

# **Call to Order / Roll Call**

# **Dental Board Roster**

**David Nielson, DDS - Board President**

**Gail Walden RDH, BSDH - Board Secretary**

**Steven Scheller, DDS**

**Dominic Wenzell, DMD**

**Kelly lucas, DDS**

**Jesse Hronkin, DDS**

**Timothy “Jon” Woller, DDS**

**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

March 03, 2019

550 W 7<sup>th</sup> Ave, Atwood Building Ste. 1550, Anchorage, AK 99501  
333 Willoughby Ave, 9<sup>th</sup> Floor, Conference Room A, Juneau, AK 99801

**Zoom Webinar Number and ID:**  
**Zoom Webinar:** <https://zoom.us/j/718129889>  
**Remote Call in Number:** 1(408) 638-0968  
**Webinar ID:** 718-129-889

AGENDA

	<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 Past Meeting Minutes <ul style="list-style-type: none"><li>• December 6, 2019 Meeting</li><li>• February 11, 2020 Special Meeting</li></ul>	CHAIR
4.	9:15 a.m.	Ethics Report	CHAIR
5.	9:20 a.m.	Investigative Report	BAUTISTA/MEDINA
6.	9:50 a.m.	Review / Approve Tabled Applications	CHAIR
7.	10:00 a.m.	Break	CHAIR
8.	10:15 a.m.	Public Comment	CHAIR
9.	10:30 a.m.	Consent Agreements	TBD
10.	10:45 a.m.	Division Update	TBD
11.	11:00 a.m.	Sedation Inspector Regulations	CHAIR



## Motion Sheets

Meeting Date: \_\_\_\_\_

<b>Motion:</b>						
<b>Time:</b>						
<b>Board Member</b>	<b>Motion</b>	<b>First</b>	<b>Second</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>
David Nielson, DDS						
Gail Walden						
Steven Scheller, DDS						
Dominic Wenzell, DDS						
Kelly Lucas, DDS						
Robin Wahto						
Jesse Hronkin, DDS						
Jonathan Woller, DDS						
Brittany Dschaak						
<b>Discussion:</b>						

<b>Motion:</b>						
<b>Time:</b>						
<b>Board Member</b>	<b>Motion</b>	<b>First</b>	<b>Second</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>
David Nielson, DDS						
Gail Walden						
Steven Scheller, DDS						
Dominic Wenzell, DDS						
Kelly Lucas, DDS						
Robin Wahto						
Jesse Hronkin, DDS						
Jonathan Woller, DDS						
Brittany Dschaak						
<b>Discussion:</b>						

**Review / Approve  
Past Meeting  
Minutes**

Motion Sheets

Meeting Date: \_\_\_\_\_

<b>Motion:</b>						
<b>Time:</b>						
<b>Board Member</b>	<b>Motion</b>	<b>First</b>	<b>Second</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>
David Nielson, DDS						
Gail Walden						
Steven Scheller, DDS						
Dominic Wenzell, DDS						
Kelly Lucas, DDS						
Robin Wahto						
Jesse Hronkin, DDS						
Jonathan Woller, DDS						
Brittany Dschaak						
<b>Discussion:</b>						

<b>Motion:</b>						
<b>Time:</b>						
<b>Board Member</b>	<b>Motion</b>	<b>First</b>	<b>Second</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>
David Nielson, DDS						
Gail Walden						
Steven Scheller, DDS						
Dominic Wenzell, DDS						
Kelly Lucas, DDS						
Robin Wahto						
Jesse Hronkin, DDS						
Jonathan Woller, DDS						
Brittany Dschaak						
<b>Discussion:</b>						

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

MINUTES OF MEETING  
DECEMBER 6, 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 in compliance with the provisions of AS 44.62, Article 6, a scheduled meeting of the Board of Dental Examiners was held in Conference Room B in the State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor, Juneau, Alaska.

Friday, December 6<sup>th</sup>, 2019

**Agenda Item 1**                      **Call to Order/Roll Call**                      **Time: 9:09 AM**

The meeting was called to order by Dr. David Nielson, President, at 9:09 a.m.

Board Members present, constituting a quorum of the board, were:

Dr. David Nielson, President – Anchorage (*Via Teleconference*)  
Ms. Gail Walden – Wasilla (*Via Teleconference*)  
Dr. Jonathan Woller – Anchorage (*Via Teleconference*)  
Dr. Kelly Lucas – Wasilla (*Via Teleconference*)  
Dr. Dominic Wenzell – Girdwood (*Via Teleconference*)  
Ms. Robin Wahto – Anchorage (*Via Teleconference*)  
Dr. Jesse Hronkin – Wasilla (*Via Teleconference*)

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

Ms. Christianne Carrillo, Licensing Examiner – Juneau  
Mr. Joseph Bonnell, Records and Licensing Supervisor - Juneau  
Ms. Jasmin Bautista, Investigator – Anchorage (*Via Teleconference*)  
Ms. Sher Zinn, Regulation Specialist – Juneau  
Ms. Marilyn Zimmerman, Paralegal – Juneau

**Agenda Item 2**                      **Ethics Report**                      **Time: 9:14 AM**

Dr. Nielson addressed the ethics reporting. The board was asked if there were any outstanding ethics issues to report and none were reported.

**Agenda Item 3**                      **Review of Agenda**                      **Time: 9:16 AM**

There was only change made to the DRAFT 12.06.2019 agenda. Dr. Nielson added sedation inspection regulations under agenda item number 10 to be discussed. Ms. Walden notified the board that she may not be

present after the 3:00pm break. Dr. Lucas also notified the board that he will be away for thirty minutes at noon.

**On a motion duly made by Dr. Hronkin, seconded by Wahto, and approved unanimously without any objections, it was**

**RESOLVED to approve the 12.06.2019 dental board agenda as amended.**

**Agenda Item 4 Review / Approve Past Meeting Minutes**

**Time: 9:18 AM**

The board reviewed the meeting minutes from the August 23, 2019 meeting. Dr. Nielson noted that the word “the” should be changed to “that” on line 333. Ms. Walden does not recall the lines 394-398 to have been “in addition to the 20 hours” and recalled it to be “it could be part of the 20 hours.” Dr. Neilson and Dr. Hronkin recalled it to be “in addition to.” No other changes needed to be made.

**On a motion duly made by Walden, seconded by Dr. Neilson, and approved unanimously without any objections, it was**

**RESOLVED to approve the 08.23.2019 dental board minutes as amended.**

**Agenda Item 5 Introduce New License Examiner**

**Time: 9:20 AM**

Dr. Nielson welcomed new licensing examiner, Christianne Carrillo. Ms. Carrillo introduced herself to the board.

*Sher Zinn, Regulation Specialist, entered the board meeting at 9:24 AM.*

**Agenda Item 6 Regulation Training**

**Time: 9:25 AM**

Ms. Zinn was in attendance to provide regulation training for the new board members who are not yet familiar with the regulations process for drafting regulations. Zinn conducted an in depth look at the proper steps in creating a regulation. She offered her help if board members had any questions about the regulation process via email or live during the board meeting. Dr. Nielson asked Ms. Zinn if she could come back and do agenda item number 10, regulations update while they have her in the room. Ms. Zinn agreed and left the room to retrieve the documents necessary for agenda item number 10.

*Sher Zinn, Regulation Specialist, left the board meeting at 9:50 AM.*

Dr. Nielson sought to skip break, and moved ahead in the agenda to item number 13, moderate sedation program verification revision while Ms. Zinn was absent from the meeting.

**Agenda Item 13 Moderate Sedation Program Verification Revision**

**Time: 9:51 AM**

Dr. Nielson noticed that the current regulations on the moderate sedation program verification application are not the current regulations in place and should be amended which leads to the necessary removal of sedation forms on page 12. The 60-hour course to get a permit for deep sedation for patients under the age of 13 is no longer available. The sedation checklist for dental offices under miscellaneous forms will also been sent to Ms. Carrillo with edits done by Dr. Nielson to revision.

**TASK:**

Dr. Nielson will scan the edited program verification form for moderate sedation and email it to Ms. Carrillo. Ms. Carrillo will change the outdated regulation and replace it with the current regulation and remove page 12 from the sedation forms.

*Sher Zinn, Regulation Specialist, entered the board meeting at 9:53 AM.*

Dr. Nielson revisited agenda item number 10.

**Agenda Item 10**

**Regulations Update**

**Time: 9:55 AM**

Dr. Nielson informed the board he was not going to entertain any oral testimonies from that point forward and that the board was only going to review what they had so far. Dr. Nielson notes that none of the public comments had anything to do with lapsed sedation permits and that the comments all had to do with continuing education (CE) and online CE's. His issue with the way 28.010 (g)(c) is written is that the CE part of the regulation would not allow applicants to do their CE at a later date to make up for what they had not yet completed during the concluding licensing period. Dr. Nielson suggested to remove "completed during the concluding licensing period" under 28.010 (g)(c) and 28.015 (l)3(c) throughout the regulation would allow applicants to make up for the CEs required later to make up any shortages that they have. Dr. Nielson asked if taking this section of the regulation out would affect it significantly. Ms. Zinn said no and added that the board can make the regulations less stringent than what your public notice was but cannot make it more stringent.

*Sher Zinn, Regulation Specialist, left the board meeting at 10:02 AM.*

*Jasmin Bautista, Investigator & Ryan Gill, Investigator, entered the room at 10:05 AM.*

The board moved back to agenda item number 8 with Jasmin Bautista while Sher Zinn retrieves the necessary documents for agenda item number 10.

**Agenda Item 8**

**Investigative Report**

**Time: 10:08 AM**

Jasmin Bautista handed the board probation reports documents and notified the board that there are three probationers that are active and in compliance and asked if there were any questions on that. Ms. Bautista informed the board that from August through November we have 55 open cases and this quarter we closed 10 cases. Dr. Nielson asked Ms. Bautista to clarify if there is no violation that means that at least two board members agreed that there is no violation. Ms. Bautista answered yes, anything that involves a patient is going to be reviewed by two board members. If it's a technical violation it is reviewed by one board member. Ms. Bautista asked if there were any questions.

The board's chair, Dr. David Nielson, entertained a motion regarding matters discussed in executive session.

**On a motion duly made by Gail Walden, seconded by Dr. Jesse Hronkin, and approved unanimously by a roll call, it was**

**RESOLVED** to enter into executive session in accordance with the provisions of Alaska Statute 44.62.310(c), and Alaska Constitutional Right to Privacy Provisions, for the purpose of discussing, subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion and matters which by law, municipal character, or ordinance are required to be confidential. Board staff members, Jasmin Bautista, Christianne Carrillo, Joseph Bonnell, and Ryan Gill remained during the session.

Off Record: 10:13 AM

On record: 11:22 AM

The board's chair, Dr. David Nielson entertained a motion to a roll call to see who is in attendance and notified the board of one person from the public to be in attendance.

Board Members present after executive session, constituting a quorum of the board, were:

Dr. David Nielson, President – Anchorage (*Via Teleconference*)

Ms. Gail Walden – Wasilla (*Via Teleconference*)

Dr. Jonathan Woller – Anchorage (*Via Teleconference*)

Dr. Kelly Lucas – Wasilla (*Via Teleconference*)

Dr. Dominic Wenzell – Girdwood (*Via Teleconference*)

Ms. Robin Wahto – Anchorage (*Via Teleconference*)

Dr. Jesse Hronkin – Wasilla (*Via Teleconference*)

Brittany Dschaak – Naknek (*Via Teleconference*)

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

Ms. Christianne Carrillo, Licensing Examiner – Juneau

Mr. Joseph Bonnell, Records and Licensing Supervisor – Juneau

Dr. Nielson amended the agenda and moved agenda item number 9, consent agreements with Marilyn Zimmerman to after lunch and move on to agenda number 10, regulations update with Sher Zinn.

#### **Agenda Item 10**

#### **Regulations Update**

**Time: 11:25 AM**

Dr. Nielson made an announcement on record and reiterated that the board was no longer going to be taking any more public comments on the regulation changes that when out on public comment but would like to discuss the public comments that are part of the board packet. He asked the board if they had a chance to look at them. Ms. Walden notified the board that she had.

Dr. Nielson acknowledged that the public has had some problems with the online CE requirement and said the public comments seemed confused and explained that the regulation change does not decrease the amount of CE classes done online nor does the regulation not allow CE's to be done online. Dr. Nielson clarified the regulation courses to not be more than 8 hours in a 24-hour period. Addressing a comment said about CE courses online, Dr. Nielson found the public to have a legitimate point about longer courses. He said even when some courses are stamped as one day, they can be 15-hour courses, which he finds to be a legitimate point.

Dr. Woller shared the percentage of CE courses that are more than 8 hours are available is very small and suggested that if a licensee wants to take a CE course that is longer than 8 hours they should contact the board on a case by case basis.

Ms. Walden added that from what she had seen, the CE courses that are longer than 8 hours usually indicate how many days they are and was surprised that the certificate did not show that it was over a period of days. Dr. Woller explained that that is why the number of courses this person showed is very few compared to the thousands of online CE course available. Dr. Nielson expressed his opinion that due to Dr. Woller's point, it does not seem to be a problem and that the public comments seem to have a misconception that the board is reducing the amount of CE's online, which is not the case. He added there is also a misconception that the additional 2 hours for restorative function certificates cannot be done online. Dr. Nielson explained that there

is no stipulation that an applicant will have to travel outside of Alaska to take a class in person. Dr. Hronkin agreed that the board has addressed the public's concern.

Dr. Nielson proposed to remove lines 28.01 (g) 3(c) "completed during the concluding licensing period" and remove 28.01.5(l)3(c) "completed during the concluding licensing period." He continued saying doing this will allow applicants that have a lapsed sedation permit to make up the didactic and CE they're lacking for a license renewal. Ms. Walden asked Dr. Nielson to be read exactly what 28.010 (g-c) should say.

Dr. Nielson recited, page 1 regulation 28.010. (g) 3(c) will read "Evidence on continuing education and documentation of sedation cases required by 12 AAC 28.010 (e) 1, 2, 3, and 5 as applicable. The sedation cases required under this sub paragraph must be completed by holding a deep sedation and general anesthesia permit or while under the supervision of a current deep sedation or general anesthesia permit holder or anesthesiologist or certified registered nurse anesthetist licensed in the state or another jurisdiction."

He continued to page 2, the amendment 28.015 (l) 3 (c), "Evidence of continuing education and documentation of sedation cases required by 12 AAC 28.010. (h) 1, 2, 3, and 5 as applicable. The sedation cases required under this sub paragraph must be completed by holding a current moderate sedation permit or while under the supervision of a current deep sedation or general anesthesia permit holder anesthesiologist or certified registered nurse anesthetist licensed in the state or another jurisdiction."

Dr. Nielson asked if there were any discussion about the changes in the regulation project and entertained a motion to accept the project as amended.

Robin Wahto asked regarding the question if an applicant does a course of 16 CEs and you do it over a three-day period but it shows as only one day. Ms. Wahto asked if there was a discussion on how to resolve that or is it something people would explain or somehow document themselves. Dr. Woller clarified with Ms. Wahto that the board had discussed that the amount of CE online classes that are longer than 8 hours is so miniscule that the applicant should contact the board and it will be handled on a case by case basis by the board. Ms. Wahto further asked about live webinar CEs and if they are considered an online CE since a live webinar is different than just reading something online. Dr. Woller agreed that the applicants should contact the board. Dr. Nielson reminded the board that it does not matter whether the courses are considered in person or online but that you cannot do more than 8 hours in a day. Dr. Nielson asked Ms. Zinn if the way the subsection regulation (i) is now written, leaves any leeway. Ms. Zinn responded with yes, as long as the applicant can provide documentation that they did in fact take longer than 8 hours in a 24 hours period to complete the course, the board can approve it and that the board does not need to change anything in the regulation.

**On a motion duly made by Dr. Nielson, seconded by Dr. Jesse Hronkin, and approved unanimously by a roll call, it was**

**RESOLVED to adopt the regulation project as amended.**

Board Member	Approve	Deny	Recuse
Dr. David Nielson	X		
Ms. Gail Walden	X		
Dr. Dominic Wenzell	X		
Dr. Kelly Lucas	X		
Ms. Robin Wahto	X		
Dr. Jesse Hronkin	X		
Dr. Jonathan Woller	X		
Ms. Brittany Dschaak	X		



Having finished with the regulation project, the board began discussion of the next bullet point, sedation inspection regulation, which Dr. Nielson explained he wanted to add for the board's next regulation project (which will be in office inspections).

Dr. Nielson asked the board to go to 28.010 (e) 5b on page 16 of the current regulations which reads "...provide documentation that at least 20 of the 50 anesthesia or deep sedation cases were individually managed patients younger than 13." Dr. Nielson expressed his concern that it forces people to put at least 20 children in deep sedation and is okay with it on the moderate side. Dr. Nielson suggested to remove the words 'of 50 anesthesia or deep' from that line to read, "...provide documentation that at least 20 sedation cases were individually managed patients younger than 13." Dr. Nielson explained that this would remove the requirement of putting 13 year old or younger patients into deep sedation. He requested for the board to think about this change and asked for their opinion and if they had any comments.

