

1 STATE OF ALASKA
2 DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
3 DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING
4

5 BOARD OF DENTAL EXAMINERS AGENDA
6 August 20, 2021
7

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

10 Teleconference

11 Meeting ID: 863 9424 9311

12 Registration Link: [https://us02web.zoom.us/meeting/register/tZlufu2qqjlpG9UjwQ2U-
13 vx9r2xlmFdewCY6](https://us02web.zoom.us/meeting/register/tZlufu2qqjlpG9UjwQ2U-vx9r2xlmFdewCY6)

14 Remote Call in Number: 1-253-215-8782
15

16 Board members present, constituting a quorum, were:

17 Jon Woller
18 Kelly Lucas
19 David Nielson – Board President
20 Bradley Heaston
21 Jesse Hronkin
22 Greg Johnson
23 Dominic Wenzell
24 Brittany Dschaak - *Joined at 9:07 AM*
25 Christina Hansen - *Joined at 9:13 AM*
26

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

29 Abby O'Brien – Licensing Examiner
30 Greg Francois – Chief Investigator
31 Eva Pajarillo – Licensing Examiner
32 Sharon Walsh – Deputy Director *Joined at 9:33 AM*
33 Jasmin Bautista – Investigator 3 - *Joined at 9:34 AM*
34 Lisa Sherrell – PDMP Program Coordinator - *Joined at 11:20 AM*
35 Jun Maiquis – Regulations Specialist - *Joined at 1:05 PM*
36 Reid Bowman – Licensing Examiner - *Joined at 1:00 PM*
37

38 Members of the Public in attendance:

39
40 Juan Zazueta
41 Malcolm Giles
42 9077232884
43

44 *On Record at 9:03 AM*

45 **Agenda Item 1 – Roll Call – 9:03 AM**

46 Dr. Nielson reported that he had received no ethics notifications or determinations.

47 Dr. Nielson gave an update on SB21, the temporary licensing bill for military spouses, and where it was
48 in the legislative process. He added that it might require a regulations project on the board's part, and
49 asked Ms. O'Brien to add the discussion time to Agenda Item 8 to allow the board to present their
50 questions to Mr. Maiquis.

51 **On a motion duly made by Dr. Hronkin, seconded by Dr. Johnson, and with unanimous consent, it was**
52 **RESOLVED that the Board accept the agenda as amended. 9:07AM**

53 **Agenda Item 2 – Review/Approve Minutes – 9:15 AM**

54 Dr. Nielson asked Ms. O'Brien to change "state" to "stated" on Line 108 of the May 14, 2021 minutes.
55 Dr. Wenzell added that the minutes were reading better, to which Dr Nielson and Dr. Woller agreed.

56 **On a motion duly made by Dr. Johnson, seconded by Dr. Woller, and with unanimous consent, it was**
57 **RESOLVED that the Board accept the minutes from May 14, 2021 as amended. 9:09AM**

58 **Agenda Item 3 – Public Comment – 9:09 AM**

59 Dr. Nielson asked Ms. O'Brien if there was anyone who had presented public comment for the period.
60 Ms. O'Brien replied that the two questions she had received, one regarding mannequin exams and one
61 regarding the language defining "residency" in regulations, were in the form of emails, and attached to
62 the board packet.

63 Dr. Nielson introduced the mannequin exam question, on whether the board will accept mannequin
64 exams for next year. He added that the board needed to decide if this was going to be a change for one
65 more year or if it was going to be on a permanent basis.

66 Dr. Nielson then introduced the "residency definition" question, which was if an applicant can substitute
67 a 1-year GPR in place of a regional or national exam. He added that the email which was received had
68 offered substitutions for a GPR and contained language that had been adopted by other states. Dr.
69 Nielson stated that he had written a synopsis of the email, and asked Ms. O'Brien to upload the synopsis
70 over a break and add to Agenda Item 8.

71 Dr. Nielson then entertained a motion to adjust the agenda to utilize the open time before the
72 Investigations Report.

