMP use. If mandatory registration and use exemptions do not apply and a licensee fails to register with the PDMP, disciplinary action may be taken by the Board of Dental Examiners.

Delegate access is allowed so long as the delegate holds an active license, certification, or registration under AS 08. Delegate access can help relieve time-constraints as reviewing and reporting tasks can be distributed to qualified staff.

Updates and Imminent changes:

- PDMP fees for initial and continued access went into effect on April 22, 2018 by authority of AS 17.30.200, which was subsequently implemented under 12 AAC 02.107. This requires a \$25.00 fee to be submitted before access to the controlled substance prescription database is granted.
- PDMP renewal for dentists were due by 02/28/19; however, due to the influx of delayed initial registrations, the processing time for renewals is 10 – 12 weeks from the date received.
- Beginning June 2018, the PDMP began separating federal practitioners and pharmacists from those *required* to register by updating user roles, e.g.: 'Dentist' to 'IHS Prescriber' (Indian Health Service) Prescriber or 'VA Prescriber' (Veterans Administration)
- Beginning June 2018, all newly registered and renewed PDMP users are issued separate PDMP registration numbers and are searchable by name under the program 'Prescription Drug Monitoring Program' at: <https://www.commerce.alaska.gov/cbp/main/Search/Professional>
- There are currently 51 pending accounts for dentists.
- The FY2019 PDMP legislative report was submitted to the legislature in March and can be found at: https://www.commerce.alaska.gov/web/portals/5/pub/PHA_PDMP_2019_LegislativeReport.pdf
- On May 15, 2019, the PDMP will be launching a new data analytics feature called NarxCare. More information will be provided on pdmp.alaska.gov in the coming weeks.

Data:

The Alaska State Board of Dental Examiners regulates several license types, including dentists, dental hygienist, dental assistants, and also issues permits for sedation and general anesthesia. As of April 4, 2019, there are a total of 7,254 registered users, 643 of which are dentists (Figure 1). The proportion of total licensed dentists registered with the PDMP is 73%; 27% are not registered (Figure 2) potentially due to potential non-compliance, not having an active Drug Enforcement Administration (DEA) registration, being registered with a federal user role, e.g.: IHS Prescriber, VA Prescriber, or Military Prescriber, or because of the administrative delay in processing.

Active PDMP Users

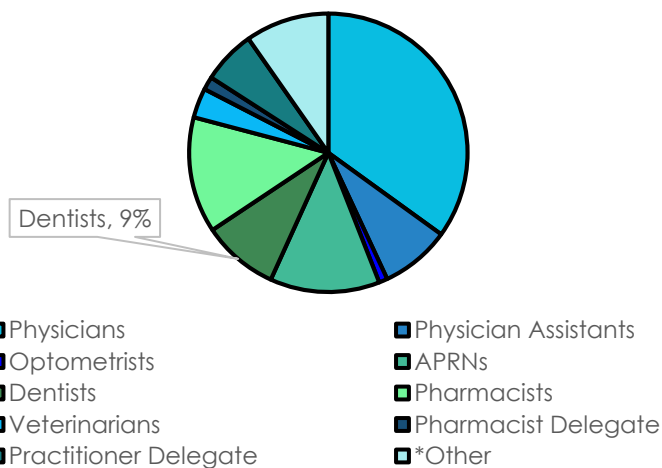


Figure 1. Dentists comprise 9% of actively registered users. *Other includes IHS and VA prescribers and dispensers, military prescribers, admin, restricted admin, and medical examiners/coroners.

Registered PDMP Users vs. Number of Licensees

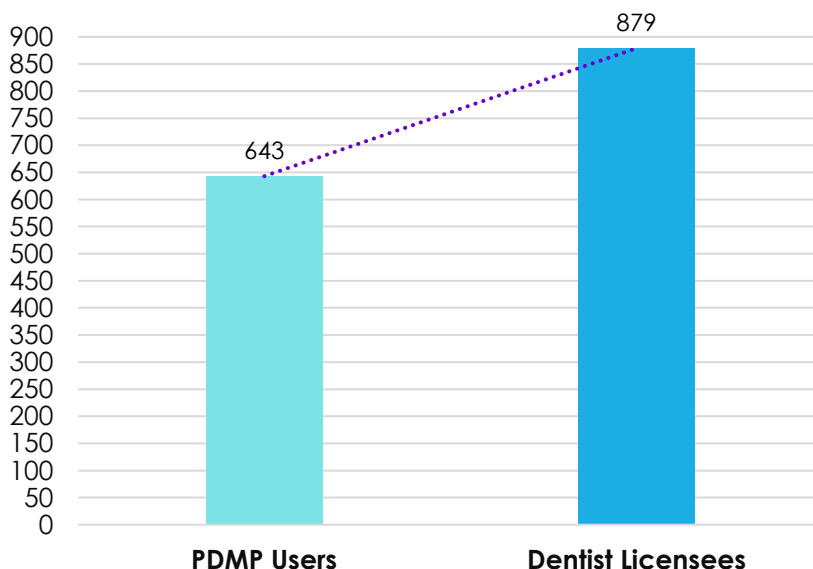


Figure 2. The proportion of licensed dentists to registered PDMP users is represented; however, some licensed dentists may be excluded from this figure due to not holding an active DEA registration, being employed with the IHS, VA, or military, or whose registration is yet to be processed.

Figure 3 below shows the number of opioid prescriptions dispensed against the number of patient prescription history requests. Figures 4 – 6 shows the interaction activities of captured from January 2017 to December 2018.