Ms. Walden stated that regulation had been debated before and does not feel 20 children over 2 years is too many. Dr. Nielson's recollection was that the discussion being referenced by Ms. Walden was referencing is about deep sedation cases in general but once the board later added pediatric cases to ensure someone was doing enough to be current in their practice, the topic was not discussed.

Ms. Wahto asked Dr. Nielson if there is no separation between sedating adults and children to obtain the deep sedation license for the 20 cases within two years to stay current. Dr. Nielson clarified that it does not matter as long as an applicant has a deep sedation or general anesthesia license, an applicant would be authorized to sedate children if they have PALS. Dr. Nielson said further discussion about this matter can continue once it has been added to be the next regulation project.

Dr. Nielson mentioned to the board that there was 15 minutes until lunch and went over the changes on regulation 12AC 28.069, sedation inspection regulation he made after reading comments made by Ashley Brown, Assistant Attorney General. Dr. Nielson reminded the board that according to the board's last meeting, the licensee will be the one responsible to find their own inspector who will be paid for by licensee as well. Once through, the board will collect documentation if they pass their inspections. Dr. Nielson thought it was reasonable to require an inspection after 2 years of an initial permit. Dr. Nielson told the board that he did not expect a discussion on his changes during this meeting and asked the board to look over his edits on 12 AC 28.068 to work on in the future. He asked if the rest of the board could be sent his most recent edit of his changes. Mr. Joe Bonnell tasked himself with adding Dr. Nielson's document to the board packet during lunch so the board can have access to it.

Dr. Nielson asked Ms. Zinn if she had addressed any concerns about the 12 AC 28.068 inspection regulation. Ms. Zinn told the board that there was a question by Ms. Brown about number five on page 1 about substantially equivalent organizations approved by the board and how she would check with the legislation and regulations attorney to see whether the line was too broad. Ms. Zinn said that Ms. Brown followed up with her and that they did not feel that it was too broad as long as the board can come up with criteria. Dr. Nielson thanked Ms. Zinn and informed the board that the newest version says something to that effect.

There was discussion about how licensees can check the adopted right manual references. The manuals were found to not be readily available. Ms. Walden asked how the board is going to know what is substantially equivalent if they cannot access the requirements easily. Ms. Zinn explained that if the board adopts a reference that is copyrighted material, the board would have to purchase two copies that will stay with the licensing examiner for reference and the other will go with the regulation project to the department of law. Ms. Walden expressed concern that it was not easily referenced.

Dr. Nielson stated to the board that he had a list of several places and had written five substantially equivalent organizations approved by the board that conduct inspections and coordinates with applicable guidelines and when they need to happen. He communicated about how the attorney had some questions about people who

do sedations in more than one office and answered that it was the dental anesthesiologist or CRNA. After further discussion, Dr. Nielson concluded that he was hoping to get the new version out to the board so to clear the confusion and get it on the agenda for the next board meeting. Ms. Walden asked if the licensee would have to pay for the airfare of the chosen inspector. Dr. Nielson responded that if they chose one that requires it yes and added that there is an inspector who does it via video conference and warned the board that this information is a place holder and reminded everyone that the new version still needs to be in the board packet to be looked at for the next board meeting.

Dr. Nielson asked Ms. Zinn if there was something that she wanted to add to the next regulation project about CEs. Ms. Zinn told the board yes and that she sent a copy of what the changes are to update their continuing education to include the term “concluding licensing period” so that licensees are aware their continuing education must be completed during that licensing period. She continued saying there are only three programs without that verbiage and it could cost issues if somebody contests a bad CE audit and take it to a hearing. Ms. Zinn would like to make sure every program has the same verbiage about continuing education by adding “concluding licensing period.” Ms. Zinn explained to Dr. Nielson that “concluding licensing period” can be removed for reinstatement of a license but for somebody who is renewing without their license being lapsed, it must have the verbiage “concluding licensing period.” Dr. Nielson asked if a licensee can make up the CE if they did not complete their continuing education during the concluding licensing period. Ms. Zinn answered yes, due to a centralized regulation that allows that. Dr. Nielson had verified with Ms. Zinn that all the boards are cleaning this verbiage up and that it will be part of the next regulation project.

**Dr. Nielson called recess for lunch at 12:02 p.m.**

Off Record at 12:02 PM

On Record at 1:00 PM

Ms. Carrillo conducted a roll call.

Board Members present after executive session, constituting a quorum of the board, were:

Dr. David Nielson, President – Anchorage (*Via Teleconference*)

Ms. Gail Walden – Wasilla (*Via Teleconference*)

Dr. Jonathan Woller – Anchorage (*Via Teleconference*)

Dr. Dominic Wenzell – Girdwood (*Via Teleconference*)

Ms. Robin Wahto – Anchorage (*Via Teleconference*)

Dr. Jesse Hronkin – Wasilla (*Via Teleconference*)

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

Ms. Christianne Carrillo, Licensing Examiner – Juneau

Mr. Joseph Bonnell, Records and Licensing Supervisor – Juneau

Ms. Laura Carrillo, Executive Administrator – Juneau

Present from the Public:

Kenley Michand, Member of the Public - Anchorage

**Agenda Item 11****Public Comment****Time: 1:01 PM**

There were no public comments.

Dr. Nielson revisited agenda item number .

**Agenda Item 09****Review/Approve Tabled Applications****Time: 1:02 PM**

On a motion duly made by Dr. Nielson, seconded by Dr. Jesse Hronkin, and approved unanimously by a roll call, it was

**RESOLVED** to accept CE consent agreement on case number 2019-000229.

Board Member	Approve	Deny	Recuse
Dr. David Nielson	X		
Ms. Gail Walden	X		
Dr. Dominic Wenzell	X		
Ms. Robin Wahto	X		
Dr. Jesse Hronkin	X		
Dr. Jonathan Woller	X		

On a motion duly made by Dr. Nielson, seconded by Dr. Jesse Hronkin, and approved unanimously by a roll call, it was

**RESOLVED** to accept CE consent agreement on case number 2019-000772.

Board Member	Approve	Deny	Recuse
Dr. David Nielson	X		
Ms. Gail Walden	X		
Dr. Dominic Wenzell	X		
Ms. Robin Wahto	X		
Dr. Jesse Hronkin	X		
Dr. Jonathan Woller	X		

On a motion duly made by Dr. Nielson, seconded by Dr. Jesse Hronkin, and approved unanimously by a roll call, it was

**RESOLVED** to accept CE consent agreement on case number 2019-000247.

Board Member	Approve	Deny	Recuse
Dr. David Nielson	X		
Ms. Gail Walden	X		
Dr. Dominic Wenzell	X		
Ms. Robin Wahto	X		
Dr. Jesse Hronkin	X		
Dr. Jonathan Woller	X		

On a motion duly made by Dr. Nielson, seconded by Dr. Jesse Hronkin, and approved unanimously by a roll call, it was

**RESOLVED** to accept CE consent agreement on case number 2019-000561.

Board Member	Approve	Deny	Recuse
Dr. David Nielson	X		
Ms. Gail Walden	X		
Dr. Dominic Wenzell	X		
Ms. Robin Wahto	X		
Dr. Jesse Hronkin	X		
Dr. Jonathan Woller	X		

On a motion duly made by Dr. Nielson, seconded by Dr. Jesse Hronkin, and approved unanimously by a roll call, it was

**RESOLVED** to accept CE consent agreement on case number 2019-000687.

Board Member	Approve	Deny	Recuse
Dr. David Nielson	X		
Ms. Gail Walden	X		
Dr. Dominic Wenzell	X		
Ms. Robin Wahto	X		
Dr. Jesse Hronkin	X		
Dr. Jonathan Woller	X		

On a motion duly made by Dr. Nielson, seconded by Dr. Jesse Hronkin, and approved unanimously by a roll call, it was

**RESOLVED** to accept CE consent agreement on case number 2019-000562.

Board Member	Approve	Deny	Recuse
Dr. David Nielson	X		
Ms. Gail Walden	X		
Dr. Dominic Wenzell	X		
Ms. Robin Wahto	X		
Dr. Jesse Hronkin	X		
Dr. Jonathan Woller	X		

On a motion duly made by Dr. Nielson, seconded by Dr. Jesse Hronkin, and approved unanimously by a roll call, it was

**RESOLVED** to accept CE consent agreement on case number 2019-000837.

Board Member	Approve	Deny	Recuse
Dr. David Nielson	X		
Ms. Gail Walden	X		
Dr. Dominic Wenzell	X		
Ms. Robin Wahto	X		
Dr. Jesse Hronkin	X		
Dr. Jonathan Woller	X		

**Agenda Item 14                      Updated Professional Fitness Questions                      Time: 1:01 PM**

Dr. Jonathan Woller guided the board through the questions. Dr. Nielson asked if the board were to adopt the changes to the professional fitness questions, would the need to be reviewed by the Department of Law.

Mr. Joseph Bonnell answered that if the changes were adopted, it would have to go to the division director Ms. Sarah Chambers and regulation specialist Ms. Sher Zinn.

Dr. Nielson was in favor of cleaning up the questions to be less confusing and appreciates the work Dr. Woller put in the questions. Gail Walden finds question number one about approved dental schools confusing as the board does not approve each individual dental school and would lead to more unnecessary questions to the licensing examiner. Dr. Woller added it is two steps removed and agrees it is confusing. The board agreed to remove question number one from the professional fitness questions.

Ms. Walden asked Dr. Woller which questions apply to malpractice and responded with questions numbers four and five. Ms. Walden suggested a malpractice questions to be clear. Dr. Nielson suggested to separate the questions asking about a malpractice complaint. Ms. Wahto asked if a licensee would not have to report a resolved malpractice from seven years ago if question number 5 says "within the past five years immediately preceding application." Dr. Nielson responded saying it would still show up on PBIS but you can check no on the question. The board found a similar question with the State of Oregon to be well written: "Have you ever been named in any civil suit or suffered any civil judgement or in competence, negligence or malpractice in connection with the practice of the health care profession?"

Dr. Nielson suggested the board create a doodle poll for how to word the question. Gail Walden suggested to include Jasmin Bautista's opinion or a chance to review in writing the updated professional fitness questions. Dr. Nielson asked if it was premature to decide on the questions during the meeting if the board would like more information from others. Mr. Bonnell suggested that Director Chambers and Ms. Zinn to look at the questions and that the law office would not need to be included.

Dr. Nielson thanked Dr. Woller and tasked him with editing the questions and using the second part that lists questions 1-9 and sending them off to Ms. Carrillo to send to Mr. Bonnell, to send off to Ms. Zinn and Director Chambers so that the board may revisit and vote on the changes by the next board meeting.

Dr. Nielson communicated to the board that he will conduct a quick announcement about agenda item number 16 since Dr. Jilly is not in the teleconference with the board. Mr. Bonnell spoke through the chair and reminded the board that agenda item number 16 is scheduled for 2:30pm and there will be Director Chambers, Deputy Director Jill Lewis along with Dr. Bernard Jilly, who are scheduled at that time to attend.

Mr. Bonnell continued notifying the board that Deputy Director Jill Lewis had asked about the inspections and about her department possibly taking over them. Dr. Bernard Jilly, Director Sarah Chambers and Irene Casares who does inspections for Ms. Lewis' department plan on being in attendance to talk about the inspections to go through their department rather than the dental board having to deal with them.

Dr. Nielson acknowledged that he had skipped agenda item number 14.

#### **Agenda Item 14**

#### **Penalty Matrix/PDMP Penalty Matrix**

**Time: 1:23 PM**

Dr. Wenzell presented his penalty matrix notifying the board and asked what they thought of it. Dr. Nielson shared that he thought it was good but that the board should have a separate matrix for the PDMP per Laura Carrillo's request. Dr. Nielson tasked Dr. Wenzell with finishing the penalty matrix whoever he might need to work with to get the matrix figured out. Ms. Walden added that she will continue to work on the dental hygiene penalty matrix and add to the draft she had been working on.

Dr. Neilson moved on to agenda number 17.

Agenda Item 17

Review/Approve Tabled Applications

Time: 1:30 PM

On a motion duly made by Gail Walden, seconded by Dr. David Nielson, and approved unanimously, it was

**RESOLVED** to enter into executive session in accordance with the provisions of Alaska Statute 44.62.310(c), and Alaska Constitutional Right to Privacy Provisions, for the purpose of discussing applications with Board staff members, Christianne Carrillo and Joseph Bonnell to remained during the session.

Off Record: 1:32 PM

On record: 2:20 PM

*Dr. Derek Wallin, DDS, entered the public board meeting via teleconference at 2:15 PM*

Dr. Nielson asked if the board can speak about Dr. Wallin's application publicly. Mr. Bonnell answered it is fine as long as the applicant consents to the discussion to be on record.

Dr. Wallin asked the board if they wanted a definitive resolution or for more information. Dr. Nielson on behalf of the board confirmed with Dr. Wallin that the board would like some sort of resolution from the Arizona board of dental examiners and shared that the last response the the Alaska board has received from the Arizona board was asking for a response by Dr. Wallin by November 4<sup>th</sup>, 2019. Dr. Wallin notified the board that he had responded to them and forwarded the correspondence to the Alaska dental board. He continued telling the board that the dental insurance company, TDIC had just responded to him and said everything should have been documented and are concerned that there was not sufficient documentation but expressed no concern that he had done any harm.

Dr. Nielson explained that everything Dr. Wallin has presented to the board is reasonable but would like a resolution from the Arizona dental board about the unresolved investigation against him. He further explained that his application is currently tabled and once the board receives something from Arizona, they can vote on his application as soon as possible.

Dr. Wallin explained that he does not have a time frame and fears he will run out of money before the Arizona board can give him an answer not sure what this means, maybe just remove this comment. Dr. Nielson asked Dr. Wallin to send all recent documents to Ms. Carrillo and the board can vote on his application once the information has been added to his record. Mr. Bonnell tasked himself to send Ms. Carrillo's contact to Dr. Wallin.

Dr. Nielson tabled Dr. Wallin's application and referred the application back to investigations for more clarification.

*Sarah Chambers, Director, entered the meeting at 2:29 PM*

*Dr. Derek Wallin, DDS, left the meeting via teleconference at 2:31 PM*

Agenda Item 16

Radiologic Equipment Inspection Update

Time: 2:31 PM

Dr. Nielson welcomed Dr. Bernard Jilly, Deputy Director Jill Lewis with the Division of Public Health, and Director Sarah Chambers.

Dr. Nielson started the discussion and shared a quick timeline. Director Chambers kicked off the conversation and shared with the board that she had been in discussion with Deputy Director Lewis about the possibility of Division of Public Health's radiological inspectors to be given the authority to take over

inspections and remove the responsibility from the board of dental examiners. They will be proposing legislation this spring. Director Chambers asked Deputy Director Lewis to describe what she knows so far about that program and where they are in the development.

Deputy Director Lewis, stated that the Division of Public Health includes the public health laboratories and that the state public laboratories have responsibility for all the other radiologic device inspections and certifications. Deputy Director Lewis said they envision that they would operate dental x-ray certifications very similar to the way they do medical equipment inspections now and recalled that the board has heard from Dr. Jilly before about the resources they would need to do this. Their staffing level is just one person who does all the other devices that are not dental and would need to add a second person due to the volume what will be added by dental x-ray as well as some funding for travel. Dr. Nielson recalls that Dr. Jilly had said it must be a self-sustaining program and does not know anything about the numbers.

Dr. Jilly referenced a spreadsheet from the board of dental examiners that contained over 2,200 devices listed. He notified the board that they are in the process of analyzing the numbers to get a better grip on the estimated traveling costs. He reiterated that they would need to have two inspectors due to the volume that would be added. With both medical and industrial x-ray devices, they estimate a yearly cost of \$200,000 for the entire program to run. Based on the number of devices it comes to \$80 a tube which means we would break even. Dr. Jilly reiterated that the program will run much like their medical and industrial inspections; which would be an initial installation of the device and then inspections once every three years thereafter.

Dr. Nielson made a comment about how it would likely take some time to catch up the dental x-ray inspections. He informed the board that in the past, the dentists were paying for their fees but were not getting inspected and hopes that if they pay fees, they get their inspections done. Dr. Jilly responded that this was before he came on board and that it was a perception issue rather than a documented issue and that they are committed to finishing the inspections within the three-year period. Dr. Jilly went on saying that his team had managed to do all the medical and industrial devices within a three-year cycle, adding that the cost of transportation is much better now than it was 25 years ago. Dr. Nielson was happy to hear that the state is willing to look at this issue and asked Dr. Jilly if he had anything more to report before making a motion. Dr. Jilly had nothing further to comment.

**On a motion duly made by Dr. David Nielson, seconded by Robin Wahto, and approved unanimously, it was**

**RESOLVED for the board of dental examiners to request legislation that would transfer responsibility for inspection of dental radiologic equipment to the division of Radiological Health.**

Board Member	Approve	Deny	Recuse
Dr. David Nielson	X		
Ms. Gail Walden	X		
Dr. Kelly Lucas	X		
Dr. Dominic Wenzell	X		
Ms. Robin Wahto	X		
Dr. Jesse Hronkin	X		
Brittany Dschaak	X		

*Laura Carrillo, Executive Administrator, entered the meeting at 2:45 PM*

Director Chambers thanked the board for their support and voiced how they will anticipate advocating for the statute through this year's session. Dr. Nielson asked for clarification if this would get through this year. Director Chambers explained that they are adopting and moving forward a bill that the Governor is

sponsoring to reform several areas of professional licensing that is ambitious with a lot of moving parts that had troubling moving points and this was one of them knowing that the board was interested in this; they saw an opportunity and moved forward with it. She adds that it is possible will not pass and that they will have to reintroduce it next year. They are going to push hard as it is the number one priority within the Department of Commerce legislatively this year.

