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

MINUTES OF MEETING
December 6, 2013

By authority of AS 08.01.070(2) and AS 08.36.040 and in compliance with the provisions of Article 6 of AS 44.62, a scheduled meeting of the Board of Dental Examiners was held December 6, 2013, at 550 W. 7th Ave., Suite 1270, Anchorage, Alaska.

The meeting was called to order by Dr. Paul Silveira (filling in as Chair), at 8:33 a.m.

Roll Call

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

Dr. Thomas Wells, President – (telephonic from Nevada)
Gail Walden – Dental Hygienist – Wasilla
Dr. Robert Warren – Dentist - Anchorage
Cheryl Fellenberg – Dental Hygienist –Wasilla
Dr. Steven Scheller- Dentist - Fairbanks
Dr. Mary Anne Navitsky –Dentist - Sitka
Dr. Thomas Kovaleski – Dentist - Chugiak
Dr. Paul Silveira – Dentist – Valdez

Absent:

Robyn Chaney- Public Member – Dillingham, excused

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

Don Habeger, Director - Juneau
Sara Chambers, Operations Manager - Juneau
Quinten Warren, Chief Investigator- Anchorage
Angela Birt, Investigator- Anchorage
Debbie Kunow, Licensing Examiner – Juneau
Todd Araujo, Attorney - Juneau

47 **Agenda Item 1- Agenda**

48

49 Ms. Kunow advised the Board of the amended agenda which included 1st quarter
50 fiscal year 2014 budget report, miscellaneous correspondence from Senator
51 Fairclough, Royann Royer and the Alaska Oral Surgery Group, Part 2 of the July,
52 2013 adopted regulation project and the current proposed regulation
53 recommendation form.

54

55 **Agenda Item 2- Minutes**

56

57 The Board reviewed the minutes from the September 6, 2013 meeting. Ms.
58 Fellenberg and Ms. Walden noted on page 8, line 349 "To make patients
59 comfortable, they will be anesthetized before and if they don't qualify, they're numb
60 for a few hours" should be withdrawn because patients are now not anesthetized
61 before they are accepted.

62

63 **On a motion duly made by Fellenberg, seconded by Warren and approved**
64 **unanimously, it was**

65

66 **RESOLVED to approve the minutes of September 6, 2013 with**
67 **amendment.**

68

69 The Board reviewed the minutes from the October 4, 2013 teleconference. Dr.
70 Kovalski noted he is from Chugiak.

71

72 **On a motion duly made by Fellenberg, seconded by Scheller and approved**
73 **unanimously, it was**

74

75 **RESOLVED to approve the minutes of October 4, 2013 with amendment.**

76

77 The Board reviewed the minutes from the November 12, 2013 teleconference.

78

79 **On a motion duly made by Fellenberg, seconded by Kovalski and approved**
80 **unanimously, it was**

81

82 **RESOLVED to approve the minutes of November 12, 2013.**

83 **Agenda Item 3- Ethics**

84

85 There were no ethics violations to report.

86

87

88 **Agenda Item 4 -Budget Review**

89

90 First quarter fiscal year (YR) 2014 budget figures distributed to Board members.
91 Operations Manager Sara Chambers addressed the Board concerning updated
92 information for FY 2014. Revenue for 1st quarter is lower because this is not a
93 renewal year. Ms. Chambers explained the breakdown of collocation codes. Legal
94 fees are covered under contractual costs. Dr. Warren asked why the contractual
95 costs were so much higher for FY 2013. Ms. Kunow explained there were a lot of
96 legal costs associated with the regulation project as a result of SB 92. Future legal
97 costs will occur as the regulation project continues and licensing fees may have to
98 be readdressed as the Board approaches the end of FY 2014. Ms. Chambers added
99 that hearing costs are also included in contractual revenues. Indirect expenses
100 include administrative, IT, accounting, and front desk personnel. These indirect
101 expenses are divided using a formula between all the boards and divided out equally
102 across four quarters. Ms. Chambers advised the department will be in contact with
103 the Board regarding specific fee adjustments, if necessary, at least six months before
104 license renewal.

105 Ms. Chambers advised SB 187 will reduce investigative fees because investigative
106 fees will be covered by the general fund.

107 Dr. Kovaleski asked if there will be a notice sent out regarding increased licensing
108 fees and Ms. Chambers advised yes. Dr. Warren asked when the last time license
109 fees had been raised and Ms. Chambers will look into this.

110 Ms. Chambers reviewed total Division revenues. Professional licensing comprises
111 eighty-four percent of total revenues. The investigative unit is also included in
112 professional licensing. The remaining sixteen percent is corporations and business
113 licensing.

114 Ms. Chambers reviewed the legislative report that is located on the website. One
115 key element included is the break-down of investigative expenses. Legal costs are
116 broken out but not defined as to what expenses went to, for example, hearings, legal
117 investigations or regulations, etc. This would be too arduous. Investigative services
118 make up nearly half of the personal services to this Board. The fee analysis section
119 lists out the number of licenses that the legislative finance division will look at in
120 combination with expenses to determine licensing fees.

121 The Board thanked Ms. Chambers for her time.

122

123

124

125 **Agenda Item 5- Investigative Report**

126

127 Investigator Angela Birt distributed a probation report and the investigative report
128 to Board members.

129 Investigations opened fourteen files and closed seventeen actions during this
130 quarter. There are currently fourteen actions on file. There are three cases with the
131 Attorney General's Office, one of which is a new case attached to the other two
132 which is scheduled for a hearing on the December 10, 2013. This will be further
133 discussed in executive session. The remaining eight matters below the asterisks
134 relate to the same matters.