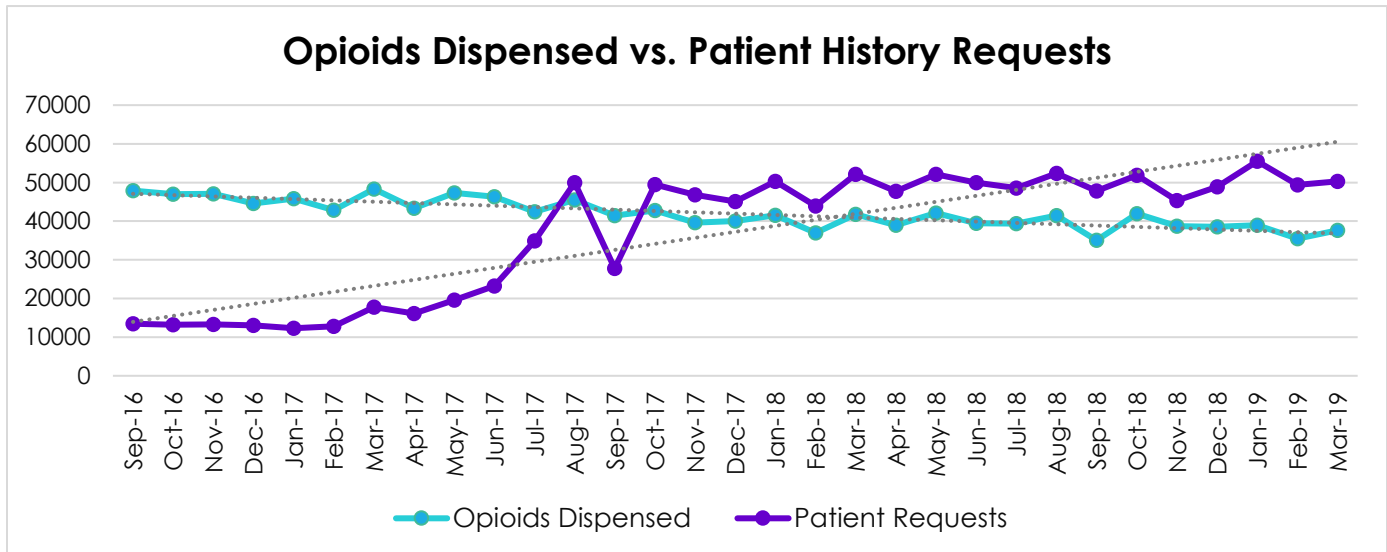


Figure 3. This graph shows the upward trend of patient prescription history requests in the PDMP, suggesting an inverse relationship between overall opioid dispensing in the state. The decrease in opioid dispensations may also be attributed to other factors, including prescriptive policies and salience of increased state-wide monitoring of prescribing practices as reflected in individual prescriber report cards.

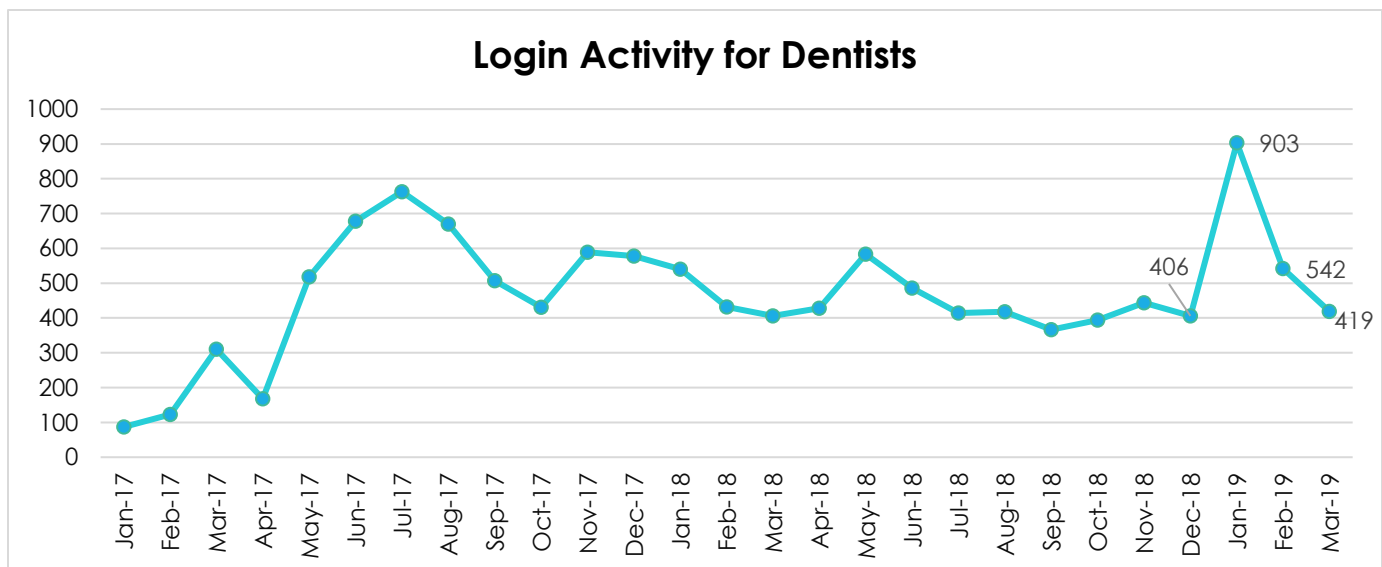


Figure 4. Prior to January 2019, login activity peaked in July, corresponding to the effective date of mandatory use. In January, the PDMP recorded 903 logins, a 122.4% increase from the previous month; however, patient prescription query trends do not indicate a corresponding increase with this login peak (see figure 6).