**Agenda Item 18**

**PDMP Report/Compliance**

**Time: 2:46 PM**

Laura Carrillo, Executive Administrator for the board of pharmacy representing the PDMP apologized she did not have an updated PDMP report for the month of December but had an overview of August's. Ms. Carrillo shared that the compliance rate for dentists for August was 84% which is higher than the four prescribing boards which is good news. She brought to the board's attention that in a past meeting the board had discussed the board of pharmacy's 30-day period for initial licensed pharmacists to register for the PDMP and that the dental board was similarly wanting to go in that same direction: however, was not able to find the minutes reflecting this. Laura Carrillo notified the board that she needs this information as she is compiling information into a disciplinary matrix for each board's grace periods, deadlines and other PDMP related guidance.

Gail Walden and Robin Wahto shared with Ms. Carrillo that the board had written a letter that the former licensing examiner, Tracy Wiard had which was planned to be sent out once she had compiled a list of people who are not and who are in compliance. Ms. Wahto recalled that letter did mention a 30-day period. Ms. Carrillo asked that this 30-day period be ratified on record since it was already included in the letter but not reflected in the minutes. Ms. Walden reminded Ms. Carrillo that the letter was in draft form and was not sent as there was still a lot of work for Tracy Wiard to do before sending it. Dr. Nielson continued with the clarification. Ms. Carrillo suggested that the board can categorize this into two separate issues: the dentists who are potentially not registered and therefore potentially out of compliance and the second category of dentists who haven't yet been issued a license and who should be notified are given guidance as to how long they will have to register with the PDMP. Ms. Wahto asked if there is a section on the dental application that exists which asks if a dentist is registered and if not, they have 30 days to do so. Dr. Nielson asked if the licensing examiner can make a list of those who are already registered with the PDMP and understands that the 30-day grace period is an important thing to know about and asked if a motion should be made for it to be in the minutes. Mr. Bonnell concurred. Ms. Walden asked Ms. Carrillo how the board would know who it's applying to. Ms. Carrillo informed the board that there is a way to identify those providers who are not registered and believed there was some misunderstanding of how to narrow that list down and can certainly assist with that project.

Gail Walden said that she had reviewed the dental application by examination and did not see any information about the PDMP. She asked if the board will be sending information to new licensees. Laura Carrillo offered to send a letter and email template she sends out to newly licensed providers and offer guidance on creating a compliance module to the board of dental examiners' licensing examiner, Christianne Carrillo.

**On a motion duly made by Dr. David Nielson, seconded by Dr. Jesse Hronkin, and approved unanimously, it was**

**RESOLVED for the board of dental examiners to recommend a 30-day grace period upon initial issue of a dental license to sign up for the PDMP.**

Board Member	Approve	Deny	Recuse
Dr. David Nielson	X		
Ms. Gail Walden	X		
Dr. Kelly Lucas	X		



Dr. Dominic Wenzell	X		
Ms. Robin Wahto	X		
Dr. Jesse Hronkin	X		
Brittany Dschaak	X		

Dr. Nielson inquired how the compliance module is coming. Ms. Laura Carrillo responded that she did not know off the top of her head the number of dentists who didn't query a patient.

**TASK:**

**Laura Carrillo will send a letter and email template she sends out to newly licensed providers and offer guidance on creating a compliance module to the board of dental examiners' licensing examiner, Christianne Carrillo.**

Ms. Laura Carrillo asked if the board had contemplated what type of action they might take or a courtesy warning letter they might issue because of failure to query a patient. Dr. Nielson shared with Ms. Carrillo that it is a work in progress further stating that Dr. Hronkin has put together a document that will be part of the penalty matrix that will address it. Ms. Carrillo shared with the board about another enhancement feature with the PDMP, which is a clinical alert feature and will be setting up many different alerts based on different criteria like dangerous combination threshold, MME (Morphine Milligram Equivalent) thresholds, and supply day alerts. She requested for the board to have a discussion on guidance related to MME thresholds or supply day thresholds. Ms. Carrillo has not found in the dental board's statutes or even guidelines adopted from the ADA a specific number of MME per day is mentioned or a supply date limitation and would like to ask the board to contemplate that amount.

Ms. Laura Carrillo reminded the board that in 2016, members from the prescribing boards and the board of pharmacy convened at the call of the legislature to discuss and adopt prescriptive guidelines. There was a representative from each prescribing board and the board of pharmacy who adopted Washington's prescriptive guidelines with the exception of lowering the 120 mm per day to 90 per day and asked if that's a reasonable threshold. Dr. Nielson did not feel comfortable putting numbers out until the board has sat down to discuss it. Ms. Carrillo did not expect a decision in that moment and suggested to table and to continue to contemplate.

**TASK:**

**Dr. Nielson will contact the ADA and get a morphine milligram equivalent and supply day threshold number.**

Laura Carrillo responded to the board's question about whether licensees are required to display their PDMP certificate in their clinic. It's not a requirement to display the certificate and it is just for their records but they can certainly do so if they would like.

*Laura Carrillo, Executive Administrator, left the meeting at 3:07 PM.*

Robin Wahto reported to Dr. Nielson that she had told Jasmin Bautista about questions the board had for her during an executive session. She was going to be back with a file and suggested the board to ask her the questions if they desired.

**Agenda Item 20**

**Review/Compare Dental Exams**

**Time: 3:11 PM**

Gail Walden warned the board that she would be leaving soon and wanted to share her thoughts about the dental exams and dental hygiene exams for the next agenda item. She expressed that she wanted more representation especially for the dentistry exam as the board is now receiving more examinations. She mentioned the WREB organization and suggested that the board should discuss bringing other examinations

to get involved in them so they have more information. Ms. Walden continued saying that dental examiners have WREB and she has some opinions on the language for it and would like to open it up for the next board meeting. Dr. Nielson agreed and is willing to discuss it later.

*Gail Walden, RDH, left the meeting at 3:11 PM.*

Dr. Nielson notified the board that he had considered what other boards do for their exams and stated his opinion that currently, no one else has a constructed response treatment plan test. Dr. Nielson tasked Christianne Carrillo to confirm what exams are being taken right now.

**TASK:**

**Ms. Carrillo with gather information from Tracy Wiard, the former licensing examiner about which exams are being taken for each exam season for dental examiners and to find out if they're still covering all the criteria. Ms. Carrillo will send a letter to each person who runs the exam to ask the criteria of each one.**

**Agenda Item 21**

**Board Business**

**Time: 3:15 PM**

**Specialty License Update**

Dr. Nielson recapped that a letter was sent out to the Alaska Dental Society to ask for help to introduce legislation to bring back the specialty license and got a senator to sponsor a bill. The bill is now in the works and is looking for a house sponsor. Dr. Nielson shared with the board the draft of the written bill with the consent of Dr. Logan. The bill gives authority to the board to decide what is best for the state. He added it was up to the board to define what a specialty license is. Mr. Bonnell asked for Dr. Nielson to share the draft of the bill with the licensing examiner so that analysis can be offered when it comes through.

**Review Board Interview Process for Credential Applicants**

Dr. Nielson asked Mr. Bonnell what Tracy Wiard wanted to talk about in terms of stream lining the review board interview process. Mr. Bonnell did not see the necessity of discussing unless the board would like to make a change. Christianne Carrillo informed the chair that Ms. Wiard had mentioned finding some of the questions in the interview process could be put in the application but did not know more about Ms. Wiard's plans. Dr. Nielson contended that there is information that comes up during the interview process that otherwise would not have been written in the application. Ms. Carrillo let the board know that if they feel that the interview questions are necessary, she would not want to change that. Dr. Nielson shared that he wanted to leave it the same as well.

**Agenda Item 22**

**New Business**

**Time: 3:15 PM**

Ms. Carrillo offered to type up the task list and was asked to read it out:

- 1) The moderate sedation application on the website is not current. Page 12 is not needed.
- 2) Dr. Woller will update the professional fitness questions and send to Mr. Bonnell and Ms. Zinn.
- 3) Work on PDMP template with Laura Carrillo for new licensees after initial issue of license.
- 4) Create a compliance module for the PDMP and figure out the list of those who are not and who are in compliance.
- 5) Dr. Nielson to find the prescribing recommendation for morphine milligram equivalent and supply day threshold.
- 6) Christianne Carrillo to speak with Tracy Wiard about which dental exams are being taking for each exam season.
- 7) Dr. Wenzell will work on the penalty matrix for dentists.
- 8) Gail Walden will continue working on the penalty matrix for dental hygienists.

*Jasmin Bautista, Investigator, entered the meeting at 3:26 PM.*

The board revisited agenda item 17 and Dr. Nielson announced that Ms. Bautista is present to answer their questions about an application. He warned the board that they may have to go into executive session with the presence of Ms. Bautista and the subject matter. Robin Wahto clarified that she had a general question and that it would not be necessary to go into executive session. The chair consented. Ms. Bautista advised not to name names or circumstances.

**Agenda Item 17**                      **Review/Approve Tabled Applications**                      **Time: 3:27 PM**

Ms. Wahto asked Ms. Bautista if she remembered this specific email that had six items identified but when she looked at the other page there were additional items that were not addressed in an email. Ms. Bautista apologized that she could not answer that question as she did not have the client's file in front of her but asked if he has been interviewed. Ms. Wahto believed so. Ms. Bautista suggested the board table this item until more information is sent to Mr. Bonnell and Ms. Carrillo. The board shared that they were willing to vote on the application as soon as possible once the information comes in. Ms. Bautista expressed the need for a resolution from the other state in question because once the board clears it, they cannot go back.

*Jasmin Bautista, Investigator, left the meeting at 3:31 PM.*

**Agenda Item 21**                      **New Business**                      **Time: 3:32 PM**

**Schedule Upcoming Board Meetings**

There are no dates set up yet for board meetings in 2020. Mr. Bonnell suggested that the board select the week in the month that they would like to have a board meeting especially in the spring while the legislative session is going. Mr. Bonnell suggested using Doodle Poll to figure out the best time for every personnel who might be tied up in session. Ms. Wahto recalled that Mondays are preferred during session. Mr. Bonnell reminded the board that Thursdays and Fridays are usually busy for the division during this time.

**TASK:**

**Mr. Bonnell and Ms. Carrillo will create a doodle poll as soon as possible and send the board a links to the doodle poll to the board to take.**

**Agenda Item 22**                      **Adjourn**                      **Time: 3:36 PM**

**The Alaska Board of Dental Examiners Chair, Dr. David Nielson, adjourned the meeting at 3:37 PM.**

Respectfully Submitted:

\_\_\_\_\_  
Christianne Carrillo  
Occupational Licensing Examiner

Approved:

\_\_\_\_\_  
David Nielsen, DDS, President

Date:\_\_\_\_\_

Motion Sheets

Meeting Date: \_\_\_\_\_

<b>Motion:</b>						
<b>Time:</b>						
<b>Board Member</b>	<b>Motion</b>	<b>First</b>	<b>Second</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>
David Nielson, DDS						
Gail Walden						
Steven Scheller, DDS						
Dominic Wenzell, DDS						
Kelly Lucas, DDS						
Robin Wahto						
Jesse Hronkin, DDS						
Jonathan Woller, DDS						
Brittany Dschaak						
<b>Discussion:</b>						

<b>Motion:</b>						
<b>Time:</b>						
<b>Board Member</b>	<b>Motion</b>	<b>First</b>	<b>Second</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>
David Nielson, DDS						
Gail Walden						
Steven Scheller, DDS						
Dominic Wenzell, DDS						
Kelly Lucas, DDS						
Robin Wahto						
Jesse Hronkin, DDS						
Jonathan Woller, DDS						
Brittany Dschaak						
<b>Discussion:</b>						

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

MINUTES OF MEETING  
FEBRUARY 11, 2020

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 in compliance with the provisions of AS 44.62, Article 6, a scheduled meeting of the Board of Dental Examiners was held in Conference Room A in the State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor, Juneau, Alaska.

Tuesday, February 11<sup>th</sup>, 2020

**Agenda Item 1**

**Call to Order/Roll Call**

**Time: 1:30 PM**

The meeting was called to order by Dr. David Nielson, President, at 1:30 p.m.

Board Members present, constituting a quorum of the board, were:

Dr. David Nielson, President – *(Via Teleconference)*  
Dr. Jonathan Woller – *(Via Teleconference)*  
Dr. Dominic Wenzell – *(Via Teleconference)*  
Ms. Robin Wahto – *(Via Teleconference)*  
Brittany Deschaak – *(Via Teleconference)*  
Dr. Kelly Lucas – *(Via Teleconference)*  
Ms. Gail Walden – *(Via Teleconference)*  
Dr. Steven Scheller – *(Via Teleconference)*

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

Ms. Christianne Carrillo, Licensing Examiner – Juneau  
Mr. Joseph Bonnell, Records and Licensing Supervisor – Juneau

**Agenda Item 2**

**Review of Agenda**

**Time: 1:32 PM**

There were no changes to the agenda.

On a motion duly made by Dr. Johnathan Woller, seconded by Dr. Dominic Wenzell, and approved unanimously without any objections, it was

**RESOLVED** to approve the 2.11.2020 dental board agenda as amended.

### Agenda Item 3

### Legislative Discussion

Time: 1:33 PM

Dr. Nielson gave a summary about House Bill No. 216 / Senate Bill No. 157 and the stated that the reason for the meeting is to see if the board is on the same page on how to testify about them. The chair asked the board if they listened to Director Sara Chambers present the bill to the senate. Dr. Kelly, Dr. Lucas & Dr. Weller all responded with a yes. A goal of generating a letter based on what the board decided after the meeting to be sent to multiple senators was set.

Section 2. AS 08.01.062 (1) (a), temporary license was the first to be mentioned. Dr. Nielson expressed his concern the processing of applications of those who come from a foreign country who are equivalent in scope that do not use PBIS. Dr. Nielson questioned if the department who would be processing the temporary licenses would be ready to contact the foreign countries or jurisdictions for documents that would be required if the applicant had any disciplinary actions either on going or in the past. It was under the board's understanding that the temporary license would allow dentists from other jurisdictions and countries to be licensed without the board having any say at all for almost a year.

The board moved on to talk about Section 2. AS 08.01.062 (1) (c) which they agreed with which would allow temporary licenses to those who are awaiting the results of an examination required for licensure. Dr. Nielson concluded that (a) and (c) are the only parts of Section 2. AS 08.01.062. He added that Senator Castillo made a good point that she felt it was a heavy lift, the way it's currently written. Dr. Kelly Lucas agreed with the idea of foreign country concerns that were shared and believed it is fraught with problems.

The topic of accreditation process was brought up. Dr. Nielson shared with the board that Saudi Arabia is the only foreign country that has been accredited by CODA and that Mexico has been trying and is currently getting closer to being accredited. He shared that accreditation for dental school matters in contrast, the regulation states that a person who is authorized to do similar things can be licensed. The wording for "substantially equivalent" was not found to not be clear. Dr. Dominic Wenzell agreed and felt the same way as Dr. Nielson and was concerned and disliked the fact that the proposed regulations are taking away the board's ability to review an applicant, to be delegated to an unknown government department.

The chair considered that House Bill No. 216/Senate Bill No. 157 will expedite the procedure for licensing for the military but explained that the military does not train dentists therefor it would not completely apply to the dental board. Dr. Nielson added that the military already has a good mechanism to get licensed in the state of Alaska and if there is a way to make it faster, he would be okay with it.

Dr. Woller made a comment that Senator Castello alluded to the fact that 40 plus professions would be affected under this bill and it does not consider the different needs for each program. Dr. Woller further explained that the bill makes sense in general as a department but when it comes down to areas that are specialized such as physicians and dentists, they have completely different needs as a group in the state of Alaska. Dr. Dominic Woller voiced that he does not feel the bill will work for the vast majority.

Mister Joseph Bonnell, spoke through the chair and added a comment to bear in mind from Director Sarah Chambers that if the bill were to pass, the boards would be putting in regulation to help define what the temporary licensure would need to meet. Dr. Dave Nielson, responded with a question about Section 6 of the bill which is to determine what criminal convictions are disqualifying as well as good moral turpitude does not specify that regulations are going to be referenced. Mister Bonnell restated that he was forwarding words on from Director Sarah Chambers that she wanted to convey the partnership aspect of making regulations to fit each boards' standards. Dr. Nielson thanked Mister Bonnell and expressed that in the bill's current form, he does not see the allowance of regulations written in Section 2. Mister Bonnell confirmed the same.

Dr. Nielson recognized that there is wording that disqualifies applicants based on existing regulations within the programs that apply to temporary licenses but expressed that the department will be the one who will try

to track down the information necessary to complete an investigation. He reminded the board that there are courtesy licenses that would be repealed and added the cost of a courtesy license might be more beneficial to an applicant than a temporary permit, assuming it would cost more. Dr. Woller raised a point that a dental licensure allows for ownership of an office and questioned whether a temporary license would have the same benefit.

