

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

**BOARD OF DENTAL EXAMINERS AGENDA
May 14, 2021**

These are DRAFT minutes prepared by the staff of the Division of Corporation, Business, and Professional Licensing. These minutes have not been approved by the Board.

Teleconference

Meeting ID: 979 8766 2063

Registration Link: <https://zoom.us/meeting/register/tJMkf-6uqDkqHNcWh0X3Oo0Mrk7J1cZMHhlv>

Remote Call in Number: 1-253-215-8782

Kelly Lucas
Joe Bonnell – Records and Licensing Supervisor
Abby O’Brien – Occupational Licensing Examiner
Jon Woller
Greg Johnson
David Nielson
David Logan
Jasmin Bautista - Investigator – 9:26
Dominic Wenzell – 9:29
Melissa Dumas– 9:55
Bradley Heaston – 9:57
Colleen Kautz - 10:00
Lisa Sherrell – 11:12 AM

On record at 9:19 AM

Agenda Item 1 – Roll Call – 9:19 AM

Not having a quorum, the members present reviewed the letters that were listed under Old Business. Ms. O’Brien informed the board that these were informational only. Dr. Nielson stated that the Board had already reached the decision regarding the Apnea Letter at the last meeting and that their position remained the same. Dr. Nielson then reviewed the letter sent by American Association of Dental Boards which took an unfavorable view towards interstate compacts. He stated that the Council of State Governments and AADB have had a contentious relationship, so the board needs to smooth some feathers so that we can move the Compact discussion forward, perhaps going through American Dental Association as a middleman. Another option he suggested to bring them to the table was to recognize the AADB’s database as a model of successful information exchange.

At 9:29 AM Dr. Wenzell was able to sign in, constituting a quorum

9:30 AM Meeting Officially called to order by Dr. Nielson

Dr. Nielson asked Dr. Woller to make a statement not to influence his employee, Christina Hansen, or her votes or deliberation during board business. Dr. Woller stated Ms. Hansen is employee of Spruce Roots Family Dentistry, and her board appointment will not change their employee/employer relationship, and that they will not use their employer/employee relationship to discuss board business or matters.

Dr. Nielson then read the ethics report and has received no reports or requests for the quarter. He then requested to add an HB111 update to the agenda. Dr. Woller asked to move the COVID Guidance discussion forward in the agenda as he may lose connection later in the meeting.

9:34 AM - On a motion duly made by Dr. Wenzell, seconded by Dr. Johnson, and with unanimous consent, it was RESOLVED that the Board accept the agenda as amended.

Agenda Item 2 - Review/Approve Minutes – 9:35 AM

Dr. Nielson asked Ms. O'Brien to change "Specialty License" to "Initial License" on line 184. He also asked Ms. O'Brien to update Line 211 and provide titles to the bills listed.

Line 211 – Advanced Dental Hygiene Permit bill hb127.....re-write letter of support for the current version of HB111 Advanced Hygiene Permit.

9:39 AM - On a motion duly made by Dr. Johnson, seconded by Dr. Wenzell, and with unanimous consent, it was RESOLVED that the Board accept the board minutes as amended.

While waiting to receive and share the investigative report. Dr. Nielson asked if any public comment had been received through the Division. Ms. O'Brien had received no comments, so Dr. Nielson asked if Dr. Logan had anything to add. Dr. Logan requested that the board reevaluate previous COVID testing procedures, as he had received feedback from several licensees regarding the subject. He added that practitioners that were strictly adhering to the board's guidance from last year were being penalized, as they were losing patients who did not want to take a COVID test prior to treatment. Dr. Woller responded, saying that the word "required" is not in the board guidance when it comes to testing, but rather "strongly recommended". Dr. Nielson added that the board would be discussing COVID guidance adjustments later in the agenda.

Agenda Item 3 – Investigations – 9:45 AM

Ms. Bautista introduced the investigative report for 11/26/2020 through 03/01/2021, which included intakes, complaints, and investigative matters. She noted the Board's concern that many cases were still open, and she explained that since several of them were still in litigation, they could not be closed. Dr. Nielson asked how many cases were under active investigation, to which Ms. Bautista replied 9. Dr. Nielson inquired about the investigations process when the department is unable to reach the respondent. Ms. Bautista explained the process of filing an accusation through the attorney general's office against a respondent when they are unresponsive. She added that a couple of the cases were at that point in the process, but the majority of the pending cases were not. She then explained final default actions, such as revocation of license, that are taken against a non-responsive licensee, and that none of the cases were at this point. She added that none of the current cases would necessitate going into executive session, but the NPDB reports listed later on in the agenda would require it. Dr. Wenzell

asked how many new cases had been opened for 2021, to which Ms. Bautista replied 4. Dr. Nielson asked if Ms. Bautista was able to join the board for executive session later to discuss the NPDB reports, to which she replied yes.