135 One other case involved Medicaid fraud. Medicaid is taking the lead on this. A
136 provider is inviting others to come from out of state and use his provider number
137 for billing purposes. At this point, it is a criminal inquiry and Investigations is
138 following along with it.

139 Case 2013-001883 involved a Sexual Misconduct and that dentist voluntarily
140 suspended his license. That case will remain in open status until such time a
141 criminal trial occurs.

142 Case 2013-002068, a Substance Abuse issue, involved a dentist arrested twice for
143 DUI. The dentist is currently in residential treatment, and until he is released from
144 treatment, no further action will be taken. At this point, he is out of the public and
145 cannot do any harm.

146 Nine cases have been closed. There is a combination of consent agreements, letters
147 of advisement and compliance issues. There was another issue with teeth whitening
148 by hairdressers and they pulled their ad when advised. The Hairdressers' Board
149 continues to advise their hairdressers not to advertise that procedure, but the
150 problem is with canned language in the Groupon ads stating staff is applying teeth
151 whitening solution. Whenever staff puts their hands in someone's mouth, it
152 becomes a practice of dentistry. Almost everyone contacted stated they don't apply,
153 that they give the kit to the customer, but the problem is in the language of the
154 advertisement. When contacted, they pull their ads.

155 Dr. Silveira asked about the Medicaid fraud issue. Ms. Birt advised this provider had
156 six staff and billed 3.1 million dollars in revenue under his provider number. Based
157 on those numbers, Medicaid felt he was allowing other providers to bill under his
158 number. Medicaid is working with the Office of Special Prosecution who will file
159 criminal charges. Our investigative unit will be following this to determine if
160 licensing action should be taken.

161
162

163 Ms. Birt reviewed probation cases with the Board. Dr. Ness is still out of the
164 country.

165 Dr. Karen Adams' fine was received.

166 Dr. Timothy Harbolt's fine is due in January and he is not in the state yet.

167

168 Ms. Birt distributed an accusation filed December 4th to the Board members.

169 Dr. Warren asked if this practitioner was still in the state. Ms. Birt said not at the
170 moment.

171

172 **On a motion duly made by Walden, seconded by Fellenberg, and approved**
173 **unanimously, it was**

174

175 **RESOLVED to go into executive session in accordance with AS**
176 **44.62.310(c)(2), for the purpose of discussing disciplinary action.**

177

178 Board staff to remain during executive session.

179

180 Off the record at 9:26 a.m.

181 On the record at 10:17 a.m.

182

183 **Agenda Item 6- Public Comment**

184

185 Ms. Sheila Jensen, a certified registered nurse anesthetist (CRNA), was introduced to
186 the Board. Ms. Jensen has been practicing seventeen years in a variety of settings
187 with different professionals. Ms. Jensen owns Anesthesia Relief Staffing and has
188 been in Alaska for fourteen years. She is in the process of expanding her practice to
189 dental offices. Ms. Jensen distributed folders to Board members that included
190 information regarding the opt-out of federal physician supervision requirements for
191 nurse anesthetists, American Dental Association (ADA) policy statement for the use
192 of sedation and general anesthesia, and CRNA scope of practice.

193 Ms. Jensen asked under 12 AAC 28.010, Permit Requirements for Use of Anesthetic
194 Agents, does a general dentist need to meet the requirement of one of subsection (1)
195 to (3) or (4) or (5) or (6)? Dr. Silveira stated it looked like a general dentist only had
196 to have an Advanced Cardiac Life Support (ACLS) card.

197 Ms. Jensen stated that under 12 AAC 28.620(a), the dentist must meet the
198 requirements of 12 AAC 28.010(3) through (5) or. If you go back to 12 AAC
199 28.010(3) the dentist must have fulfilled not less than 36 months of oral surgery
200 advanced education approved by the Council on Dental Education of the ADA and
201 (4) and (5). Ms. Kunow stated the Board amended the language of 12 AAC 28.010
202 that will go into effect on December 15, 2013, and provided Ms. Jensen with a copy
203 of the amended language.

204 Ms. Jensen asked if a general dentist has an anesthesia provider in their office, and
205 the dentist is not administering the anesthetic, are these articles in section 12
206 appropriate. Ms. Walden asked Ms. Jensen who she is licensed through. Ms. Jensen
207 stated she is licensed through the American Association of Nurse Anesthetists, a
208 national board.

209 Ms. Jensen asked if under 12 AAC 28.030, Other than Permit Holders, who can
210 administer an anesthetic other than the dentist holding the valid permit. Subsection
211 (2) states a board-eligible anesthesiologist administers the anesthetic agent while
212 under the supervision of a dentist holding a permit, but where does a regular
213 anesthesiologist factor in. Can a regular anesthesiologist practice independently in
214 that dentist's office? Drs. Scheller and Kovaleski stated the anesthesiologist should
215 be able to practice. Ms. Jensen stated this is still a gray area.

