

H

B

G

I

H



Alaska State Legislature  
House of Representatives  
COMMITTEE ON HEALTH, EDUCATION  
AND SOCIAL SERVICES

OFFICIAL BUSINESS

POUCHV  
JUNEAU, AK 99811  
465-3759

LETTER OF INTENT

It is the intent of the House Health, Education and Social Services Committee in passing the Committee Substitute for HB 614 (HESS) that in the next year, the Board of Dental Examiners and the Division of Occupational Licensing complete the following tasks, and report their recommendations to the House and Senate HESS Committees by the first day of the first session of the 15th Alaska State Legislature:

1. Complete continued competency regulations.
2. Develop new procedures for credentialling including credentialling for dental specialities.
3. Restructure the examination, including elimination of the gold foil portion of the test, and scoring procedures, including calibration of scoring techniques.
4. Evaluate the possibility of joining the Northwest Regional Examination Board.

The report should include any other areas the board or division feel require change. The House HESS Committee is also requesting a legislative Audit of the board to be completed by the first day of the second session of the 15th Alaska State Legislature.

A handwritten signature in cursive script, appearing to read "Max F. Gruenberg, Jr.", written over a horizontal line.

Representative Max F. Gruenberg, Jr., Co-Chair

A handwritten signature in cursive script, appearing to read "Niilo Koponen", written over a horizontal line.

Representative Niilo Koponen, Co-Chair



Alaska State Legislature  
House of Representatives  
COMMITTEE ON HEALTH, EDUCATION  
AND SOCIAL SERVICES

OFFICIAL BUSINESS

FOLCH-V  
JUNEAU, AK 99811  
465-3759

April 3, 1986

Representative Ben Grussendorf  
Speaker of the House  
P.O. Box V  
Juneau, Alaska 99811

Dear Mr. Speaker:

The House Committee on Health, Education and Social Services has considered the Sunset Review of the Board of Dental Examiners, and recommends that the board be continued for a two year period while requesting specific tasks of the board and the Division of Occupational Licensing. The Committee has introduced HB 614, to continue the board, and is amending it in the HESS Committee Substitute to provide the two year continuation. The Committee has also adopted a letter of intent requesting that the board complete tasks outlined in this report.

As required by AS 44.60.050 (c), the Committee submits the following findings:

(1) the extent to which the board, commission or program has operated in the public interest.

The board served the public by examining and licensing qualified candidates and proposing changes in regulations. To accomplish these functions, the board has held an average of four meetings and two examination sessions for dentists and dental hygienists during the past two fiscal years.

Complaints have been received concerning the make up and scoring of the clinical examination, as well as the repeal of regulations relating to licensure by credentials. Licensure by credentials is accomplished by other health licensing boards in Alaska. Although AS 08.36.234 permits the board to credential, the board is not currently doing so. Credentialing of dentists in specialty practice may be advisable. For these reasons, the Committee recommends that the board consider these and any other changes that may be necessary or advisable.

(2) the extent to which the operation of the board, commission or agency program has been impeded or enhanced by existing statutes, procedures, and

practices which it has adopted, and any other matter, including budgetary, resource, and personnel matters.

The board suspended, by regulation, statutory provisions for licensure by credentials because of alleged legal problems surrounding the scope of the interview required for applicants. The Attorney General's office determined that a personal interview required for licensure by credentials should be limited to verifying information rather than requiring case presentations of the applicant's prior work. The board feels it cannot adequately determine an applicant's professional abilities without a case presentation.

The Committee requested information on reciprocity and how other states license applicants, and is requesting that the board and the Division of Occupational Licensing investigate licensing by credentials and specialty licensing by credentials in the next year and report to the Legislature at the beginning of the 1987 legislative session.

(3) the extent to which the board, commission or agency has recommended statutory changes which are generally of benefit to the public interest.

Legislation was enacted in 1984 defining the rights of dentists practicing in the state, repealing out-of-state examinations because of time and money constraints and the issuance of temporary permits.

(4) the extent to which the board, commission or agency has encouraged interested persons to report to it concerning the effect of its regulations and decisions on the effectiveness of service, economy of service, and availability of service which it has provided.

The board has advertised proposed regulation changes in major Alaskan newspapers, allows applicants to appeal their examination grades and holds open meetings prior to examinations.

(5) the extent to which the board, commission or agency has encouraged public participation in the making of its regulations and decisions.

The board advertises meetings and proposed regulations as required by law and presents and considers all correspondence related to board matters which has been received.

(6) the efficiency with which public inquiries or complaints regarding the activities of the board, commission or agency filed with it, with the department to which the board or commission is administratively assigned, or with the office of the ombudsman have been processed or resolved.

The board has processed and addressed complaints in a timely fashion.

(7) the extent to which the board or commission which regulates entry into an occupation or profession has presented qualified applicants to serve the public.

The board issued 14 licenses in 1984 and 23 licenses in 1985. The board has continued to work toward completion of its continued

competency regulations.

(8) the extent to which state personnel practices, including affirmative action practices, have been complied with by the board, commission or agency to its own activities and the area of activity or interest.

The Human Rights Commission and the Equal Employment Opportunity Office have received no complaints relating to the board's activities. The Governor's Office and the Department of Law, according to Assistant Attorney General, Peter Froehlich, have received "numerous" complaints about the examination and scoring procedures.

(9) the extent to which statutory, regulatory, budgeting or other changes are necessary to enable the agency, board or commission to better serve the interests of the public and to comply with the factors enumerated in this subsection.

The board must complete work on the continued competency regulations. Changes in statute may be necessary to allow the board to question candidates during the interview for licensure by credentials. 19 other states' dental boards allow licensure by credentials, with 11 requiring some type of examination by the board. The Committee will await the reports by the board and the Division of Occupational Licensing at the beginning of the 15th Alaska State Legislature.

As required by AS 44.60.050 (d), the Committee submits the following findings:

(1) an identification of the problems or the needs that the programs and activities of the board, commission or agency are intended to address.

Testimony indicated that the board may have some problems with the structure of the examination. The board should consider dropping the requirement for a gold foil portion of the test, which is an outdated technique, and should examine ways to restructure the examination and scoring techniques.

(2) a statement, to the extent practicable, of the objectives of the program of the board, commission, or agency program, and its anticipated accomplishments.

The board shall continue to protect the public by issuing licenses to all qualified candidates who are competent to practice in Alaska.

(3) an identification of any other programs having similar, conflicting or duplicate objectives.

There are no other programs having a duplicate function.

(4) an assessment of alternative methods of achieving the purposes of the program.

There are no viable alternative methods to be considered at this time.

(5) an assessment of the consequences of eliminating the board, commission or program and consolidating its activities with another program, or of funding it at a lower level.

If the board were eliminated, there would be no way to regulate the examination of dentists in Alaska. There is no consolidation alternative. The Committee feels the board should be continued.

(6) a justification for the recommended continuation or extension of the board, commission or program, and an explanation of the manner in which it avoids duplication of or conflict with other efforts.

The board serves a legitimate public purpose in screening applicants desiring to practice in the state. Since the practice of dentistry includes the usage of prescribed drugs and can result in injury or death to a patient, the board should be continued. There is no other body which oversees the practice of these occupations.

(7) any other information which, in the opinion of the committee, would improve the performance of the board, commission or agency with respect to its representation of and responsiveness to the public interest.

The Committee is requesting that the board and the Division of Occupational Licensing complete the following tasks in the coming year, and present their recommendations to the legislature in 1987:

1. Complete continued competency regulations.
2. Develop new procedures for credentialing including credentialing for dental specialities.
3. Restructure the examination, including elimination of the gold foil portion of the test, and scoring procedures, including calibration of scoring techniques.
4. Evaluate the possibility of joining the Northwest Regional Examination Board.

---

Representative Max F. Gruenberg, Jr., Co-Chair  
House Health, Education and Social Services Committee

---

Representative Niilo Koponen, Co-Chair  
House Health, Education and Social Services Committee

**STATE OF ALASKA 1986 LEGISLATIVE SESSION  
FISCAL NOTE**

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

**REQUEST**

Bill/Resolution No.: CSHB 614 (HESS)  
 Title: An Act relating to the Board of  
 Dental Examiners;

Sponsor: House HESS  
 Requester: House HESS  
 Date of Request: 4/1/86

**FISCAL DETAIL**

Agency Affected: Commerce & Econ. Dev.  
 BRU: Occupational Licensing

Components: \_\_\_\_\_

**EXPENDITURES / REVENUES : (Thousands of Dollars)**

OPERATING	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91
PERSONAL SERVICES		-0-	-0-	-0-	-0-	-0-
TRAVEL		-0-	-0-	-0-	-0-	-0-
CONTRACTUAL		-0-	-0-	-0-	-0-	-0-
SUPPLIES		-0-	-0-	-0-	-0-	-0-
EQUIPMENT		-0-	-0-	-0-	-0-	-0-
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>		-0-	-0-	-0-	-0-	-0-

CAPITAL						
---------	--	--	--	--	--	--

REVENUE		-0-	-0-	-0-	-0-	-0-
---------	--	-----	-----	-----	-----	-----

**FUNDING: (Thousands of dollars)**

GENERAL FUND		-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
<b>TOTAL</b>		-0-	-0-	-0-	-0-	-0-

**POSITIONS:**

FULLTIME		-0-	-0-	-0-	-0-	-0-
PARTTIME						
TEMPORARY						

**ANALYSIS:** Attach a separate page if necessary.

The bill extends the board of Dental Examiners to June 30, 1988, and is not expected to generate new costs or revenues.

Prepared by: Jennifer Strickler, Management Analyst

Division: Occupational Licensing

Phone: 465-2144

Date: 4-2-86

Approved by Commissioner: *Bruce H. Brumby*

Agency: Commerce and Economic Development

Date: 4-2-86

**Distribution (by Agency preparing fiscal note):**

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

HOUSE  
COMMITTEE REPORT

(7)

Date referred: 2/26/86

FURTHER REFERRALS: FINANCE

(L&C waived 2/26)

DATE: April 1, 1986

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee has considered HB 614

"An Act extending the termination date of the Board of Dental Examiners; and providing for an effective date."

and recommends:

- do pass
- do not pass
- do pass with attached amendment(s)
- no recommendation
- replace with CO HB 614 (Hess)  same title
- new title

and recommends do pass

further referral to the \_\_\_\_\_ Committee

- and attaches:
- letter of intent
  - first fiscal note
  - new fiscal note
  - zero fiscal note

SIGNING DO PASS:

SIGNING OTHER RECOMMENDATIONS:

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature] - NO REC

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Signature] co-chair  
Chairman  
[Signature] C-CH

Board or Commission	Appointed	Term
---------------------	-----------	------

BOARD OF DENTAL EXAMINERS

AS 08.36; AS 08.32; - 7 members; serves 4 year term, until new member is appointed and qualified

Paul S. Buxton, D.D.S. (chairperson) Box 1376 Soldotna, Alaska 99669 (work) 262-5454 (home) 262-4685		February 1, 1987
Jerry F. Zemlicka, D.D.S. 9191 Le Smith Drive Juneau, Alaska 99801 (work) 789-0131 (home) 789-9729		February 1, 1989
Robert E. Warren, D.D.S. 625 E. 34th Avenue, Suite 201 Anchorage, Alaska 99503 (work) 274-7691 (home) 277-3402		February 1, 1988
Timothy J. Woller, D.D.S. 460 McKinley Dr. Fairbanks, Alaska 99701 (work) 479-6755 (home) 457-5896		February 1, 1990
Patrick J. Gullufsen, Esq. (public) 725 Dixon Street Juneau, Alaska 99801 (home) 586-6584 (work) 535-6584		February 1, 1989
Hubert J. Gellert (public) 715 L Street, Suite 5 Anchorage, Alaska 99501 (work) 277-2663 (home) 345-1290		February 1, 1989
Christine A. Baxter (hygienist) P.O. Box 58372 Fairbanks, Alaska 99711 (work) 452-1866 (home) 488-3637		February 1, 1989

*Dr. Skipper*  
*Petch*

*225-9439 (W)*  
*225-6027 (H)*

Uttermohle ✓  
4/1/86

Original sponsor: Health, Education and  
Social Services Committee

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

2 CS FOR HOUSE BILL NO. 614 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FOURTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to the Board of Dental Examiners;  
7 and providing for an effective date."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 \* Section 1. AS 08.03.010(c)(6) is amended to read:

10 (6) Board of Dental Examiners (AS 08.36.010) -- June 30,  
11 1988 [1986].