A question by Dr. Nielson was asked to Mister Bonnell about Sec. 6 AS 08.01.007 (b) stating the board cannot deny renewal or initial license prior to a criminal conviction but can still do a summary suspension if they need to. Joseph Bonnell confirmed, as it is right now. Dr. Nielson enquired if the board is to determine what disqualifying criminal convictions are with the help of the department or if it is up to each board. Mister Bonnell clarified that the department can provide some guidance but it is up to each board.

Sec. 5. AS 08.01.065 was cited and that the board supports the amended regulation to have the Department of Health and Social Services to take over inspections of dental radiological equipment under AS 08.36.075.

Dr. Nielson asked the board if there were any other comments that any board member wanted to add. Dr. Wenzell shared with Dr. Nielson that he agreed with everything that was discussed. Gail Walden stated that the bill is not where she'd like it to be, and recognized it being focused on the military benefits but is concerned that an applicant who is awaiting their results can instead get a temporary license to practice under 2. AS 08.01.062 (1)(c), which has its pros and cons. Miss Walden required to see language about the limitations of the temporary license if an applicant is not awarded licensure after their wait as a temporary licensed dentist. Dr. Nielson added to that thought and asked who would revoke the temporary licenses. Dr. Kelly Lucas supported the military aspect of the bill has real concerns about the broadness of foreign countries, the rest of the board all felt the same way. Dr. Steven Scheller does not feel the temporary license goes well with the health profession.

With the agreement of all the board members, Dr. Nielson informed the board that he will be writing a letter filled with the similar opinions and concerns of the board. He prompted everyone that they must pick a liaison who is willing to testify if asked or has the desire to speak during the hearings and stated it would be nice to have a couple of people who can be present. Dr. Woller and Dr. Nielson volunteered to represent the board; Dr. Woller being the back up.

#### **Agenda Item 4**

#### **Specialty License**

**Time: 1:57 PM**

A draft of the specialty license bill was presented to the board by Dr. Nielson. He notified the board that it is sponsored by Senator Wilson and though it does not have a number yet, it does not mean it is dead. He explained that it is still in the works and needs more tweaking and asked for some help from the board to take get a chance to look at it before the next board meeting.

Dr. Nielson tasked Miss Christianne Carrillo, to upload the letter to the senators on OnBoard.com for the board to review once he finishes writing it.

#### **Agenda Item 5**

#### **Adjourn**

**Time: 2:05 PM**

The board finished discussing SB157 early.

**On a motion duly made by Dr. Johnathan Woller, seconded by Dr. Dominic Wenzell, and approved unanimously without any objections, it was**

**RESOLVED to adjourn the meeting early.**

The Alaska Board of Dental Examiners Chair, Dr. David Nielson, adjourned the meeting at 2:06 PM.

Respectfully Submitted:

\_\_\_\_\_  
Christianne Carrillo  
Occupational Licensing Examiner

Approved:

\_\_\_\_\_  
David Nielsen, DDS, President

Date:\_\_\_\_\_



## Motion Sheets

Meeting Date: \_\_\_\_\_

<b>Motion:</b>						
<b>Time:</b>						
<b>Board Member</b>	<b>Motion</b>	<b>First</b>	<b>Second</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>
David Nielson, DDS						
Gail Walden						
Steven Scheller, DDS						
Dominic Wenzell, DDS						
Kelly Lucas, DDS						
Robin Wahto						
Jesse Hronkin, DDS						
Jonathan Woller, DDS						
Brittany Dschaak						
<b>Discussion:</b>						

<b>Motion:</b>						
<b>Time:</b>						
<b>Board Member</b>	<b>Motion</b>	<b>First</b>	<b>Second</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>
David Nielson, DDS						
Gail Walden						
Steven Scheller, DDS						
Dominic Wenzell, DDS						
Kelly Lucas, DDS						
Robin Wahto						
Jesse Hronkin, DDS						
Jonathan Woller, DDS						
Brittany Dschaak						
<b>Discussion:</b>						

# **Ethics Report**

# MEMORANDUM

## State of Alaska Department of Law

TO:

DATE:

FILE NO.:

TEL. NO.:

FROM: Angie White  
Litigation Assistant  
Department of Law  
Opinions, Appeals, & Ethics Section

FAX:

SUBJECT: Executive Branch Ethics Act, AS  
39.52 Quarterly Report

**\*\*\*\*SAMPLE LANGUAGE – PLEASE COPY ONLY THE PARTS THAT APPLY  
ONTO YOUR BOARD OR COMMISSION’S LETTERHEAD \*\*\*\***

As designated ethics supervisor and chair [executive director] for the \_\_\_\_\_, I wish to advise you that I have received no notifications of potential violations or requests for ethics determinations under the Ethics Act (AS 39.52) and have made no written determinations for this quarter.

**OR**

As designated ethics supervisor and chair [executive director] for the \_\_\_\_\_, I have received \_\_\_\_ notification(s) of a potential violation and \_\_\_\_ requests for ethics determinations under the Ethics Act (AS 39.52). I have attached a copy of the notices and requests along with my written determination(s) for review by the attorney general. I did [did not] receive an advisory opinion from the Attorney General.

**AND**

Except as addressed above, no other [board member] [commissioner] disclosed a potential conflict of interest at a recorded public meeting during this quarter.

**OR**

In addition to the above, at the [date] meeting, [Board member] [Commissioner] \_\_\_\_\_ disclosed a potential conflict with respect to \_\_\_\_\_ [insert brief description] \_\_\_\_\_. *Insert disposition:* [S/He refrained from participation.] *or* [I determined s/he could [could not] participate.] *or* [The Board [Commission] members voted to permit [not to permit] participation.]

**CONFIDENTIAL**

**ETHICS SUPERVISOR DETERMINATION FORM**

(Board or Commission Member)

Board or Commission: \_\_\_\_\_

Member Disclosing Potential Ethics Violation: \_\_\_\_\_

I have determined that the situation described on the attached ethics disclosure form

☐ does or would violate AS 39.52.110 - .190. Identify applicable statute below.

☐ does not or would not violate AS 39.52.110 - .190.

\_\_\_\_\_  
Signature of Designated Ethics Supervisor (Chair)

\_\_\_\_\_  
Printed Name of Designated Ethics Supervisor

Date: \_\_\_\_\_

COMMENTS (Please attach a separate sheet for additional space):

**Note: Disclosure Form must be attached.** Under AS 39.52.220, if the chair or a majority of the board or commission, not including the disclosing member, determines that a violation of AS 39.52.110-39.52.190 will exist if the member participates, the member shall refrain from voting, deliberating, or participating in the matter. A member will not be liable under the Ethics Act for action in accordance with such a determination so long as the member has fully disclosed all facts reasonably necessary to the determination and the attorney general has not advised the member, chair, or board or commission that the action is a violation. Forward disclosures with determinations to the State Ethics Attorney as part of your quarterly report. Quarterly reports are submitted to Litigation Assistant, Opinions, Appeals & Ethics, Department of Law, 1031 W. 4<sup>th</sup> Avenue, Suite 200, Anchorage, AK 99501.

Revised 2012

## State of Alaska Department of Law

### Who Is My Designated Ethics Supervisor?

Every state public officer, employee or board or commission member, has a designated ethics supervisor.

#### Executive Agencies

The ethics supervisor for each agency is the Commissioner or a senior manager to whom the Commissioner has delegated the function. The current ethics supervisor for each agency is listed below. The ethics supervisor for a Commissioner is Guy Bell, Director of Administrative Services in the Office of Governor, by delegation from the Governor.

#### Boards and Commissions

The Chair of each board and commission serves as the ethics supervisor for the other members and any executive director. The ethics supervisor for the Chair is Guy Bell, Director of Administrative Services in the Office of Governor, by delegation from the Governor. If a board or commission employs staff, the executive director serves as the ethics supervisor for these employees.

#### Public Corporations

The Chair of the board serves as the ethics supervisor for the other members of the board and any executive director. The executive director is the ethics supervisor for employees of the corporation.

#### Office of the Governor

The ethics supervisor for the Governor and Lieutenant Governor is the Attorney General. By delegation from the Governor, the ethics supervisor for the staff of the offices of the Governor and Lieutenant Governor is Guy Bell, Director of Administrative Services.

#### University of Alaska

By delegation of the University President, the ethics supervisor for university employees is Associate General Counsel Andy Harrington.

### EXECUTIVE BRANCH AGENCIES

Administration: Leslie Ridle, Deputy Commissioner

Commerce, Community & Economic Development: Jon Bittner, Deputy Commissioner

Corrections: April Wilkerson, Director of Administrative Services

Education & Early Development: Les Morse, Deputy Commissioner

Environmental Conservation: Tom Cherian, Director of Administrative Services

Fish & Game: Kevin Brooks, Deputy Commissioner

Health & Social Services: Dallas Hargrave, Human Resource Manager

Labor & Workforce Development: Michael Monagle, Director, Division of Workers Compensation

Law: Jonathan Woodman, Assistant Attorney General

Military & Veterans Affairs: Marty Meyer, Special Assistant to Commissioner

Natural Resources: John Crowther, Inter-Governmental Coordinator

Public Safety: Terry Vrabec, Deputy Commissioner

Revenue: Dan DeBartolo, Administrative Services Director

Transportation & Public Facilities:

- Highways & Public Facilities: Steve Hatter, Deputy Commissioner
- Aviation: John Binder, Deputy Commissioner
- Central Region: Rob Campbell, Regional Director
- Northern Region: Rob Campbell, Acting Regional Director
- Southcoast Region: Acting Regional Director
- Alaska Marine Highway System: Michael Neussl, Deputy Commissioner
- Headquarters: Mary Siroky, Administrative Services Director

Updated April 2015

Department of Law attorney.general@alaska.gov P.O. Box 110300, Juneau, AK 99811-0300  
Phone: 907-465-3600 Fax: 907-465-2075 TTY: 907-258-9161  
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## State of Alaska Department of Law

# Ethics Information for Members of Boards & Commissions (AS 39.52)

## Introduction

This is an introduction to AS 39.52, the Alaska Executive Branch Ethics Act. This guide is not a substitute for reading the law and its regulations. State board and commission members who have further questions should contact their board chair or staff.

The Ethics Act applies to all current and former executive branch public employees and members of statutorily created boards and commissions.

## Scope of Ethics Act (AS 39.52.110)

Service on a state board or commission is a public trust. The Ethics Act prohibits substantial and material conflicts of interest. Further, board or commission members, and their immediate family, may not improperly benefit, financially or personally, from their actions as board or commission members. The Act does not, however, discourage independent pursuits, and it recognizes that minor and inconsequential conflicts of interest are unavoidable.

## Misuse of Official Position (AS 39.52.120)

Members of boards or commissions may not use their positions for personal gain or to give an unwarranted benefit or treatment to any person. For example, board members may not:

- use their official positions to secure employment or contracts;
- accept compensation from anyone other than the State for performing official duties;
- use State time, equipment, property or facilities for their own personal or financial benefit or for partisan political purposes;
- take or withhold official action on a matter in which they have a personal or financial interest; or
- coerce subordinates for their personal or financial benefit.
- attempt to influence outcome of an administrative hearing by privately contacting the hearing officer.



Terry knew that a proposal that was before the board would harm Terry's business competitor. Instead of publicly disclosing the matter and requesting recusal, Terry voted on the proposal.



Board member Mick has board staff employee Bob type an article for him that Mick hopes to sell to an Alaskan magazine. Bob types the article on State time.

## Improper Gifts (AS 39.52.130)

A board member may not solicit or accept gifts if a person could reasonably infer from the circumstances that the gift is intended to influence the board member's action or judgment. "Gifts" include money, items of value, services, loans, travel, entertainment, hospitality, and employment. All gifts from registered lobbyists are presumed to be improper, unless the giver is immediate family of the person receiving the gift.

A gift worth more than \$150 to a board member or the board member's immediate family must be reported within 30 days if:

- the board member can take official action that can affect the giver, or
- the gift is given to the board member because he or she is on a state board.

The receipt of a gift worth less than \$150 may be prohibited if a person could reasonably infer from the circumstances that the gift is intended to influence the board member's action or judgment. Receipt of such a gift should be disclosed.

Any gift received from another government, regardless of value, must be reported; the board member will be advised as to the disposition of this gift.

A form for reporting gifts is available at [www.law.alaska.gov/doclibrary/ethics](http://www.law.alaska.gov/doclibrary/ethics) or from the board or commission staff.

This restriction on gifts does not apply to lawful campaign contributions.



The commission is reviewing Roy's proposal for an expansion of his business. Roy invites all the board members out to dinner at an expensive restaurant. He says it will be okay, since he isn't excluding any of the members.



Jody receives a holiday gift every year from Sam. Jody was recently appointed to a state board, but Sam has no business that is before the board. Jody may accept the gift.

## Improper Use or Disclosure of Information (AS 39.52.140)

No former or current member of a board may use or disclose any information acquired from participation on the board if that use or disclosure could result in a financial or personal benefit to the board member (or immediate family), unless that information has already been disseminated to the public. Board members are also prohibited from disclosing confidential information, unless authorized to do so.





Sheila has been on the board for several years. She feels she has learned a great deal of general information about how to have a successful business venture. So she sets up her own business and does well.



Delores has always advised and assisted the other doctors in her clinic on their continuing education requirements. After Delores is appointed to the medical board, she discloses this role to the board and continues to advise the doctors in her clinic.



Jim reviews a confidential investigation report in a licensing matter. He discusses the practitioner's violation with a colleague who is not a board member.

## Improper Influence in State Grants, Contracts, Leases or Loans (AS 39.52.150)

A board member, or immediate family, may not apply for, or have an interest in a State grant, contract, lease, or loan, if the board awards or takes action to administer the State grant, contract, lease, or loan.

A board member (or immediate family) may apply for or be a party to a competitively solicited State grant, contract or lease, if the board as a body does not award or administer the grant, contract, or lease and so long as the board member does not take official action regarding the grant, contract, or lease.

A board member (or immediate family) may apply for and receive a State loan that is generally available to the public and has fixed eligibility standards, so long as the board member does not take (or withhold) official action affecting the loan's award or administration.

Board members must report to the board chair any personal or financial interest (or that of immediate family) in a State grant, contract, lease or loan that is awarded or administered by the agency the board member serves. A form for this purpose is available at [www.law.alaska.gov/doclibrary/ethics](http://www.law.alaska.gov/doclibrary/ethics) or from the board or commission staff.



John sits on a board that awards state grants. John hasn't seen his daughter for nearly ten years so he figures that it doesn't matter when her grant application comes up before the board.



The board wants to contract out for an analysis of the board's decisions over the last ten years. Board member Kim would like the contract since she has been on the board for ten years and feels she could do a good job.

## Improper Representation (AS 39.52.160)

A board or commission member may not represent, advise, or assist a person in matters pending before the board or commission for compensation. A nonsalaried board or commission member may represent, advise, or assist in matters in which the member has an interest that is regulated by the member's own board or commission, if the member acts in accordance with AS 39.52.220 by disclosing the involvement in writing and on the public record, and refraining from all participation and voting on the matter. This section does not allow a board member to engage in any conduct that would violate a different section of the Ethics Act.



Susan sits on the licensing board for her own profession. She will represent herself and her business partner in a licensing matter. She discloses this situation to the board and refrains from participation in the board's discussions and determinations regarding the matter.

## Restriction on Employment After Leaving State Service (AS 39.52.180)

For two years after leaving a board, a former board member may not provide advice or work for compensation on any matter in which the former member personally and substantially participated while serving on the board. This prohibition applies to cases, proceedings, applications, contracts, legislative bills, regulations, and similar matters. This section does not prohibit a State agency from contracting directly with a former board member.

With the approval of the Attorney General, the board chair may waive the above prohibition if a determination is made that the public interest is not jeopardized.

Former members of the governing boards of public corporations and former members of boards and commissions that have regulation-adoption authority, except those covered by the centralized licensing provisions of AS 08.01, may not lobby for pay for one year.



The board has arranged for an extensive study of the effects of the Department's programs. Andy, a board member, did most of the liaison work with the contractor selected by the board, including some negotiations about the scope of the study. Andy quits the board and goes to work for the contractor, working on the study of the effects of the Department's programs.



Andy takes the job, but specifies that he will have to work on another project.

## Aiding a Violation Prohibited (AS 39.52.190)

Aiding another public officer to violate the Ethics Act is prohibited.

## Agency Policies (AS 39.52.920)

Subject to the Attorney General's review, a board may adopt additional written policies further limiting personal or financial interests of board members.

## Disclosure Procedures

### **DECLARATION OF POTENTIAL VIOLATIONS BY MEMBERS OF BOARDS OR COMMISSIONS (AS 39.52.220)**

A board member whose interests or activities could result in a violation of the Ethics Act if the member participates in board action must disclose the matter on the public record and in writing to the board chair who determines whether a violation exists. A form for this purpose is available at [www.law.alaska.gov/doclibrary/ethics](http://www.law.alaska.gov/doclibrary/ethics) or from the board or commission staff. If another board member objects to the chair's ruling or if the chair discloses a potential conflict, the board members at the meeting (excluding the involved member) vote on the matter. If the chair or the board determines a violation will occur, the member must refrain from deliberating, voting, or participating in the matter. For more information, see Ethics Act Procedures for Boards and Commissions available at the above noted web site.

