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

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**MINUTES OF MEETING
April 20, 2018**

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These minutes were prepared by the staff of the Division of Corporations, Business and Professional Licensing. They have been reviewed and approved by the Board.

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By authority of AS 08.01.070(2) and AS 08.36.040 and in compliance with the provisions of Article 6 of AS 44.62, a meeting of the Board of Dental Examiners was held April 20, 2018, in person in Anchorage, AK.

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45
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The meeting was called to order by Dr. Paul Silveira, President, at 8:32 a.m.

Agenda Item 1 - Roll Call

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

Dr. Paul Silveira, President – Valdez
Dr. David Nielson – Anchorage
Ms. Paula Ross – Anchorage
Ms. Gail Walden – Wasilla
Dr. Steven Scheller – Fairbanks
Dr. Michael Moriarty – Seward
Ms. Robin Wahto - Anchorage
Dr. Thomas Kovaleski – Chugiak

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

Ms. Amber Treston, Licensing Examiner – Juneau
Ms. Renee Hoffard, Records and Licensing Supervisor – Juneau
Ms. Jasmin Bautista, Investigator – Anchorage
Ms. Sonia Lipker, Senior Investigator - Anchorage
Ms. Christina Bond, Investigator II – Anchorage
Ms. Sher Zinn, Regulation Specialist – Juneau - teleconference

Members of the public in attendance:

Dr. Kenley Michaud – Anchorage

47 Dr. Thomas Brewer – Chugiak
48 Dr. James Singleton – Eagle River
49 Dr. Frank Thomas Mears - Anchorage
50

51 **Agenda Item 2 – Review of Agenda**

52
53 Dr. Silveira asked the board if they had any matters that they would like to add to
54 the agenda. Treston asked if they could make a change to the agenda. In place of the
55 penalty matrix would like the board be willing to review applications that have been
56 faxed in earlier this week. No objections were made.
57

58 **On a motion duly made by Scheller, seconded by Silveira, and approved**
59 **unanimously, it was**

60
61 **RESOLVED to approve the agenda with the modification to take out the**
62 **penalty matrix and replace it with application review of Moderate Sedation and**
63 **Nitrous Oxide permits that have been received earlier this week.**

64
65 **Silveira – yea, Nielson – yea, Ross – yea, Kovaleski – yea, Walden – yea,**
66 **Scheller – yea, Moriarty – yea, Wahto – yea.**
67 **8 yeas, 0 nays.**

68
69 **Motion passed.**

70
71 **Agenda Item 3 – On Board Training**

72
73 Treston asked if anyone had any questions about OnBoard since they have been
74 using the new program this week. Scheller asked if we could extend the time frame for
75 voting. Agreed to allow 10 days for each voting period and to change settings when
76 opening the approval that results of the vote are only visible to administrators. Reviewed
77 OnBoard voting. There are 5 options of voting:

- 78 1. Approved for Licensure
79 2. Conditionally Approve REQUIRED: Conditions under which the application shall be
80 deemed approved:
81 3. Request Recusal - I request the chair recuse me from voting because of the following
82 potential conflict of interest:
83 4. Deny - REQUIRED: Statutory or regulatory citation and reason for denial:
84 5. Table - REQUIRED: Reason to table this vote until the next regular meeting:
85 If the board member votes for options: 2-5 they need to email the examiner with an
86 explanation for their vote.
87

88 **Agenda Item 4 – Review/Approve Minutes**

89
90 Dr. Kovaleski wants to make a change to the minutes for February 16, 2018 that
91 he left the meeting at 1:30 p.m. and it shows him voting after he left the meeting. Dr.
92 Nielson and Dr. Silveira had other changes they wanted to make as well.

93 Dr. Silveira reminded the board that if three or more board members are together
94 they are not allowed to discuss board business when off the record. Dr. Nielson wanted
95 to clarify that if two board members are together they are allowed to discuss board
96 business as long as a third board member does not join the discussion.

97
98 **On a motion duly made by Silveira, seconded by Ross, and approved the minutes**
99 **as amended unanimously, it was**

100
101 **RESOLVED to approve the minutes as amended of the February 16, 2018**
102 **teleconference with the edits requested by Dr. Kovaleski, Dr. Nielson and Dr.**
103 **Silveira.**

104
105 **Silveira – yea, Nielson – yea, Ross – yea, Kovaleski – yea, Walden – yea,**
106 **Scheller – yea, Moriarty – yea, Wahto – yea.**
107 **8 yeas, 0 nays.**

108
109 **Motion passed.**

110
111 **Agenda Item 5 – Ethics Report**

112
113 Dr. Silveira reminded the board to refrain from discussing board business when
114 off the record. No conflicts were brought up.