12 \* Sec. 2. This Act takes effect immediately in accordance with AS 01.-  
13 10.070(c).

14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29

new draft  
3/22

March 21, 1986

Representative Ben Grussendorf  
Speaker of the House  
P.O. Box V  
Juneau, Alaska 99811

Dear Mr. Speaker:

The House Committee on Health, Education and Social Services has considered the Sunset Review of the Board of Dental Examiners, and recommends that the board be continued. Even though the Committee has introduced HB 614, to continue the board, it has decided not to move the bill while requesting the board to complete certain tasks in the next year prior to their renewal.

As required by AS 44.60.050 (c), the Committee submits the following findings:

(1) the extent to which the board, commission or program has operated in the public interest.

The board served the public by examining and licensing qualified candidates and proposing changes in regulations. To accomplish these functions, the board has held an average of four meetings and two examination sessions for dentists and dental hygienists during the past two fiscal years.

Complaints have been received concerning the make up and scoring of the clinical examination, as well as the repeal of regulations relating to licensure by credentials. The Committee finds that licensure by credentials is accomplished by other health licensing boards in the state, and finds credentialing to be in the best interest of dentists in specialty practice. For these reasons, the Committee recommends that the board consider a statutory change which would allow an oral interview and case presentations for credentialing purposes.

(2) the extent to which the operation of the board, commission or agency program has been impeded or enhanced by existing statutes, procedures, and practices which it has adopted, and any other matter, including budgetary, resource, and personnel matters.

The board suspended, by regulation, statutory provisions for licensure

by credentials because of legal problems surrounding the scope of the interview required for applicants. The Attorney General's office determined that a personal interview required for licensure by credentials should be limited to verifying information rather than requiring case presentations of the applicant's prior work. The board feels it cannot adequately determine an applicant's professional abilities without a case presentation.

The Committee requested information on reciprocity and how other states license applicants, and is requesting that the board and the Division of Occupational Licensing investigate licensing by credentials and specialty licensing by credentials in the next year and suggest statutory language in 1987 to the legislature which would permit the board to engage in these activities.

- (3) the extent to which the board, commission or agency has recommended statutory changes which are generally of benefit to the public interest.

Legislation was enacted in 1984 defining the rights of dentists practicing in the state, repealing out-of-state examinations because of time and money constraints and the issuance of temporary permits.

- (4) the extent to which the board, commission or agency has encouraged interested persons to report to it concerning the effect of its regulations and decisions on the effectiveness of service, economy of service, and availability of service which it has provided.

The board has advertised proposed regulation changes in major Alaskan newspapers, allows applicants to appeal their examination grades and holds open meetings prior to examinations.

- (5) the extent to which the board, commission or agency has encouraged public participation in the making of its regulations and decisions.

The board advertises meetings and proposed regulations as required by law and presents and considers all correspondence related to board matters which has been received.

- (6) the efficiency with which public inquiries or complaints regarding the activities of the board, commission or agency filed with it, with the department to which the board or commission is administratively assigned, or with the office of the ombudsman have been processed or resolved.

The board has processed and addressed complaints in a timely fashion.

- (7) the extent to which the board or commission which regulates entry into an occupation or profession has presented qualified applicants to serve the public.

The board issued 14 licenses in 1984 and 23 licenses in 1985. The board has continued to work toward completion of its continued competency regulations.

(8) the extent to which state personnel practices, including affirmative action practices, have been complied with by the board, commission or agency to its own activities and the area of activity or interest.

The Human Rights Commission and the Equal Employment Opportunity Office have received no complaints relating to the board's activities. The Governor's Office and the Department of Law, according to Assistant Attorney General, Peter Froehlich, have received "numerous" complaints about the examination and scoring procedures.

(9) the extent to which statutory, regulatory, budgeting or other changes are necessary to enable the agency, board or commission to better serve the interests of the public and to comply with the factors enumerated in this subsection.

The board must complete work on the continued competency regulations. Changes in statute are necessary to allow the board to question candidates during the interview for licensure by credentials. 19 other states' dental boards allow licensure by credentials, with 11 requiring some type of examination by the board.

As required by AS 44.60.050 (d), the Committee submits the following findings:

(1) an identification of the problems or the needs that the programs and activities of the board, commission or agency are intended to address.

Testimony indicated that the board may have some problems with the structure of the examination. The board should consider dropping the requirement for a good foil portion of the test, which is an outdated technique, and should examine ways to restructure the examination and scoring techniques.

(2) a statement, to the extent practicable, of the objectives of the program of the board, commission, or agency program, and its anticipated accomplishments.

The board shall continue to protect the public by issuing licenses to all qualified candidates who are competent to practice in Alaska.

(3) an identification of any other programs having similar, conflicting or duplicate objectives.

There are no other programs having a duplicate function.

(4) an assessment of alternative methods of achieving the purposes of the program.

There are no viable alternative methods to be considered at this time.

(5) an assessment of the consequences of eliminating the board, commission or program and consolidating its activities with another program, or of funding it at a lower level.

There may be some desire in the future to combine medical licensing

boards, but the committee did not find this desirable at this time since legislation was passed last year requiring licensing fees to be structured so as to cover the operating costs of each licensing board.

(6) a justification for the recommended continuation or extension of the board, commission or program, and an explanation of the manner in which it avoids duplication of or conflict with other efforts.

The board serves a legitimate public purpose in screening applicants desiring to practice in the state. Since the practice of dentistry includes the usage of prescribed drugs, and can result in injury or death to a patient, the board should be continued. There is no other body which oversees the practice of these occupations.

(7) any other information which, in the opinion of the committee, would improve the performance of the board, commission or agency with respect to its representation of and responsiveness to the public interest.

The Committee is requesting that the board complete the following tasks in the coming year, and present their recommendations to the legislature in 1987:

1. Complete continued competency regulations.
2. Develop new procedures for credentialing and suggest language to the legislature if necessary.
3. Restructure the examination and scoring procedures.
4. Evaluate the possibility of joining the Northwest Regional Examination Board.

The Division of Occupational Licensing, on behalf of the Board of Dental Examiners, should complete the following tasks in the next year and report back to the legislature their recommendations concerning:

1. Credentialing for dental specialties.
2. The possibility of Alaska joining the Northwest Regional Examination Board.

---

Representative Max F. Gruenberg, Jr., Co-Chair  
House Health, Education and Social Services Committee

---

Representative Niilo Koponen, Co-Chair

House Health, Education and Social Services Committee

HOUSE HEALTH, EDUCATION & SOCIAL SERVICES  
SUB-COMMITTEE MEETING  
March 20, 1986  
8:30 a.m.

MEMBERS PRESENT:

Rep. Max Gruenberg, Chair  
Rep. Mike Davis  
Rep. Niilo Koponen  
Rep. Fritz Pettyjohn

COMMITTEE CALENDAR

HB 614: "An Act extending the termination date of the  
Board of Dental Examiners; efd."

WITNESS REGISTER

Dr. Joseph Riederer, M.D.  
4600 N. Douglas Hwy.  
Juneau, AK 99801

Dr. George Shaffer, D.D.S.  
306 Main Street, #202  
Ketchikan, AK 99901

Nancy Dunn  
Director  
Div. of Occupational Licensing  
P.O. Box D  
Juneau, AK 99811

Dr. Robert Warren, D.D.S.  
Secretary, Board of Dental Examiners  
625 E. 34th Ave.  
Anchorage, AK 99503

Dr. Tim Woller, D.D.S.  
3529 College Rd.  
Fairbanks, AK 99708(?)

Dr. Jim Searney, D.D.S.  
Fairbanks, AK

Dr. Robert Christofferson, SFO, DDS  
Director, Clinical Dentistry  
University of the Pacific  
San Francisco, California

Hugh Gellert  
Member, Board of Dental Examiners  
Jackson, Wyoming

Dr. Jerry Zemlicka, D.D.S.  
9191 Lee Smith Drive

Dr. Gregg Remaklus, D.D.S.  
4200 Lake Otis Parkway  
Anchorage, AK 99508

#### PREVIOUS ACTION

#### ACTION NARRATIVE TAPE #133 SIDE 1

Number 040

Rep. Gruenberg opened: "We are here as the result of some testimony that there may be certain problems with the examination and the grading for licensing for dentistry. HB 614 extends the Board of Dental Examiners from June 30, 1986 to June 30, 1990. The House HESS Committee must write and approve a letter, to the Speaker of the House," pertaining to the Board and it's performance and practices.

Number 081

Rep. Davis: "I've had a number of complaints from people that I represent regarding the practices of the Board in the past...who refuse to go to dentists in this state. From all indications that I've had, the Board has acted to impede new people getting into the field."

Number 116

Dr. Riederer, who previously testified on this issue to the full HESS Committee on March 10, 1986, began speaking. He again referred to the high automatic failure rate on the exam...He hoped the legislature could look into why the provision for licensure by credential was cancelled. "Why the point grading system for the clinical exam was cancelled on March 4th deserves some investigation."

Number 208

Dr. Robert Warren began testimony from Anchorage. He has been a member of the Board for two years, and is now Secretary..."The reason the Board felt it necessary to repeal the credentialing process is because we were conducting these exams on a routine basis, and they were challenged, and the AG said we were essentially conducting an exam and not an interview. So we felt we had no control over the credentialing process...In answer to Dr. Riederer's question on the reason for the change in the grading system that he thinks so timely, happened after his testimony, was purely coincidental. It was our intent at our November meeting to change our grading process, as we felt it was cumbersome."

Number 293

Dr. Tim Waller in Fairbanks spoke on the continuing education issue. "As the record now stands, less than 50% of the states now have a continuing education requirement, only 19 do currently. We have been drafting wording to implement not only continuing education, but also a clinical practical requirement...Pure credentialing says nothing about an applicant's abilities."

Number 329

Dr. Christofferson began testifying from San Francisco. "I am a consultant as far as evaluation for several licensing agencies being the California Board who examines them, approximately 1900 candidates per year...In working with the Alaska Board members, I found them to be very aware of the criteria they are using, they use them effectively, and I did give them some suggestions for improving their evaluation system. We have been working on that for the past year. The plans are for me to return on June 12 to work with the examiners, using the new evaluation system which we've worked out in the past year."