Patient Prescription History Query Activity for Dentists

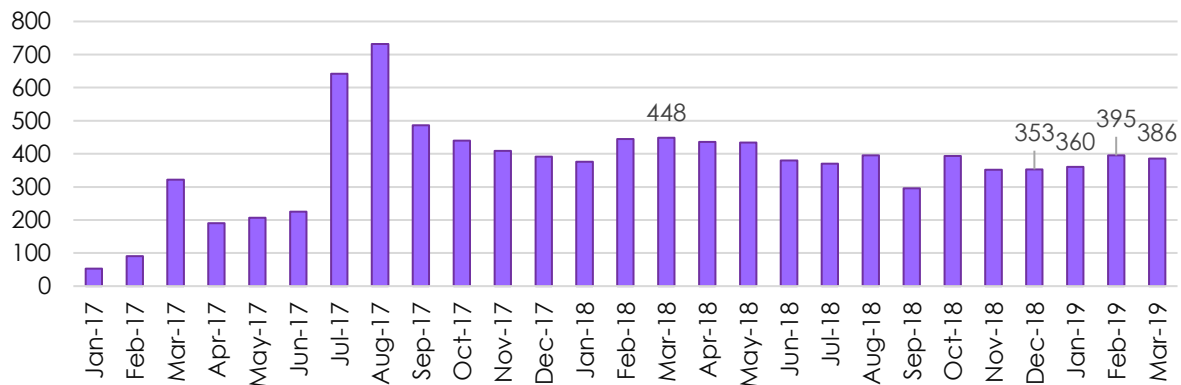


Figure 5. Patient prescription queries peaked in July 2017, corresponding to the mandatory use requirement; however, queries have not changed substantially for the last 12 months.

Figure 6 below shows the number of morphine milligram equivalents (MME) prescribed (subsequently dispensed) by profession. MMEs is a standardized measurement used to represent the potency of opioids but excludes buprenorphine as a partial opioid agonist.

MMEs by Profession (2016 - 2018)

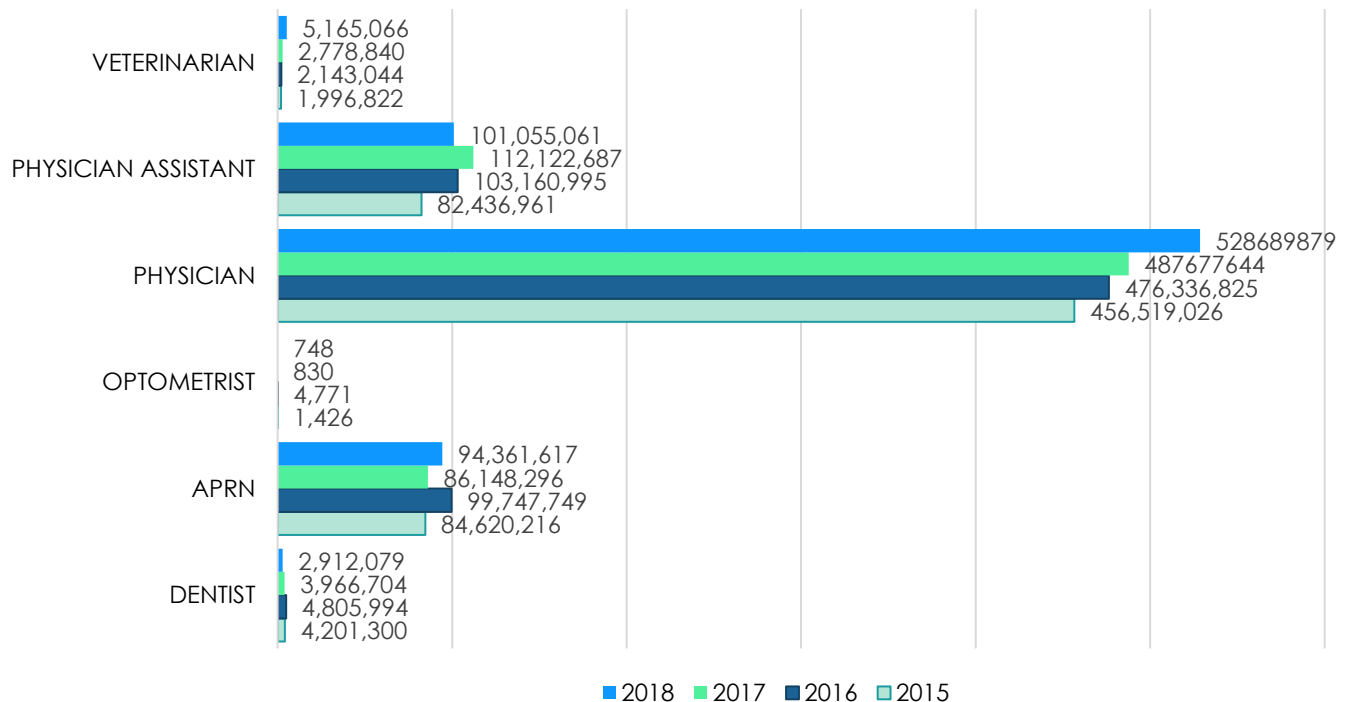


Figure 6. MMEs prescribed by dentists comprised .4% of total MMEs prescribed in 2018. The percent of MMEs prescribed by dentists fell by 26.5% from 2017 to 2018.