216 Ms. Jensen asked if 28.030 addressed any other venues outside of a dental office
217 such as hospitals or surgical centers. She also asked if a dentist is working with a
218 CRNA under 28.030(1) does that dentist need to hold a valid permit in anesthesia.
219 Dr. Kovaleski stated that if a dentist is working in a hospital, the dentist would fall
220 under the hospital regulations and the anesthesiologist is credentialed. The
221 anesthesiologist can provide anesthetics and the dentist provides dentistry. Ms.
222 Jensen stated that an anesthesiologist trying to practice in a dental office would not
223 coincide with the regulations as they are written now.

224 Ms. Walden stated the sedation portion of the regulations needs to be revamped.
225 Dr. Scheller stated it sounds like an anesthesiologist cannot practice unless the
226 dentist holds an anesthetic permit.

227 Ms. Jensen advised there is a great need for general dentists to have the capability of
228 having an anesthesiologist in their office.

229 Ms. Walden asked if Ms. Jensen's statutes limit where she can provide anesthesia.
230 Ms. Jensen stated no. There is an opt-out legislation that was instituted in 2003 by
231 Governor Murkowski that relieved doctors from legal and financial responsibilities
232 of directly supervising advanced practice nurses or CRNAs in the State of Alaska.
233 There are nineteen states that have enacted this legislation, many that have large
234 rural areas like Alaska. This opened up medical need requirements for underserved
235 rural populations.

236 Dr. Scheller asked if Ms. Jensen provided all the equipment needed for administering
237 anesthesia, including emergency equipment. Ms. Jensen advised that, yes, she did.

238 Dr. Warren asked if Ms. Jensen would take the place of a dental assistant. Ms. Jensen
239 stated her position would be as an anesthesiologist only. There is a fine line
240 between conscious sedation and deep sedation and is critical when a patient is in an
241 inclined position, particularly when there is irrigation. Ms. Jensen expressed
242 concern about someone who holds an anesthesia permit but has not anesthetized in
243 several years. Ms. Jensen has been approached by several dentists who would like
244 to have her practice in their offices.

245 Ms. Jensen read the ADA's policy on sedation: "IV sedation is safe and effective when
246 properly administered by trained individuals and has allowed millions of people
247 access to proper dental care. Pain can be addressed by both psychological and
248 pharmacological techniques. In some instances psychological approaches are
249 significant. However, in many instances, pharmacological approaches are required."
250 Dr. Kovaleski asked if Ms. Jensen would consider offering her services to the Board
251 by providing her expertise to the sedation portion of the regulation project. Dr.
252 Kovaleski stated the regulations are convoluted and need amending.
253 Ms. Jensen agreed to help Board members with the sedation portion of the
254 regulations. Bringing CRNAs to general dentists' offices would provide a great
255 service to the dental community. Having CRNAs in oral surgeons' offices is also
256 safer because the dental surgeon can concentrate on complex procedures.
257 The Board thanked Ms. Jensen for her insight and professional consultation.
258

259 Dr. Julie Robinson updated the Board regarding the Mission of Mercy scheduled for
260 April 11-12, 2014. She attended the Oregon Mission of Mercy and advised Board
261 members of the success of that event. Currently, the Alaska Mission of Mercy has
262 559 volunteers; of that, 138 are dentists. The goal is 1,000 volunteers, ideally with
263 250 dentists. There are seven dentists and one hygienist registered from out of
264 state. She advised Dr. Dave Logan is seeking a Senate sponsor for a bill in the
265 legislature to address the immunity issue for courtesy license holders and the
266 Parnell administration has indicated it would support the bill.
267 Currently, \$168,000.00 has been raised of the budgeted \$189,000.00.
268 The Board thanked Dr. Robinson for her time and hard work.
269

270 **Agenda Item 7- Miscellaneous Correspondence**

271
272 Courtesy license fee letter provided to Board members for information only. This
273 Board sponsored letter to Drs. Nielson and Robinson supported the elimination of
274 the courtesy license fee. Dr. Kovaleski commented he observed correspondence
275 from the Alaska Dental Society indicating they are picking up the costs for the
276 courtesy license for the Mission of Mercy.
277

278 Email from Commission on Dental Accreditation (CODA) requesting site
279 participation from Board members at University of Alaska Anchorage (UAA)
280 September 24-26, 2014 provided for discussion. Ms. Fellenberg recused herself
281 because she taught at UAA. Dr. Kovaleski stated this is an incredible time
282 commitment. All Board members declined attendance and requested Ms. Kunow
283 send an email to CODA.
284

285 Richardson Group letter provided to Board for discussion. Dr. Silveira stated this
286 group probably does a fine job with continuing education courses, but not all
287 courses are directly related to dental patient clinical care. The Board does not give
288 credit for practice management, only risk management. Ms. Fellenberg stated she
289 did not see where some of these courses meet regulation requirements. It may be
290 good information, but will not be credited to CEs. Dr. Silveira stated the Board has
291 few CE requirements in comparison to other Boards.

292

293 **On a motion duly made by Silveira, seconded by Kovaleski, and approved**
294 **unanimously, it was**

295

296 **RESOLVED to reject the Richardson Group continuing education courses**
297 **that do not meet the requirements of 12 AAC 28.410.**

298

299 The Board requested Ms. Kunow draft a letter explaining the current regulations
300 and the reasons courses are being rejected.