Number 362

Rep. Pettyjohn: "Based on your knowledge and experience of the Alaska Board feel that their failure rate is suspiciously high, is it out of line with other states, and if so, do you have any explanation?"

Number 368

Dr. Christofferson: "I don't have an explanation for it, and I don't know the exact figures...I can speak for California; their past rate in 1985 was 49%. I'm not aware of the past rate in Alaska. In Hawaii, their past rate is about 75%, in Nevada about 48%, and the Western Regional tests run around 75%."

Number 411

Rep. Koponen: "Is a 50% variation between the scores given by individual examiners an acceptable variation?"

Number 424

Dr. Christofferson: "Yes. The Alaska evaluation system was a copy of the California system, unfortunately it has been modified over the years and has become so complex and cumbersome, and it must be streamline. In California, we only award 7 scores; 0-7. We run into a 50% variation in California in about 10% of the grades that are given. We call it a 2 score differential. We then bring in an arbitrator who gives a third grade, and the grade furthest off is then thrown out."

Number 444

Rep. Gruenberg: "In what percentage does that differential occur in Alaska?"

Number 446

Dr. C.: "I don't know."

Number 447

Rep. Gruenberg: "What is the method of resolving the dispute in Alaska?"

Number 448

Dr. C.: "I don't know."

Number 459

Rep. Gruenberg quoted passing rates in Alaska and asked if they are normal.

Number 469

Dr. C.: "We are seeing a trend where the failure rate is increasing presently. But the 38 and 36% are low numbers to me. The lowest numbers I've seen in the U.S. are roughly 50%."

Number 476

Rep. Gruenberg: "So this is considerably lower than the rest of the states?"

Number 476

Dr. C.: "Yes. But we are seeing a downward trend. Two years ago the average of the U.S. was about 75%. It's now dropping to around 50%"

Number 497

Rep. Gruenberg: "Do you know why Alaska is consistently lower than the other states?"

Number 498

Dr. C.: "I don't have a reason, I've only worked with them for one day."

Number 512

Hugh Gellert stated that he is a resident of Anchorage and is only on a trip to Wyoming. "I am a public member of the Dental Board..." "I must say that the entire proceedings of the state Dental Board, after being on the Medical Board,

were somewhat of a shock. The full emphasis in my view, is keeping people out of the field of dentistry in the State of Alaska." He cited an example. "I think there is always going to be a problem when people in a professional field, be they electrical examiners, dentists or whatever, give practical examinations to candidates...there's too much of a possibility for people to consider the candidates as rivals in the field...There are no private dentists in many areas of Alaska, and many economic groups are denying good dental care. I don't think the Board serves the public interest, I don't think it presents an adequate number of qualified applicants into the profession. If the Board continues it's present posture, I think the State could abolish it, and reach an agreement with the State of Washington, or Western or Mid-Western Regional Compacts to examine dentists for Alaska, and only allow into Alaska the top scorers, since this is essentially what we are doing now since there are no dental schools in Alaska. It would be less of a hardship for them to have to journey to an outside state to be examined for Alaska, the State would save the money on the group that is now operating up here."

Number 615

Rep. Gruenberg requested Mr. Gellert to get to him a copy of the transcription of the meeting which Mr. Gellert gave as an example of the Board attempting to keep dentists from coming to Alaska. He then asked Mr. Gellert if that was "the only example you could cite of that particular practice, or are there other meetings that you can cite that we could review the records of in this sub-comm.?"

Number 631

Hugh Gellert: "Since I have only been on the Board a year, and have only had two face-to-face meetings, that is the only example I can cite...The only specific action I could recall other than that would touch on the field of reciprocity. We have had some discussions on writing regulations on reciprocity, and with the emphasis being on not allowing candidates from other states in, in my view. The use of the A.G.'s change of opinion is really so that the begging (?) of the question of reciprocity-if the AG did say that what were supposed to be interviews turned into oral examinations, my conclusion was, well, one could certainly change that element. One way of doing this would be to have reciprocity handled administratively. If a candidate has all the necessary credentials to practice, then the other states-he could administratively be admitted to Alaska...Both meetings that we had face-to-face on credentialing, all focus on how to use this to keep candidates from other states out."

Number 708

Rep. Gruenberg: "Is the AG's opinion you referred to a written opinion?"

Number 708

Mr. Gellert: "I believe so." He referred to the opinion as that which the Board uses as a way to avoid reciprocity.

Number 723

Rep. Gruenberg asked Ms. Dunn for a copy of the AG's opinion by 4:30 that afternoon, and asked Mr. Gellert for information on getting a copy of the Anchorage Daily News article which included a statement about fees being 50% higher in Alaska than elsewhere. Mr. Gellert stated that he would try to find the article.

Number 767

Dr. Zemlicka, a dentist in Juneau, began testifying on grade differentials. He said that some of the statistics that Dr. Riederer used in his March 10th letter were incorrect. He referred to a report, a report on the Western Regional billboards and dental school deans, which Rep. Gruenberg asked Ms. Dunn to provide. Dr. Zemlicka, in talking about the AK pass/fail rate stated: "If you strike the one year when the rate was 11%, all the other years average 49%. We examine so few people in AK, and statistically speaking, significant samples do not come out of that. You have to look at what's happening on the exam. I think it was an excellent idea to have legislative appointed members look at our Board...The Board has been trying to streamline the exam, which may result in a higher pass rate...We don't know at the time of the examination if the applicant is from Alaska. The performance that we see dictates what kind of grade we've given...Alaska does not have a dental school; in other states the schools prepare the students for their state's exam...The hardship of travelling to Alaska and trying to find patients, which is hard now as there are less cavities than before, may be too much of a burden...I'm not opposed to joining a regional examination and it's not something that's out of the question to the Dental Board members either...I think Mr. Gellert hasn't been on the Board long enough to understand. There are a lot of things we do to try to help people pass the exam. I think we can streamline our examination better. I think that we can become dependent on having this calibration done every year. I think it should be in our regulations or whatever, and funded regularly, that we are calibrated as examiners. We have another public member that I think you should also hear from. His name is Matt Geleston. Again, I would advise the HESS Committee, or even the Governor's office to send a representative and observe us anytime...Regarding licensing by credentials

You can't evaluate clinical dentistry without seeing it... What we found happening on the credentialing interviews over the next years that we were allowed to do that, when the AG's office accepted that, we assumed everything was alright and they did too. We would have interviews. Most of the guys wouldn't even bring the stuff that was asked. The failure on the credentialing interview wasn't that we meant that they were unqualified or incompetent, it just meant that they must take the clinical examination to get a license. We had hopes that it would work well and be easy to do, and what we found was a nightmare. It was hard to evaluate clinical dentistry by what we had...There are a certain amount of people who graduate from accredited dental schools that are incompetent, and some of those people wish to practice in Alaska...Alaska has probably the lowest rate of litigation against the practicing dentists that there is in the country...Credentialing, as we practiced it, just could not work. I'm not opposed to credentialing; I'm in favor of it, but there must be some criteria to base it on...The AG made the opinion that an interview is not to ask questions, and that what we were doing was improper, so we have to go back and give licenses without any review of their qualifications. We had to give those licenses to dentists who we interviewed, and some of them were, in my opinion, incompetent. They could not perform good dentistry and were not intelligent enough not to show it to us...If the legislature wants to help us the most, it would be to fund us to go to this Western Conference, fund us for somebody for calibration."

Number 161

Rep. Koponen: "What level of fees would you find acceptable to do these things?"

Number 162

Dr. Zemlicka: "I don't know, and I'm told that if we had a fee for the dentist's licenses, it would not go to us...I think we can meet just by teleconferencing this year...We can't carry on any of our work without expending our own money."

Number 231

Rep. Gruenberg requested Ms. Dunn to get all correspondence of the last four years between the Board and the AGs office. "Perhaps we need to expand the statutes to allow for credentialing, or allow the Board to reach it's sunset date next year, and give the Board time to investigate."

Number 315

Rep. Gruenberg: "If we were to allow the Board to join into a regional examination, might that not eliminate some of the criticism?"

Number 319

Dr. Zemlicka: "It might eliminate some of the criticism, but I don't know if it would satisfy some of the criteria that the State would be looking for."

Number 375

Rep. Gruenberg: "I want to give some considerable thought to requesting the Div. of Occ. Lic. and the Dental Board to work together over the next year of the Sunset year if we don't pass a bill out this year to investigate on an expedited basis the possibility of joining in the regional examination."

Number 447

Rep. Gruenberg: "How would you feel about an amendment to AS 08.36.160, that says 'the Board may not deny any person a license due to any factors beyond the applicant's control, and such factors may not be considered?'"

Number 463

Dr. Zemlicka commented that it is hard to find patients to test on and the test is funded to be given only once every 6 months.

TAPE 134 SIDE 1

Number 479

(Tape was changed here and some testimony lost).

Dr. Jim Searney of Fairbanks began testified to the lack of clinical experience on the part of many dental students and the hardship in obtaining patients to work on.

Number 501

Rep. Gruenberg: "I find it interesting that there is difficulty giving people free dental care in an examination. I would like to know whether the Board or any applicants has ever placed a small ad in the want ads."

Number 510

Dr. Searney replied that specific patients are required.

Number 523

Dr. Tim Waller of Fairbanks responded. "Martha Dearborn is here. She is the exec. dir. of the local dental society. She says they did advertise here once, and the response was pretty minimal. The difficulty with this is that we have to screen the patients not only clinically, but also x-rays

taken and an examination done by somebody and somebody would have to be found to do that. Maybe if we pooled all the candidates together a week or so before the exam, and we advertise...Some states pick patients from the prisons."

Number 534

Rep. Gruenberg: "That sounds like an excellent suggestion. I would like the Div. of Occ. Lic. and the Dental Board to examine that possibility with Roger Endell Corrections."

Number 544

Dr. George Shaffer of Ketchikan, President of the Alaska State Dental Society stated, in reference to Dr. Riederer's letter: "One of the candidate from Alaska who failed one of the boards came to my office yesterday and was very upset that his condition was being discussed. He felt that his problems were with the administrative part of the exam, with the interaction with the Dept., and not with the dentists on the Board." He submitted a copy of U. S. Federal Register dated January 8, 1986, which is a document from the Dept. of Health & Human Services whereby the federal gov't. designates dental health manpower shortage areas. "Within this document, we can see that there are now only 4 dental shortage areas in Alaska; the North Slope Borough, the Kobuk area, southeast Fairbanks area and in Yukon-Koyakuk. Of those 4, only 2 are considered critical shortage areas." He cited many areas that used to be shortage areas but no longer are. "The issue of licensing seems to be outweighing all the other matters that the Board deals with, i.e. continuing competency, peer review mechanisms, and the disciplinary function of the Board, and we are very concerned that we don't lose sight of the fact that the public needs protection, and the Board needs some power and assistance to maintain the disciplinary function for on-going dentists beyond when they receive their licenses. We're in strongly favor of maintaining calibration for the examiners before the exam. We feel this is an important enough function that the Comm. should consider funding that in perpetuity for the Board to maintain fairness in whatever licensing procedures are chosen...If the future proves that we can not attain liability insurance, then a number of the issues that we (the Peer Review Group) dealt with that had not moved on to the Board will automatically be referred to the Board. So I think we can reasonably say that if we can not get liability insurance, the Board is going to have much more work in terms of continuing competency and discipline than they have had in the past. We are also concerned about licensing of specialists...That is an area that we feel could very well fit into a credentialing area. The Comm. may want to draft legislation to have limited specialist license, so they can practice within their specialty, and not practice general dentistry unless they go for the same exam that the general dentists would take. We (the Ak. Dental Society) have had a problem with credentialing. By a vast majority of our membership, we

can have verification that these credentials are accurate...If the money could be specified to go to the Board, we would be happy to pay increased licensing and renewal fees."