115
116 Ahead of schedule by 30 minutes. Elected to review the applications for
117 Moderate Sedation permits and Nitrous Oxide permits. Dr. Nielson stated that he would
118 like the board to do everything they can to get these applications expedited as there is
119 not a grace period as the board had intended. He feels there was an oversight in these
120 new regulations and we did not get a grace period for processing these applications.
121 Hoffard explained that we have had one regulation specialist for 42 programs but now
122 the department has added an additional regulation specialist in hopes that these will not
123 fall through the cracks. Walden suggested that when issuing the Moderate Sedate
124 permits for pediatric dentists recommends writing a public note that states, "This license
125 is designated for pediatric patients under the age of 13." Dr. Nielson has a few changes
126 he would like to see on the new application forms. He will review these and send them
127 to Treston with his suggested changes.

128
129 **Agenda Item 6 – Investigative Report**

130
131 Bautista introduced the new Senior Investigator, Sonia Lipker to the board.
132 Bautista gave the investigative report, for the period between February 16, 2018 and
133 April 19, 2018 informing the board of the number of cases opened (6), number of cases
134 closed (6), and total number of cases that remain open at this time (24). She explained
135 that the rest of the cases are in the report.

136 Dr. Nielson states that some of the cases are as simple as checking out an
137 application. Bautista explains that the third column shows what the investigative report

138 is or what the violation is for. They have closed the application issues. The remaining
139 cases are related to standard of care, professional conduct and other items.

140
141 **On a motion duly made by Walden, seconded by Ross, and approved by roll call**
142 **vote, it was**

143
144 **RESOLVED to go in to executive session in accordance with Alaska Statute**
145 **44.62.310(c)(2)(3) for the purpose of discussing investigative matters with**
146 **board staff to remain.**

147
148 **Silveira – yea, Nielson – yea, Ross – yea, Kovaleski – yea, Walden – yea,**
149 **Scheller – yea, Moriarty – yea, Wahto - yea.**
150 **8 yeas, 0 nays.**

151
152 **Motion passed.**

153
154 Off the record at 9:33 a.m.
155 On the record at 10:15 a.m.

156
157 **On a motion made by Dr. Nielson, seconded by Walden, and approved by roll call**
158 **vote, it was**

159
160 **RESOLVED to approve Dr. George Murphy’s request to reduce his**
161 **probationary period move from 5 years to 4 year.**

162
163 **Silveira – nay, Nielson – nay, Ross – nay, Kovaleski – nay, Walden – nay,**
164 **Scheller – nay, Moriarty – nay, Wahto – nay.**
165 **0 yeas, 8 nays.**

166
167 **Motion fails.**

168
169 **On a motion duly made by Walden, seconded by Dr. Nielson, and approved by roll**
170 **call vote, it was**

171
172 **RESOLVED to accept the Voluntary Surrender of Dental Hygiene License in**
173 **the matter of Marjorie C. Wagner, Dental Hygienist License No. DENH782,**
174 **case No. 2018-000121, effective immediately.**

175
176 **Silveira – yea, Nielson – yea, Ross – yea, Kovaleski – yea, Walden – yea,**
177 **Scheller – yea, Moriarty – yea, Wahto – yea.**
178 **8 yeas, 0 nays.**

179
180 **Motion passed.**

181
182 Bond reviewed the investigative report. Probation monitor for the Dental Board of
183 Examiners has 4 licensees on probation at the moment.

184 **Agenda Item 7 - Break**

185

186 Executive session went into this time period.

187

188 **Agenda Item 8 – Public Comment**

189

190 Thomas Brewer – Pediatric dentist with Southcentral Foundation. The comments
191 he has are relating to the new pediatric sedation permits. He feels the regulations were
192 implemented with great speed and caught a lot of practitioners flat footed. He would
193 appreciate it if the board could accelerate the sedation permits. Also commented that
194 Ketamine is currently listed as one of four medications that are not to be used in
195 Moderate Sedation. He would like to see if the regulations can change the wording on
196 this to allow Ketamine to be considered a relatively safe medication to use. The FDA
197 has encouraged them to move away from the use of Chloral hydrate. Which is still
198 available and practitioners can use if they choose to do so. The choice of having a
199 dissociative such as Ketamine that can stop a child from moving as much is a safer
200 choice. He states that Ketamine is relatively safe and thinks it should be listed as a
201 moderate sedation medication due to its large margin of safety. Regulations now call for
202 blood pressure to be optional depending on behavior. AAPD recommends having BP
203 and ECG as optional. He suggests that ECG be an optional monitoring device as it
204 could cause the child to move more having cold adhesives placed on their chest and
205 therefore making the physician administer a greater level of sedation to the child.