When determining whether a board member's involvement in a matter may violate the Ethics Act, either the chair or the board or commission itself may request guidance from the Attorney General.

### **ATTORNEY GENERAL'S ADVICE (AS 39.52.240-250)**

A board chair or a board itself may request a written advisory opinion from the Attorney General interpreting the Ethics Act. A former board member may also request a written advice from the Attorney General. These opinions are confidential. Versions of opinions without identifying information may be made available to the public.

### **REPORTS BY THIRD PARTIES (AS 39.52.230)**

A third party may report a suspected violation of the Ethics Act by a board member in writing and under oath to the chair of a board or commission. The chair will give a copy to the board member and to the Attorney General and review the report to determine whether a violation may or does exist. If the chair determines a violation exists, the board member will be asked to refrain from deliberating, voting, or participating in the matter.

## Complaints, Hearings, and Enforcement

### **COMPLAINTS (AS 39.52.310-330)**

Any person may file a complaint with the Attorney General about the conduct of a current or former board member. Complaints must be written and signed under oath. The Attorney General may also initiate complaints based on information provided by a board. A copy of the complaint will be sent to the board member who is the subject of the complaint and to the Personnel Board.

All complaints are reviewed by the Attorney General. If the Attorney General determines that the complaint does not warrant investigation, the complainant and the board member will be notified of the dismissal. The Attorney General may refer a complaint to the board member's chair for resolution.

After investigation, the Attorney General may dismiss a complaint for lack of probable cause to believe a violation occurred or recommend corrective action. The complainant and board member will be promptly notified of this decision.

Alternatively, if probable cause exists, the Attorney General may initiate a formal proceeding by serving the board or commission member with an accusation alleging a violation of the Ethics Act. Complaints or accusations may also be resolved by settlement with the subject.

## **CONFIDENTIALITY (AS 39.52.340)**

Complaints and investigations prior to formal proceedings are confidential. If the Attorney General finds evidence of probable criminal activity, the appropriate law enforcement agency shall be notified.

## **HEARINGS (AS 39.52.350-360)**

An accusation by the Attorney General of an alleged violation may result in a hearing. An administrative law judge from the state's Office of Administrative Hearings serves as hearing officer and determines the time, place and other matters. The parties to the proceeding are the Attorney General, acting as prosecutor, and the accused public officer, who may be represented by an attorney. Within 30 days after the hearing, the hearing officer files a report with the Personnel Board and provides a copy to the parties.

## **PERSONNEL BOARD ACTION (AS 39.52.370)**

The Personnel Board reviews the hearing officer's report and is responsible for determining whether a violation occurred and for imposing penalties. An appeal may be filed by the board member in the Superior Court.

## **PENALTIES (AS 39.52.410-460)**

When the Personnel Board determines a board member has violated the Ethics Act, it will order the member to refrain from voting, deliberating, or participating in the matter. The Personnel Board may also order restitution and may recommend that the board member be removed from the board or commission. If a recommendation of removal is made, the appointing authority will immediately remove the member.

If the Personnel Board finds that a former board member violated the Ethics Act, it will issue a public statement about the case and will ask the Attorney General to pursue appropriate additional legal remedies.

State grants, contracts, and leases awarded in violation of the Ethics Act are voidable. Loans given in violation of the Ethics Act may be made immediately payable.

Fees, gifts, or compensation received in violation of the Ethics Act may be recovered by the Attorney General.

The Personnel Board may impose a fine of up to \$5,000 for each violation of the Ethics Act. In addition, a board member may be required to pay up to twice the financial benefit received in violation of the Ethics Act.

Criminal penalties are in addition to the civil penalties listed above.

## **DEFINITIONS (AS 39.52.960)**

Please keep the following definitions in mind:

**Benefit** - anything that is to a person's advantage regardless financial interest or from which a person hopes to gain in any way.

**Board or Commission** - a board, commission, authority, or board of directors of a public or quasi-public corporation, established by statute in the executive branch, including the Alaska Railroad Corporation.

**Designated Ethics Supervisor** - the chair or acting chair of the board or commission for all board or commission members and for executive directors; for staff members, the executive director is the designated ethics supervisor.

**Financial Interest** - any property, ownership, management, professional, or private interest from which a board or commission member or the board or commission member's immediate family receives or expects to receive a financial benefit. Holding a position in a business, such as officer, director, partner, or employee, also creates a financial interest in a business.

**Immediate Family** - spouse; another person cohabiting with the person in a conjugal relationship that is not a legal marriage; a child, including a stepchild and an adoptive child; a parent, sibling, grandparent, aunt, or uncle of the person; and a parent or sibling of the person's spouse.

**Official Action** - advice, participation, or assistance, including, for example, a recommendation, decision, approval, disapproval, vote, or other similar action, including inaction, by a public officer.

**Personal Interest** - the interest or involvement of a board or commission member (or immediate family) in any organization or political party from which a person or organization receives a benefit.

For further information and disclosure forms, visit our Executive Branch Ethics web site or please contact:

State Ethics Attorney  
Alaska Department of Law  
1031 West 4th Avenue, Suite 200  
Anchorage, Alaska 99501-5903  
(907) 269-5100  
attorney.general@alaska.gov

Revised 9/2013

Department of Law attorney.general@alaska.gov P.O. Box 110300, Juneau, AK 99811-0300  
Phone: 907-465-3600 Fax: 907-465-2075 TTY: 907-258-9161  
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# State of Alaska

## Department of Law

### Executive Branch Ethics Act

## Responsibilities of Designated Ethics Supervisors for Boards and Commissions

Boards and commissions subject to the Ethics Act have designated ethics supervisors. The chair serves as the designated ethics supervisor for board or commission members and the executive director. The executive director is the designated ethics supervisor for staff. The designated ethics supervisor for a chair is the governor, who has delegated this responsibility to Guy Bell, Administrative Director of the Office of the Governor.

Designated ethics supervisors should refer to the Manual for Designated Ethics Supervisors (April 2008), available from the state ethics attorney, regarding their responsibilities under the Ethics Act. Briefly, as designated ethics supervisor, you must --

1. Ensure that members and employees are provided copies of the guides, Ethics Information for Members of Boards and Commissions and Ethics Act Procedures for Boards and Commissions -- and keep a supply of disclosure forms.
  1. These guides, other educational materials, disclosure forms, statutes and regulations are available for review and copying on the Department of Law ethics web site. If access to this page is not available, please contact the Attorney General's office at 269-7195.
2. Review all disclosures, investigate potential ethics violations, make determinations regarding conduct, and take action.
3. Keep member or employee disclosure statements (of potential violations, receipt of gifts, and interests in grants/contracts/leases/loans) on file in your office. Disclosure of a gift received from another government must be forwarded to the Office of the Governor.
4. Submit an ethics report to the Department of Law in April, July, October and January for the preceding quarter. You will receive a reminder. There is a sample report on the ethics web page.
  1. Mail, email or fax to Kim Halstead, Litigation Assistant, Department of Law, Opinions, Appeals & Ethics Section, 1031 W. 4th Avenue, Suite 200, Anchorage, AK, 99501, [ethicsreporting@alaska.gov](mailto:ethicsreporting@alaska.gov), fax no. 907-279-2834.

You may request ethics advice from your agency's Assistant Attorney General or from the State Ethics Attorney, Jon Woodman, at 269-5100 or [jonathan.woodman@alaska.gov](mailto:jonathan.woodman@alaska.gov). Please direct questions about reporting procedures to Kim Halstead at 269-7195 or [kimberly.halstead@alaska.gov](mailto:kimberly.halstead@alaska.gov).

6/14

Department of Law [attorney.general@alaska.gov](mailto:attorney.general@alaska.gov) P.O. Box 110300, Juneau, AK 99811-0300  
Phone: 907-465-3600 Fax: 907-465-2075 TTY: 907-258-9161  
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# **Investigative Report**



## EXECUTIVE SESSION MOTION

I, \_\_\_\_\_, move that the Alaska State Board of Certified Real Estate Appraisers 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 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.**

## Motion Sheets

Meeting Date: \_\_\_\_\_

<b>Motion:</b>						
<b>Time:</b>						
<b>Board Member</b>	<b>Motion</b>	<b>First</b>	<b>Second</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>
David Nielson, DDS						
Gail Walden						
Steven Scheller, DDS						
Dominic Wenzell, DDS						
Kelly Lucas, DDS						
Robin Wahto						
Jesse Hronkin, DDS						
Jonathan Woller, DDS						
Brittany Dschaak						
<b>Discussion:</b>						

<b>Motion:</b>						
<b>Time:</b>						
<b>Board Member</b>	<b>Motion</b>	<b>First</b>	<b>Second</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>
David Nielson, DDS						
Gail Walden						
Steven Scheller, DDS						
Dominic Wenzell, DDS						
Kelly Lucas, DDS						
Robin Wahto						
Jesse Hronkin, DDS						
Jonathan Woller, DDS						
Brittany Dschaak						
<b>Discussion:</b>						

# **Review Tabled Applications**

## Motion Sheets

Meeting Date: \_\_\_\_\_

<b>Motion:</b>						
<b>Time:</b>						
Board Member	Motion	First	Second	Yes	No	Abstain
David Nielson, DDS						
Gail Walden						
Steven Scheller, DDS						
Dominic Wenzell, DDS						
Kelly Lucas, DDS						
Robin Wahto						
Jesse Hronkin, DDS						
Jonathan Woller, DDS						
Brittany Dschaak						
<b>Discussion:</b>						

<b>Motion:</b>						
<b>Time:</b>						
Board Member	Motion	First	Second	Yes	No	Abstain
David Nielson, DDS						
Gail Walden						
Steven Scheller, DDS						
Dominic Wenzell, DDS						
Kelly Lucas, DDS						
Robin Wahto						
Jesse Hronkin, DDS						
Jonathan Woller, DDS						
Brittany Dschaak						
<b>Discussion:</b>						

BREAK TIME

# **Public Comment**

# **Consent Agreements**

# **Division Update**





*Lunch Time*

# **Sedation Inspector Regulations**

**Chapter 28. Board of Dental Examiners.**

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

**12 AAC 28.010(e)(5)(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.

**12** AC 28.068 is repealed and readopted to read:

**12 AAC 28.068. On-site inspections.** (a) A licensed dentist who holds a permit for deep sedation or general anesthesia under 12 AAC 28.010, or holds a permit for moderate sedation or minimal sedation for patients younger than 13 years of age under 12 AAC 28.015, must obtain, at least once every four years, an on-site inspection where sedation or anesthesia is provided. The inspection must be conducted by an organization approved by the board pursuant to (b) of this section. If the permit holder provides anesthesia or sedation in more than one office, the permit holder must choose one office for the inspection and provide an attestation that all the same inspection standards have been met in each office where anesthesia or sedation is provided.

(b) Organizations approved by the board to perform an on-site inspection of a dental office where anesthesia or sedation is provided include

- (1) the Accreditation Association for Dental Offices (AAFDO);
- (2) the American Association of Oral and Maxillofacial Surgeons (AAOMS);
- (3) the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF);
- (4) the Accreditation Association for Ambulatory Health Care (AAAC); or
- (5) other substantially equivalent organizations approved by the board that conduct inspections in accordance with applicable guidelines provided in the *Office Anesthesia*

*Evaluation Manual*, Ninth Edition, 2019, adopted by reference.

(c) For sedation permits issued prior to the effective date of this regulation, an on-site inspection under this section must be completed by the end of the first full renewal period after the effective date.

(d) For initial sedation permits, an on-site inspection must be completed no later than two years after issuance.

(e) Unless otherwise provided under (c) or (d) of this section, a licensed dentist who seeks to renew a permit to administer deep sedation or general anesthesia under 12 AAC 28.010, or moderate sedation or minimal sedation for patients younger than 13 years of age under 12 AAC 28.015 must submit documentation of an on-site inspection by an organization approved by the board under (b) of this section within the previous four years before the end of the licensing period.

(f) If the inspection report submitted to the board finds the equipment, facilities, or personnel training are inadequate to assure safe use of sedation or anesthesia, the board will allow for a follow-up inspection within 90 days of date of the submitted report. If after review of the follow-up inspection the board finds that the equipment, facilities, or trained personnel are still inadequate to assure safe use of sedation or anesthesia, the board may deny issuance of a permit under 12 AAC 28.010 or 12 AAC 28.015, immediately suspend a permit issued under 12 AAC 28.010 or 12 AAC 28.015, or order the dentist to immediately cease sedation or anesthesia services if provided under 12 AAC 28.030.

# **Specialty License**

## **SB190**

**SENATE BILL NO. 190**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FIRST LEGISLATURE - SECOND SESSION

BY SENATOR WILSON

Introduced: 2/14/20

Referred: Health and Social Services, Finance

**A BILL**

**FOR AN ACT ENTITLED**

1   **"An Act relating to the practice of dentistry."**

2   **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3    \* **Section 1.** AS 08.36 is amended by adding new sections to read:

4           **Sec. 08.36.242. License to practice as specialist required.** A licensed dentist  
5           may not represent to the public to be qualified in a specialized branch of dentistry  
6           through any means of public advertising using the term "specialist," the name of a  
7           specialty, or a phrase that would suggest to the public that the dentist is a qualified  
8           specialist in a branch of dentistry unless the dentist has a specialist license in that  
9           branch as provided in this chapter.

10          **Sec. 08.36.243. Qualification for specialist license; scope of practice.** (a) An  
11          applicant for a specialist license must

12                  (1) hold a license issued by the board in accordance with AS 08.36.110  
13                  or 08.36.234; and

14                  (2) meet additional qualifications for a specialist license in a specified  
15          branch of dentistry as established by the board by regulation.

1           (b) In determining the qualifications for a specialist license in a specified  
2 branch of dentistry under (a) of this section, the board shall consider the qualifications  
3 necessary to obtain specialty certification by a nationally recognized certifying entity  
4 approved by the board.

5           (c) The practice of a dentist who obtains a specialist license under (a) of this  
6 section is limited to the branch of dentistry in which the dentist holds a specialist  
7 license.

8           **Sec. 08.36.245. Suspension or revocation of specialist license.** The board  
9 may suspend or revoke a specialist license on grounds and according to the procedures  
10 set out in AS 08.36.315.

# **PDMP Report**



# **Old Business**

# Dental Exams

**From:** [Stuart Blumenthal](#)  
**To:** [Carrillo, Christianne D \(CED\)](#)  
**Cc:** [Stephanie Beeler](#); [Ellis Hall](#); [Alexander Vandiver](#)  
**Subject:** re: ADEX Exam Components  
**Date:** Friday, January 3, 2020 12:20:19 PM  
**Attachments:** [DSE OSCE Blueprint.pdf](#)

---

Christianne Carrillo,

Per your request I am providing information regarding the content of the ADEX Diagnostic Skills Examination OSCE (DSE OSCE).

The DSE OSCE component of the ADEX exam now includes constructive response testing in comprehensive treatment planning, per Alaska's statute requirements. Attached, please find a copy of the current blueprint for the DSE OSCE, showing what components the examination currently assesses for all candidates.

If you have any further questions, please feel free to contact me.

Stuart D. Blumenthal, D.D.S., F.A.A.P.D.  
Assistant Director of Examinations  
443-270-3093 Office  
443-935-9080 Mobile  
NERB is now The Commission on Dental Competency Assessments  
Click [cdcaexams.org](http://cdcaexams.org) to learn more



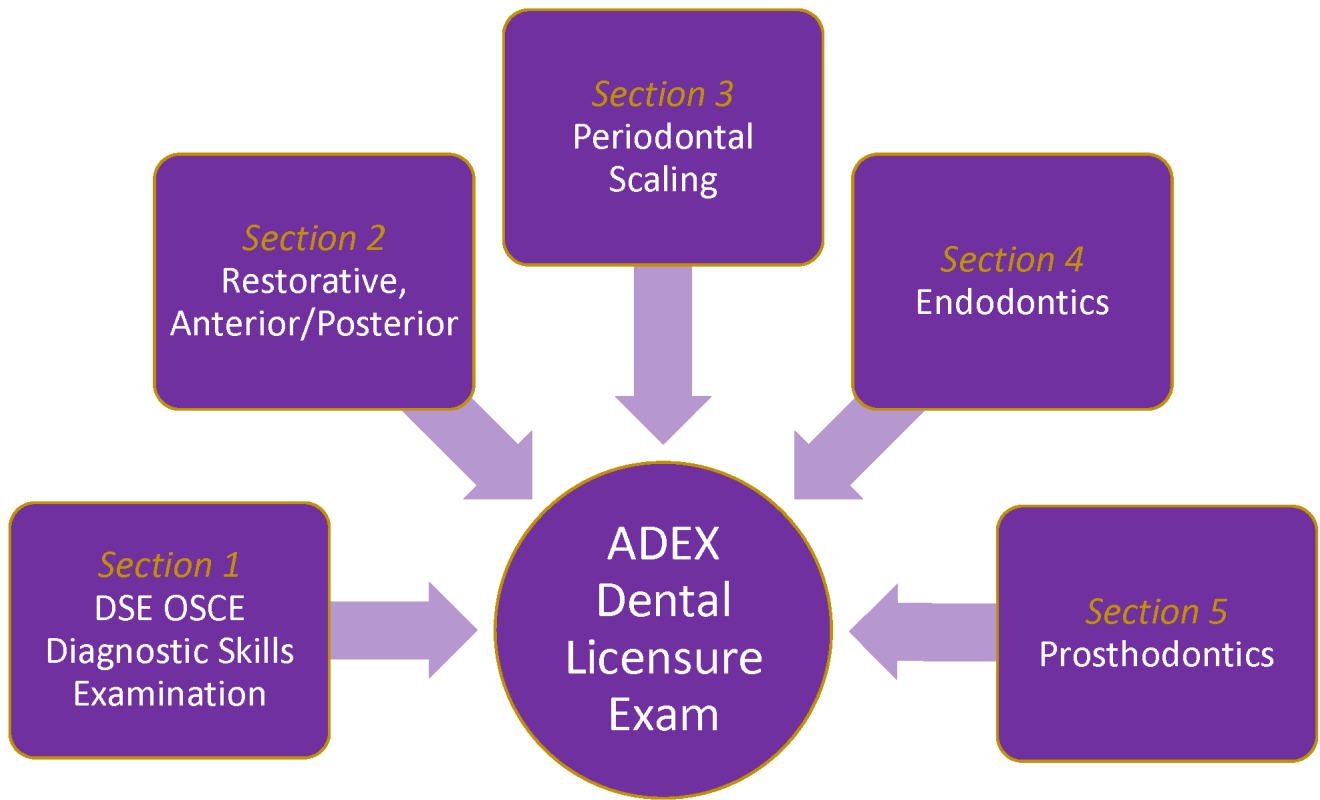
**From:** "Carrillo, Christianne D (CED)" <[christianne.carrillo@alaska.gov](mailto:christianne.carrillo@alaska.gov)>  
**Date:** December 31, 2019 at 1:15:16 PM EST  
**To:** "[sbeeler@cdcaexams.org](mailto:sbeeler@cdcaexams.org)" <[sbeeler@cdcaexams.org](mailto:sbeeler@cdcaexams.org)>  
**Subject:** ADEX Exam Components

Greetings,

The State of Alaska Board of Dental Examiners has asked me, their licensing examiner, to get in contact with you. They are wanting to know what the new CTP portion of the exam will be covering and what components are tested. They were hoping for a detailed breakdown of the exam contents so they can compare and make sure the requirements of the exam meet the regulations.