Number 479

Dr. Gregg Remaklus, a peridontist in Anchorage, encouraged the Comm. to support a strong dental board for the protection of the public in Alaska. He suggested looking more at the quality of applicants than the exams to investigate pass/fail rates, and supported credentialing. He encouraged the Comm. to look for a better regulatory mechanism.

Number 028

Dr. Robert Warren suggested having more dentists on the Board to help with the workload.

Number 064

Nancy Dunn of the Div. of Occ. Lic. stated that the Div. understands that the "Dental Board needs additional considerations...we will do what we can. Separate Accounting will now be allotted to the Div...We have had a new examiner now.

Utermohle  
3/25/86,

Original sponsor: Health, Education and  
Social Services Committee

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

2 CS FOR HOUSE BILL 614 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FOURTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to the Board of Dental Examiners;  
7 and providing for an effective date."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 \* Section 1. AS 08.03.010(c)(6) is amended to read:

10 (6) Board of Dental Examiners (AS 08.36.010) -- June 30,  
11 1987 [1986].

12 \* Sec. 2. AS 08.36.234 is amended to read:

13 Sec. 08.36.234. LICENSURE BY CREDENTIALS. The board may provide  
14 for the licensing [WITHOUT EXAMINATION] of a dentist who

15 (1) is a graduate of a dental college accredited by the  
16 Commission on Accreditation of the American Dental Association, or its  
17 successor agency, and holds a certificate from the American Dental  
18 Association Joint Commission on National Dental Examinations that the  
19 dentist has passed the written examination given by the commission;

20 (2) has been licensed to practice dentistry in another  
21 state, territory, or region with licensing requirements at least  
22 equivalent in scope, quality and difficulty to those of this state at  
23 the time of licensure;

24 (3) has been engaged in continuous active practice averag-  
25 ing at least 20 hours per week for each of the five years immediately  
26 preceding the application;

27 (4) is not the subject of an unresolved complaint, review  
28 procedure, or disciplinary proceeding undertaken by a dental licensing  
29 jurisdiction;

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29

(5) has not previously had a license to practice dentistry  
revoked;

(6) has not failed the clinical examination of this state;

(7) is personally examined [INTERVIEWED] by the board;

(8) pays all required fees.

\* Sec. 3. This Act takes effect immediately in accordance with AS 01.-  
10.070(c).

Nancy: p.1 recommends continuation; p.3 refers to "wind-down" year. ?

seems ok to me. As you know, I prefer 1-yr. (or more) continuations, with intent letter.

DRAFT

Please note written comments on p.3+4. Also - the Rep. suggested that both the Board + the Division were to look into the regional membership. Also, the ADA already has peer review; Dr. Shaeffer's point was just that that situation was jeopardized because association members acting as the peer review group may be liable; Board members don't have that problem (except if they are negligent). The Dental Board group already has a peer review process.

March 21, 1986

Representative Ben Grussendorf  
Speaker of the House  
P.O. Box V  
Juneau, Alaska 99811

Dear Mr. Speaker:

The House Committee on Health, Education and Social Services has considered the Sunset Review of the Board of Dental Examiners, and recommends that the board be continued. The Committee has introduced HB 614, to continue the board, but has decided not to move the bill while requesting the board to complete certain tasks prior to their renewal.

As required by AS 44.60.050 (c), the Committee submits the following findings:

(1) the extent to which the board, commission or program has operated in the public interest.

The board served the public by examining and licensing qualified candidates and proposing changes in regulations. To accomplish these functions, the board has held an average of four meetings and two examination sessions for dentists and dental hygienists during the past two fiscal years.

(2) the extent to which the operation of the board, commission or agency program has been impeded or enhanced by existing statutes, procedures, and practices which it has adopted, and any other matter, including budgetary, resource, and personnel matters.

The board suspended, by regulation, statutory provision for licensure by credentials because of legal problems surrounding the scope of the interview required for applicants. The Attorney General's office determined that a personal interview required for licensure by credentials should be limited to verifying information rather than requiring case presentations of the applicant's prior work. The board feels it cannot adequately determine an applicant's professional abilities without a case presentation. The Committee requested information on reciprocity and how other states license applicants, and is requesting that the board investigate licensing by credentials and specialty licensing by credentials in the next year and suggest statutory language in 1987 to the legislature which would permit the

board to engage in these activities.

- (3) the extent to which the board, commission or agency has recommended statutory changes which are generally of benefit to the public interest.

Legislation was enacted in 1984 defining the rights of dentists practicing in the state, repealing out-of-state examinations because of time and money constraints and the issuance of temporary permits.

- (4) the extent to which the board, commission or agency has encouraged interested persons to report to it concerning the effect of its regulations and decisions on the effectiveness of service, economy of service, and availability of service which it has provided.

The board has advertised proposed regulation changes in major Alaskan newspapers, allows applicants to appeal their examination grades and holds open meetings prior to examinations.

- (5) the extent to which the board, commission or agency has encouraged public participation in the making of its regulations and decisions.

The board advertises meetings and proposed regulations as required by law and presents and considers all correspondence related to board matters which has been received.

- (6) the efficiency with which public inquiries or complaints regarding the activities of the board, commission or agency filed with it, with the department to which the board or commission is administratively assigned, or with the office of the ombudsman have been processed or resolved.

The board has processed and addressed complaints in a timely fashion.

- (7) the extent to which the board or commission which regulates entry into an occupation or profession has presented qualified applicants to serve the public.

The board issued 22 licenses in 1984 and 24 licenses in 1985. The board has continued to work toward completion of its continued competency regulations.

- (8) the extent to which state personnel practices, including affirmative action practices, have been complied with by the board, commission or agency to its own activities and the area of activity or interest.

The Human Rights Commission and the Equal Employment Opportunity Office have received no complaints relating to the board's activities.

- (9) the extent to which statutory, regulatory, budgeting or other changes are necessary to enable the agency, board or commission to better serve the interests of the public and to comply with the factors enumerated in this subsection.

The board must complete work on the continued competency regulations.

As required by AS 44.60.050 (d), the Committee submits the following findings:

- (1) an identification of the problems or the needs that the programs and activities of the board, commission or agency are intended to address.

Testimony indicated that the board may have some problems with the structure of the examination. The board should consider dropping the requirement for a good foil portion of the test, which is an outdated technique, and should examine ways to re-format the examination, and *revise the scoring of the exam.*

- (2) a statement, to the extent practicable, of the objectives of the program of the board, commission, or agency program, and its anticipated accomplishments.

The board shall continue to protect the public by issuing licenses to all qualified candidates who are competent to practice in Alaska.

- (3) an identification of any other programs having similar, conflicting or duplicate objectives.

There are no other programs having a duplicate function.

- (4) an assessment of alternative methods of achieving the purposes of the program.

There are no viable alternative methods to be considered at this time.

- (5) an assessment of the consequences of eliminating the board, commission or program and consolidating its activities with another program, or of funding it at a lower level.

There may be some desire in the future to combine medical licensing boards, but the committee did not find this desirable at this time since legislation was passed last year requiring licensing fees to be structured so as to cover the operating costs of each licensing board.

- (6) a justification for the recommended continuation or extension of the board, commission or program, and an explanation of the manner in which it avoids duplication of or conflict with other efforts.

The board serves a legitimate public purpose in screening applicants desiring to practice in the state. Since the practice of dentistry includes the usage of prescribed drugs, and can result in injury or death to a patient, the board should be continued. There is no other body which oversees the practice of these occupations.

- (7) any other information which, in the opinion of the committee, would improve the performance of the board, commission or agency with respect to its representation of and responsiveness to the public interest.

The Committee is requesting that the board complete the following tasks in the wind down year, and present their recommendations to the legislature in 1987:

1. Complete continued competency regulations.
2. Develop new procedures for credentialing and suggest language to the legislature if necessary.

3. Restructure the examination *and scoring procedures*

*to address the issue, by statutory or policy change, "holding harmless"*  
 The Division of Occupational Licensing, on behalf of the Board of *dental* Dental Examiners, should complete the following tasks in the next year *and report back to the legislature their recommendations concerning:*

1. Credentialing for dental specialties.
2. The possibility of Alaska joining the Northwest Regional Examination Board.
3. The practicality of developing a Peer Review mechanism for the Board of Dental Examiners and any liability the board may incur if adopted.

*dentists*  
*from*  
*factors*  
*occurring*  
*beyond their*  
*control*  
*which*  
*interfere with*  
*the normal*  
*conduct*  
*of the*  
*dental*  
*exam.*

---

Representative Max F. Gruenberg, Jr., Co-Chair  
 House Health, Education and Social Services Committee

---

Representative Niilo Koponen, Co-Chair  
 House Health, Education and Social Services Committee

Joseph D. Riederer, M.D.  
4600 N. Douglas Hwy.  
Juneau, AK 99801

586-1895 work  
586-2900 home

March 10, 1986

Gentlemen:

My name is Joseph Riederer and I am lifelong resident of Alaska. I am here to relate some of my concerns about the present policies and testing programs of the Board of Dental Examiners for the State of Alaska.

The clinic examinations which "shall test the Applicant's skill in operative and prosthodontic dentistry" and "which is not designed to hold down the number of new dentists entering practice in Alaska" certainly seems to have some inherent problems which is restricting many competent dentists from passing the exam. I hope that the present system can be scrutinized by appropriate legislative oversight personnel.

As you may or may not be aware of, the failure rate on recent dental exams has been extremely high and while a high failure rate might suggest that a large number of those seeking licensure are unqualified, it could also suggest that a problem in credibility and possibly liability might exist for those concerned with this examination.

My son Mark is a recent dental graduate from a California school and was a successful candidate of the California and Western Regional Board exam and National Board Dental exam and has been a twice unsuccessful candidate for the Alaskan examination, and along with at least three other Juneau and Ketchikan dental graduates that I personally am aware of, are among those that have been unable to return to their home state to practice. According to 1984 American Dental Association statistics, the failure rate nationwide is 15% with 39 states passing 80% or more of those taking the Board examination.

One of those candidates, not my son, that had received an automatic failure by the Alaska Dental Board for inadequate caries removal, had his patient sent back to a licensed dental facility as required, in this case a major west coast university dental school, and when the temporary was

.Joseph D. Riederer, M.D.

March 10, 1986

Page 2

removed, the university faculty found no residual caries in this patient and no reason for his automatic failure. It is incidents of this nature that prompted my inquiry into some aspects of the administration and quality of this exam in a state that has no reciprocity with any major regional examining board or with any other state.