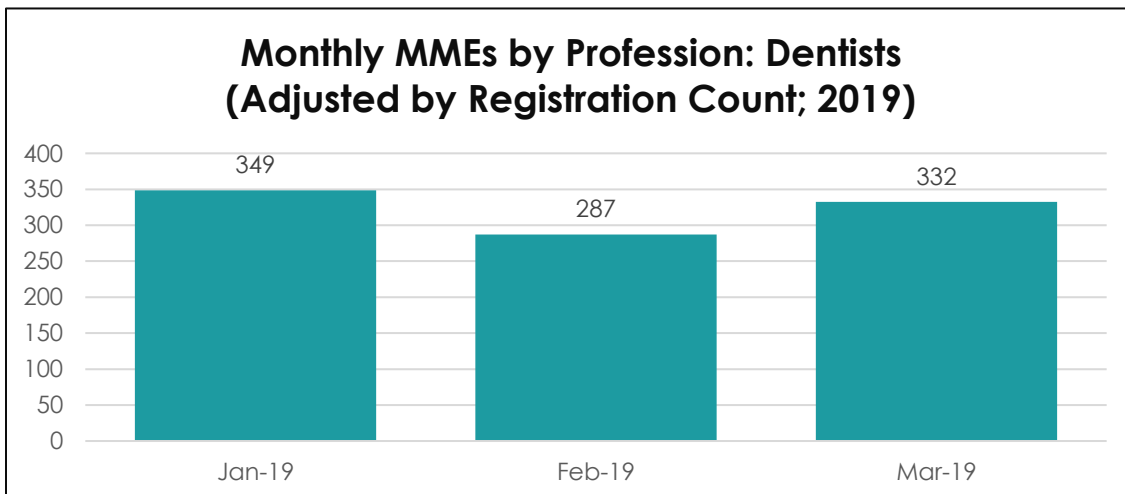
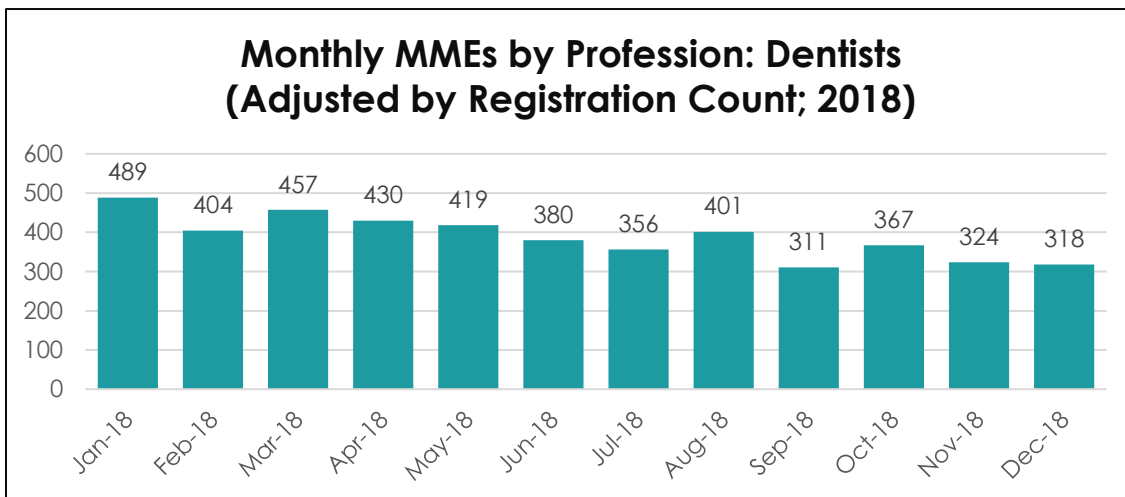
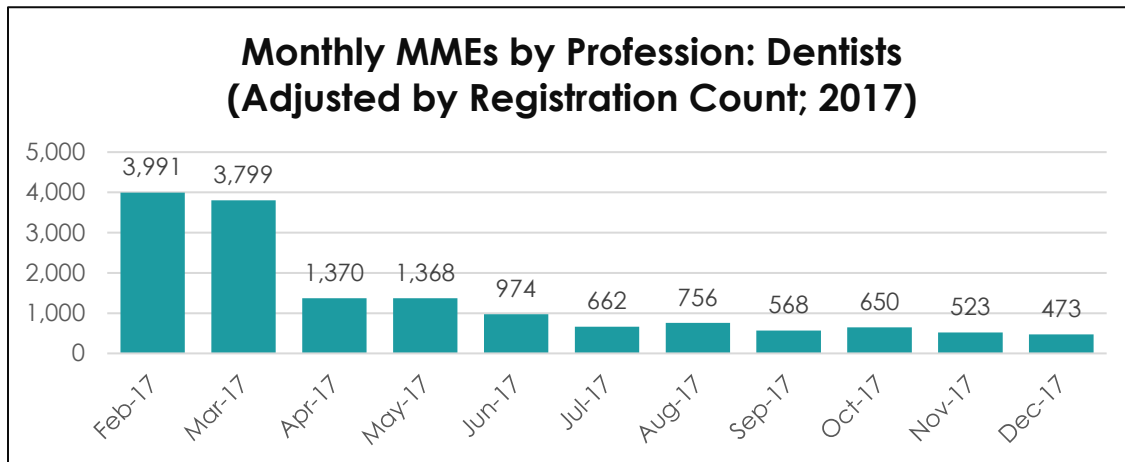


Figure 7. MMEs per month by profession and adjusted by registration count. January 2017 values are unavailable due to incomplete data.