301

302 Letter from Dr. Egidy regarding clinical practice requirements for dental credentials
303 applicants provided to Board for discussion. Dr. Scheller stated Dr. Egidy has a
304 point. Ms. Fellenberg stated the new regulations, even with the changes, still
305 average out to twenty hours per week clinical practice, although it doesn't have to
306 be for each of the preceding five years. The new language would allow a dentist to
307 take off for a time because of health reasons, etc. If Dr. Egidy could meet the 5000
308 hours he would be fine once the new regulation becomes effective. His letter
309 doesn't state if he was working full time for a couple of years.

310 Dr. Kovaleski advised Bethel is not in great need for dentists. Dr. Kovaleski
311 cautioned there was a red flag in Dr. Egidy's email when he stated he took time off
312 "to unwind from the stresses of dental work."

313 Drs. Silveira and Scheller stated that if he was volunteering, those hours would
314 count.

315 Ms. Fellenberg concluded Dr. Egidy may meet the requirements of the new language.

316

317 Letter regarding suicide prevention from Senator Anna Fairclough provided to
318 Board members for information only. The letter was sent to all medical related
319 Boards. No action necessary.

320

321 Letter from Royann Royer, RDH, MPH regarding nitrous oxide clarification for
322 dental hygienists provided to the Board for discussion. Dr. Scheller and Ms. Walden
323 suggested discussing this topic during the regulation section of the agenda.

324

325 Letter from Alaska Oral Surgery Group, P.C. and an email from Dr. Wells provided to
326 Board for discussion. Dr. Silveira stated this sedation permit issue is being
327 addressed in the regulation project. Ms. Walden asked if regulation discussions only
328 happen at Board meeting. Can a committee be formed?

329 Dr. Wells advised the Board cannot require a dentist to carry malpractice insurance.
330 End-tidal CO2 requirements were set up by the Oral and Maxillofacial Surgeons
331 (AMOS) House of Delegates. End-tidal CO2 is included in the five year exam. Our
332 regulations follow the 2012 ADA Guidelines for Sedation and end-tidal CO2 is not
333 mentioned, so if we want to include end-tidal CO2 we would have to change our
334 regulations to reflect the AMOS Guidelines. Anyone using IV sedation would then
335 have to have end-tidal CO2 monitors. Dr. Scheller asked Dr. Wells his opinion on
336 that. Dr. Wells stated more regulation is not always good. Our guidelines with the
337 ADA are safe enough for doing IV sedation. The oral surgeons doing general
338 anesthesia will have to use the end-tidal CO2 by the time of their next evaluation. If
339 we can get people using IV sedation up to safe management, I think we've
340 accomplished something. We haven't done that because we haven't done any site
341 visits or requirements, and I don't think throwing this in there is going to help
342 anybody.

343 Dr. Silveira asked if end-tidal CO2 is for deeper sedation. Dr. Kovaleski said it's for
344 general anesthesia. Dr. Wells advised according to the statement made by AMOS,
345 they recommend end-tidal CO2 for moderate or deep sedation and general
346 anesthesia. It would be required for parenteral sedation in the State of Alaska if we
347 follow AMOS guidelines.

348 Dr. Silveira asked if end-tidal CO2 should be state regulated. Dr. Wells responded
349 no. At this point, even with the oral surgeons and the controversy of whether that's
350 really necessary, it probably would be a safety factor for someone doing general
351 anesthesia because the CO2 will build up faster and show on a monitor then when
352 the oxygen level will go down with a pulse oximeter, so there is a difference. I would
353 weigh it out for a year to see what happens. I think we have enough changes to the
354 regulations happening right now.

355 Dr. Wells stated site visits are not required and haven't been done. Ms. Walden
356 stated they are required and that is why the check list is being developed. Ms.
357 Fellenberg stated all staff must have basic life support.

358 Dr. Wells volunteered to draft a response letter to the Alaska Oral Surgery Group.

359

360 **Agenda Item 8- Regulations**

361

362 JU2013200315 (Part 1) of the regulation project adopted by the Board July 15,
363 2013, reviewed by Department of Law and signed by the Lt. Governor November 15,
364 2013 was provided to the Board for information. Part 1 will go into law December
365 15, 2013.

366 Ms. Kunow advised applications affected by these changes have been modified.
367 12 AAC 28.010, Permit Requirements for Use of Anesthetic Agents, now reflects all
368 permit holders must have a current Advanced Life Cardiac Life Support (ACLS)
369 certification in the first paragraph. The listed requirements are now clearer.
370 Dr. Navitsky asked if this is where the CRNA should be included. Ms. Walden stated
371 this section is for permitting and the Board will not be permitting anesthetists. Ms.
372 Kunow advised anesthetists could be included in 12 AAC 28.030 in the new
373 regulation project.
374 12 AAC 28.400, Continuing Education (CE) Requirements for Dentists and Dental
375 Hygienists, will change to 32 hours of CE for dentists and 20 hours of CE for dental
376 hygienists. Department of Law approved this change in the middle of a licensing
377 period instead of January 1, 2015. Ms. Kunow advised postcards are being mailed to
378 all licensed dentists and dental hygienists alerting them to these changes and
379 referring them to the website for exact language.
380 12 AAC 28.410, Approved Continuing Education Courses, was subdivided into two
381 subsections (g) and (h) for better clarification. Practice management and risk
382 management courses will count up to 3 hours of CE and up to 2 hours of CE will be
383 given for volunteer work.
384 12 AAC 28.610, Parenteral Sedation Permit, is being withdrawn into Part 2 until
385 check list is drafted and language is further amended.
386 12 AAC 28.920, CPR Certification, is being amended to include that online courses
387 are not acceptable. The CPR waiver requirements will be included into Part 2 once
388 the waiver form is drafted. Ms. Walden advised CPR courses may include online
389 lecture with clinical technique. Drs. Scheller and Kovalski agreed that didactic
390 courses would be acceptable. Ms. Fellenberg stated didactic courses will affect
391 nitrous oxide and CE requirements. Many universities are going to online didactic
392 courses. The Board should be including didactic in its language.
393 12 AAC 28.937, Dental Hygienist licensure by Credentials, is now amended to read
394 that the applicant must have been in active clinical practice documenting at least
395 2,500 hours for five years immediately preceding the application.
396 12 AAC 28.940, Dental Licensure by Exam, will now include a subsection (8)(b) that
397 will allow successful completion of a two year or more postgraduate training
398 program approved by the Commission on Dental Association of the American Dental
399 Association and evidence of having five years of continuous clinical practice with an
400 average of 20 hours per week immediately preceding the date of application; for
401 purposes of the clinical practice requirements of this subparagraph, clinical practice
402 may include dental school.
403 Dr. Scheller asked if the whole four years of dental school would count. Dr. Scheller
404 expressed concern that a two year or three year specialty trained dentist would not
405 qualify. Dr. Kovalski stated that if someone is doing prosthetics, they would be
406 doing more than 20 hours per week. The two years in endodontics would be 40