Dr. Paul Buxton and others on the current Board have publicly stated that they feel that the low pass rate is due to poor preparation and shabby work by dentists he would not care to have work on his family. They have indicated this is a national problem and not a state problem, but still the failure rate for '84 and '85 for the state of Alaska is approximately double that when compared with Washington, Oregon, and California examinations for this period.

I share the feeling of the Legislative Audit reports of 1978 and 1981 that potential conflict of interest exists when the Alaska Board members that are practicing dentists grade the performance of applicants who represent potential competition, especially when they have not joined the Regional Testing Board to establish reciprocity as allowed by Alaska statute and encouraged by legislative recommendation in 1978 and 1981.

By way of example, the June exam for 1984 had 30 candidates, and of those 30 dentists, 18 attempted to gain licensure by examinations and 12 by credentialling. Two dentists passed the Boards by examination and two passed by credentialling making a total of 4 out of 30, which is approximately 13% on that exam if you include those that obtained licensure by credentialling, which since has been discontinued. On the June 1985 exam, approximately 27% of the candidates passed the exam on the first attempt, and when those taking the exam the second, third, and fourth times were computed into the numbers, the pass rate of the aggregate got up in the area of 56%. However, the highest pass rate that I am able to identify in any exam for 1984 and 1985 is 33% on the first attempt. I have recently been in contact with the Department of Professional Licensing for the State of Oregon and they report for 1985

Joseph D. Riederer, M.D.

March 10, 1986

Page 3

approximately 70-80% pass rate and while not broken down, "the vast majority of these passed on the first try." I hope to have current statistics from the states of Washington and California within days.

After much effort, my son Mark has been able to obtain the operative score sheets through the efforts of a private attorney and the Ombudsman for the State of Alaska. The request for these score sheets was pursued through the Dental Board and the Occupational Licensing office, and by several members of the Dental Board was felt to be an unreasonable and "ludicrous" request. However, some of the grading practices are very revealing. There were three Dental Board examiners and their evaluation of specific points of performance varied as much as 25%.

It is of particular interest that on March 4, 1986, there is a notice of a proposed change to the regulation for the Board of Dental examiners that under 12AAC-28.260 the point grading system for the clinical examination is repealed and item 12AAC-28.280 was also changed in effect attempting to by pass the requirement of demonstrating some consistency in the testing evaluation and, I believe, further degradating the current testing process.

There are some other areas in recent exams that have been of concern. There are authoritative dental references such as the Fundamentals of Fixed Prosthodontics by Schillingberg that teach that dye should be allowed to harden for 24 hours before working on, and when dental candidates are forced to complete a procedure in 2 1/2 hours, it is a violation of current principles of dental materials and techniques. The current California exam has been changed to allow for proper techniques to be used.

In Mark's instance, he had requested, and was assured, a fibro-optic unit in his operatory and his operatory was not equipped with one until the second day when he no longer had a use for it. This may have been an honest and minor oversight by the Board. It was by an extremely minor margin that he failed the inlay section.

Joseph D. Riederer, M.D.

March 10, 1986

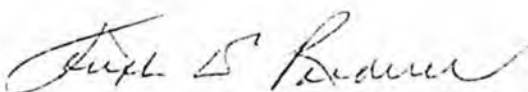
Page 4

In the Alaska Society Dental Newsletter of July, 1984, Dr. James Cerney, who was then President of the Alaska Dental Society, addressed several of these concerns with the current Board and the current examination. Other issues with regard to lack of orientation systems, neglecting to bring a projector or slide screen for the written portion of the exam, and the high failure rate are discussed, and I quote, "the question of credibility arises if the content of the examination is not a good indicator of knowledge or ability, if the grading of the examination is inconsistent and excessively strict, or if the administration in scheduling the exam was poorly done and then becomes a frustration to the candidates not to mention Alaska's State Board of Dentistry."

It is very clear to me that the Alaska Board of Dentistry knows what they are doing, that the high failure rate is not entirely attributable to poor planning and poor clinical skills of the applicant. There is much that can be done to assure a consistent and fair exam that applicants can perform using recommended techniques and procedures. As long as the present system is perpetuated, they can certainly be assured of maintaining an abnormally low passing rate. It will be a service to the residents of this state if a credible examining system can be established or reciprocity established with a major regional examining board.

Thank you for your attention to these concerns.

Sincerely yours,



Joseph D. Riederer, M.D.

JDR:sf

2 1/2 OF  
 BOYS / CANDIDATES  
 KING  
 ACA  
 EXAM  
 (18)

EXAMINATION STATISTICS  
DENTAL EXAMINATION

AUTOMATIC FAILURES      FY '84 - FY '86

<u>FY '84</u>	<u>GOLD INLAY</u>	<u>AMALGAM</u>	<u>GOLD FOIL</u>
<u>November 1983:</u>			
Total Examinees by Subject	14	12	14
Automatic Failures	2	1	2
Percent of Automatic Failures	14%	8%	14%

<u>June 1984:</u>			
Total Examinees by Subject	17	15	16
Automatic Failures	9	7	4
Percent of Automatic Failures	53%	47%	25%

(18)  
 Candidate

<u>FY '85</u>	<u>GOLD INLAY</u>	<u>AMALGAM</u>	<u>GOLD FOIL</u>
<u>November 1984:</u>			
Total Examinees by Subject	15	11	13
Automatic Failures	3	0	3
Percent of Automatic Failures	20%	0%	23%

(18)

<u>June 1985:</u>			
Total Examinees by Subject	31	29	32
Automatic Failures	9	3	0
Percent of Automatic Failures	29%	10%	0%

(34)

<u>FY '86</u>	<u>GOLD INLAY</u>	<u>AMALGAM</u>	<u>GOLD FOIL</u>
<u>November 1985:</u>			
Total Examinees by Subject	20	15	14
Automatic Failures	5	1	0
Percent of Automatic Failures	25%	7%	0%

(25)

AUTOMATIC FAILURE

12 AAC 28.250. ERRORS OR OMISSIONS REQUIRING FAILING GRADE. (a) If a majority of the examiners agree that an applicant has committed any of the following errors or omissions in cavity preparation, the applicant will receive a grade of zero in that subject of clinical examination:

- (1) Incomplete caries removal;
- (2) destruction of supporting tissues;
- (3) unnecessary mechanical exposure of pulp; and
- (4) alteration of preparation between checks by examiners.

(b) If a majority of the examiners agrees that an applicant has committed any of the following errors or omissions in restoration, the applicant will receive a grade of zero in that subject of the clinical examination:

- (1) open margins; and
  - (2) destruction of hard or soft supporting tissue in finishing. (Eff. 4/8/79, Reg. 70)
- Authority: AS 08.36.070(1) and (7)  
 AS 08.36.190

Memorandum

Date: March 13, 1986

To: Rep. Gruenberg

From: Donna Ernst  
Committee Secretary

Re: HB 614

I spoke with Dr. Reischer today, the doctor who testified at the hearing on HB 614. He was concerned that action would be taken on this bill without his being aware of it, and without the opportunity for him and other members of the public to have input first. He specifically requested that Hugh Gallert, who is on the Board of Dental Examiners, be given an opportunity to make a statement. I told him the bill has gone to sub-committee, and so he wants the sub-committee to be aware of his concerns.

His phone numbers are:

work - 586-1895

home - 586-2900



Alaska State Legislature  
House of Representatives  
COMMITTEE ON HEALTH, EDUCATION  
AND SOCIAL SERVICES

OFFICIAL BUSINESS

POUCH V  
JUNEAU, AK 99811  
465-3759

March 10, 1986

Representative Ben Grussendorf  
Speaker of the House  
P.O. Box V  
Juneau, Alaska 99811

Dear Mr. Speaker:

The House Committee on Health, Education and Social Services has considered the Sunset Review of the Board of Dental Examiners, and recommends that the board be continued. The Committee has introduced HB 614, to fulfill the findings of the Division of Legislative Audit.

As required by AS 44.60.050 (c), the Committee submits the following findings:

(1) the extent to which the board, commission or program has operated in the public interest.

The board served the public by examining and licensing qualified candidates and proposing changes in regulations. To accomplish these functions, the board has held an average of four meetings and two examination sessions for dentists and dental hygienists during the past two fiscal years.

(2) the extent to which the operation of the board, commission or agency program has been impeded or enhanced by existing statutes, procedures, and practices which it has adopted, and any other matter, including budgetary, resource, and personnel matters.

The board suspended, by regulation, statutory provision for licensure by credentials because of legal problems surrounding the scope of the interview required for applicants. The Attorney General's office determined that a personal interview required for licensure by credentials should be limited to verifying information rather than requiring case presentations of the applicant's prior work. The board feels it cannot adequately determine an applicant's professional abilities without a case presentation. The Committee requested information on reciprocity and how other states license applicants, and agrees with the board that protection of the public justifies an in-depth examination of applicants.

(3) the extent to which the board, commission or agency has recommended statutory changes which are generally of benefit to the public interest.

Legislation was enacted in 1984 defining the rights of dentists practicing in the state, repealing out-of-state examinations because of time and money constraints and the issuance of temporary permits.

(4) the extent to which the board, commission or agency has encouraged interested persons to report to it concerning the effect of its regulations and decisions on the effectiveness of service, economy of service, and availability of service which it has provided.

The board has advertised proposed regulation changes in major Alaskan newspapers, allows applicants to appeal their examination grades and holds open meetings prior to examinations.

(5) the extent to which the board, commission or agency has encouraged public participation in the making of its regulations and decisions.

The board advertises meetings and proposed regulations as required by law and presents and considers all correspondence related to board matters which has been received.

(6) the efficiency with which public inquiries or complaints regarding the activities of the board, commission or agency filed with it, with the department to which the board or commission is administratively assigned, or with the office of the ombudsman have been processed or resolved.

The board has processed and addressed complaints in a timely fashion.

(7) the extent to which the board or commission which regulates entry into an occupation or profession has presented qualified applicants to serve the public.

The board issued 22 licenses in 1984 and 24 licenses in 1985. The board has continued to work toward completion of its continued competency regulations.

(8) the extent to which state personnel practices, including affirmative action practices, have been complied with by the board, commission or agency to its own activities and the area of activity or interest.

The Human Rights Commission and the Equal Employment Opportunity Office have received no complaints relating to the board's activities.

(9) the extent to which statutory, regulatory, budgeting or other changes are necessary to enable the agency, board or commission to better serve the interests of the public and to comply with the factors enumerated in this subsection.

The board must complete work on the continued competency regulations.

As required by AS 44.60.050 (d), the Committee submits the following findings:

(1) an identification of the problems or the needs that the programs and activities of the board, commission or agency are intended to address.

No problems and needs were identified.

(2) a statement, to the extent practicable, of the objectives of the program of the board, commission, or agency program, and its anticipated accomplishments.

The board shall continue to protect the public by issuing licenses to all qualified candidates who are competent to practice in Alaska.

(3) an identification of any other programs having similar, conflicting or duplicate objectives.

There are no other programs having a duplicate function.

(4) an assessment of alternative methods of achieving the purposes of the program.

There are no viable alternative methods to be considered at this time.

(5) an assessment of the consequences of eliminating the board, commission or program and consolidating its activities with another program, or of funding it at a lower level.

There may be some desire in the future to combine medical licensing boards, but the committee did not find this desirable at this time since legislation was passed last year requiring licensing fees to be structured so as to cover the operating costs of each licensing board.