73 **On a motion duly made by Dr. Nielson, seconded by Dr. Hronkin, and with unanimous consent, it was**
74 **RESOLVED that the Board move Agenda Item 9 up to Number 4 and Agenda Item 10 up to Number 5,**
75 **and renumber as necessary. 9:18AM**

76 **Agenda Item 4 – Old Business – 9:18 AM**

77 Ms. O'Brien let the board know that the Annual Report had been finished. She added that they had
78 previously voted on it and had approved it, and so it had been finalized and uploaded to the State
79 Dental Board Website.

80 Ms. O'Brien let them know that Dr. Woller's work on rewriting the dental board COVID Guidance had
81 been finalized and uploaded to the Dental Board Website. Dr. Nielson asked Dr. Woller if the guidance
82 is still current with the Delta Variant spreading and if any changes are being monitored. Dr. Woller
83 replied that he is checking updates from the ADA and the CDC as they are received on a weekly basis.
84 He added that besides a 1-page memo on indoor masking recommendations, most of the new material
85 is not specific to the dental profession. He said that he had received a report of a study regarding the
86 spread of COVID infections based on healthcare occupations, and that the dental profession had one of
87 the lowest rates of transmission of any profession. Dr. Woller let the board know that if he received any
88 new information or guidance, that he would pass it forward.

89 **Agenda Item 5 – New Business – 9:23 AM**

90 Dr. Nielson introduced the merger of the CDCA and WREB exams as one step closer to a true national
91 exam. He stated that the two exams had more in common than not, and that the process would still
92 take a couple years to finalize before there was the new CDCA-WREB exam. Dr. Nielson encouraged
93 board members to sign up for an exam, so that they can understand the materials that applicants must
94 utilize. He especially encouraged Ms. Dschaak and Ms. Hansen to sign up as an examiner, so that they
95 could evaluate the mannequins that hygiene candidates use. Dr. Nielson said that as of last October,
96 after discussion with former board member and hygienist Ms. Gail Walden, that the board should accept
97 patient-based exams from hygiene candidates only, as the mannequins were deemed insufficient.

98 Ms. Hansen stated that she had signed up as an examiner for the CDCA, and that the mannequins for
99 hygiene candidates are terrible and not up to date. She added that the soft tissue is already torn up on
100 mannequins, and there are real patient factors that are not being considered, such as bleeding and
101 possible trauma to the patient. Ms. Hansen said that she has signed up as an examiner for an in-patient
102 exam, just so that she can compare the different testing formats.

103 Ms. Dschaak stated that management of patient is such a large component of dental hygiene school,
104 that it may be superfluous to test again during an exam. She added that she is more open to mannequin
105 exams since the last time that she and Ms. Walden had discussed the subject. Ms. Dschaak stated that
106 once the hygiene mannequins are upgraded, that the new testing procedures will become more
107 mainstream and eventually the norm.

108 Dr. Lucas had attended an exam and said dental mannequins were impressive and provided a pretty
109 good test. He added that as an examiner, it is difficult to make a judgement against a hygiene candidate
110 based on the shortcomings of the mannequins. He and Ms. Dschaak are just hoping that the hygiene
111 mannequins will catch up.

112 Dr. Johnson asked if the mannequins became widely used because of the pandemic. Dr. Nielson stated
113 that while the pandemic may have pushed the timeline of their use forward, it was not exclusively the
114 cause. He added that candidates were sometimes failing the patient-based exams because of factors
115 beyond their control, and that this variable has been removed by the mannequin exams. Dr. Nielson
116 said that exam statistics are showing that there is now a lower rate of passing on the mannequin exams,
117 due to the lack of decay, demineralized enamel, tissue damage, and absence of patient management on
118 the simulated models. Dr. Wenzell stated that the CDCA-ADEX was trying to introduce demineralized
119 enamel simulations within the next year, based on review materials that he had received.

120 Dr. Nielson briefly introduced an update letter from the CRDTS exam website. He added that he was not
121 sure how much longer CRDTS will be around as an exam option with the CDCA-WREB Merger coming
122 into play.

123 Dr. Nielson then reviewed the results of the DANB survey. He stated that he was not sure how many
124 dental assistants in Alaska are DANB registered, as it's not required. Ms. O'Brien said that she presented
125 the survey results to the board as informational only.