Agenda Item 4 – Division Update - 10:00 AM

Ms. Dumas presented the Board's 3rd Quarter Revenue Report, from July 1, 2020 through March 1, 2021. She added that the board will still see revenue coming in during the 4th quarter, as they had an extended renewal period. Ms. Dumas shared the last 3 biennia for comparison and reviewed the board's expenditures.

Ms. Dumas then presented a Legislative Update. She stated that SB68, the Supplemental bill, was still in process, and had been added into the House operating bill, SB49. She said that \$411,000 still intact in the bill, and the Division was hopeful that the bill will pass, and they will not have their request stricken.

Ms. Dumas then touched on the fee analysis for the potential passing of HB111, the Advanced Hygiene endorsement. She stated that the licensee would have to hold both a hygiene license and the endorsement. Dr. Nielson agreed, and state that it would be much like the Hygiene Collaborative Agreements that are already in place. Ms. Dumas said that for setting the fee for the endorsement, the board would need to discuss how the license is created and what level of work is needed. Once the Supplemental Bill is passed, the Division would need to make a new fee analysis with advanced permits considered as part of the Board's Revenue and Expenditures.

She updated the board on HB15 and SB86, regarding temporary permits and military licensing. HB15 had died and SB86 was withdrawn, but HB15 was then added into SB21, the Mobile Intensive Care Paramedics bill within DHSS. Ms. Dumas believes that the new bill will pass, and the Division has asked for additional staff to assist with updating hundreds of existing forms and implementing the rollout of the bill. Dr. Nielson asked if the new bill rollout would affect the temporary license that the dental board has in place. Ms. Dumas replied that that would be a future regulations project, as the new SB21 bill changes had just taken place within the last week.

Ms. Dumas added that Senator Wilson and the DHSS Division of Public Assistance are starting the discussion to move the Radiological Equipment from the Dental program to DHSS. Dr. Nielson thanked Ms. Dumas for her time and the updates.

Dr. Nielson then entertained a motion to adjust the agenda and move reviewal of the NPDB reports forward.

On a motion duly made by Dr. Wenzell, seconded by Dr. Johnson, and with unanimous consent, it was RESOLVED that the Board move Item 9 up to 10:15 AM, directly after Item 4.

I, Dr. David Nielson, move that the Alaska State Board of Dental Examiners enter into executive session in accordance with AS 44.62.310(c), and Alaska Constitutional Right to Privacy Provisions, for the purpose of discussing National Practitioner Data Bank Reports for renewals.

Off Record at 10:17AM

On Record at 10:54 AM

Dr. Nielson moved to break until 11:15 AM

Agenda Item 5 – Break – 10:56 AM

Nielson - Move to break till 11:15 AM

Off Record at 10:57 AM

On Record at 11:12AM

Dr. Nielson asked if anyone was available to attend the HB111 hearing on Saturday the 15 at 10AM before moving on to the next agenda item.

Agenda Item 6 – PDMP Report – 11:17 AM

Ms. Sherrell informed the board that the new Appriss contract had been secured, and new user manuals and dispenser guides will be posted on the website soon. Ms. Sherrell said that license integration has tentatively been scheduled for mid-June and will be helpful for staff as it will deactivate any lapsed or expired licenses. Appriss will also send out an awareness and feedback questionnaire in June. Ms. Sherrell then gave an overview of PDMP compliance in Portal, the State's license databank. She then let the board know that the PDMP has proposed an education and outreach plan to help with training on the PDMP Program and that a letter was being created for licensees.

Dr. Nielson asked if 2-Day exemptions were considered. Ms. Sherrell said yes, and that the PDMP is only looking at prescriptions over 3 days. She noted that many of the discrepancies seen in the report could be from a licensee entering their specialty incorrectly on the website, creating the requirement for reporting where there doesn't need to be one. Ms. Sherrell added that the PDMP anticipates questions from licensees regarding account management once the questionnaire's data is received and interpreted.

Dr. Nielson asked if the data would take into consideration the exemptions for the dental board, such as the 48-hour exemption. Ms. Sherrell replied that yes, but each individual profile would have to be examined. She added that PDMP and Appriss are working together to create a program to streamline the data and give boards the information that they need.

Dr. Johnson noted that there is a system to penalize, but not system to enact. He made a suggestion of creating a half page set of guidelines to act as a reference for licensees to use. Dr. Nielson asked if this was a possibility, to which Ms. Sherrell replied yes, and the PDMP would help the dental board review and fine tune the guidelines. She added that the PDMP would communicate with Direct Dispensers by sending them a description of the designation to make sure that they're within the statutes and definitions of the position, and to make sure that it's what they're really doing.

Dr. Nielson asked Dr. Logan had any additional input. Dr. Logan advocated for assistants to be able to access the PDMP and look up patients and assist in reporting.

Dr. Nielson asked what goes into determining the PDMP's report. Ms. Sherrell replied that they use search parameters to narrow down a list of providers, then go into the provider's profile to ensure that they are supplying and checking the patient's records. She added that they are not looking at the patient's medical history, they are looking at the timelines when the prescriptions are written and filled.