(6) a justification for the recommended continuation or extension of the board, commission or program, and an explanation of the manner in which it avoids duplication of or conflict with other efforts.

The board serves a legitimate public purpose in screening applicants desiring to practice in the state. Since the practice of dentistry includes the usage of prescribed drugs, and can result in injury or death to a patient, the board should be continued. There is no other body which oversees the practice of these occupations.

(7) any other information which, in the opinion of the committee, would improve the performance of the board, commission or agency with respect to its representation of and responsiveness to the public interest.

The board may want to consider requesting a statutory change in the future to restructure licensure by credentials into a format which would allow the board to carefully examine applicants and provide for protection of the public.

---

Representative Max F. Gruenberg, Jr., Co-Chair  
House Health, Education and Social Services Committee

---

Representative Niilo Koponen, Co-Chair  
House Health, Education and Social Services Committee

VERBATIM TRANSCRIPT OF THE NOVEMBER 9, 1984 DENTAL BOARD MEETING  
(Discussion regarding the PHS Applications)

Dr. Warren        Okay, next

UNKNOWN            Thanks

Dr. Warren        You're welcome

Dr. Warren        Bruce Shaken

Dr. Shakian        Sahakian

Dr. Warren        Sahakian

UNKNOWN            Okay, I've looked at this, you want to look at it?

Dr. Buxton        I have

Dr. Warren        I have

UNKNOWN            Paul, can we talk to you about, Paul

Dr. Warren        First you took the Northeast Regional Board?

Dr. Sahakian      Yes

Dr. Warren        Can you give us the scope of that examination when you took it?

Dr. Sahakian      I was, \_\_\_\_\_ there was, four or five parts to it.

Dr. Warren        Yea

Dr. Sahakian      section where you had to treatment plan, another section where you had to perform a scaling on a patient, there's a section where you had to do a gold foil, and there was a section where you had to do a pin buildup amalgam or an inlay and there was a section where you had to do a denture, there's an impression for the motive of setting up teeth.

Dr. Buxton        So what's, which did you do?

Dr. Sahakian      I did the pin buildup

Dr. Buxton        Okay, you did a pin buildup and a class V foil?

Dr. Sahakian      That's right

Dr. Buxton        and what else, the denture setup?

Dr. Sahakian Yes

Dr. Woller You, did you say a foil was in there?

Dr. Buxton Yes, class V foil, pin buildup and denture setup, period.

Dr. Buxton Okay

Dr. Warren This was in 1978?

Dr. Sahakian That's right.

Dr. Warren You have his application in front of you, I've already looked at it, but I've just

Dr. Warren Doctor, what kind of complaints have you had against it you in any way? None? Have you ever been in private practice?

Dr. Sahakian No I haven't.

Dr. Warren And you're practicing here now in Anchorage at the Public Health Service Hospital?

Dr. Sahakian Yes.

Dr. Warren How many hours do you think you practice a week?

Dr. Sahakian At least 40

Dr. Warren 40, okay,

Dr. Buxton What's a dental technician petty officer?

Dr. Sahakian That's when I was in the military, it was a rank I achieved by going to a dental technician school, 11 week training in essentially hygiene.

Dr. Buxton Okay. I got it, I see

Dr. Warren Dr. Wright, were you on board, dental board 1968?

Dr. Wright I was on the board in 1960 to 1968, I came off in 1968.

Dr. Warren Can you give us what the scope of the examination was, the clinical examination at that time?

Dr. Wright If my memory serves me correctly, what we did a Class III foil denture setup and MOD alloy and MOD inlay

Dr. Warren        Pretty much the same exam as today except you had a III foil and a denture setup

Dr. Wright        Yes

Dr. Warren        Where now we have a V foil and don't have a denture setup

Dr. Warren        Thank you

Dr. Warren        and a MOD inlay and onlay

UNKNOWN         May I ask a question?

Dr. Warren        Sure

UNKNOWN         we, when a hearing was held on credentialling in Juneau, I was under the impression that they were talking private practice. When the \_\_\_\_\_ that they, we're talking about military and public health,

Dr. Warren        Well the statute says: "has been engaged in continuous active practice averaging at least 20 hours per week for each of the five years immediately preceding the application," it doesn't say whether the practice is with the federal services or private sector.

Dr. Buxton        Uh, excuse me a second, we, what we need to do is let's finish with this and then be more than willing to talk with you about that \_\_\_\_\_ after we're done with this.

Dr. Warren        Any more questions?

Dr. Buxton        Uh, I'd like to

Dr. Warren        Peruse

Dr. Buxton        Yeah, I would like to have a executive session

Dr. Warren        Executive session

UNKNOWN         So moved.

Dr. Buxton        a little discussion about that

UNKNOWN         Folks, we'll be on executive session

Dr. Warren        Just about five minutes

TAPE WENT OFF

Dr. Warren Dr. Buxton, I'd like to move that we set Dr. Bruce Sahakian's application for credentialling and give him a license.

UNKNOWN Second

Dr. Buxton License by credentialling

Dr. Warren By credentialling

Dr. Warren Roll call vote

Mr. Mercer Paul Buxton

Dr. Buxton No

Mr. Mercer Leslie Ann Luboff

Ms. Luboff No

Mr. Mercer Bob Warren

Dr. Warren No

Mr. Mercer Dick Madson

Mr. Madson I abstain

Mr. Mercer Tim Woller

Dr. Woller No

Mr. Mercer Bert Beneville

Mr. Beneville No

Mr. Mercer The motion fails

Dr. Buxton The reasoning behind that was due to the scope of the examination you took. It's not equivalent to the Alaska examination and

Dr. Sahakian I don't understand

Dr. Buxton Well

Dr. Sahakian There's a part in there that is actually you don't have, you don't have a denture setup

UNKNOWN It says that the Northeast Regional Board

Dr. Sahakian is I did a pin buildup, now I know that's different from an inlay

Dr. Buxton Right, it's not what, the situation is that were not up for discussion to argue the case back and forth here, so the, what we've done is made this decision and we're not going to pursue it any further at this time. We thought that one thing that's been done in the past when there wasn't any sort of telling the person what's going on or anything for you know six weeks or whatever on down the line and we're not doing that any more so at least we're letting you know and you can take whatever action that you need to take if you want to take some action on that.

Dr. Warren The following 08.36.234 which states that they must be licensed in a state or territory which has requirements at least equivalent in scope, quality and difficulty as those of the state, licensure

Dr. Sahakian That's debatable

Dr. Buxton I know it, so but you can just debate just darn near everything. That s the decision as it stands

UNKNOWN What's the next one?

Dr. Buxton Uh, okay we'll get the next one out of the line up there

Dr. Warren Dr. Coleman

UNKNOWN Kohn, I'm sorry, how many do we have for Dr. Kohn, how many

UNKNOWN I've seen this

UNKNOWN I haven't had a chance

UNKNOWN You have another one?

UNKNOWN No, I do not have one

Dr. Woller Dr. Kohn you took the Northeast Regional Board?

Dr. Kohn Yes, that's correct

Dr. Woller What procedures did you do on that board?

Dr. Kohn            On the board itself I did a 3 surface inlay and an alloy and in Illinois we were required to take although this doesn't have to do with this board, we were required to take two mock Northeast Regional Boards, which I did, foils and inlays and other alloys and never failed any procedure.

Dr. Warren         But you didn't do a foil on your, Northeast Regional

Dr. Kohn            No, we were only required to do a

Dr. Warren         You had a choice didn't you, like you could do either/or?

Dr. Kohn            Right, foil or inlay, or pin buildup

Dr. Warren         I hope you don't mind us taking the time to do this, we because we did not know that we were going to be interviewing more candidates than we did, the time was not taken to duplicate the applications

Dr. Kohn            I understand, something that's important, I can wait

Dr. Buxton         Do you have any unresolved or complaints against you, written complaints?

Dr. Kohn            I've never had any complaints

UNKNOWN            I don't see the actual application itself, at least in this

UNKNOWN                               it right there?

Dr. Buxton         Well there's three others floating around

UNKNOWN            That's it

UNKNOWN            Where's the one that asks where they're, why do you want to practice in Alaska, whether they've been arrested

UNKNOWN            It's in there, I saw it

UNKNOWN            I know where it is but I've never seen it

UNKNOWN            I think you indicated that the Tanana Chiefs were planning on taking over and you would need a license

Dr. Kohn            Yes sir, they have taken over as of September 28

UNKNOWN            How long have you been there, how long have you worked for them?

Dr. Kohn I've been there one year

UNKNOWN I can't see the part of the application that normally asks for your arrest record that sort of thing, so I've decided to ask you, have you ever been arrested other than minor traffic violations and that sort of thing?

Dr. Kohn Not

UNKNOWN Any kind of litigation that you've ever been involved in or pending at the present time?

Dr. Kohn No, nothing.

UNKNOWN Have you ever had any written complaints of any kind in either of your practices either private or public

Dr. Kohn Nothing written nor verbal, never a complaint

UNKNOWN Have you ever been in any financial or

Dr. Kohn Nothing

Dr. Warren What year did you take the Northeast Regional?

Dr. Kohn 1978

Dr. Warren Were you with the public health service when you took your Naval General \_\_\_\_\_ License

Dr. Kohn No, I was in the Navy

Dr. Warren Navy and then transferred over to the public health service

Dr. Kohn After I got out of the Navy, I was in private practice back in my original home in Illinois

Dr. Warren What was your reason for leaving private practice and going back into the public service?

Dr. Kohn Well, I was in Alaska for two years with the Navy and at that time my wife and I, we wanted to stay here but we went back home just to be around the family, but even as I left the Navy I was in contact with Dave Jones, he's head of public health here, as a means of getting back to Alaska. Even when I was in private practice, we knew we wanted to come back.

UNKNOWN Why didn't you go into private practice when you came back?

Dr. Kohn Pardon me

UNKNOWN Why didn't you just go into private practice when you came back then?

Dr. Kohn When we came back to Alaska?

UNKNOWN Yeah

Dr. Kohn Well the public health was a means of getting back up here and then the job I'm in is, has been a big challenge and I like a challenge right now.

UNKNOWN Any other questions? Bob, do you have anything

Dr. Warren I would like to go into executive session

ALL SAID AYE

WENT OFF TAPE

Dr. Buxton You're going to have to wait around until Froehlich gets here

UNKNOWN I make a motion that we grant a license to Dr. Kohn

Dr. Warren I'll second that

Dr. Buxton been moved and seconded, take a roll call vote

Mr. Mercer Paul Buxton

Dr. Buxton No

Mr. Mercer Leslie Ann Luboff

Ms. Luboff No

Mr. Mercer Dick Madson

Mr. Madson abstain

Mr. Mercer Bob Warren

Dr. Warren No

Mr. Mercer Tim Woller

Dr. Woller NO

Mr. Mercer Bert Beneville

Mr. Beneville No

Mr. Mercer The motion fails

Dr. Buxton And the reasoning behind it again was the board was not equal in scope to the Alaska board.

Dr. Kohn I don't understand other dentists have passed by credentials in Alaska, with the Northeast Regional Board, the same board I took.

Dr. Warren It depends on the time they took it too

Dr. Kohn They took it, they did the same procedures that I did for the same, I mean the options were the same.