407 hours per week, and combine that with the last two years of dental school, they
408 would be at more than 20 hours per week. Dr. Scheller stated the language states
409 five years of continuous practice. Dr. Kovaleski advised many dental schools are
410 doing a lot more clinical earlier now. Dr. Kovaleski stated he thought the Board was
411 including all four years of dental school. Ms. Kunow asked if the dental school was
412 in combination with the specialty hours. Ms. Fellenberg stated the dentists had
413 agreed to count all years of dental school.

414 12 AAC 28.955, Courtesy License, is amended to not exceed either a total of 40 days
415 of practice during a 12-consecutive-month period or the duration of the limited
416 purpose approved under this section for the courtesy license holder, whichever is
417 less.

418 12 AAC 28.960, Registration of Dental Equipment, will be withdrawn to Part 2.

419 12 AAC 28.965, Inspection of Dental Equipment, will be withdrawn to Part 2.

420

421 JU2013200315 – Part 2

422 The Board expressed concern that 12 AAC 28.630(a)(2) was included in Part 2 when
423 it was withdrawn after public comment. Ancillary staff is only required to have
424 basic life support techniques. Ms. Kunow will notify the regulations specialist to
425 delete this from Part 2.

426 12 AAC 28.630 (b): Dr. Silveira stated the bracketed capitalized wording is what the
427 Board agreed on. Each facility will not be inspected. The inspections will be random
428 and at the Board's discretion, similar to continuing education audits. Permits will be
429 issued and randomly inspected. Ms. Walden stated the Board wanted to include "the
430 Board will, in its discretion" and "the evaluation may be carried out by the Board or
431 its designated representative" with the updated 2012 guideline.

432 Dr. Scheller suggested withdrawing the parenteral sedation section to the new
433 regulation project. Ms. Walden recommended amending 28.630(b) and keeping it in
434 Part 2 for now since public comment had already gone out. The revamping of the
435 sedation portion of the regulations can go into the new regulation project.

436 12 AAC 28.920, CPR Certification, was approved by the Board with the CPR waiver
437 form.

438 Dr. Kovaleski inquired how the Board can work on the sedation portion by
439 committee. It doesn't make sense that we fix it here. Ms. Fellenberg advised two
440 Board members can work together on the language. The Board agreed the sedation
441 regulation project would be too hard to handle at a Board meeting. Dr. Scheller and
442 Ms. Walden will work together with Sheila Jensen on the sedation portion.

443 12 AAC 28.960, Registration of Dental Radiological Equipment: Radiological
444 Equipment will still be registered with the Board with subsections (b) and (c)
445 repealed.

446 12 AAC 28.965, Inspection of Radiological Equipment: Inspectors will provide
447 inspection stickers to the owners or lessees of the radiological equipment.

448 Inspection records will be kept by the owners or lessees and made available to the
449 Board or its designee for inspection for investigative purposes. If an inspector
450 determines that a piece of equipment is unsafe, an inspection sticker will not be
451 issued. Dr. Silveira said, to his knowledge, there hasn't been any equipment that has
452 failed inspection. Ms. Birt advised investigations has not had any complaints about
453 radiological equipment, only complaints about too many x-rays being taken and that
454 isn't something the Board can control.

455 Ms. Kunow advised AS 08.36.075, Dental Radiological Equipment, is not totally valid
456 since there are no applicable federal laws for dental radiological equipment
457 inspections, only guidelines. Ms. Walden expressed concern that if the statute is not
458 valid, how can the Board regulate. The statute shouldn't exist. Ms. Kunow
459 suggested Board members contact their representatives. Dental radiological
460 equipment was, at one time, with Health and Social Services. Ms. Walden expressed
461 concern that Department of Law did not review this when SB 92 was drafted. Dr.
462 Silveira stated each state determines its own guidelines for radiological equipment
463 since there's no federal law, only federal guidelines. Ms. Kunow advised the
464 equipment manufacturer is ultimately liable for equipment safety. Ms. Walden said
465 she will look at other states' regulations and contact Dr. Dave Logan from the Alaska
466 Dental Society.