Dr. Johnson expressed difficulties with licensees tracking patients that see multiple healthcare providers, stating that the stop would now fall with the pharmacist. Dr. Nielson agreed, stating that while pharmacists want to help, they need assistance from prescribers to ensure that they're not constantly having to be the gatekeeper.

Ms. Sherrell explained the limitations of a patient seeking multiple providers, saying that pharmacists wouldn't know of overlap until multiple prescriptions had been filled. She added that data from the previous PDMP survey showed that many dentists searched the database while the patient was in the room. Ms. Sherrell stated that licensees using the pharmacists as a catch all is problem as they are not the medical provider. She added that a communications module is coming out on the platform that would allow correspondence between providers and the ability to make notes on a patient's file.

Dr. Nielson asked why dental assistants were not allowed to access the database and help report. Ms. Sherrell replied that a dental assistant would be required to have a license under AS. 08, or that a statute change would have to occur to allow access. She added that any actions in the database taken by an assistant serving as a delegate will all fall under the dentist's license. Dr. Johnson asked if there could be a CE course or certification that could be created to allow an assistant an endorsement that would give them access to the PDMP database. Dr. Lucas agreed with Drs. Nielson and Johnson, stating that allowing assistants access to the database would provide the PDMP with higher compliance. He then asked for clarification on requirements for direct dispensers, which Ms. Sherrell provided. She then added that hygienists working under a collaborative agreement with a dentist were allowed to access the PDMP database and assist in reporting.

Dr. Nielson asked if the board could draft a document on prescribing guidelines to present to licensees, to which Ms. Sherrell replied yes. The board then thanked her for her time.

Agenda Item 10 – Old Business – 11:58 AM

Dr. Nielson asked Dr. Woller for an update on his review of the board's COVID guidance. Dr. Woller stated that after he reviewed the Dental Board's current COVID guidelines, some of the challenges that he identified are: a lack of working links in the document; outdated guidance from the CDC and OSHA; the data doesn't take into account COVID transmission rates and risks in the dental settings, instead combining dental data with the rest of the medical programs; a lack of data regarding enhanced PPE versus standard precautions; unclear definitions as to what community transmission means – defined rate of transmission seems to be an arbitrary number defined by local governments; conflicting messages regarding surface disinfection of dental settings versus the use of general disinfectants and barriers; and conflicting information regarding testing of asymptomatic patients.

Dr. Woller then noted the positives that he found, which included effective mitigation of COVID transmission in dental offices, both on a state and national level. He added that if the risk of contracting COVID in a dental office setting was as high as originally thought, then dentists are doing a great job of preventing that occurrence.

Dr. Woller stated that with the rollout of vaccinations and with a percentage of the population contracting COVID, he would like to know how that plays a role in the new data. He then made his recommendations to the new guidance, including changing the wording from "recommendations" to "considerations" to give dentists a pathway of what they can do to mitigate transmission and reduce

personal liability. He added that this would still acknowledge that COVID is present and licensees can continue to maintain high success rates of mitigation.

Dr. Nielson asked if Dr. Woller would put together new guidance for the board to consider with his proposed edits. Dr. Woller replied yes, stating that he would remove the links that were made throughout the document to specific pages at the CDC and OSHA, and instead list general links as a footnote to provide the most up to date information. He added that he could finish the document and send to Ms. O'Brien for a vote on OnBoard. Dr. Woller noted key considerations were that licensees be aware of the infection rate in their own communities and would have a plan in place should there be a resurgence of COVID. Dr. Nielson appointed Dr. Woller as the task leader for the new board guidance, to which Dr. Woller agreed.

Agenda Item 11 - New business – 12:08 PM

Dr. Nielson announced that the annual report was coming out and asked Ms. O'Brien what else the board needed to do. Ms. O'Brien explained how the template is created and put together by the Division, and any travel requests or legislative requests should be put forward for her to add to the report.

Dr. Nielson then asked Ms. O'Brien to confirm the next board meeting dates as soon as possible to ensure that a quorum could be maintained for the entirety of the meeting. She replied that she had August 20 and December 3 as the most popular dates taken from a previous Doodle poll, and that the board was welcome to vote on them to ensure that the Division could start the process of creating the meetings.

On a motion duly made by Dr. Johnson, seconded by Dr. Nielson, and with unanimous consent, it was RESOLVED that the Board accept August 20 and December 3 as their upcoming meeting dates.

Dr. Nielson then reviewed the task list:

Dr. Nielson would find someone to testify for HB 111. Dr. Woller would work on the COVID guidance re-write. Dr. Johnson would forward prescribing guidelines to Ms. O'Brien to send to Ms. Sherrell and work with Dr. Logan for input. Ms. O'Brien would book upcoming meetings, send new signature page from the March meeting minutes to Dr. Nielson, and work with AAG, INV, and her new supervisor to come up with game plans for NPDB reports received during renewals.

Agenda Item 12 – Adjourn – 12:14 PM

Dr. Nielson entertained a motion to adjourn, which was seconded by Dr. Woller.

Off record at 12:15 PM