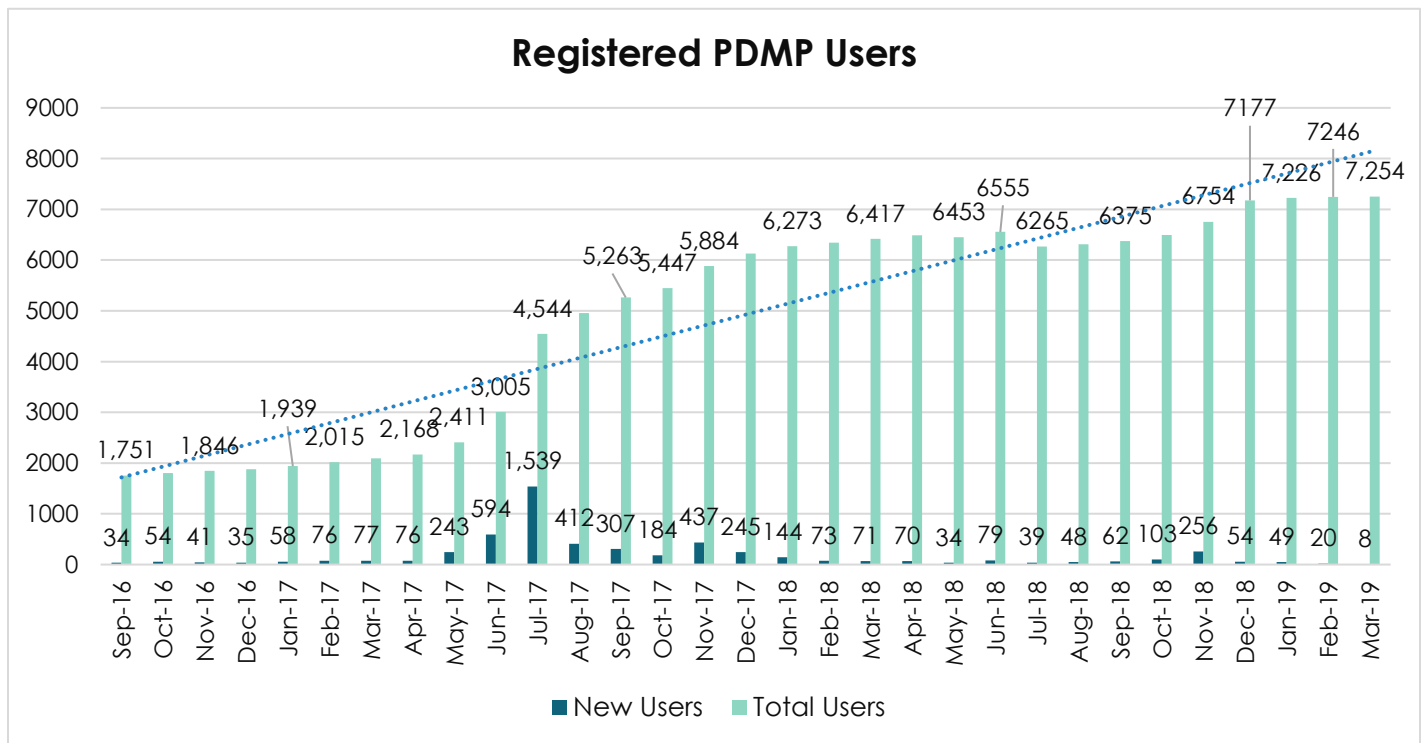


Figure 8. Registered users have steadily increased following mandatory registration.



Analytics, tools and technology to help care teams address substance use disorder and improve patient outcomes

Appriss Health developed the NarxCare platform to provide a more comprehensive approach to addressing substance use disorder. NarxCare aids care teams in clinical decision-making, provides support to help prevent or manage substance use disorder, and empowers states with the comprehensive platform they need to take the next step in the battle against addiction.

WWW.APPRISHEALTH.COM/NARXCARE

NarxCare is a comprehensive platform to identify, prevent and manage substance use disorder (SUD). It empowers prescribers and dispensers to identify patients that may be at risk for addiction, overdose and death, and equips clinicians and care teams with the tools and technology they need to help those patients. Now, with NarxCare, clinical decisions can be supported with objective insights into potential drug misuse or abuse, and patients can be provided with the care they need.

NarxCare aggregates and analyzes prescription information from providers and pharmacies and presents interactive, visual representations of that information, as well as advanced analytic insights, complex risk scores and more to help physicians, pharmacists and care teams to provide better patient safety and better patient outcomes. The platform can also accommodate additional information sources to create more holistic risk models, assessments and alerts.

The identification of patients at risk is only the beginning of a comprehensive platform needed to impact the increasing prevalence of substance use disorder. NarxCare extends beyond information and insights to provide tools and resources to enable care teams to support patient needs. Increasing access to treatment through medication-assisted treatment (MAT) locators, improving patient education and engagement through CDC information sheets, and enabling the coordination of care across the continuum through powerful care team communications¹ are key NarxCare features that are widely recognized as critical to success. These resources can be used to help patients in need, at the right time, in a meaningful way, quickly and easily, at the point of care.