206

207 James Singleton – Pediatric dentist that works at the Alaska Native Medical Center.
208 Board certified in his specialty and he works in a CODA accredited pediatric residency
209 program. He applauds the safety the board is trying to abide by. He wants the same
210 thing for the pediatric patients. AAPD guidelines for moderate sedation states they are
211 reluctant to name drugs or regiments with the exception of one medication, Ketamine
212 which is suggested as a possible adjunct for medication for pediatric patients in
213 moderate sedation. It lists clearly the goals of using sedatives for pediatric patients. One
214 of those goals is to control unexpected movement that can cause an unsafe
215 environment. The younger the patient the more likely those kind of movements are
216 possible. Ketamine allows the control of some of those movements while at the same
217 time while not needing to increase the dose of the sedative. Variation of guidelines with
218 use of monitors where the patient's response does not allow accurate or valuable
219 information from those monitors. Some of the patients will respond to the squeeze of a
220 blood pressure cuff and the placement of EKG monitors can render the patient
221 disruptive where we could not provide safe treatment. His residents have extensive
222 experience with the use of Ketamine. Current regulations mean once they graduate
223 then they would not be able to utilize this skill that took 2 years for them to develop. We
224 would encourage the board to consider that so that their graduates can continue to use
225 medications that they have been trained to use in a safe manner.

226

227 Frank Mears – States that he has two questions for the board:

228 1.) First question is in reference to ADA Code of Ethics 4.C. JUSTIFIABLE CRITICISM
229 – *Dentists shall be obliged to report to the appropriate reviewing agency as determined*

230 *by the local component or constituent society instances of gross or continual faulty*
231 *treatment by other dentists. Patients should be informed of their present oral health*
232 *status without disparaging comment about prior services. Dentists issuing a public*
233 *statement with respect to the profession shall have a reasonable basis to believe that*
234 *the comments made are true.* This has come up after talking with dentists who have
235 seen gross or continual faulty treatment by others. When he hears about these
236 complaints he references Code 4.C. as far as he is aware the constituents component
237 society does not have any mechanism so they need to report this to the board. If a
238 dentist makes a complaint against another dentist under 4.C will the department of
239 Commerce or investigations or will the board accept that complaint and act on it.
240 Bautista responded that they can act on it. Mears responds that in the past the
241 investigator has requested the patient sign a release of record to review the case.
242 Bautista states that if it is a standard of care case they need a release of record signed
243 by the patient to fully investigate that case. The investigators are not able to look into
244 the case without the patient's complaint or signature for release of records.
245 2.) Why do they require a dentist to come forward with the complaint if they will not act
246 upon on it without the records of a patient? The board answered that the ADA Code of
247 Ethics are a guideline not necessarily a requirement in the regulations. The patient has
248 to give the approval to have the records released and if a patient does not want to have
249 their records released then the investigators cannot investigate without that paperwork.
250 Hoffard states that it is not that the board won't act on it but the board can't act on it
251 because they have to give due process and have evidence to act upon it. It would be an
252 ethical obligation. Silveira would like to put this on the agenda for the next meeting.

253
254 **Agenda item 9 – Regulation Project**

255
256 Off the record at 10:43 a.m.
257 Back on the record at 10:50 a.m.

258
259 Discussion over Ketamine wording in the new regulations was started by Dr.
260 Kovaleski. Dr. Nielson and Walden state that it was taken out and then added on again.
261 Agreed that the board went back and forth on the wording with Ketamine at a past
262 meeting. These agents include but are not limited to: Ketamine, propofol, brexival and
263 sodium pentothal as agents that could create a narrow margin of safety. There are
264 plenty of medications that tend to carry a narrow therapeutic index for maintaining
265 conscious sedation versus deep sedation. These medications listed in the regulations
266 were to be examples but not an all-inclusive list. Walden clarified that hospitals are not
267 affected by the regulations. If you are in a hospital setting then there are more
268 emergency support versus in a private practice using Ketamine. Dr. Brewer joined the
269 conversation and states the classification is important for determining the primary use of
270 the medication. Ketamine has a variety of other useful applications. Antihistamine for a
271 patient with asthma. Advocated as an antidepressant for use at home. These other
272 classifications are not the primary use but when they look at the medication they see it
273 as a general anesthetic. However, it is dependent on the dosage that is administered.
274 The dose is critical in the effects of the medication. The negative events we have seen
275 with children going to the emergency room is a direct result of someone who is using