Dr. Buxton Again, this ain't the place to go into doing a the decision stands

Dr. Woller We're operating with our current statutes which are new and that's what we have to go by.

Dr. Kohn I don't understand why with other dentists, the Northeast Regional Board was accepted and why it isn't in my case. I mean, you know I can tell you that I've strived for the highest ideals that I can in dentistry

Dr. Warren Well we're not denying you should practice in the State, all you have, we encourage you to take the examination.

Dr. Kohn Well, I don't understand why other dentists have passed credentialing with the Northeast Regional Board and I haven't, when I've, and I did more difficult options on the Northeast Regional Board which is accepted by 30 percent of the states in the union, I don't know, I don't know how much more

Dr. Buxton Well we've got the statute to go by and we follow the statutes the way we see fit and this is the way it stands right now.

Dr. Kohn Was that the only reason why, the only thing that

Dr. Buxton As far as I'm concerned, from my \_\_\_\_\_, the only thing that I saw was

UNKNOWN That was the only thing that was discussed.

Dr. Kohn But, back to my original question, is why if that's the only thing, why have other people passed with the Northeast Regional Board with the same options and I've failed on it?

Dr. Buxton I don't know if that's the case and

Dr. Woller With the existing statutes, no we're operating with statutes that are new as of this year. These statutes were adopted in what June?

UNKNOWN It could have been other boards with other interpretations

Dr. Kohn You passed a dentist this morning with Northeast Regional

Dr. Buxton Yeah, we did he took it, he informed us that he had foil, inlay and an amalgam

UNKNOWN That was his word so I

Dr. Kohn I did foils on

Dr. Buxton See we're talking about this board in August, what you did elsewhere you may have been a foil practitioner ever since you got out, the thing is the boards you took doesn't meet up with the board we have in place at that time and that's

Dr. Warren That's what the statute exactly says

Dr. Kohn But, I'm a good practitioner and I think my records show that, isn't there some justice in just looking, I mean, does it have to be picked at that closely that every exact procedure isn't the same?

Dr. Buxton I'm afraid so.

UNKNOWN I guess we're maybe saying too much, but the difficulty in doing it, if we said well here comes somebody and we look at what he's doing and he's a good guy and everything, we have to make some kind of just moral judgments by saying he's good and somebody isn't and there's no criteria to go by.

Dr. Kohn Well how could another dentist be accepted by \_\_\_\_\_, I know of a couple of other dentists by Northeast Regional Board who took it around the same time, well the procedures have been the same

Dr. Buxton        It won't do you any good to keep questioning us, I've got your frustration and I know there's upset and know all of that but it won't do any good to pursue any further so let's at least not in

Dr. Kohn         Can you tell me what the appeal procedure is?

Dr. Buxton       Yes, please, Harry

Mr. Treager      Yeah doctor what happens now is we send you a letter, correspondence, that says that the dental board does deny you licensure by credential. It gives you the option of (1) applying for licensure by examination and (2) under the Alaska Administrative Procedures Act, you have the right to request a hearing and that takes the appointment of a hearing officer, etc., we will send you a letter saying that's draft copy that you would have to fill out saying I protest the board's decision and request a hearing in this regard, sign that, send it back to us, and then we have a hearing officer appointed by the Governor.

Dr. Kohn         Alright

Mr. Treager      But we will be touch with you by correspondence from our office with the official opinion, etc.

Dr. Kohn         Alright, thank you.

3700W3/21/86

# The future of dental education: Can we afford apathy?

Jerry F. Taintor, DDS, MS  
Robert C. Biesterfeld, DDS, MS  
Mary Jane Taintor, MA  
Alan B. Rosenthal, DMD

Americans are showing a renewed interest in the quality and direction of education.<sup>4,5</sup> The implications of this interest and related financial support must be recognized and considered in any plans for the future of dental education.

We need, for example, to examine the type of aid that might become available and to understand its positive and potentially negative effects. To consider these factors, we need to analyze the past interrelationship between government, dentists, and educational institutions.

The 1960s and 1970s were a period of change for education, which generally had a high priority nationally. Dentistry and dental education saw profound changes in numbers of graduates and direction of curriculum emphasis. These changes followed a public outcry that the United States needed more health professionals, including dentists.

The demand for more dentists was coupled with the hope that dental care would become more available and that competition would decrease or stabilize the cost of dental services.<sup>3</sup>

Fein,<sup>4</sup> Harris,<sup>5</sup> and other authorities

stimulated public demand through statistics indicating the need for more dentists. These authorities believed that the free market system would define the distribution of the increased number of dentists.

But did the interpretation of dental manpower statistics accurately reflect the immediate situation or prudently predict the future?

Experts predicted that increasing the number of dental school graduates would achieve the desired results. Only a small minority of dentists, perhaps mainly clinicians, saw dangers in the way the statistics were being interpreted.

Despite the seemingly poor use of statistical analysis with little use of statistical inference, the federal government launched a plan. Legislation provided federal capitation funds so that dental facilities and faculties could be expanded and more students could be accepted and graduated from dental schools.<sup>6</sup>

This federal health manpower policy was supported by the Health Professions Education Assistance Act of 1963, the Comprehensive Health Manpower Training Act of 1971, and the

Health Professions Educational Assistance Act of 1976.<sup>7</sup> However, the Reagan administration did not continue this economic support.

Bruce<sup>8</sup> has noted, "Schools became the victims of escalating costs, higher enrollments, and eventually, decreasing federal dollars. Perhaps the most costly assurance that schools had to meet to obtain institutional support was the maintenance of an increase in enrollment."

Many schools accelerated their programs to three years and increased the number of pedodontic and general-practice residencies. These steps were taken in an attempt to come closer to producing the number of "full-service" dentists that the legislation sought.

## Results of federal funding

Dentists might feel fortunate in their choice of profession when they compare their situation with that of physicians or attorneys (Table 1).<sup>9</sup> Between 1970 and 1980, the number of dental graduates increased 41.4 percent. During the same decade, the number of medical graduates increased 79.2 percent, and law graduates increased 139

percent.

The American Dental Association, through its strength and influence, has been credited with controlling the number of dental graduates. ADA represents about 78 percent of practicing dentists in the United States.<sup>10</sup>

In contrast, the American Medical Association represents only about 35 percent of practicing physicians,<sup>11</sup> while the American Bar Association represents only 46.4 percent of practicing attorneys.<sup>12</sup>

Tables 2 and 3<sup>13</sup> present an analysis of what happened nationally as a result of governmental assistance. Four points are evident:

- The United States population increased 11 percent between 1970 and 1980, while the number of practicing dentists increased 26 percent.

- National health expenditures have increased more rapidly than inflation, but dentistry has taken a smaller percentage of the national health expenditures since 1965.

- The rise in the cost of dental care between 1970 and 1980 lagged marginally behind the inflation rate.

- Per-capita visits for dental care have remained relatively constant.

In addition to ignoring the question of distribution,<sup>14</sup> few authorities predicted the effect of the expansion program at a time when fluoridation and preventive dentistry programs would decrease the need for dental care.

Studies, such as one done by the National Institute of Dental Research in 1979-80, document this decreased need.<sup>15</sup> Results of the NIDR study show that 36.6 percent of youngsters 5-17 years of age were caries free and less than one surface per child needed filling.

At the same time, the drop in the birth rate over the past 20 years has further reduced the need for care. In addition, a staggering inflation rate increased the number of consumers who delayed regular dental care to buy food, clothing, and shelter.<sup>16</sup>

Howard Stambler, director of the Office of Data and Management at the Department of Health and Human Services, predicted in 1980 that an excess of 50,000 physicians and 9,000 to 11,000 dentists would exist by 1990.<sup>17</sup> According to HHS, the result would be that "dental offices would be open more hours each week, and less work will be done by auxiliaries."<sup>16</sup>

Yet from 1950 to 1977, dentistry

added 150,000 auxiliary jobs.<sup>18</sup> Many came through Training in Expanded Auxiliary Management (TEAM) programs, which promoted expanded functions for dental auxiliaries.

With the current surplus of dentists, many auxiliaries cannot perform to their maximum training because of restrictive state laws or economic hin-

drances. Dentists who are not busy are not in a position to hire such auxiliaries, much less to use their services.



Most caring yet creative dentists will be able to handle the intensified pressures of competition and personal financial welfare . . . However, competition must provide employment opportunities for professional graduates with differing degrees of drive and motivation.

drances. Dentists who are not busy are not in a position to hire such auxiliaries, much less to use their services.

Considering the supply-and-demand situation, lack of financial reward may affect the quality of applicants entering auxiliary training. And very little is being done to prevent this situation from getting even worse.<sup>18,19</sup>

Potential dental students are becoming aware of the surplus of dentists. Since the mid-1970s, the number of applicants generally has declined. In 1972, national averages show that three applicants vied for each opening, compared to only 1.5 for each vacancy in 1981.<sup>20</sup> ADA Treasurer A. Lynn Ryan stated in April that currently there are 1.2 applicants per dental school opening.<sup>10</sup>

Dental Aptitude Test (DAT) academic average scores also indicate that the quality of applicants has decreased in recent years.<sup>21</sup> Implications about the quality of applicants have obvious ramifications for the future of dental care.<sup>22,23</sup>

### The current dilemma

Articles and letters to editors have discussed the viability of private practice.<sup>24-27</sup> An ADA study published in 1981 indicated that the average dentist's patient load had declined by about five patients per week in recent years.<sup>14</sup> An Academy of General Den-

tistry survey, also published in 1981, found that 67 percent of surveyed dentists reported that their net incomes were declining.<sup>14</sup> Most caring yet creative dentists will be able to handle the intensified pressures of competition and personal financial welfare, as well as the patient's health. However, competition

must provide employment opportunities for professional graduates with differing degrees of drive and motivation.

The solo practice is undoubtedly becoming more difficult to initiate and maintain. More group practices and so-called commercial clinics are being formed.<sup>28</sup> Gerber<sup>29</sup> suggests that only 5 to 10 percent of dentists will be in solo practice by the year 2000.

The pressures of competition—with the oversupply of dentists, the lack of patients, and the nation's economic problems—are changing dental practice as we know it.<sup>3,30</sup> Littleton<sup>31</sup> described the issue as need versus demand. He noted that dental need has been met and surpassed, leaving the profession to work on increasing demand.

Perhaps we have exceeded both need and demand. The ADA has spent millions of dollars on advertising the need for dental care, as have dental manufacturers and advertisers.

Some support for this can be found in comparing dentist-to-population ratios in selected Western nations. Statistics from 1975 show: Great Britain, 1:3,600; France, 1:2,550; and Spain, 1:9,900.<sup>32</sup> In the U.S., the ratio was 1:1,900.

One difference among these nations is the health of national economies. The United States traditionally has been a wealthy nation with a large

Table 1. Increases in the Number of Dentists, Physicians, and Attorneys (1950-1980).

Data	1950	1955	1960	1965	1970	1975	1977	1978	1979	1980
Number of dental schools	41	42	47	49	53	59	59	59	60	60
Dental degrees awarded	2,579	3,099	3,247	3,107	3,718	4,773	5,138	5,189	5,434	5,258
Medical degrees awarded	5,612	7,014	7,032	7,304	8,314	12,447	13,461	14,279	14,786	14,902
Law degrees awarded	—*	8,209	9,240	11,583	14,916	29,296	34,104	34,402	35,206	35,647

\*Statistic not available.