467
468 Ms. Birt requested the Board go into executive session to discuss a consent
469 agreement.

470
471 **On a motion duly made by Silveira, seconded by Warren, and approved**
472 **unanimously, it was**

473
474 **RESOLVED to go into executive session in accordance with AS**
475 **44.62.310(c)(2), for the purpose of discussing a consent agreement.**

476
477 Board staff to remain during executive session.

478
479 Off the record at 12:06 p.m.
480 On the record at 12: 16 p.m.

481
482 **On a motion duly made by Warren, seconded by Walden, and approved**
483 **unanimously, it was**

484
485 **RESOLVED to approve the consent agreement for Dr. Glenn E.**
486 **Lockwood, DDS.**

487

488 Dr. Warren advised he will write up a report from the October meeting of the
489 American Association of Dental Boards (AADB). One issue AADB raised was the
490 effects of the Affordable Care Act/Obamacare on dentists. The American Dental
491 Association (ADA) had their lobbyist at the meeting who stated there have been
492 works and drafts to include dentists in the Affordable Care Act. Dr. Scheller stated
493 it's already affected his practice because people are losing their dental insurance
494 coverage.

495
496 The Board recessed for lunch-
497 Dr. Warren left the meeting.
498 Off the record at 12:17 p.m.
499 On the record at 1:04 p.m.

500

501 **Agenda Item 9 - Personal Interview for Applicants by Credentials**

502

503 Dr. Silveira welcomed Dr. David Hobson to the board meeting and explained the
504 interview process. Dr. Hobson appeared in person. The board asked the standard
505 interview questions.

506

507 **On a motion duly made by Scheller, seconded by Kovaleski, and approved**
508 **unanimously, it was**

509

510 **RESOLVED to approve the application for a dental license for Dr. David**
511 **Hobson.**

512

513 Dr. Silveira welcomed Dr. Young Yoon to the board meeting and explained the
514 interview process. Dr. Yoon appeared telephonically. The board asked the standard
515 interview questions.

516

517 **On a motion duly made by Walden, seconded by Scheller, and approved**
518 **unanimously, it was**

519

520 **RESOLVED to approve the application for a dental license for Dr. Young**
521 **Yoon.**

522

523 Dr. Silveria welcomed Dr. Frederick Melton to the board meeting and explained the
524 interview process. Dr. Melton appeared telephonically. The board asked the
525 standard interview questions.

526

527

528 **On a motion duly made by Silveria, seconded by Fellenberg, and approved**
529 **unanimously, it was**

530

531 **RESOLVED to approve the application for a dental license for Dr.**
532 **Frederick Melton.**

533

534 Dr. Silveira welcomed Dr. Robert English II to the board meeting and explained the
535 interview process. Dr. English II appeared telephonically. The board asked the
536 standard interview questions.

537

538 **On a motion duly made by Kovalski, seconded by Fellenberg, and approved**
539 **unanimously, it was**

540

541 **RESOLVED to go into executive session in accordance with AS**
542 **44.62.310(c)(2), for the purpose of discussing the application of Dr.**
543 **Robert English II.**

544

545 Board staff to remain during executive session.

546

547 Off the record at 1:34 p.m.

548 On the record at 1:55 p.m.

549

550 **On a motion duly made by Kovalski, seconded by Fellenberg, and approved**
551 **unanimously, it was**

552

553 **RESOLVED to table the application for dental licensure for Dr. Robert**
554 **English II pending further discussion.**

555

556 **Agenda Item 8- Regulations (continued)**

557

558 The Board was provided with the Proposed Regulation Recommendation Form
559 (PRRF) that included language for a new regulation project initiated at the
560 September 6, 2013 meeting and an email from Dr. Wells.

561

562 12 AAC 28.030, Other than Permit Holders: The current regulation limits the venue
563 to a dental office and the dentist must hold a valid permit. The Board will amend
564 language to include CRNAs and will further discuss at the next meeting.

565 Dr. Scheller stated the dentist should not have to be permitted if there is an
566 anesthesiologist present. Ms. Walden said there should be language to ensure the
567 dentist is knowledgeable about the anesthesiologist's skills, has the proper
568 certification and is well-qualified. Dr. Wells stated the problem with 'board

569 certified' is that the person is certified for about six years and if the person doesn't
570 pass the board within six years, they are no longer certified, but could still be
571 licensed. Many hospitals have licensed anesthesiologists without board
572 certification.

573 Ms. Walden asked Dr. Wells if he wanted 28.030 completely eliminated as stated in
574 his email. Dr. Wells responded that 28.030 is not appropriate for what the Board is
575 doing. If a dentist brings in an anesthesiologist, it is probably because the dentist
576 isn't qualified. The current regulation states the dentist has to be qualified to watch
577 what the anesthesiologist is doing, and that's not going to happen. It's more
578 appropriate to have a qualified person with all the credentials come in with all the
579 proper equipment. A general dentist is not going to supervise an anesthesiologist.

580 Ms. Walden then asked if under Article 1, Administering of Anesthetic Agents, is that
581 where the mild, moderate, deep and general sedation should be outlined. Dr.
582 Scheller responded it is minimal, moderate and deep and general sedation.
583 Washington State has a good outline. Certification for minimal sedation may be a bit
584 overboard. It should have nothing to do if it is parenteral or oral; moderate sedation
585 should be moderate sedation. Dr. Kovaleski stated definitions for different types of
586 sedation change almost year to year and consulting with Sheila Jensen would be
587 beneficial because she would be current with definitions.