276 medication unskilled or without experience thinking the best way to get the kind of
277 treatment environment is to increase the dose of the sedation medication. If the child is
278 not sedated then I will give a larger dose to reach the desired level of consciousness
279 which creates an unsafe environment. By using a medication that is classified as a
280 sedative they are using it inappropriately. Taking away a valuable tool that people can
281 use safely if used in a safe dosage. Michaud states that Ketamine is a medication that
282 has a higher tendency to cause deep sedation. Is it a safer deep sedation than the use
283 of Chloral Hydrate? Yes, but it still produces deep sedation. Dr. Michaud states it is a
284 great medication but it does have a tendency to dive into a deeper sedation.
285 A 3 day course would not provide enough training or a doctor to provide moderate
286 sedation. The way the regulations seem to be written is that the doctor needs to provide
287 proof of administration of moderate sedation to a minimum of 20 individually patients of
288 clinically compromised airways. It is not clear if there are any courses that would
289 provide 20 sedation cases. Not sure how they would gain this experience in a
290 continuing education course without completing a residency program. Seems to be a
291 critical part of the requirements. Nielson asks if it is possible if a doctor has a parenteral
292 sedation permit and they have 60 hours of ADA refresher courses would they safely be
293 admitted into this pediatric portion having PALS. Sedation techniques should be
294 evaluated. Dr. Brewer questions that the only way to get a moderate sedation permit for
295 12 and under initially would be to complete IV sedation course and then add the
296 pediatric portion down the road. Otherwise, they need to complete a residency program.
297 You need to complete an online course then go to Kentucky, or another state that offers
298 this, where you can give sedation medications to 20 adult patients to achieve the adult
299 moderate sedation permit then complete PALS to get the younger than 13 permit. The
300 board does not think this is a safe route to gain the necessary training. Currently there
301 are no courses available to address this situation. Perhaps there will be a university
302 down the road that will provide 60 hour didactic course and individually managed
303 patients for pediatric patients would that qualify the applicant for the moderate sedation
304 permit. Dr. Brewer states the issue there is that the residents he sees are in a program
305 for 2 years. Not a two day course. It is hard to be responsible for a member to say they
306 can safely administer IV sedation if they were only there for a few days. He would not
307 want to put a stamp of approval on a student's paperwork after only 2 days. Completing
308 20 sedation cases a doctor would have an unlikely chance of having witnessed a
309 laryngospasm or bronchospasm. They would have a greater chance of seeing
310 laryngospasm and other airway complications if they were being training in a hospital
311 where the anesthesiologist is administering a higher level of sedation. A pediatric dental
312 resident also does a 1 month rotation strictly focusing on anesthesia and seeing events
313 such as laryngospasm and learning airway management first hand. You might be able
314 to go to a course and learn about medications and how to treat airway management but
315 you will not get the hands on experience. A lot of times after a residency program they
316 have learned more and seen more complications and in turn they want to do less. What
317 about the children in remote locations who do not have the option of seeing another
318 specialist? If they cannot fly to Anchorage to receive the treatment necessary, then what
319 do they do? Scheller brings up the question about monitoring patients. The board
320 discussed the use of monitors and how to record them. Determined that they will keep
321 the wording as is and if a patient had movement during the procedure that made it

322 impossible to accurately record the vital signs then the physician needs to document
323 that in their chart notes.

324
325 Back to the regulations for moderate sedation permits no current courses available that
326 will safely get a dentist up to standards of a pediatric dentist, oral surgeon or
327 anesthesiologist.

328
329 Discussing 12 AAC 28.360 Registry. Treston explained that we do not currently
330 maintain a registry of all board approved courses of instruction and dental hygienists
331 certified to administer local anesthetic agents. Recommended we remove this from the
332 regulations as we would not be to have a list as there are too many programs. Can start
333 a spreadsheet of all that are approved and move forward from there if the board wants
334 to but do not have a current list. Walden and Silveira agree that this can be removed
335 from the regulations. Walden suggests starting a list of all the regulation projects.

336
337 Sec. 01.10.055. Residency. And 12 AAC 28.955 Courtesy License. Nielson references
338 sec. 08.01.062 which mentions in statute that the applicant has to be a nonresident.
339 Need to add the wording in the dental regulation to determine what a nonresident is. If
340 they are renting a home in Alaska then they could say they are a nonresident. The
341 board asks if there is someone who can give suggestions on the wording. Zinn suggests
342 wording to be something in effect of 'under this section residency a nonresident is a
343 person coming into this state that does not hold an Alaskan dental license to receive a
344 courtesy license' will add this to the list of regulation projects.