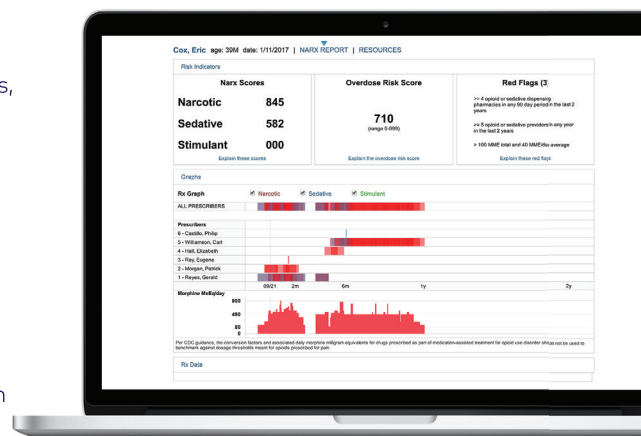
This information, insight and functionality is all accessed through existing electronic health records (EHR) or pharmacy management systems, so there is no logging in or out of secondary websites or trying to manage user names or passwords. NarxCare is also available right in the PDMP where enabled by the state. The platform is presented in three main modules: The Narx Report, Resources and Care Team Communications.

The Narx Report

The Narx Report includes a patient's NarxScores, Predictive Risk Scores, Additional Risk Indicators, Rx Graph and PDMP Data, as well as access to Resources and Care Team Communications all in a single, easy-to-use interface. See Image 1.0.

The Benefit

Care teams make informed decisions quickly and confidently to help patients.



* Image 1.0: The Narx Report

The NarxScores

Every Narx Report includes type-specific use scores for narcotics, sedatives, and stimulants. These scores are based on a complex algorithm factoring in numbers of prescribers, morphine milligram equivalents (MME), pharmacies, and overlapping prescriptions. Scores are quantified representations of the data in the PDMP and range from 000-999 with higher scores equating to higher risk and misuse, and the last digit always represents the number of active prescriptions.

The Predictive Risk Scores

These composite risk scores incorporate relevant data (PDMP and non-PDMP) into advanced and customized predictive models to

calculate a patient's risk of a host of outcomes, including overdose and addiction. Non-PDMP data sets may include medical claims data, electronic health records, EMS data and criminal justice data. The Overdose Risk Score is featured in Image 1.0.

Additional Risk Indicators

There are multiple, fully configurable and customizable PDMP- and non-PDMP-based additional risk indicators (ARIs). When present, a or a combination of ARIs may contribute to the risk of unintentional overdose or other adverse events.

The Rx Graph

The Rx Graph is simple, clear, and comparative. The interactive display allows you to view all the information

you need, analyze data, and click into specific data points to see more detail. You can easily visualize and understand patterns in prescribing and usage behaviors, as well as identify overlapping prescriptions.

The PDMP Data

The PDMP Report is the definitive source for controlled substance data, a critical component to any SUD strategy, through its access to multi-state PDMP data. The PDMP Report aggregates two years of historical prescription data from providers and pharmacies, including quantities and active prescriptions.

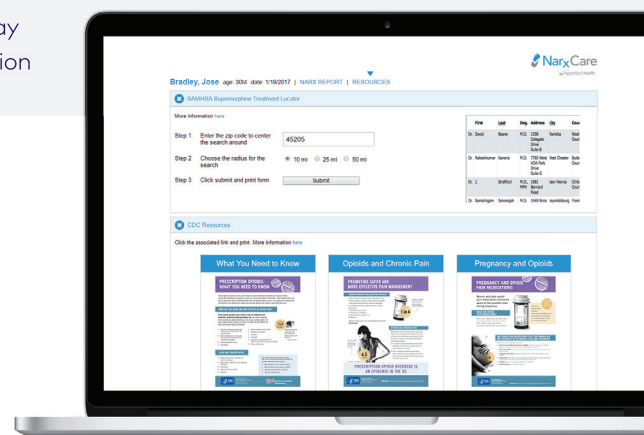
The Resources and Care Team Communications

The NarxCare Resources module equips clinicians and care teams with the tools needed to increase access to treatment and improve patient education and engagement. The MAT locator automatically finds convenient locations for treatment and enables clinicians to help patients in need. The CDC Resources enable clinicians to educate and engage patients by providing context-sensitive information when patients need it most. And all content is fully configurable, enabling states, health systems and pharmacies to include custom treatment options or information sources. All features are accessible with a single click and automatically contextualized to an individual patient's demographics. See Image 2.0.

Perhaps the most powerful tool in the prevention and treatment of substance use disorder is collaboration and coordination of care. NarxCare takes advantage of the pervasiveness of the PDMP and its prominent role in controlled substance use to enable messaging, including the transmission of documents, among clinicians and care team members across the continuum of care.

Messaging enables coordination of care among physicians, pharmacists, care managers, behavioral health providers and other professionals caring for patients. These professionals can share care plans, highlight gaps in care, refer patients for support or treatment and improve integration of behavioral health and primary care. The messaging functionality also enables the sharing of Opioid Treatment Agreements, ensuring that all prescribers that encounter the patient are aware that the agreement exists and can view it, a key patient safety tool and a requirement of Meaningful Use beginning in 2020.

Additionally, NarxCare enables care notes and clinical alerts, allowing providers or the PDMP to add critical patient information to the platform such as history of overdose, specific medication restrictions, caregiver support or other relevant clinical or social information. The platform can also display automatically-generated clinical alerts triggered by customizable algorithms based on PDMP and non-PDMP data. Once added, this information can be viewed by care teams in line with the PDMP data to enable the best possible care.



* Image 2.0: Resources

The Value

Appriss Health knows that the delivery of NarxCare, a comprehensive substance use disorder platform, is the best way to ensure that prescribers, dispensers, and states support the health of their patient populations.

PDMP Penalty Matrix

**State of Alaska Board of Dental Examiners Disciplinary Matrix for PDMP
Infractions**

Infraction	Board Approved Disciplinary Precedent	Board Approved Disciplinary Precedent
Initial Failure to register with PDMP.		
Failure to prescribe within guidelines stated in regulations.		
Failure to renew PDMP registration.		
Failure to check registry/patient history prior to prescribing, administering or dispensing class II/III medication.		
Failure to deactivate PDMP delegate.		
Inappropriate access to PDMP.		