588 Ms. Walden advised that Royann Royer, in her letter, had questions regarding
589 certifying hygienists for nitrous oxide. Dr. Scheller stated hygienists should be
590 certified for nitrous oxide.

591 Dr. Scheller and Ms. Walden will consult with Ms. Jensen. Dr. Kovaleski stated
592 Washington and Minnesota have good regulations and if we have someone who's
593 current with the definitions, it would be a benefit.

594 Ms. Walden asked if the Board wanted to combine Article 1 with Article 6,
595 Parenteral Sedation. Additionally, nitrous and local anesthesia should probably be
596 combined. Ms. Kunow will consult with the regulations specialist.

597 Ms. Fellenberg stated twenty-nine states have nitrous permits for hygienists, eleven
598 have no permits; eighteen have a permit with \$20 to \$40 dollar fees; three states
599 have a combined nitrous-local anesthesia-restorative license. Hygienists can use
600 nitrous without local anesthesia. It would be good to have a separate nitrous oxide
601 permit. Ms. Walden added it would benefit the employer to know what training the
602 dental hygienist has. Dr. Kovaleski stated it would be difficult to have a combined
603 license because of the education in this State. Ms. Fellenberg suggested having a
604 separate nitrous oxide permit with a fee and putting it with the local anesthesia
605 section of the regulations. Ms. Walden stated right now, it is in Article 7,
606 Professional Practices. Ms. Fellenberg said it makes more sense to put it where it
607 belongs so it is clearer to applicants.
608

609 12 AAC 28.905, Ethical Standards for dentists and dental hygienists will be updated
610 to current ADA Code of Ethics.
611
612 12 AAC 28.906, Unprofessional Conduct, a new subsection, will give the Board
613 disciplinary authority for faulty record keeping, failure to provide records, violating
614 disciplinary sanctions, failing to cooperate with investigations, failing to allow
615 records be accessed, and failing to report disciplinary action taken by other entities.
616 An arrest by law enforcement would have to be reported within 30 days.
617 Ms. Walden expressed concern that "Unprofessional Conduct" was not specifically
618 cited in Sec. 08.36.315. Ms. Kunow advised the Board was adding this new
619 subsection 28.906 to define "Unprofessional Conduct" as a basis for disciplinary
620 action under AS 08.36.315.
621 Dr. Wells expressed concern that 30 days to report an arrest does not seem in the
622 best interest of public safety. Ms. Kunow advised there is no way to monitor an
623 arrest unless someone monitors the court website. Dr. Wells suggested adding an
624 emergency clause that could address arrests involving drugs, alcohol, and sex
625 crimes. Dr. Kovaleski said he thought investigations has a good handle on those
626 kinds of arrests and has used appropriate procedures involving those arrests in the
627 last few months. Dr. Kovaleski suggested contacting Angela Birt to see if she would
628 like to add anything else to this subsection. Ms. Kunow stated the subsection would
629 give the Board disciplinary authority for an arrest, but a license could not be
630 revoked until conviction.
631
632 12 AAC 28.915, Application Deadline for Personal Interview, will be amended to
633 require an application must be complete 30 days before the interview and eliminate
634 the interview be conducted at the Board meeting. The Board will only consider
635 those credentials applicants without adverse National Practitioner Data Base
636 reports.
637
638 12 AAC 28.937, Dental Hygienist Licensure by Credentials, will add a new
639 subsection (b)(5) requiring copies of 30 hours of continuing education certificates
640 and amend affidavits to document experience for five years.
641 Ms. Walden suggested the paragraph should reference the new regulation 12 AAC
642 28.410.
643
644 12 AAC 28.951(c)(3), Dental Licensure by Credentials, will specify graduation of a
645 dental school accredited by the Commission on Dental Accreditation (CODA) of the
646 American Dental Association.
647
648 12 AAC 28.951(c)(6) will amend hours to at least 5,000 hours for five years
649 immediately preceding application.

650 12 AAC 28.951(c)(7) will amend language to require 48 hours of continuing
651 education during the three years immediately preceding the date of application.
652

653 12 AAC 28.951(c)(11) will include affidavits documenting 5000 active clinical hours
654 during the five years immediately preceding application.
655

656 Attorney Todd Araujo was contacted telephonically. Ms. Kunow asked about the
657 withdrawn language in 12 AAC 28.951(c)(6)(B) on page 12 of the Part 1. Mr. Araujo
658 explained the language was redundant because it is stated in (c)(6).
659 In Part 2, 12 AAC 28.630(a)(2) should be withdrawn from the regulation project.
660 Ancillary staff is required to have basic life support techniques. No changes should
661 be made to this regulation.
662 Ms. Kunow advised the Board is tabling language until the next Board meeting. The
663 sedation portion of the regulations will be completely revamped.
664 Ms. Kunow asked if Articles can be combined or reworded. Can Article 1 be
665 combined with Article 6 and titled differently? Mr. Araujo will check on this. Mr.
666 Araujo advised the revamp of Part 2 will go out to public notice again. New
667 language from the new regulation project can be added to Part 2 and go to public
668 comment. Whatever was not captured in the first go round will have to go out to
669 public notice. Ideally, it would be nice to not piece meal this regulation project, but
670 get all the final language together and send everything out to public comment.
671 The Board thanked Mr. Araujo for his time.
672