345
346 Nielson asks Zinn where the regulations that went out for public comment are. If the
347 board is changing some of the wording to the regulations that the regulation specialist
348 has on their desk will that slow down the process for approval. Questions about the
349 wording with WREB in the regulations. Would like to add a section to the regulation.

350
351 Off the record at 12:02 p.m.

352
353 **Agenda Item 10 - Lunch**

354
355 **Agenda Item 11 – Credential Interviews**

356
357 On the record at 1:03 p.m.

358
359 **Roll Call**

360
361 Those present, constituting a quorum of the board, were:

362
363 Dr. Paul Silveira, President – Valdez
364 Dr. David Nielson – Anchorage
365 Ms. Paula Ross – Anchorage
366 Ms. Gail Walden – Wasilla
367 Dr. Steven Scheller – Fairbanks

368 Dr. Michael Moriarty – Seward
369 Ms. Robin Wahto - Anchorage
370 Dr. Thomas Kovaleski – Chugiak

371
372 In attendance from the Division of Corporations, Business & Professional
373 Licensing, Department of Commerce, Community and Economic Development
374 were:

375
376 Ms. Amber Treston, Licensing Examiner – Juneau
377 Ms. Renee Hoffard, Records and Licensing Supervisor – Juneau

378
379 Silveira asked if anyone had anything they wanted to discuss about any of the
380 applicants prior to calling to interview them. Several had some items they wished to
381 discuss.

382
383 **On a motion duly made by Ross, seconded by Silveira, and approved by roll call**
384 **vote, it was**

385
386 **RESOLVED to go in to executive session in accordance with Alaska Statute**
387 **44.62.310(c)(3) for the purpose of matters which by law, municipal charter,**
388 **or ordinance are required to be confidential. Board staff to remain during**
389 **this session**

390
391 **Silveira – yea, Nielson – yea, Ross – yea, Kovaleski – yea, Walden – yea,**
392 **Scheller – yea, Moriarty – yea, Wahto - yea.**
393 **8 yeas, 0 nays.**

394
395 **Motion passed.**

396
397 Off the record at 1:05 p.m.

398 On the record at 1:10 p.m.

399
400 The board welcomed Dr. Lindsey Douglas to the meeting and explained the
401 interview process. Dr. Douglas appeared telephonically. The Board asked the standard
402 interview questions.

403
404 **On a motion made by Dr. Kovaleski, seconded by Dr. Scheller, and approved by**
405 **roll call vote, it was**

406
407 **RESOLVED to approve Dr. Lindsey Douglas’s application for a Dental**
408 **License by Credentials.**

409
410 **Silveira – yea, Nielson – yea, Ross – yea, Kovaleski – yea, Walden – yea,**
411 **Scheller – yea, Moriarty – yea, Wahto – yea.**
412 **8 yeas, 0 nays.**

413

414 **Motion passed.**

415

416 **On a motion made by Dr. Kovaleski, seconded by Dr. Scheller, and approved by**
417 **roll call vote, it was**

418

419 **RESOLVED to approve Dr. Lindsey Douglas’s application for his Deep**
420 **Sedation or General Anesthesia permit.**

421

422 **Silveira – yea, Nielson – yea, Ross – yea, Kovaleski – yea, Walden – yea,**
423 **Scheller – yea, Moriarty – yea, Wahto – yea.**
424 **8 yeas, 0 nays.**

425

426 **Motion passed.**

427

428 The board welcomed Dr. Ricardo Solis to the meeting and explained the
429 interview process. Dr. Solis appeared telephonically. The Board asked the standard
430 interview questions. Additional questions were asked by the board and answered by Dr.
431 Solis in detail.

432

433 **On a motion made by Dr. Nielson, seconded by Dr. Moriarty, and approved by roll**
434 **call vote, it was**

435

436 **RESOLVED to approve Dr. Ricardo Solis’s application for a Dental License**
437 **by Credentials.**

438

439 **Silveira – yea, Nielson – yea, Ross – yea, Kovaleski – yea, Walden – yea,**
440 **Scheller – yea, Moriarty – yea, Wahto – yea.**
441 **8 yeas, 0 nays.**

442

443 **Motion passed.**

444

445 The board welcomed Dr. Timothy Isaacson to the meeting and explained the
446 interview process. Dr. Isaacson appeared telephonically. The Board asked the standard
447 interview questions. Additional questions were also asked by the board and answered in
448 full by Dr. Isaacson.