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

Department of Commerce, Community,
and Economic Development

BOARD OF PHARMACY

P.O. Box 110806
Juneau, AK 99811-0806
Main: 907.465.2589
Fax: 907.465.2974

[REDACTED]
[REDACTED]
[REDACTED]

Dear licensee,

The Alaska Board of Pharmacy has received information that you have not registered with the Alaska Prescription Drug Monitoring Program (PDMP) or have registered more than 30 days from the initial issue date of your Alaska pharmacist license. Alaska regulation 12 AAC 52.855 requires all licensed pharmacists, prior to dispensing federally classified schedule II, III, or IV controlled substances, to register with the controlled substance prescription database (PDMP).

If you **do not dispense** schedule II, III, or IV controlled substances under federal law, **please complete the attached form** and return to the Board of Pharmacy.

If you **do dispense** schedule II, III, or IV controlled substances under federal law, under Regulation 12 AAC 52.890 it is considered grounds for the imposition of disciplinary sanctions that you have not yet registered. Because these are new laws, the Board of Pharmacy has chosen to focus on bringing pharmacists into compliance. For your registration violation, the Board has determined not to pursue disciplinary sanctions against you. This is a one-time grace period/leniency and you have 30-days to become compliant with AS 17.30.200 and 12 AAC 52.855. It is your responsibility to comply with all statutes and regulations regarding your practice in the State of Alaska, including timely renewal of your PDMP registration.

To register, you must first create online credentials at alaska.pmpaware.net, then submit form #08-4760 found at pdmp.alaska.gov.

PDMP Frequently Asked Questions:

<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PrescriptionDrugMonitoringProgram/PDMPNotificationFAQs.aspx>

In addition, as a result of AS 17.30.200, please review PDMP regulations 12 AAC 52.855 – 12 AAC 52.895.

Professionally,

Alaska Board of Pharmacy

State of Alaska Medical Board PDMP Penalty Matrix - Example

CATEGORY OF COMPLAINT	PROPOSED SANCTIONS
<p>scribing Issues:</p> <p>Inappropriate prescribing due to incompetence or negligence. AS 08.64.326</p> <p>Failure to practice pain management with sufficient knowledge, skills, and training, and in accordance with professional standards. AS 08.64.326, 12 AAC 40.975(4).</p>	<p>Reprimand; Civil Fine of up to \$25,000; require Proper Prescribing Course CME of at least three days' duration; license suspension for a minimum of 30 days. Discipline to be commensurate with the severity of the violation.</p>
<p>scribing Issues:</p> <p>Failure to maintain appropriate medical records for prescribing controlled substances. AS 08.64.326, 12 AAC 40.975(1)</p> <p>Failure to review information from the PDMP before prescribing schedule II or III controlled substances. AS 08.64.326, 17.30.200, 12 AAC 40.967(35), 12 AAC 40.975(2).</p> <p>Failure to comply with the maximum dosage for opioid prescriptions. AS 08.64.636, 12 AAC 40.975(3).</p>	<p>Reprimand; Civil Fine of up to \$25,000; require Proper Prescribing Course and Medical Record Keeping Course. Discipline to be commensurate with the severity of the violation.</p>
<p>scribing Issues:</p> <p>Failure of a licensee who has a DEA registration to register with the PDMP, when no schedule II or III controlled prescriptions have been issued. AS 08.64.326, 17.30.200, 12 AAC 975(34).</p> <p>See prescribing issues above for failure to register when prescriptions have been issued.</p>	<p>Non-reportable fine without censure or Reprimand (technical violation not related to the delivery of health care); Civil Fine of \$1,000 for each violation. Discipline to be commensurate with the severity of the violation.</p>