126 Dr. Nielson then introduced the "No Surprises Act" that was coming through from the federal level, and
127 its response to out-of-network billing and insurance claims. He stated that the Dental Board doesn't
128 have a history of dealing with billing and insurance, as any processes would go through the Law and
129 AAG's offices. Ms. O'Brien replied that she had received notice from the Division and was presenting
130 this as a heads up to the board that federal legislation is coming through. She added that the public
131 comment was still open until September 7, 2021, should the board like to issue a statement.

132 Before the board moved to Agenda Item 6, Ms. O'Brien asked if there needed to be an ethics statement
133 from the two employer/employee pairs, as the entire board was present. Nielson replied that he was
134 under the impression that their statements from previous meetings should suffice, so the meeting
135 continued.

136 **Agenda Item 6 – Investigations Report – 9:45 AM**

137 Ms. Bautista presented the Investigative Report from March 2, 2021 through August 16, 2021. There are
138 58 open cases for the program. Ms. Bautista added that two respondents had multiple cases open
139 against them. Dr. Wenzell asked why some of the dentists that had multiple cases against them had
140 different dates listed. Ms. Bautista explained that the dates were different because additional
141 complaints had been filed against the dentists after the initial claim, and that Division policy required
142 the Investigations team to accept them all. Dr. Nielson asked if there was a threshold of complaints for
143 an individual dentist. Ms. Bautista replied no and added that the Investigations Team was required to
144 process every complaint that is received. She added that they must add new complaints to each
145 respondent as they come in and adjust the consent agreement as necessary.

146 Dr. Johnson asked if there was a way to marry the multiple complaints to the single dentists at the top of
147 the memo so that the numbers aren't so dismal. Ms. Bautista replied that she will work with supervisors
148 to see if they can condense the cases as it has been a concern on multiple reviews.

149 Dr. Nielson reiterated the importance of communicating with the board about how the reports are
150 going, and that clarification would be helpful to the board and help them stay engaged. Ms. Bautista
151 agreed, and told the board that she would explain the complaint and investigative process during a
152 training session during executive session. She added that sometimes a complainant takes extra time to
153 collect paperwork and information, which slows down the entire process as it hinders the actual start
154 date of an investigation. Ms. Bautista explained that a complainant can always come back with the
155 claim, and a case can be reopened, which translates to the statistics in the investigative report. Ms.
156 Bautista stated that the board had 5 closed cases during the reporting period, and that she would
157 explain the definitions in greater detail once the board moved to executive session.

158 I, Dr. David Nielson, move that the Alaska State Board of Dental Examiners enter into executive
159 session in accordance with AS 44.62.310(c), and Alaska Constitutional Right to Privacy Provisions, for
160 the purpose of discussing Investigative training. Seconded by Dr. Hronkin. 10:01 AM

161

162 *Off Record at 10:01 AM*

163 *On record at 11:20 AM*

164

165 **Agenda Item 7 – Break – 11:21 AM**

166 Dr. Nielson moved for a short break before the board returned at 11:30 AM to begin the PDMP report.

167 *Off Record at 11:21 AM*

168 *On Record at 11:29 AM*

169

170 **Agenda Item 8 – PDMP Report – 11:30 AM**

171 Having a quorum after roll call, the board proceeded to the PDMP Report. Ms. Sherrell began the PDMP
172 report by introducing changes made by Appriss, the company that runs the database. She stated that
173 they are changing the patient report display to a tile view to allow a provider to rearrange files as they
174 see fit. Ms. Sherrell added that License Integration is postponed until September, and after integration
175 has been completed, the communications module will roll out. She stated that the Provider risk score
176 (narx score) is rolling out as well but is only visible to Ms. Sherrell and the Pharmacy Board's Executive
177 Administrator. She added that the rubrics have been set up, but the PDMP can be adjusted to set
178 parameters and give the board an indication if a provider should fall within the low scoring zone.

179 Ms. Sherrell then presented the board with the dental program's registration and compliance data,
180 using July 2021 as an example. She offered the lists of licensed providers, DEA registered providers, and
181 providers completely registered with the PDMP. She added that there will be a list of dentists with
182 outdated DEA numbers that will be deactivated once integration takes place, but that the PDMP
183 program is prepared to receive any communications when this takes place.