449

450 **On a motion made by Dr. Nielson, seconded by Dr. Scheller, and approved by roll**
451 **call vote, it was**

452

453 **RESOLVED to approve Dr. Timothy Isaacson’s application for a Dental**
454 **License by Credentials.**

455

456 **Silveira – yea, Nielson – yea, Ross – yea, Kovaleski – yea, Walden – yea,**
457 **Scheller – yea, Moriarty – yea, Wahto – yea.**
458 **8 yeas, 0 nays.**

459

460 **Motion passed.**

461

462 The board welcomed Dr. Andrew Johnson to the meeting and explained the
463 interview process. Dr. Johnson appeared telephonically. The Board asked the standard
464 interview questions.

465

466 **On a motion made by Dr. Kovaleski, seconded by Ross, and approved by roll call**
467 **vote, it was**

468

469 **RESOLVED to approve Dr. Johnson’s application for a Dental License by**
470 **Credentials.**

471

472 **Silveira – yea, Nielson – yea, Ross – yea, Kovaleski – yea, Walden – yea,**
473 **Scheller – yea, Moriarty – yea, Wahto – yea.**

474

8 yeas, 0 nays.

475

476 **Motion passed.**

477

478 The board discussed Dr. Young Lee’s dental application and determined they would not
479 be interviewing him today as they did not require further information from him.

480

481 **Dr. Kovaleski moved to approve Dr. Young Lee’s application for a Dental**
482 **License by Credentials, which was seconded by Nielson. The motion was**
483 **denied by roll call vote:**

484

485 **Silveira – nay, Nielson – nay, Ross – nay, Kovaleski – nay, Walden – nay,**
486 **Scheller – nay, Moriarty – nay, Wahto – nay.**

487

0 yeas, 8 nays

488

489 **Grounds for denial:**

491 **Sec 08.36.110(C) has not had a license to practice dentistry revoked,**
492 **suspended, or voluntarily surrendered in this state or another state;**
493 **(D) is not the subject of an adverse decision based upon a complaint,**
494 **investigation, review procedure, or other disciplinary proceeding within the**
495 **five years immediately preceding application, or of an unresolved**
496 **complaint, investigation, review procedure, or other disciplinary**
497 **proceeding, undertaken by a state, territorial, local, or federal dental**
498 **licensing jurisdiction;**

499 **(E) is not the subject of an unresolved or an adverse decision based upon a**
500 **complaint, investigation, review procedure, or other disciplinary**
501 **proceeding, undertaken by a state, territorial, local, or federal dental**
502 **licensing jurisdiction or law enforcement agency that relates to criminal or**
503 **fraudulent activity, dental malpractice, or negligent dental care and that**
504 **adversely reflects on the applicant’s ability or competence to practice**
505 **dentistry or on the safety or well-being of patients;**

506 **(F) is not the subject of an adverse report from the National Practitioner**
507 **Data Band or the American Association of Dental Boards Clearinghouse for**
508 **Board Actions that relates to criminal or fraudulent activity, or dental**
509 **malpractice.**

510
511 **Agenda Item 12 Budget/Division Update**

512
513 No changes have been made. Walden brings up the point that at the February
514 16, 2018 meeting the board did not go over the budget update because there had been
515 an issue with the system and time sheets were entered incorrectly. Treston will email
516 the board with the budget update when she receives it.

517
518 **Agenda Item 13 – Annual Report**

519
520 Hoffard reminds the board that the annual report will consist of the fiscal year
521 2019 that is from July 2018-July2019 will need to go over the goals and objectives for
522 2019, plan any travel they want to arrange and someone from the board will need to do
523 the narrative statement. Walden and Paula elect to help with the JP exam questions as
524 they worked on the Annual report last year. Dr. Silveira and Dr. Scheller agree to work
525 on the Annual Report for FY2019. Treston will send a template to those board
526 members.

527
528 **Agenda Item 14 – JP exam questions**

529
530 Walden suggests all the board members send Treston a new question for the JP
531 exam and then email those to Walden and Kovaleski to review them. Then the board
532 can have the final decision for the questions.

533
534 Dr. Kovaleski brought up the discussion of Coronal Polishing certificates and that
535 they need to be renewed every 2 years. Confirmed that you can look up a Coronal
536 Polishing certificate online to check if it is current or lapsed.