Thank you,

**Christianne Carrillo**  
*Occupational Licensing Examiner*  
State of Alaska – DCCED – CBPL  
Dental Examiners





## THE COMMISSION ON **DENTAL COMPETENCY** ASSESSMENTS

1304 CONCOURSE DRIVE, SUITE 100 | LINTHICUM, MD 21090

TEL: 301-563-3300 | FAX: 301-563-3307

[cdcaexams.org](http://cdcaexams.org)

---

### **ADEX Diagnostic Skills Exam OSCE Blueprint**

#### **Patient Evaluation**

**20%**

Anatomical Identification  
Pathology of Bone/Teeth/Soft Tissue  
Identification of Systemic Conditions  
Radiology Techniques/Errors  
Physical Evaluation/Lab Diagnosis  
Therapeutics

#### **Comprehensive Treatment Planning**

**60%**

Systemic Diseases/Medical Emergencies/Special Care  
Oral Medicine  
Endodontics  
Orthodontics  
Restorative Dentistry  
Oral Surgery  
Pediatric Dentistry  
Medical Considerations  
Periodontics  
Prosthodontics  
Implantology

#### **Cross Cutting Clinical Judgements**

**20%**

Recognize and Manage Medical Emergencies  
Infection Control  
Evaluation of Treatment Outcomes



# Southern Regional Testing Agency, Inc.

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[www.srta.org](http://www.srta.org)

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Robert B. Hall, Jr., D.D.S. – Treasurer | Jessica L. Bui – Executive Director |

## NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

June 18, 2019

To Whom It May Concern:

This is to certify that the following candidate listed below **HAS** satisfactorily completed the ADEX Examination in Dentistry that was administered by the Southern Regional Testing Agency, Inc.

Last Name, First Name		Last 4 SSN	SRTA #	Exam Site	Exam Date		
TOTAL	DSE	ANTERIOR REST.	POSTERIOR REST.	ENDO	FIXED PROS	PERIO	# OF ATTEMPTS
PASS	PASS	PASS	PASS	PASS	PASS		2

\*Grading Scale: Pass  $\geq 75$   
Fail  $< 75$

*ADEX Credentials apply to candidates that have taken the ADEX examination administered by CDCA, SRTA (Jan. 2013-Jun. 2015), or CITA.*



Office Administrator

*SRTA certifies scores for a five year period. Acceptance after that period is determined by each individual State board of Dentistry.*

**From:** [Wiard, Tracy L \(CED\)](#)  
**To:** [Carrillo, Christianne D \(CED\)](#)  
**Cc:** [Bonnell, Joseph K \(CED\)](#)  
**Subject:** FW: From ALASKA  
**Date:** Tuesday, December 31, 2019 9:03:37 AM

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**From:** Ellis Hall [mailto:EHall@cdcaexams.org]  
**Sent:** Wednesday, November 27, 2019 4:04 AM  
**To:** Wiard, Tracy L (CED) <tracy.wiard@alaska.gov>  
**Cc:** Alexander Vandiver <avandiver@cdcaexams.org>; Stuart Blumenthal <sblumenthal@cdcaexams.org>; Stephanie Beeler <sbeeler@cdcaexams.org>  
**Subject:** FW: From ALASKA

Tracy Wiard,

Per your request, let me provide the following information about the CTP (Comprehensive Treatment Planning) portion of our DSE OSCE computer examination.

The CTP section includes questions on treatment planning in all of the following areas:

Oral Medicine

Endodontics

Orthodontics

Restorative Dentistry

Oral Surgery

Pediatric Dentistry

Prosthodontics

Periodontics

Implantology

Medical Considerations in Treatment Planning

Systemic Diseases/Medical Emergencies/Special Care

Our most recent version of the DSE OSCE includes, in the CTP section, a number of updated/alternative item types including constructive response questions.

In addition this new version includes questions specifically relevant to the treatment of underserved patient populations.

If you have any further questions, please feel free to contact me.

Ellis H. Hall, DDS

CDCA Director of Examinations

---

**From:** Wiard, Tracy L (CED) <[tracy.wiard@alaska.gov](mailto:tracy.wiard@alaska.gov)>

**Sent:** Monday, November 25, 2019 3:48 PM

**To:** Stephanie Beeler <[sbeeler@cdcaexams.org](mailto:sbeeler@cdcaexams.org)>

**Cc:** Carrillo, Christianne D (CED) <[christianne.carrillo@alaska.gov](mailto:christianne.carrillo@alaska.gov)>; Bonnell, Joseph K (CED) <[joseph.bonnell@alaska.gov](mailto:joseph.bonnell@alaska.gov)>

**Subject:** RE: CDCA AIT Announcement (with corrected graphic)

Good Afternoon,

The State of Alaska Board of Dental Examiners has a board meeting coming up on 12.06.19. They were wanting to know what the new CTP portion of the exam will be covering and what components are tested. They were hoping for a detailed breakdown of the exam contents so they can compare and make sure the requirements of the exam meet the regulations. Thank you,

*Tracy Wiard*

**State of Alaska Division of Professional Licensing**

Board of Certified Real Estate Appraisers

Guardians and Conservators

Pawnbrokers

PO BOX 110806

Juneau, AK 99801

(907) 465-2542 Phone

(907) 465-2974 Fax

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**From:** Stephanie Beeler [<mailto:sbeeler@cdcaexams.org>]

**Sent:** Wednesday, October 16, 2019 8:38 AM

**To:** Stephanie Beeler <[sbeeler@cdcaexams.org](mailto:sbeeler@cdcaexams.org)>

**Subject:** RE: CDCA AIT Announcement (with corrected graphic)



<image001.jpg>

**Special Announcement**

October 16, 2019

(Corrects graphics in release dated 10/15/19)

## **CDCA Advances Technology in Dental OSCE Testing**

The Commission on Dental Competency Assessments (CDCA) is introducing high-fidelity item types to the ADEX Dental Skills Examination (DSE) OSCE. The purpose of introducing these new kinds of questions to further enhance the measurement of diagnosis, treatment planning, and other dental knowledge, clinical judgment, skills of licensure candidates. The CDCA anticipates psychometrically validated AITs will appear beside previously evaluated examination questions beginning in early 2020.

The CDCA's DSE OSCE is the first and continuously maintained, independent, third-party OSCE in dentistry, first computerized from its paper form in 2001. An OSCE is an Objective Structured Clinical Examination, the DSE OSCE is the didactic computerized portion of the five-element American Board of Dental Examiners (ADEX) dental licensure examination. Pilot questions have been a part of *every* examination given and are integral to the test development process. A thorough evaluation of piloted items leads to valid, reliable and fair examinations for all candidates.

Items in the ADEX DSE OSCE will now include multiple-choice (single response); multiple choice (multiple response), extended match, drop down, fill in the blank, hot spot and drag and drop questions. CDCA subject matter experts and psychometricians have evaluated AITs, and believe with their inclusion, components of the ADEX blueprint will be presented in a context that adds increased fidelity

with respect to the live practice of dentistry. The ADEX Dental Hygiene CSCE examination will undergo similar development. AITs facilitate a more thorough evaluation of a licensure candidate's knowledge, through a demonstration of cognitive reasoning and applied judgments to case scenarios, rather than just identification of a correct choice. They offer the ability to require multiple answers to complex questions and assign scaled points and penalties for less than ideal, but not incorrect, responses.

Founded in 1969, and formerly known as the North East Regional Board of Dental Examiners, the CDCA is committed to serving boards of dentistry by designing and administering assessments that are based on sound principles of testing and measurement. A founding principle, the CDCA remains committed to a national uniform examination process dedicated to the protection of the public.

For more information about AITs, to see examples, and to learn about how the CDCA is working to incorporate them, [click here](#). Questions concerning the utilization of this technology

<image005.jpg>

can be addressed to Stephanie Beeler, Multimedia and Communications

Specialist at [sbeeler@cdcaexams.org](mailto:sbeeler@cdcaexams.org).

*Diagram of ADEX Dental Licensure components. Full-size rendering*

*attached for your use,*

*unmodified.*

<image004.png>

**From:** [Wiard, Tracy L \(CED\)](#)  
**To:** [Carrillo, Christianne D \(CED\)](#)  
**Cc:** [Bonnell, Joseph K \(CED\)](#)  
**Subject:** FW: Exam Verification  
**Date:** Tuesday, December 31, 2019 9:02:11 AM  
**Attachments:** [Sample Current Year Dental Scorecard 2019.pdf](#)  
[Sample ADEX Dental Scorecard 2015.pdf](#)

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**From:** Suzanne Porter [mailto:sporter@srta.org]  
**Sent:** Tuesday, June 18, 2019 12:39 PM  
**To:** Wiard, Tracy L (CED) <tracy.wiard@alaska.gov>  
**Cc:** dave.nielson@outlook.com  
**Subject:** FW: Exam Verification

Hi Tracy,

I am responding to the recent email you sent inquiring about exam verification.

When a candidate requests their scores to be sent to a state board, SRTA sends scorecards for exam verification. I have attached 2 samples. One is a 2015 scorecard when SRTA administered the ADEX exam and the other is a 2019 scorecard with SRTA administering the SRTA exam.

When we administered the ADEX exam between 2013-2015, the DSE was required but I don't know if it's equivalent to the CTP. We did not require any written exam on treatment planning from 2016-2019.

Our examiners are calibrated at the exam site prior to approval and scoring. That information is not on the scorecard so the candidate making the request would have to ask that a statement be added. If you need any additional information, please let me know.

Suzanne Porter

Accounting and Administration

[sporter@srta.org](mailto:sporter@srta.org)

---

**From:** Wiard, Tracy L (CED) [mailto:tracy.wiard@alaska.gov]  
**To:** [dentalinfo@wrebs.org](mailto:dentalinfo@wrebs.org); [info@crdts.org](mailto:info@crdts.org); Suzanne Porter  
**Cc:** David Nielson ([dave.nielson@outlook.com](mailto:dave.nielson@outlook.com))  
**Subject:** Exam Verification

Good Morning,

The State of Alaska Board of Dental Examiners has recently updated their exam requirements for dentists applying for licensure. In addition to solely accepting the WREB exam for licensure, the dental boards regulations now allow applicants to pass an exam that is equivalent to WREB and includes the following:

(B) of examination showing that the applicant has passed the clinical examination conducted by WREB on or after February 1, 2019 or an equivalent examination; an applicant must have passed an examination under this subparagraph within the five years immediately preceding the date of

application; and the examination must include the following subject areas, components, or characteristics;

(i) standardization and calibration of the examiners and anonymity between candidates and grading examiners; **YES**

(ii) patient based periodontics testing; **YES**

(iii) constructive response testing that includes treatment planning; **YES/NO (CTP is comprehensive Treatment Planning computer-based exam-ADEX required the DSE in 2014 -2015 and SRTA did not require it in 2016-2019)**

(iv) endodontics testing, on a mannequin or live patient, to include access and obturation of an anterior tooth

and access of a multi-canalled posterior tooth; **YES**

(v) prosthetics testing, on a mannequin or live patient, to include a crown prep or a bridge prep; **YES**

(vi) patient based operative examination that includes one class II posterior alloy or composite procedure, and one additional operative procedure, either anterior class III or posterior class II; **YES**

Is there any way that applicants applying for licensure in Alaska can have WREB, CRDTS, SRTA, or ADEX verify that they have met the requirements listed above. For instance; it is not a requirement of WREB for an applicant to pass periodontics testing or a 2<sup>nd</sup> operative procedure but it is required by the Alaska Board of Dental Examiners for a license. The board needs a way to verify these exam components were passed. Also, ADEX does not require a CTP component so when we have applicants apply who have taken ADEX we set them up with WREB to take the CTP component of the WREB exam. Any information you can provide to us that would let the board know if an applicant has met the requirements above would be greatly appreciated. Thank you for your time.

**Tracy L. Wiard**

*Occupational Licensing Examiner*

## **Board of Dental Examiners**

### **Department of Commerce, Community, & Economic Development**

Division of Corporations, Business, and Professional Licensing

*State of Alaska Medical Board*

PO BOX 110806

Juneau, AK 99811-0806

(907) 465-2542-Phone

(907) 465-2974-Fax

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# Southern Regional Testing Agency, Inc.

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Susan M. King, D.M.D.- Past President | Beth Ann Casey Thompson, R.D.H.-Secretary |  
Robert B. Hall, Jr., D.D.S. – Treasurer | Jessica L. Bui – Executive Director |*

---

June 18, 2019

To Whom It May Concern:

This is to certify that the following candidate listed below **HAS** satisfactorily completed the SRTA Examination in Dentistry that was administered by the Southern Regional Testing Agency, Inc.

Last Name, First Name		Last 4 SSN	SRTA #	Exam Site	Exam Date	
					2/23/2019	

TOTAL	ANTERIOR REST.	POSTERIOR REST.	ENDO	FIXED PROS.	PERIO	# OF ATTEMPTS
PASS	PASS	PASS	PASS	PASS		1

\*Grading Scale: Pass  $\geq 75$   
Fail  $< 75$



Office Administrator

*SRTA certifies scores for a five year period. Acceptance after that period is determined by each individual State board of Dentistry.*

# SRTA Dental General Information

The dental licensure examination administered by the Southern Regional Testing Agency, Inc., (SRTA), evaluates clinical performance skills. The examination provides reliable clinical skills assessment for use by state boards in making licensing decisions. The examination in dental consists of four required sections and one optional section:

Two simulated clinical examinations performed on manikins

- **Endodontic Clinical Examination Section**
  - **Anterior Endodontics** – Access opening, canal instrumentation and obturation on an anterior tooth (#8). Tooth #8 is considered to have a normal size pulp chamber for a 21 year old. The access opening must be triangular in shape, in the middle third of the tooth both inciso-gingivally and mesio-distally and otherwise appropriate for a young adult.
  - **Posterior Endodontics** – Access opening on a posterior tooth (#14). Candidate must achieve direct access to all three canals.
- **Fixed Prosthodontic Clinical Examination Section**
  - **Porcelain-fused-to-metal crown preparation** as an anterior abutment for the 3-unit bridge, plus an evaluation of the line of draw for the bridge abutment preparations (tooth #5)
  - **Cast metal / All-Zirconia crown preparation** as a posterior abutment for the 3-unit bridge (tooth #3)
  - **All-ceramic crown preparation** on an anterior central incisor (tooth #9)

Three clinical examinations performed on patients

- **Class III Anterior Composite preparation & restoration**

## ***Requirements for the class III anterior composite preparation & restoration***

1. The tooth selected for the Class III composite restoration must be a permanent anterior tooth that meets the following requirements:
  - At least one proximal primary carious lesion that shows no signs of previous excavation and appears, radiographically or clinically, to extend to the DEJ.

**OR**

  - A defective restoration, defined as one that exhibits recurrent caries or a defective cavosurface margin that, even though it may not yet be carious, can be penetrated with an explorer. (A mismatched shade is not an acceptable indication.) Existing defective restorations must be completely removed before submitting the patient to the Evaluation Area for a modification request or evaluation of the completed preparation.
  - If the removal of preexisting restorative material will result in a preparation that extends beyond *Acceptable*-level criteria, a Modification Request Form should be submitted prior to removal.