License #	Type	Owners	Issue Date	License Issue Date	DEA/CS Authority Issue Date	Date Registration Complete	To Investigations	# of days late (from date of initial lic or DEA issue)*	# of days late from July 2017 deadline
							case opened		
	PDMP Dental		7/30/2018	4/24/2018	Not listed	6/22/2018	#2018-000852		
	PDMP Dental		8/10/2018	7/16/2018	Not listed	8/6/2018		21 since licensed	N/A
	PDMP Dental		9/5/2018	6/25/1973	Not listed	8/20/2018	9/5/2018	45 years	400
	PDMP Dental		10/17/2018	3/19/2014	Not listed	10/9/2018		N/A	449
	PDMP Dental		10/17/2018	6/20/2007	Not listed	6/5/2017		N/A	435
	PDMP Dental		10/25/2018	8/3/1998	Not listed	5/22/2017		N/A	344
	PDMP Dental		11/5/2018	12/9/2013	Not listed	11/14/2018		N/A	485
	PDMP Dental		11/7/2018	3/2/2018	5/1/2014	10/23/2018		236 since licensed	N/A
	PDMP Dental		11/12/2018	5/11/1993	4/4/2017	11/12/2018		N/A	483
	PDMP Dental		11/23/2018	8/21/2018	Not listed	11/23/2018		94 since licensed	N/A
	PDMP Dental		12/22/2018	12/18/1985	Not listed	11/21/2017		N/A	127
	PDMP Dental		12/22/2018	10/20/1988	Not listed	8/7/2017		N/A	21
	PDMP Dental		12/22/2018	6/20/2014	Not listed	11/21/2017		N/A	127
	PDMP Dental		12/22/2018	11/24/2003	Not listed	5/25/2017		N/A	N/A
	PDMP Dental		12/22/2018	9/21/1981	Not listed	6/28/2017		N/A	N/A
	PDMP Dental		12/22/2018	8/3/1998	8/1/1998	5/22/2017		N/A	N/A
	PDMP Dental		12/23/2018	5/27/2009	4/4/2018	6/1/2017		N/A	N/A
	PDMP Dental		12/23/2018	6/30/2010	8/10/2010	3/6/2017		N/A	N/A
	PDMP Dental		12/26/2018	2/27/2007	3/3/1999	5/24/2017		N/A	N/A
	PDMP Dental		12/26/2018	12/24/1991	6/12/2018	5/22/2017		N/A	N/A
	PDMP Dental		12/27/2018	4/24/2009	1/16/2017	9/28/2016		N/A	N/A
	PDMP Dental		12/27/2018	4/12/2016	7/15/2016	8/17/2017		N/A	31
	PDMP Dental		1/17/2019	6/19/2018	7/25/2018	12/6/2018		134 since DEA registered	N/A
	PDMP Dental		1/23/2019	4/12/2016	Not listed	6/26/2017		N/A	N/A
	PDMP Dental		1/23/2019	7/2/2018	7/1/2018	12/10/2018		162 since licensed	N/A
	PDMP Dental		1/28/2019	8/29/2018	9/30/2015	1/25/2019		150 since licensed	N/A
	PDMP Dental		2/7/2019	8/21/2018	9/13/2018	12/14/2018		93 since DEA registered	N/A
	PDMP Dental		3/4/2019	7/25/2018	8/15/2018	2/18/2019		188 days since DEA registered	N/A
	PDMP Dental		3/21/2019	2/11/2019	3/27/2018	2/14/2019		3	N/A
	PDMP Dental		3/21/2019	12/8/2014	5/1/2008	7/26/2017		N/A	10
	PDMP Dental		3/22/2019	11/16/2018	9/1/2000	1/7/2019		53 since licensed	N/A
	PDMP Dental		3/26/2019	8/10/2018	10/2/2018	1/7/2019		98 since DEA registered	N/A

* Number entered only if professional license was issued after the PDMP registration deadline of 07/17/2017

Agenda Item # _____ Topic: _____

Agenda Item # _____ Topic: _____

Board of Dental Examiners

Meeting Date: _____

Board Member	1 st / 2nd	Yes	No	Abstain	Comments
David Nielson, DDS					
Gail Walden, RDH					
Steven Scheller, DDS					
Brittany Dschaak, RDH					
Jesse Hronkin, DDS					
Jonathan Woller, DMD					
Kelly Lucas, DDS					
Dominic Wenzell, DMD					
Robin Wahto, Public					

[illegible]

Break



AAFDO

19 March 2019

Tracy Wiard

Alaska Board of Dentistry

P.O. Box 110806

Juneau, AK 99811-0806

Dear Tracy,

The sedation / anesthesia inspection of my office performed by AAFDO was outstanding in every respect. Their pre-inspection instructions and preparation checklist were very clear and efficiently prepared me and my staff for the inspection. On the day of the inspection I was amazed by the video technology and quickly forgot that the inspector was not right there with me in the office. The inspector was very organized and the inspection moved along quickly due to the preparation that we accomplished. The inspection was comprehensive, yet fair and straightforward. It was clear to me that the inspector was there to help me understand and meet the standards, and not to be adversarial. I had recently re-arranged my office and the inspection uncovered a few critical items that, due to the move, needed to be addressed, and that without the inspection I would have missed. AAFDO was very specific on which inspection criteria needed remediation and guided me through that process. Their mock emergency drills guide was an added bonus and something I have needed/wanted for a long time. I give AAFDO and their sedation / anesthesia inspection my strongest recommendation. It is a resource needed by every dentist providing dental-office based anesthesia or sedation.

Sincerely,

Jill Merritt Burns DDS

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2290 Valleydale Road
Suite 100
Birmingham, Alabama 35244
(205) 682-1099
Fax (205) 403-7383

12 Cropwell Drive
Pell City, Alabama 35128
(205) 338-6688
1-866-652-4447
Fax (205) 338-8818

March 26, 2019

RE: Dr. John Roberson, AAFDO

To whom it may concern:

I am very impressed with AAFDO. Their entire process is very thorough and professional. Their preparation checklist, correspondence and use of technology are fantastic. Dr. Roberson is very knowledgeable, engaging, and professional and has the heart of a teacher. The AAFDO materials are well-done and highly organized. They provide a preparation checklist for the entire team to review prior to the actual inspection. The inspection covers everything from drills to emergency drugs and equipment. Being an oral surgeon, I am required to have office inspections every five years. I highly recommend these inspections for any dentist that does any form of sedation or general anesthesia in their office.

Regards,

A handwritten signature in black ink, appearing to read 'C. M. Rothman', is written over a faint, circular, embossed watermark that contains the text 'ALABAMA ORAL & FACIAL SURGERY'.

Christopher M. Rothman, DDS

Diplomate, American Board of Oral & Maxillofacial Surgery

Diplomate, National Dental Board of Anesthesiology

Henry E. McKay, III, D.D.S.

Will Smalley, D.M.D.

Christopher M. Rothman, D.D.S.

Board Business

Task list-April 15th 2019 meeting[illegible]

Adjourn

Board or Commission: _____

Meeting Date: _____

Agenda Item # _____ Tab # _____ Topic: _____

Primary Motion

Motion:

[illegible]

Subsidiary Motion or Amendment

Motion:

[illegible]