184 Ms. Sherrell then reviewed the prescribing practices of the dental program during the last reporting
185 period. She listed the numbers of prescribers that had prescribed at least once, those who reviewed
186 zero patients before prescribing, and those who prescribed a combination of benzodiazepines and
187 opioids.

188 Dr. Nielson then asked about the table with reviewing and reporting guidelines that Dr. Johnson and Ms.
189 Sherrell created together. Dr. Johnson replied that his intent with creating the table was to simplify the
190 information and requirements from the PDMP program and give providers an easily accessible card to
191 utilize when prescribing. He added that most of the work has been completed, and that they are looking
192 for feedback at this point. Dr. Johnson stated that some factors to consider are adding the requirements
193 for emergency patients, which may need clarification from the statutes.

194 Dr. Wenzell asked how the communications module will present within the PDMP website. Ms. Sherrell
195 replied that it will show up on the provider's dashboard once they are logged in. Dr. Wenzell then asked
196 how the alert system for tracking a patient's previous prescriptions will be integrated. Ms. Sherrell
197 replied that the clinical alert system was put into play last April, and that an alert will show up on a
198 provider's dashboard when they search a patient. She added that a patient's file will also be flagged
199 with any high-risk notices, making it easier for the provider to see the patient's prescription history. Ms.

200 Sherrell stated that while the communications module is meant to be an internal email system between
201 providers, the clinical alerts will be generated on their own.

202 Dr. Nielson asked if the reviewing and reporting table was consistent with the law department. Ms.
203 Sherrell replied that while the table was under review, a question arose regarding the exemption of non-
204 refillable substances and the definition of the substances themselves. She added that they are waiting
205 to hear back on a reply from the law department before releasing the table for the board's approval.

206 Dr. Woller asked if there was available data that correlates with illicit opioid abuse in Alaska. Ms.
207 Sherrell replied that there has been a marked decrease in the number of prescriptions and dispensations
208 written, and that she can access the data to present at the next board meeting. She added that while
209 the number of overdoses may be rising nationwide, the PDMP program can edit out variables such as
210 manufactured substances to refine the data as well.

211 Dr. Nielson moved to break for lunch, and Ms. O'Brien stated that she would upload the information
212 regarding SB21 and the Residency Language during the break so that the board could utilize it for
213 Agenda Item 10.

214 **Agenda Item 9 – Lunch – 11:55 AM**

215 *Off Record at 11:56 AM*

216 *On Record at 1:00 PM*

217

218 **Agenda Item 10 – Regulations Project – 1:02 PM**

219 Having quorum after roll call, the board proceeded to the Regulations Report. Dr. Nielson introduced
220 the regulations changes that the board had proposed at the March 15, 2021 meeting. He reviewed 12
221 AAC 28.940 and the history of the dental board's acceptance of regional exams. He then presented the
222 question of Subsection vi, and whether the board would extend the acceptance of mannequin-based
223 exam for dental applicants through December 31, 2022. Dr. Nielson then presented an additional
224 pathway to licensure under Subsection vi, changing the two-year residency requirement to one-year. He
225 reviewed the synopsis that he created for Section C, which included the language "dental specialty
226 training", and a new Section D, which would incorporate the acceptance of a residency program or
227 advanced education degree in lieu of a regional exam. Dr. Nielson also presented an addendum (#15) to
228 12 AAC 28.990, which added the description of "dental specialty" to the board's list of other definitions.

229 Dr. Nielson then introduced the edits proposed for 12 AAC 28.951, eliminating sections e, f, and h. He
230 stated that the board has never utilized this criteria, and elimination of these components would
231 streamline the licensure process for dental credential applicants.

232 Dr. Woller asked if these regulations changes were proposed because the board was experiencing
233 barriers to licensure. Dr. Nielson replied that as far as the mannequin component is concerned, the
234 board is trying to get in line with what is considered an acceptable psychomotor test. He added that he
235 wasn't sure if the residency requirement has acted as a barrier but accepting it would present an
236 applicant with multiple pathways to licensure in the state. Dr. Woller asked if the board would do the
237 research on postgraduate programs as it seems that there aren't barriers to licensure as the regulations
238 are written. Dr. Nielson replied that there would be a barrier for an applicant who hadn't taken an
239 exam but completed a post graduate program, and that is what the board is trying to amend.