- The proximal contact of the tooth must be visually closed and meet resistance to dental floss passing through the contact with the adjacent tooth on the proximal surface to be restored, although the area to be restored may or may not be in contact.
  - The approximating contact of the adjacent tooth must be natural tooth structure or a permanent restoration.
  - There may be a lesion on the proximal surface of the adjacent tooth, provided that there is no cavitation of the contact before or during the preparation that would prevent the candidate from restoring to an ideal contour or contact of the restoration.
  - Occlusion may or may not be present.
2. Lesions that may initially be described as Class IV will **not** be accepted. However, Class III lesions that may require modifications resulting in Class IV restorations are acceptable.
  3. Lingual dovetails are acceptable when appropriately used.
  4. Surface sealants must not be placed on the finished composite restoration.
- ***Class II Posterior preparation & restoration***  
The candidate is required to complete one of the following:

Amalgam

Traditional Composite

Slot Composite

***Requirements for the class II preparation & restoration***

1. The restoration must be a permanent posterior tooth that meets the following requirements:
  - At least one proximal surface being restored must have a primary carious lesion that shows no signs of being previously excavated and appears, radiographically or clinically, to extend at least to the DEJ and the surface to be restored must be in contact with a sound enamel surface or a permanently restored surface of an adjacent tooth.
  - There may be a lesion on the proximal surface of the adjacent tooth, provided that there is no breakdown of the contact before or during the preparation that would jeopardize ideal proximal contour or contact of the finished restoration.
  - When in centric occlusion, the selected tooth must be in cusp/fossa occlusion with an opposing tooth or teeth. Those opposing tooth/teeth may be natural dentition, a fixed bridge or any permanent artificial replacement thereof (including removable partial denture or a full denture). The opposing tooth does not need to occlude on the proposed new restoration.
2. Other surfaces of the selected tooth may have an existing occlusal or proximal restoration, as long as there is a qualified surface with primary caries. Preexisting

restorations and any underlying liner must be entirely removed, and the preparation must demonstrate acceptable principles of cavity preparation. An MOD treatment selection must have at least one proximal contact to be restored.

In the event of a defect that would qualify as an acceptable lesion on the proximal surface opposite from the surface with primary caries, the treatment plan must be a MOD unless there is an intact transverse or oblique ridge, in which case the restoration must be treatment planned as a MO – DO.

3. **For amalgam only:** The condensed and carved amalgam surface should **not** be polished or altered by abrasive rotary instrumentation except for the purpose of adjusting occlusion. Proximal contact is a critical part of the evaluation, and the candidate should be aware that the examiners will be checking the contact with floss. Please note that, for this examination, proximal contacts must be **visually** closed. Some resistance to the passage of floss is not sufficient for judging a contact to be closed. Also, contacts must not prevent floss from passing through. Proximal contacts that are not visibly closed or that do not permit the passage of floss are evaluated as *Unacceptable*. The candidate must be familiar with the properties of the amalgam being used and should be sure to allow sufficient time for the amalgam to set before sending the patient to the Evaluation Area/Grading Area.

***Requirements for the class II posterior slot preparation & restoration:***

1. The tooth selected for the posterior proximal occlusal (slot) composite restoration must be a permanent posterior tooth that meets the following requirements: At least one proximal surface being restored must have a primary carious lesion that shows no sign of being previously excavated and appears, radiographically or clinically, to extend at least to the DEJ. The tooth must be in contact with a sound enamel surface or a permanently restored surface of an adjacent tooth.
  2. If there is occlusal caries and proximal caries, an occlusal restoration and a separate proximal occlusal (slot) restoration is permitted, **if there is at least 1 mm of sound tooth structure between the two preparations**. Otherwise, a Class II conventional restoration is required. Alternatively, if there is an intact occlusal restoration with at least 1 mm of sound tooth structure between this and proximal caries, then an occlusal (slot) preparation is also permitted.
  3. There may be a lesion on the proximal surface of the adjacent tooth, provided that there is no breakdown of the contact before or during the preparation that would jeopardize the proximal contour or contact of the finished restoration.
  4. When in centric occlusion, the selected tooth must be in cusp/fossa occlusion with an opposing tooth or teeth. The opposing tooth/teeth may be natural dentition, a fixed bridge or any permanent artificial replacement thereof (including removable partial denture or full denture). The opposing tooth does not need to occlude on the proposed new restoration.
- **Periodontal Scaling Clinical Examination Section (optional, based on the requirements in the state where the candidate seeks licensure)**



**Treatment selection:** The candidate's treatment selection must include the proper number of teeth, adequate deposits of calculus and appropriate pocket depths as defined below:

- **Teeth.** There must be at least six and not more than eight permanent teeth selected, at least three of which are molars or premolars, including at least one molar. All posterior teeth must have at least one approximating tooth surface within 2.0 mm distance. Each of the selected teeth must have at least one surface of subgingival calculus selected for removal.
- **Calculus.** There must be exactly 12 surfaces of explorer-detectable subgingival calculus identified on the selected teeth, and no more than four surfaces may be on the incisors. Three of the 12 identified surfaces of calculus must be on interproximal surfaces of posterior teeth, i.e., molars and/or premolars.
  - Explorer detectable subgingival calculus is defined as a distinct deposit of calculus that can be felt with an explorer as it passes over the calculus. Qualified deposits may exhibit such characteristics as:
    - A definite “jump” or “bump” felt by the explorer, with the rough surface characteristic of calculus
    - Ledges or ring formations
    - Spiny or nodular formations
  - Qualified deposits must be apical to the gingival margin and may occur with or without associated supragingival deposits.
- **Exclusions.** Patients with full-banded orthodontics are **not** acceptable. Implants or teeth with any fixed appliance – banded, bonded or splinted, either orthodontically or periodontally – may **not** be included in the treatment selection. No retained primary teeth may be included in the treatment selection.
- If during the initial evaluation, the examiners confirm that four or more of the twelve surfaces of explorer detectable subgingival calculus are not present; this section of the examination is stopped as the candidate cannot successfully complete the examination. Thus, eliminating unnecessary patient treatment.

Each section is judged by specific criteria and scored on a “Pass/Fail” basis. Successful completion of a section is contingent on a passing score of 75 or more of the specified criteria in any and all procedures within that section. Successful completion of the examination requires passing all three (or four if taking Periodontal) sections. The clinical examination is given in an open format. Candidates may perform the clinical procedures as they wish, providing the guidelines for each procedure as outlined in the Dental Candidate Manual are followed.

The technical procedures, as well as the specific materials used in the restorative Dentistry examinations shall be the candidate's own choice. Satisfactory patient treatment is the criterion for acceptance or rejection of any method, procedure or material used. The Southern Regional Testing Agency examines candidates with varying education backgrounds. Because universities teach different preparations, SRTA does not look for one type of standard preparation.

The examiners at all sites are experienced practitioners with diverse backgrounds. The examiners are trained and standardized prior to each examination and are evaluated to assure grading to established criteria. The examiners are separated from the candidates and will remain in the

“Evaluation Area” of the clinic. The candidates must observe all signs and follow instructions so as to not breach anonymity. Anonymity is preserved between the scoring examiners and the candidates, but not among the examiners themselves. Examiners may consult with one another whenever necessary. There are times when fairness requires consultation between examiners.

Each candidate must furnish all patients, necessary materials and instruments including high and slow speed hand pieces. Patients must be at least 14 years of age. A parent or guardian must be available in the waiting area during treatment and provide written consent for minors under the age of 18.

## Dental Hygiene General Information

The dental hygiene licensure examination administered by the Southern Regional Testing Agency, Inc., (SRTA), evaluates clinical performance skills. The examination provides reliable clinical skills assessment for use by state boards in making licensing decisions. The examination in dental hygiene consists of:

- Calculus detection
- Periodontal pocket depth measurement
- Calculus removal
- Tissue management
- Plaque, stain removal and calculus remaining on unassigned surfaces

In addition to these scored criteria, candidates must follow standard infection control precautions.

### POINTS

Points are awarded on a 100-point scale. Candidates must earn 75 or more points to pass. All candidates will start the SRTA examination with zero points and earn them as examiners validate that the criteria are met based on the following system below –

CATEGORY	POINTS
Calculus requirements	6
Periodontal requirements	6
Detection of calculus	12
Removal of calculus	72
Removal of plaque, stain, calculus on unassigned surfaces and tissue management	4
<b>TOTAL POINTS</b>	<b>100</b>

If the three examiners do not validate twelve surfaces of moderate to heavy calculus while evaluating both the primary and secondary quadrant submissions, points will be withheld as follows –

11 validated surfaces	-6 points
10 validated surfaces	-12 points
9 validated surfaces	-18 points
8 validated surfaces	-24 points
7 or fewer validated surfaces <b><u>OR</u></b> 8 or fewer validated surfaces and do not meeting the 3/5/8 criteria  <i><b>Candidate cannot earn enough points to pass the exam and patient is dismissed as ineligible.</b></i>	-30 points

Candidates have the option to take the computerized portion of the SRTA examination within one year of the initial start of the clinical portion of the exam. The computerized portion is a one-hour examination that consists of 50 multiple –choice questions with emphasizes on oral manifestations and disease and healthy tissue management. Points are awarded on a 100-point scale. Candidates must earn 75 or more points to pass.

## PERSONAL FITNESS QUESTIONS

1. Have you ever had a professional license denied by this or another licensing jurisdiction?
2. Have you had your license to practice dentistry revoked, suspended or voluntarily surrendered in this or any other state or licensing jurisdiction?
3. Are you the subject of an adverse decision against you or your license based on a complaint, investigation, review procedure, or other disciplinary proceeding within five years immediately preceding this application?
4. Are you the subject of an unresolved complaint, investigation, review procedure, or other disciplinary proceeding?
5. Are you the subject of an adverse report from the National Practitioner Data Bank?
6. Are you the subject of an adverse report from the American Association of Dental Boards Clearing House for Board Actions?
7. Are you or have you ever been addicted to or misused alcohol, narcotics, barbiturates, marijuana, or any other habit-forming drug?
8. Have you been diagnosed and/or treated with for bipolar disorder, schizophrenia, depression, psychotic disorder or other mental or physical condition or disability?
9. Have you ever been named in any civil suit or suffered any civil judgement for incompetence, negligence, or malpractice in connection with the practice of a health care profession

# **Dental Hygiene Advanced Permit**

**CS FOR HOUSE BILL NO. 127(L&C)**

**IN THE LEGISLATURE OF THE STATE OF ALASKA**

**THIRTY-FIRST LEGISLATURE - FIRST SESSION**

**BY THE HOUSE LABOR AND COMMERCE COMMITTEE**

**Offered: 5/14/19**

**Referred: Finance**

**Sponsor(s): REPRESENTATIVE SPOHNHOLZ**

**A BILL**

**FOR AN ACT ENTITLED**

1   **"An Act relating to the practice of dental hygiene; relating to advanced practice permits**  
2   **for dental hygienists; relating to dental assistants; prohibiting unfair discrimination**  
3   **under group health insurance against a dental hygienist who holds an advanced practice**  
4   **permit; relating to medical assistance for dental hygiene services; and providing for an**  
5   **effective date."**

6   **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

7    \* **Section 1.** AS 08.32.110(e) is amended to read:

8           (e) This section does not prohibit a licensed dental hygienist

9                   (1) with an endorsement issued under AS 08.32.085 from performing  
10           the activities authorized under AS 08.32.085;

11                   (2) who **holds an advanced practice permit issued by the board**  
12           **under AS 08.32.125 or** has entered into a collaborative agreement approved by the  
13           board under AS 08.32.115 from performing the activities authorized under the **permit**

1        or collaborative agreement; or

2                                (3) from performing a dental operation, procedure, or service a dentist  
3        may delegate to a dental assistant under AS 08.36.346.

4        \* **Sec. 2.** AS 08.32 is amended by adding a new section to read:

5                                **Sec. 08.32.125. Advanced practice permits.** (a) The board may issue an  
6        advanced practice permit to a licensed dental hygienist with a minimum of 4,000  
7        documented hours of clinical experience. A licensed dental hygienist holding an  
8        advanced practice permit may

9                                (1) promote oral health and provide disease prevention education and  
10       oral systemic health education;

11                               (2) remove calcareous deposits, accretions, and stains from the  
12       surfaces of teeth;

13                               (3) apply topical preventive or prophylactic agents, including silver  
14       diamine fluoride, fluoride varnishes, and pit and fissure sealants;

15                               (4) polish and smooth restorations;

16                               (5) remove marginal overhangs;

17                               (6) perform preliminary charting and triage to formulate a dental  
18       hygiene assessment and dental hygiene treatment plan;

19                               (7) expose and develop radiographs;

20                               (8) use local periodontal therapeutic agents;

21                               (9) perform nonsurgical periodontal therapy, with or without the  
22       administration of local anesthesia;

23                               (10) screen for oral cancer;

24                               (11) if certified by the board, administer local anesthesia;

25                               (12) prescribe

26                                        (A) fluoride that is applied or provided to a patient; and

27                                        (B) chlorhexidine or a similar antibacterial rinse; and

28                               (13) delegate dental operations and services to a dental assistant as  
29       provided in AS 08.36.346.

30                               (b) A licensed dental hygienist holding an advanced practice permit may  
31       provide the services described in (a) of this section to a patient who is unable to

1 receive dental treatment because of age, infirmity, or disability and is

2 (1) a resident in a senior center, including a hospital, long-term care  
3 facility, adult foster home, residential care facility, or adult congregate living facility;

4 (2) a resident in a health care facility, including a mental health  
5 residential program or facility for individuals with developmental or other disabilities;

6 (3) held in a local correctional facility for juveniles or adults;

7 (4) enrolled in a nursery school, day care program, vocational training  
8 facility, primary school, secondary school, private school, or public charter school;

9 (5) entitled to benefits under 42 U.S.C. 1786 (Special Supplemental  
10 Food Program for Women, Infants, and Children);

11 (6) homebound; or

12 (7) a resident of a dental health professional shortage area designated  
13 under 42 U.S.C. 254e.

14 (c) A licensed dental hygienist holding an advanced practice permit may  
15 provide the services described in (a) of this section to a patient described in (b) of this  
16 section without

17 (1) the physical presence, authorization, or supervision of a licensed  
18 dentist;

19 (2) a licensed dentist's examination of the patient.

20 (d) A licensed dental hygienist who provides services under an advanced  
21 practice permit shall maintain professional liability insurance and provide the patient,  
22 or the parent or legal guardian of the patient, with

23 (1) a written notice that the treatment provided will be limited to  
24 services permitted under (a) of this section;

25 (2) a written recommendation that the patient be examined by a  
26 licensed dentist for comprehensive oral health care services; and

27 (3) assistance in obtaining a referral to a licensed dentist for further  
28 dental planning and treatment, including a written description of methods for  
29 obtaining a referral and a list of licensed dentists in the patient's community or other  
30 resources for finding a licensed dentist.

31 (e) A licensed dental hygienist holding an advanced practice permit may



1 practice as an independent contractor.

2 (f) An advanced practice permit is valid until the expiration of the dental  
3 hygienist's license to practice. A licensed dental hygienist may renew an advanced  
4 practice permit at the time of license renewal under AS 08.32.071.

5 \* **Sec. 3.** AS 08.32.160 is amended to read:

6 **Sec. 08.32.160. Grounds for discipline, suspension, or revocation of license.**

7 The board may revoke or suspend the license of a dental hygienist, or may reprimand,  
8 censure, or discipline a licensee, if, after a hearing, the board finds that the licensee

9 (1) used or knowingly cooperated in deceit, fraud, or intentional  
10 misrepresentation to obtain a license, certificate, or endorsement;

11 (2) engaged in deceit, fraud, or intentional misrepresentation in the  
12 course of providing or billing for professional services or engaging in professional  
13 activities;

14 (3) advertised professional services in a false or misleading manner;

15 (4) has been convicted of a felony or other crime that affects the  
16 licensee's ability to continue to practice competently and safely;

17 (5) failed to comply with this chapter, with a regulation adopted under  
18 this chapter or under AS 08.36, or with an order of the board;

19 (6) continued to practice after becoming unfit due to

20 (A) professional incompetence;

21 (B) addiction or dependence on alcohol or other drugs that  
22 impairs the licensee's ability to practice safely;

23 (C) physical or mental disability;

24 (7) engaged in lewd or immoral conduct in connection with the  
25 delivery of professional service to patients;

26 (8) **except as permitted under an advanced practice permit under**  
27 **AS 08.32.125,** performed clinical procedures without being under the supervision of a  
28 licensed dentist;

29 (9) did not conform to professional standards in delivering dental  
30 hygiene services to patients regardless of whether actual injury to the patient occurred;

31 **(10) permitted a dental assistant employed by a dental hygienist or**

working under the supervision of a dental hygienist to perform a dental procedure in violation of AS 08.32.110 or AS 08.36.346;

(11) falsified or destroyed a patient or facility record, or failed to maintain a patient or facility record for at least seven years after the date the record was created.

\* **Sec. 4.** AS 08.36.346 is amended by adding a new subsection to read:

(c) A dental hygienist holding an advanced practice permit issued under AS 08.32.125 may delegate to a dental assistant under a level of supervision specified by the board in regulations

(1) the exposure and development of radiographs;

(2) application of topical preventive agents or pit and fissure sealants;

(3) other tasks specified by the board in regulations.