537
538 Walden brought up a previous email from a hygienist back in November 2017
539 that had several questions and the board did not respond to her questions. Would like to
540 review those questions now. Discussion on Coronal Polishing certificates with regards
541 to polishing and how to bill this. Multiple questions were discussed and answers
542 reviewed. Walden volunteers to type the questions out and answer these to be sent to
543 the board members for approval or changes.

544 Another questions was brought up by Dr. Michaud: Can dental assistants place
545 IV lines and administer IV medications? The board states that only a physician can start
546 IV lines and push IV medications. If an assistant is a certified phlebotomist they are able
547 to start the IV but not administer the medications. Only the physician can draw up the
548 medications and administer the medication to the patient.

549
550 **Agenda Item 15 – Application by Examination or Credentials**

551

552 Board discussed how an applicant is to apply. Dr. Kovaleski states that if an
553 applicant is a specialist then they can apply by Examination even if they have held a
554 license for longer than 5 years. The board agrees that the information is clear in the
555 regulations. Will allow specialist to apply by Examination.

556

557 **Agenda Item 16 – Old/New Business**

558

559 Nielson brought up the regulations that are currently with the Regulation
560 Specialist. Suggested adding a section to 12 AAC 28.940 (b)(8). Discussion about the
561 new wording for the proposed regulations as held.

562

563 Off the Record: 2:41 p.m.

564 On the Record: 2:50 p.m.

565

566 **On a motion made by Dr. Nielson, seconded by Dr. Scheller, and approved by roll**
567 **call vote, it was**

568

569 **RESOLVED to adopt changes of proposed changes made to amend 12 AAC**
570 **28.940 (8) as written on OnBoard with the understanding that Jun will show the**
571 **board the regulations prior to going out for public comment to read as:**

572

573 **(A) of examination from the Western Regional Examining Board (WREB) showing**
574 **that the applicant has passed the clinical examination conducted by WREB prior**
575 **to February 1, 2019 and within the five years immediately preceding the date of**
576 **application; or**

577

578 **(B) of examination from the Western Regional Examining Board (WREB) or**
579 **equivalent showing that the applicant has passed the clinical examination**
580 **conducted by WREB or equivalent within the five years immediately preceding**
581 **the date of application; the examinations must include the following subject areas**
582 **and their components or characteristics:**

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

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

586 **(iii) constructive response testing that includes treatment planning;**

587 **(iv) endodontics testing;**

588 **(v) prosthetics testing;**

589 **(vi) patient based operative examination that includes one posterior alloy and one**
590 **composite procedure, either anterior or posterior; or**

591

592 **(C) showing successful completion of a two-year or more postgraduate training**
593 **program approved by the Commission on Dental Accreditation of the American**
594 **Dental Association, and evidence of having five years of continuous clinical**
595 **practice with an average of 20 hours per week, immediately preceding the date of**
596 **application; for purposes of the clinical practice requirements of this**
597 **subparagraph, clinical practice may include dental school; and**

598 **Silveira – yea, Nielson – yea, Ross – yea, Kovaleski – yea, Walden – yea,**
599 **Scheller – yea, Moriarty – yea, Wahto – yea.**
600 **8 yeas, 0 nays.**

601
602 **Motion passed.**

603
604 Nielson clarified that when applicants call and ask what portions of the WREB to
605 take the board recommends that they take all portions that are available. After February
606 1, 2019 the applicants do not need to take the WREB as long as they took a similar test
607 that covers all the components mentioned above.

608
609 The board went over the Nitrous Oxide applications that were faxed in. Will need
610 to get course verification prior to being able to issue the license. All applicants were
611 approved pending course verification: Melissa Castle, Shanan Giegerich, Brandy Avril,
612 Samantha Ammann, Jessica Ross, Lisa Bryant, Carri Shamburger, Stephen Spencer,
613 Ariane Krumm, Michele Summers, Taffy Uscola, Shellea Trammell, Megan Ferguson,
614 Darcy Hiatt, Sheri Koziczkowski and Sharon King.
615 The board agrees that they will do everything they can to expedite the applications that
616 are coming in for the Moderate Sedation and Nitrous Oxide permits. The board
617 understands that the regulations did not get a grace period as intended and will do their
618 best to process these in a timely fashion.