240 Dr. Nielson stated that should the board choose to put the proposed changes out for public comment
241 and there is significant pushback, that the board could always revisit the proposal. Dr. Woller
242 emphasized the importance of presenting the rationale behind the changes to licensees. Dr. Nielson
243 asked if that after the questionnaires for beginning a regulations project are completed, if the board
244 needs to vote on those. Mr. Maiquis replied that after the questionnaires are completed, he can collect
245 the information and justifications from the board and create a draft for both the board members' and
246 law department's precursory review. Mr. Maiquis added that the draft can be uploaded to OnBoard and
247 reviewed by the board members before it is released for public comment.

248 Dr. Nielson asked for input regarding the addition of "dental specialty" to Section C. Dr. Lucas stated a
249 concern that if a graduate went straight into a residency after graduation and stayed within the same
250 institution, that the graduate's potential education is limited to a single establishment, and that there
251 would not be an objective second party reviewing their skills. Dr. Johnson agreed, stating that the board
252 needed to be wary of avoiding the perception of creating licensees with a limited skill set. He added
253 that a licensee should be able to use their specialty when called upon, but still requires a general
254 dentistry base of education. Dr. Johnson also said that having a statement of purpose attached to the
255 proposed regulations changes would help the public see the board's intent.

256 Dr. Nielson referenced former legislation put forth by the Alaska Dental Society which created specialty
257 licenses. He agreed with Dr. Johnson's point of the shortcomings of having a licensee with specialty
258 training only as opposed to a general dentistry background and said that offering the specialty license
259 pathway wouldn't hinder general dentistry applicants. He also stated that the board should wait for
260 public comment, just so they can hear from varying perspectives before moving forward.

261 Dr. Nielson asked Dr. Logan for his input, as he had helped draft the prior legislation. Dr. Logan
262 recommended keeping the legislative aspect of the work as minimal as possible. He also recommended
263 drafting a list of specialties and their respective actions to add into regulations, so that the board could
264 maintain jurisdictional control and make adjustments through regulations changes if necessary, thus
265 freeing up the legislators.

266 **On a motion duly made by Dr. Nielson, seconded by Dr. Johnson, and with unanimous consent, it was**
267 **RESOLVED that the Board move to accept the draft of Dr. Nielson's PDF for Mr. Maiquis to start**
268 **drafting the regulations change to present to the board in their upcoming December meeting. 01:34**
269 **PM**

270 Dr. Nielson then reviewed the language in SB21, the temporary courtesy license legislation. He asked
271 when this piece of legislation becomes enacted, is the dental board able issue a temporary license, even
272 though a temporary permit for an incapacitated dentist already exists [08.36.254] and will it supersede
273 the existing permit. Mr. Maiquis replied that the board would have to change the existing regulations to
274 allow issuance for a military spouse. He added that he believed it would not supersede 08.36.254, and
275 he would double check with the Assistant Attorney General's office and law department to be sure.

276 Dr. Nielson thanked the other board members for attending, stating that it was encouraging to see such
277 high levels of participation and he was appreciative. He then re-emphasized the importance of board
278 participation in voting on applicants' ballots, stating that multiple voting periods for applicants was
279 hindering their ability to earn a living.

280 Dr. Nielson reviewed the task list for the board members. Ms. O'Brien stated that she would send Dr.
281 Nielson's PDF of regulation changes to Mr. Maiquis, send the regulation change questionnaire to Dr.
282 Nielson, email the penalty matrix information to Dr. Wenzell, and see if she could find similar penalty
283 matrices from other healthcare boards. Dr. Wenzell would review the penalty matrix information he
284 had previously sent Ms. O'Brien, and draft framework for the board's approval. Dr. Nielson would
285 complete the regulations changes questionnaires to submit for public comment.

286 **Agenda Item 11 – Adjourn – 1:48 PM**

287 **On a motion duly made by Dr. Nielson, seconded by Dr. Wenzell, and with unanimous consent, it was**
288 **the board moved to adjourn. 1:48 PM**

289 *Off Record at 1:48 PM*

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Respectfully Submitted:

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Abby O'Brien
Occupational Licensing Examiner

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Approved:

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David Nielson, DDS, President

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Date: _____