\* **Sec. 5.** AS 21.36.090(d) is amended to read:

(d) Except to the extent necessary to comply with AS 21.42.365 and AS 21.56, a person may not practice or permit unfair discrimination against a person who provides a service covered under a group health insurance policy that extends coverage on an expense incurred basis, or under a group service or indemnity type contract issued by a health maintenance organization or a nonprofit corporation, if the service is within the scope of the provider's occupational license. In this subsection, "provider" means a state licensed physician, physician assistant, dentist, osteopath, optometrist, chiropractor, advanced practice registered nurse, naturopath, physical therapist, occupational therapist, marital and family therapist, psychologist, psychological associate, licensed clinical social worker, licensed professional counselor, [OR] certified direct-entry midwife, or dental hygienist holding an advanced practice permit.

\* **Sec. 6.** AS 47.07.030(b) is amended to read:

(b) In addition to the mandatory services specified in (a) of this section and the services provided under (d) of this section, the department may offer only the following optional services: case management services for traumatic or acquired brain injury; case management and nutrition services for pregnant women; personal care services in a recipient's home; emergency hospital services; long-term care

1 noninstitutional services; medical supplies and equipment; advanced practice  
 2 registered nurse services; clinic services; rehabilitative services for children eligible  
 3 for services under AS 47.07.063, substance abusers, and emotionally disturbed or  
 4 chronically mentally ill adults; targeted case management services; inpatient  
 5 psychiatric facility services for individuals 65 years of age or older and individuals  
 6 under 21 years of age; psychologists' services; clinical social workers' services; marital  
 7 and family therapy services; midwife services; prescribed drugs; physical therapy;  
 8 occupational therapy; chiropractic services; low-dose mammography screening, as  
 9 defined in AS 21.42.375(e); hospice care; treatment of speech, hearing, and language  
 10 disorders; adult dental and dental hygiene services; prosthetic devices and  
 11 eyeglasses; optometrists' services; intermediate care facility services, including  
 12 intermediate care facility services for persons with intellectual and developmental  
 13 disabilities; skilled nursing facility services for individuals under 21 years of age; and  
 14 reasonable transportation to and from the point of medical care.

15 \* **Sec. 7.** The uncodified law of the State of Alaska is amended by adding a new section to  
 16 read:

17 REGULATIONS. The Department of Commerce, Community, and Economic  
 18 Development, the Department of Health and Social Services, and the Board of Dental  
 19 Examiners may adopt regulations necessary to implement the changes made by this Act. The  
 20 regulations take effect under AS 44.62 (Administrative Procedure Act), but not before the  
 21 effective date of the law implemented by the regulations.

22 \* **Sec. 8.** Section 7 of this Act takes effect immediately under AS 01.10.070(c).

23 \* **Sec. 9.** Except as provided in sec. 8 of this Act, this Act takes effect July 1, 2020.

**SPONSOR SUBSTITUTE FOR SENATE BILL NO. 68**

**IN THE LEGISLATURE OF THE STATE OF ALASKA**

**THIRTY-FIRST LEGISLATURE - FIRST SESSION**

**BY SENATOR GIESSEL BY REQUEST**

**Introduced: 4/3/19**

**Referred: Labor and Commerce, Finance**

**A BILL**

**FOR AN ACT ENTITLED**

1   **"An Act relating to the practice of dental hygiene; establishing an advanced practice**  
2   **permit; prohibiting unfair discrimination under group health insurance against a dental**  
3   **hygienist who holds an advanced practice permit; and relating to medical assistance for**  
4   **dental hygiene services."**

5   **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

6    \* **Section 1.** AS 08.32.110(e) is amended to read:

7           (e) This section does not prohibit a licensed dental hygienist

8               (1) with an endorsement issued under AS 08.32.085 from performing  
9           the activities authorized under AS 08.32.085;

10               (2) who **holds an advanced practice permit issued by the board**  
11           **under AS 08.32.125 or** has entered into a collaborative agreement approved by the  
12           board under AS 08.32.115 from performing the activities authorized under the **permit**  
13           **or** collaborative agreement; or

14               (3) from performing a dental operation, procedure, or service a dentist

1 may delegate to a dental assistant under AS 08.36.346.

2 \* **Sec. 2.** AS 08.32 is amended by adding a new section to read:

3 **Sec. 08.32.125. Advanced practice permits.** (a) The board may issue an  
4 advanced practice permit to a licensed dental hygienist with a minimum of 4,000  
5 documented hours of clinical experience. A licensed dental hygienist holding an  
6 advanced practice permit may perform one or more of the following:

7 (1) oral health promotion, disease prevention education, and oral  
8 systemic health education;

9 (2) removal of calcareous deposits, accretions, and stains from the  
10 surfaces of teeth;

11 (3) application of topical preventive or prophylactic agents, including  
12 silver diamine fluoride, fluoride varnishes, and pit and fissure sealants;

13 (4) polishing and smoothing restorations;

14 (5) removal of marginal overhangs;

15 (6) preliminary charting and triage to formulate a dental hygiene  
16 assessment and dental hygiene treatment plan;

17 (7) the exposure and development of radiographs;

18 (8) use of local periodontal therapeutic agents;

19 (9) nonsurgical periodontal therapy, with or without the administration  
20 of local anesthesia;

21 (10) screening for oral cancer;

22 (11) administration of local anesthesia; and

23 (12) writing prescriptions for

24 (A) fluoride that is applied or provided to a patient; and

25 (B) chlorhexidine or a similar antibacterial rinse.

26 (b) A licensed dental hygienist holding an advanced practice permit may  
27 provide the services described in (a) of this section to a patient who is unable to  
28 receive dental treatment because of age, infirmity, or disability and is

29 (1) a resident in a senior center, including a hospital, long-term care  
30 facility, adult foster home, residential care facility, or adult congregate living facility;

31 (2) a resident in a health care facility, including a mental health

1 residential program or facility for individuals with developmental or other disabilities;

2 (3) held in a local correctional facility for juveniles or adults;

3 (4) enrolled in a nursery school, day care program, vocational training  
4 facility, primary school, secondary school, private school, or public charter school;

5 (5) entitled to benefits under 42 U.S.C. 1786 (Special Supplemental  
6 Food Program for Women, Infants, and Children);

7 (6) homebound; or

8 (7) a resident of a dental health professional shortage area designated  
9 under 42 U.S.C. 254e.

10 (c) A licensed dental hygienist holding an advanced practice permit may  
11 provide the services described in (a) of this section to a patient described in (b) of this  
12 section without

13 (1) the physical presence, authorization, or supervision of a licensed  
14 dentist;

15 (2) a licensed dentist's examination of the patient.

16 (d) A licensed dental hygienist who provides services under an advanced  
17 practice permit shall maintain professional liability insurance and provide the patient,  
18 or the parent or legal guardian of the patient, with

19 (1) a written notice that the treatment provided will be limited to  
20 services permitted under (a) of this section;

21 (2) a written recommendation that the patient be examined by a  
22 licensed dentist for comprehensive oral health care services; and

23 (3) assistance in obtaining a referral to a licensed dentist for further  
24 dental planning and treatment, including a written description of methods for  
25 obtaining a referral and a list of licensed dentists in the patient's community or other  
26 resources for finding a licensed dentist.

27 (e) A licensed dental hygienist holding an advanced practice permit may  
28 practice as an independent contractor.

29 (f) An advanced practice permit is valid until the expiration of the dental  
30 hygienist's license to practice. A licensed dental hygienist may renew an advanced  
31 practice permit at the time of license renewal under AS 08.32.071.

1 \* **Sec. 3.** AS 21.36.090(d) is amended to read:

2 (d) Except to the extent necessary to comply with AS 21.42.365 and  
 3 AS 21.56, a person may not practice or permit unfair discrimination against a person  
 4 who provides a service covered under a group health insurance policy that extends  
 5 coverage on an expense incurred basis, or under a group service or indemnity type  
 6 contract issued by a health maintenance organization or a nonprofit corporation, if the  
 7 service is within the scope of the provider's occupational license. In this subsection,  
 8 "provider" means a state licensed physician, physician assistant, dentist, osteopath,  
 9 optometrist, chiropractor, advanced practice registered nurse, naturopath, physical  
 10 therapist, occupational therapist, marital and family therapist, psychologist,  
 11 psychological associate, licensed clinical social worker, licensed professional  
 12 counselor, [OR] certified direct-entry midwife, or dental hygienist holding an  
 13 advanced practice permit.

14 \* **Sec. 4.** AS 47.07.030(b) is amended to read:

15 (b) In addition to the mandatory services specified in (a) of this section and the  
 16 services provided under (d) of this section, the department may offer only the  
 17 following optional services: case management services for traumatic or acquired brain  
 18 injury; case management and nutrition services for pregnant women; personal care  
 19 services in a recipient's home; emergency hospital services; long-term care  
 20 noninstitutional services; medical supplies and equipment; advanced practice  
 21 registered nurse services; clinic services; rehabilitative services for children eligible  
 22 for services under AS 47.07.063, substance abusers, and emotionally disturbed or  
 23 chronically mentally ill adults; targeted case management services; inpatient  
 24 psychiatric facility services for individuals 65 years of age or older and individuals  
 25 under 21 years of age; psychologists' services; clinical social workers' services; marital  
 26 and family therapy services; midwife services; prescribed drugs; physical therapy;  
 27 occupational therapy; chiropractic services; low-dose mammography screening, as  
 28 defined in AS 21.42.375(e); hospice care; treatment of speech, hearing, and language  
 29 disorders; adult dental and dental hygiene services; prosthetic devices and  
 30 eyeglasses; optometrists' services; intermediate care facility services, including  
 31 intermediate care facility services for persons with intellectual and developmental

- 1 disabilities; skilled nursing facility services for individuals under 21 years of age; and
- 2 reasonable transportation to and from the point of medical care.





THE STATE  
of ALASKA  
GOVERNOR MICHAEL J. DUNLEAVY

Department of Commerce, Community,  
and Economic Development

BOARD OF DENTAL EXAMINERS

P.O. Box 110806  
Juneau, AK 99811-0806  
Main: 907.465.2542  
Toll free fax: 907.465.2974

March 9, 2019

To Whom It May Concern,

The Alaska State Board of Dental Examiners met via public noticed video conference on March 8th to discuss Senate Bill No. 68. The bill was introduced this February by Senator Giessel and relates to the practice of dental hygiene. It would establish a new permit category for licensed hygienists called an "advanced practice permit" allowing permit holders to practice in certain locations and perform certain services independently of a dentist. The bill also seeks to eliminate the currently available "collaborative agreement" which allows an Alaska licensed dentist and hygienist to work together in order to provide coordinated care to underserved populations in our State. In general, the consensus of the Board is to support adding an advanced practice permit category although some concerns were brought forward which will be highlighted later in this letter. Most notably however, the Board was **unanimously opposed** to the elimination of the existing collaborative agreement option.

The principle reason for opposition to elimination of the collaborative agreement is it would reduce access to care for populations and locations not covered under AS 08.32.115(b) of the proposed bill. Although number (7) of (b) attempts to allow the Dental Board leeway to determine where or who an "underserved" population is, the Board is not willing or qualified to make that determination. For example, is mile 100-220 of the Parks highway near Cantwell, or the town of Dillingham underserved? What about next year or the year after that? The Board felt that most of the places in Alaska not covered under 08.32.115(b) are best served by the collaborative agreement for the simple reason that in many cases the market will determine who is underserved not a Board who is unqualified to do so. Therefore, the Board suggests removing item (7) from part (b). The Board also questions whether the population represented by item (4) of part (b) would qualify as "unable to receive dental treatment because of age, infirmity or disability." Nevertheless, the Board does support the idea of an advanced practice permit hygienist who is willing to independently provide services to most people and locations listed under 08.32.115(b) that have been notoriously underserved.

Hygienists working with dentists under collaborative agreements are allowed to perform specific procedures currently listed under 08.32.115(a). Procedures that would be allowed under the SB 68 amended version of 08.32.115(a) mirror the current list with a few additions. The Board has concerns with some items listed under (a) of the proposed bill, particularly if the hygienist with an advanced practice permit will be working independent of a dentist. They are as follows.

Item (3) adds silver diamine fluoride to a list of topical preventive agents. Some Board members argue this is not a preventive treatment but more definitive and thus feel its application constitutes the diagnosis and treatment of caries. However, the majority of the members are in favor of allowing it.

Item (9) under the current collaborative agreement allows for nonsurgical periodontal therapy, with or without local anesthesia. This is the only procedure on the list that cannot have standing orders and must be subsequently diagnosed and authorized by the collaborating dentist. The advanced practice permit would be a departure from that requirement. Nevertheless, the Board was in general agreement that hygienists with the experience required to obtain a local anesthesia permit and an advanced practice permit would be sufficiently trained to deliver local anesthesia safely and independently.

Item (11) atraumatic restorative technique (ART) is a total departure from anything hygienists are allowed or trained to do under chapter 32. There is no provision that would allow for it and would not be considered a preventive service. ART courses are available but it would probably be a permit category in and of itself.

In summary, the Dental Board suggests the following changes to SB68:

- 1) Do not remove the collaborative agreement from AS 08.32.110(e)(2) and add the advanced hygiene permit as a new standalone hygiene permit option leaving 08.32.0115 unchanged.
- 2) Remove 08.32.115(a)(11) atraumatic restorative technique from the approved procedure list.
- 3) Remove 08.32.115(b)(4) and (7) from the approved patient population or location list.
- 4) Change wording of 08.32.115(d)(1) to replace "preventive services" with "services allowed under the advanced practice permit." The reason being, nonsurgical periodontal therapy with local anesthesia and the use of silver diamine fluoride can be considered definitive treatments.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "David Nielson", with a stylized flourish at the end.

David Nielson, DDS  
President, Alaska State Board of Dental Examiners





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

**Department of Commerce, Community,  
and Economic Development**

BOARD OF DENTAL EXAMINERS

P.O. Box 110806  
Juneau, AK 99811-0806  
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April 20, 2019

To Whom It May Concern,

During our latest meeting on April 15<sup>th</sup>, the Alaska Board of Dental Examiners reviewed HB127 which was introduced by Representative Spohnholz on April 9<sup>th</sup>. The new bill would establish an advanced practice permit category for experienced Alaska licensed hygienists. After our review, it was apparent the board was generally in favor of the bill and appreciates that HB127 does not remove the option to work under a collaborative agreement available under 08.32.115, and looks to add the advanced practice permit category under its own section. Because of that, the suggested changes to 08.32.110(e)(2) are appropriate. During the board's discussion, however, a couple of concerns surfaced and we offer two suggestions for consideration.

First, on line 22 of the bill or 08.32.125(a)(11), the board suggests adding "if certified by the board" after administration of local anesthetic. This would ensure an advanced practice permit holder would not perform a procedure they are not certified to do. The board realizes it would be extremely unusual for a licensed hygienist applying for this type of permit to not have a local anesthetic permit as well, but it is possible.

Secondly, because a dentist may be disciplined for failure to create and maintain patient or facility records under 08.36.315(12), a hygienist working independently with an advanced practice permit should have a similar record keeping requirement written into 08.32.125. Along those same lines, if an advanced practice hygienist employs an assistant, a provision similar to 08.36.315(10) should be introduced in the event an employee assistant is found to be performing procedures in violation of 08.36.346. In other words, along with independent practice, come grounds for discipline for certain violations that would have otherwise been covered under an employer dentist's license or not currently covered under 08.32.160.

All in all, the Alaska State Board of Dental Examiners remains in full support of adding an advanced practice permit for licensed hygienists and are only trying to proactively make suggestions that may help clarify issues if they arise. The Dental Board is happy to provide input during the process as needed.

Sincerely,

  
David Nielson, DDS  
President, State of Alaska Board of Dental Examiners

# **Moderate Sedation Program Verification Forms**

BREAK TIME

**New Business**

# DEN

## Task List:

- Update Professional Fitness questions. *(Dr. Woller)*
  - *In Process. Dr. Woller sent draft.*
- PDMP Dental Hygiene Penalty Matrix. *(Gail Walden)*
  - *In Process.*
- PDMP Dental Penalty Matrix *(Dr. Wenzell)*
  - *In Process.*
- Prescribing Recommendation for Morphine; mm equivalent. *(Dr. Nielson)*
  - *In Process.*
- Compliance Module for PDMP. *(Christianne)*
  - *In the Process of documenting; backlogged.*
- Update current Moderate Sedation information online and on paper application. *(Christianne)*
  - *In process. Double checking regulations and statutes for accuracy. Sending to pub spec ASAP.*
- PDMP Letter Template for new licensees. *(Christianne)*
  - *FINISHED! Sending the board a copy of the letter.*
- Follow up with Dr. Uldrickson's investigation and place back on OnBoard. *(Christianne)*
  - *Asked Jasmin Bautista to conduct another investigation.*
- Contact Dr. Wallin for more information about his pending case.
  - *Filed an investigative report; contacted by Jasmin Bautista.*
- Send draft of 12/6/19 minutes to board. *(Christianne)*
  - *FINISHED! Draft is up on our website*
- Send draft of 2/11/20 minutes to board. *(Christianne)*
  - *FINISHED! Sent to board, asked for any changes.*

**Adjourn**