673 12 AAC 28.340(1), Requirements for Course of Instruction in Local Anesthesia,
674 should read at least 16 clock hours of didactic instruction.
675

676 12 AAC 28.340(F)(i) should read: a valid cardiopulmonary resuscitation
677 certification card from either the American Heart Association or the American Red
678 Cross; or
679

680 12 AAC 28.956, Collaborative Agreement Requirements, (a)(7)(B) should reference
681 AS 08.32.115.
682

683 Ms. Fellenberg noted that AS 08.01.070(3) does not apply to the Alaska Board of
684 Dental Examiners, but is referenced in the jurisprudence exam.
685
686

687 **Agenda Item 10- Old/New Business**

688

689 **SB-187**

690

691 **On a motion duly made by Walden, seconded by Scheller, and approved**
692 **unanimously, it was**

693

694 **RESOLVED to table SB 187 for further discussion.**

695

696 Sedation Checklist – Board members will be reviewing the sedation checklist and
697 will finalize at the February, 2014 meeting. Dr. Scheller suggested increasing the
698 sedation permit fees to all permit holders to cover the costs of the inspections. Ms.
699 Walden stated establishment of new permits will generate more fees.

700

701 CPR Waiver Form – The Board approved the draft CPR waiver form in the regulation
702 section of the agenda. It will be forwarded to Department of Law for review.

703

704 JP Exam – The Board reviewed updated revisions to the jurisprudence exam.

705 #3 – (3) Add 'Dental' to Commission on Accreditation

706 #4 – (b) add 'of the American Dental Association.'

707 #5 – (3) amend to read: 'use of local periodontal therapeutic agents.'

708 #9 – (a) add 'Alaska' Board

709 #13 – reference 08.36.346

710 #14 – (3) change to 'Documentation of cardiopulmonary resuscitation training
711 counts as 4 hours of continuing education.

712 #20 – change to 'Dental hygienists and dental assistants must hold a restorative
713 function endorsement or certificate to perform restorative functions under the
714 direct supervision of a dentist.'

715 #23 – (3) change The to 'Their'

716

717 Board member term expiring 2014 – Dr. Wells advised he was interviewed by the
718 Governor's Office. He stated other people had been interviewed. The Board was
719 provided contact information for Elizabeth Giardina with the Office of the Governor.
720 Dr. Wells said Board members should be contacted. Board members stated they had
721 not been contacted. Ms. Fellenberg added that Board members and examiners
722 should be contacted since they have experience with the members whose terms are
723 expiring.

724

725 2014 Board meeting dates – Next Board meeting is February 7, 2014 in conference
726 room 1270.

727 The Board set future meetings for May 2, September 5, and December 5, 2014 in
728 Anchorage.

729

730 Board member attendance 2014 AADB meeting - The 2014 spring meeting of the
731 American Association of Dental Boards (AADB) is in April in Chicago; exact dates to
732 be determined. The fall meeting is in October.

733

734 **On a motion duly made by Silveira, seconded by Fellenberg, and approved**
735 **unanimously, it was**

736

737 **RESOLVED to approve sending Dr. Steven Scheller to the AADB 2014**
738 **spring meeting pending exact dates with Dr. Mary Anne Navitsky as**
739 **alternate.**

740

741 The Board will approve a Board member to attend the 2014 fall meeting at a future
742 Board meeting.

743

744 **Agenda Item 11- Continuing Education**

745

746 The Board approved the continuing education audit for the dentists listed below:

747 Robert Allen #467

748 Dale Houseman #471

749 Gilbert Urata #543

750 John Hughes Jr. #574

751 Don Calvert #590

752 William Heagy #615

753 Vaughn Hoefler #626

754 Jeanine Tucker #634

755 Randall Wolf #653

756 Drue Pickens #1244

757 Terry Preece #1274

758 Kenneth Steidley #1286

759 Mindy Shaw #1341

760 Erich Ott #1348

761 Klaus Radtke #1400

762 Daniel True #1408

763

764 Dr. Gary Sawdy #458 was found to be deficient 7.0 hours with required continuing
765 education hours and the audit will be sent to the paralegal.

766

767 The Board approved the continuing education audit for the dental hygienists listed
768 below:

769

770 Crystal Sutton #985

771 Christina Morrison #1051

772

773 David Schram #955 and Brynn Moe #1049 were found to be deficient with required
774 education hours and the audits will be sent to the paralegal.

775

776 This concluded the continuing education audits for the 2011-2012 licensing period.

777

778 **Agenda Item 13- Goals and Objectives**

779

780 There were no changes to Goals and Objectives.

781

782 **Agenda Item 14- Office Business**

783

784 Travel authorizations distributed to Board members for signature.

785 Minutes from September 6, October 4 and November 12, 2013 signed by Dr. Silveira
786 for Dr. Wells.

787 Wall certificates signed by Dr. Silveira for Dr. Wells and Cheryl Fellenberg for Robyn
788 Chaney.

789

790 Ms. Fellenberg made a motion to adjourn the meeting. All in favor.

791

792 The meeting adjourned at 3:49 p.m.

793

794

Respectfully submitted:

795

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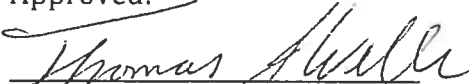
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804

805

806

Approved:


Thomas Wells, DDS, President

Date: 2/7/2014