619
620 Silveira brings up the topic that was brought up at public comment by Dr. Mears.
621 When substandard things are brought to the attention of a dentist why can't the dentist
622 submit this to the investigators attention. The dental board discussed the option to ask a
623 physician to undergo a mental evaluation based upon a complaint. The board also
624 discussed review boards that may be available for evaluating the work of a dentist. After
625 going to the investigator the review board could evaluate the past 10 crowns placed by
626 a dentist to evaluate their competency. This would be an option to evaluate the work of
627 a dentist without having the initial patient release their records. The best option,
628 however, would be to have the initial patient agree to sign a release of records to have
629 this dentist evaluated by the investigators. However, based on the code of ethics that
630 Dr. Mears brought up it says that they are ethically obligated to report any negligence
631 they have seen from another dentist. However, the investigator stated they need a
632 release of record if the dentist is going to make a complaint on another dentist on the
633 behalf of a mutual patient.

634
635 **Agenda Item 17 – Break**

636
637 Time limited and elected to skip this and work through.

638
639 **Agenda Item 18 Carly Thomas – Requesting CE**

640
641 After review the board determines that the continuing education she submitted is
642 not clear. She needs to clarify the dental specific CE she took and clarify the amount of

643 time she took for each course. Some of the hours appear to overlap within minutes of
644 each other. Treston will email her for clarification of her CE.

645
646 **Agenda Item 19 – John Leach – GA permit prior to graduation**

647
648 The issue with the board is that he has not graduated his anesthesia program at
649 this time. However, at the time of his application he was in compliance with the current
650 regulations.

651
652 **On a motion made by Dr. Kovaleski, seconded by Ross, and approved by roll call**
653 **vote, it was**

654
655 **RESOLVED to approve Dr. John Leach’s application for a Deep Sedation**
656 **and General Anesthesia Permit.**

657
658 **Silveira – yea, Nielson – yea, Ross – yea, Kovaleski – yea, Walden – yea,**
659 **Scheller – yea, Moriarty – yea, Wahto – yea.**
660 **8 years, 0 nays.**

661
662 **Motion passed.**

663
664 Wahto brought up what to do for CE audits when they are short on their CE
665 hours. The board agrees for Consent Agreements. However, when the applicant renews
666 their license the application states all the CE requirements and the applicant can enter
667 one of the following on their renewal application.

668
669 **On a motion made by Walden, seconded by Dr. Silveira, and approved by roll call**
670 **vote, it was**

671
672 **RESOLVED to direct the paralegal to draft a consent agreement for the**
673 **continuing education on the case that Marilyn provided on 4/20/18.**

674
675 **Silveira – yea, Nielson – yea, Ross – yea, Kovaleski – yea, Walden – yea,**
676 **Scheller – yea, Moriarty – yea, Wahto – yea.**
677 **8 years, 0 nays.**

678
679 **Motion passed.**

680
681 Dr. Scheller brings up the Penalty Matrix and what all needs to be added to it.
682 Hoffard states that in the past boards will use a similar penalty matrix from another
683 board to use for their board. Consent Agreement versus a letter of advisement are the
684 two options for penalties. Once a penalty matrix is drafted then that will be what is used
685 for all penalties moving forward. Hoffard will help get a penalty matrix drafted for the
686 dental board. Nielson agrees to work on the penalty matrix.

687
688 **Agenda Item 20 – Travel Action Summary**

689 Did not discuss this. Treston will write this up.

690

691 **Agenda Item 21 – Office Business**

692

693 Dental Board Meetings for 2018: August 24, 2018 in Anchorage and December
694 7, 2018 in Anchorage.

695

696 **Agenda Item 22 - Adjourn**

697

698 **On a motion made by Dr. Kovaleski, seconded by Dr. Silveira, and approved by**
699 **roll call vote, it was**

700

701 **RESOLVED to adjourn the meeting.**

702

703 **Silveira – yea, Nielson – yea, Ross – yea, Kovaleski – yea, Walden – yea,**
704 **Scheller – yea, Moriarty – yea, Wahto – yea.**
705 **8 yeas, 0 nays.**

706

707 **Motion passed.**

708

709 Off the record at 3:48 p.m.

710

711

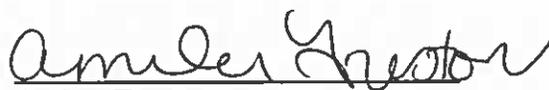
Respectfully Submitted:

712

713

714

715



716

Amber Treston

717

Occupational Licensing Examiner

718

719

Approved:

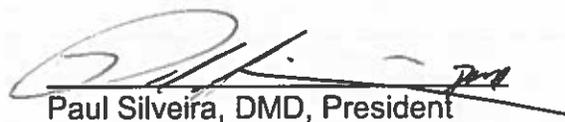
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724


Paul Silveira, DMD, President

725

726

Date: 9/12/18