Table 2. Increases in U.S. Population, Number of Active Dental Practitioners, and Dentists-per-Population Ratios (1950-1980).

Data	1950	1955	1960	1965	1970	1975	1977	1978	1979	1980
U.S. population (in millions)	151.3	164.3	179.3	193.5	204.4	213.1	216.4	218.2	225.1	227.0
Number of active dentists, excluding those in active service (x 1000)	75	—*	85	90	96	107	113	115	118	121
Dentists per 100,000 population	50	—*	47	47	47	50	52	53	54	55

\*Statistic not available.

Table 3. Changes in Inflation Rates, Health Expenditures, Dental Expenditures, and Dental Visits (1960-1981).

Data	1960	1965	1970	1975	1977	1978	1979	1980	1981
National health expenditures, percent change**	—*	+9.2	+12.3	+12.2	+13.1	+11.9	+13.5	+15.8	+15.1
Dentistry's percent of health expenditures	7.5	7.4	6.5	6.4	—*	—*	—*	6.2	6.0
Consumer price index (in 1967 dollars)	88.7	94.5	116.3	161.2	181.5	195.4	217.4	246.8	272.4
Index of dental care costs (in 1967 dollars)	82.1	92.2	119.4	161.9	185.1	198.1	214.8	240.2	263.3
Dollars per capita spent on dentistry	11	14	23	37	47	52	58	67	74
Dental visits per capita	—*	—*	1.5	1.6	1.6	1.6	1.7	1.7	—*

\*Statistic not available.

\*\*Compared to previous time period.

middle class. Now, however, much of our struggling middle class has classed dentistry as an elective expenditure. While the U.S. Department of Health, Education, and Welfare (now Health and Human Services) considered this factor,<sup>3</sup> dental projections generally have ignored the economic picture.

In these times of stiff competition, some dentists have turned to novel or short-cut techniques that may be economically attractive but ineffective. Some dentists may be unaware that their services are not in the patient's best interest.<sup>33,34</sup> Doherty<sup>18</sup> has noted that "dental benefits depend on the *quality* of what is produced, as well as on the *quantity*; data is not available that adequately examines this issue."

### Reaction to the dilemma

In reaction to these changes, practicing dentists have pressured legislators to withdraw economic support for dental schools and to cease capitation funding. As a result, federal funds have been lost—and the states have not replaced them uniformly.

The consequences of such lost funds have received little publicity, except through alumni associations and study clubs. Dental school budgets have been severely affected, and many schools are struggling for survival. Some schools have reduced class sizes or are considering doing so.

Cuts in class size lead to inherent problems. At a time when schools need more funding, each lost student means fewer dollars for the dental school through lost tuition, clinical revenue, and government funding for student institutional support.

Under scrutiny, student cutbacks often are meaningless. Brown<sup>19</sup> reported that 17 of 56 schools indicated that first-year enrollment would be reduced or that a reduction was being considered. Total cuts for the 17 schools would be 109 students in the 1981-82 class, 56 in the 1982-83 class, and 65 in the classes of 1983-84 and beyond, for a total reduction of 230 first-year places. This amounts to fewer than four students annually per school.

Some enrollment projections report statistics in terms of freshmen enrolled,<sup>35</sup> while others report numbers of graduates.<sup>3,16,36</sup> For example, a 1982 AADS report on freshman enrollment projected that 5,331 students would enter dental school nationwide in

1983-84. Another 1982 report, by the ADA Council on Dental Education, predicted that 5,400 dental students would graduate in the same year.

A surprising consistency is evident in these figures, which span 1977 through 1982. *None* represent significant cutbacks. On the contrary, most dental manpower projections indicate that the number of dental school graduates will continue to increase until the mid-1980s.<sup>37</sup>

By comparison with the figures in Table 1, these cutbacks do not demonstrate any significant end to capitation support. Considering the estimated surplus of dentists,<sup>16</sup> the government's plan seems on schedule.

Schools promise cutbacks in enrollment when they perceive pressure from alumni and other dentists. However, many cutback plans have been delayed. For example, the University of Pennsylvania planned to reduce class size from 160 students to 80 by fall 1979.<sup>21</sup>

In fact, 160 students were accepted into the freshmen class that year. More students—not fewer—were admitted in 1980 (163) and in 1981 (162). Class size

this occurs, some faculty are forced to accept lower or frozen salaries or to leave teaching altogether. In some cases, faculty members have had to replace lost income through intramural private practices.<sup>38</sup>

Some schools have developed "clinician-educator tracks" as an alternative to maintaining tenured faculty.<sup>21,38,39</sup> These tracks "would enable faculty to teach and remain members of the standing faculty as long as they were capable of generating their compensation, by means of patient-care revenue."<sup>39</sup> These so-called educators would thus produce a "significant portion of clinical revenue."<sup>39</sup>

S.B. Arbit, president of the American Association of Dental Examiners, has asked, "Why would a successful or potentially successful practitioner want to practice in a dental school? I fear that only marginal practitioners, who would be poor role models for students, would find such positions attractive."<sup>40</sup>

For some schools, these faculty are cheap labor who generate their own salaries; are little interested in

---

Energies previously used for teaching and research apparently are being redirected toward income-generating activities for the survival of the institution. Is this the function of a teaching university—or of a trade school?

---

did not diminish until 1982, when 125 students were admitted. Some 112 students were projected for 1983, though the actual number admitted was 121.

A similar situation occurred at UCLA. The California Dental Manpower Committee recommended in 1981 that class size be reduced to 80 students to meet state manpower needs. Nothing happened until 1982, when the freshman class was reduced from 108 to 96 students.

Class cutbacks are difficult to justify without a similar reduction in the number of faculty members. When

academic or research activities because they have no such responsibilities; and are easily removed if budget problems arise because they have no tenure protection.

In these instances, energies previously used for teaching and research apparently are being redirected toward income-generating activities for the survival of the institution.<sup>41</sup> Is this the function of a teaching university—or of a trade school?

The difficulty that private practitioners encounter in securing patients extends to schools' student and intramural clinics. In his survey of den-

tal schools, Cheney<sup>42</sup> found that 13 deans were advertising or were considering advertising to secure more patients for their clinics.

At the 1983 meeting of the American Association of Dental Schools, Taintor<sup>43</sup> reported that several schools are considering advertising. He questioned how dentistry will react to previously passive schools competing aggressively for patients.

augmented by private practice. However, forsaking a full-time, well-paid faculty that can devote full energy to teaching—rather than professional survival—may compromise quality and continuity.

The future quality of dentistry and the care of patients may be affected as well. Some schools offer students diminished supervision in clinics, at the same time that actual clinical

## A possible solution

To assure the continued quality of dental education, the obvious solution is to reduce class and faculty sizes over a four-year period. This must be done gradually so that quality can be maintained.

Funding cutbacks have been immediate, without a gradual phase-out period. As a result, immediate and severe cutbacks in faculty salaries have occurred when available funds are apportioned. Available money has been stretched and, in most instances, does not provide an adequate salary for faculty without some form of supplement. A scheduled and controlled gradual reduction in faculty would prevent this from happening again.

After agreeing on phased reductions to maintain quality, we must determine priorities. The profession presumably wants future dentists to be trained adequately to maintain quality while the number of dentists is decreased to a level commensurate with demand. Consequently, the dental profession must define its goals and objectives regarding this assumption.

If our schools previously educated students successfully and in appropriate numbers, the current loss of quality must be directly related to self-serving concerns and the subsequent loss of federal support. To replace lost federal funds, schools must develop increased state support, alumni donations, intramural practices, clinic revenues, and other potential sources.<sup>8</sup>

ADA and AADS representatives met in September 1980 to "explore the educationally related issues of a perceived oversupply of dentists." This group "agreed that the future of dentistry and dental education should not continue to float in limbo and be left for outsiders to decide."<sup>18</sup>

As a profession, we have power that we should exercise through our professional organizations. This may be a hard concept to foster, especially if dentists believe they are supporting future competitors in hard times. The first step toward controlling our own destinies may be to think of dental students as "colleagues" rather than "competitors."

Most schools can survive through their own inventiveness and delayed-action tactics. However, dentistry should realize that dental education and our profession's future can be

The current loss of quality must be directly related to self-serving concerns and the subsequent loss of federal support. To replace lost federal funds, schools must develop increased state support, alumni donations, and other potential sources.

Such advertisements also may affect student perceptions of dental advertising. This issue relates to the need-versus-demand concept of dental care. If per-capita visits have remained relatively constant despite a diminishing dentist-to-population ratio, advertising has become a competitive market tool. The advertising dentist creates a demand specifically for his or her services, rather than simply for professional services.

Perhaps the ideal definition of a health-care professional is someone who works to eliminate the need for his or her services. The triad of practitioner, educator, and businessperson must be in harmony to attain this vital goal.

## Effect on education

The two most important components of any dental school are capable faculty and a quality student pool. New schools and facilities are wasted effort without quality people. The degree to which all faculty positions are filled, all appropriate lectures are given, or all seats are occupied does not necessarily relate to how well graduates are informed or prepared for private practice.

Classes may be taught more economically by part-time faculty or full-time faculty who have low base salaries

requirements have increased because of the need for increased clinical revenue.

The loss of federal capitation funds has sent two powerful messages to the academic community. Educators now know that federal funding is unreliable over an extended period of time and that schools must become more self-sufficient to be less vulnerable financially. In addition, loss of the legislative support that provided capitation funds indicates the course of future funding for dental education.

An apparent conflict is inherent in this situation. The schools, which have been created to produce more dentists, are saying: "We will survive as we have been created." Yet practicing dentists indicate that they want responsible change to meet the needs of the public and the profession.

The situation that Stambler<sup>17</sup> projected cannot continue. The product of the conflict is the situation schools now face. Previous government support created an inflated number of faculty members, who now share less money and attempt to compensate by earning money in student clinics and private practices rather than educating students.<sup>21 38</sup> Budgets meant to support fewer students now finance diminished supplies and result in decreased staff support.

salvaged only through our financial support. In return for this support, the schools must become more responsible to practicing dentists.

Without our help, the educational product may be second-rate at best. This would reflect on each of us through the diminished quality of services that these ill-prepared graduates would provide the public.

Some might try to hold dental schools accountable for flooding the market with dentists. However, the whole profession will be at fault if it abandons the schools in their time of need.

Abandonment might reduce class and faculty sizes eventually, bringing short-term benefits in many instances—and forcing administrators toward revenue-generating activities instead of education. The long-term result of such abandonment will be poorly trained dentists representing a profession that has been high in public confidence.

Perhaps even worse, some schools may use their faculty and students so successfully in money making that the number of graduates will not diminish. If support for education is not directed toward quality rather than quantity, the situation will surely get worse for practicing dentists.

The concept of university-based professional schools rather than trade schools may be eroding. We can reverse this trend through an organized phase-out program sponsored by practicing dentists who take direct or political action. The alternative is to chance a random, chaotic retreat and to hope that the profession obtains the result it desires.

We should take an active part in determining the future of our profession.<sup>44</sup> We cannot afford apathy instead of supporting our schools. If we do not take action, others with different interests will determine our future. This is particularly critical at a time when educational support has popular appeal and is again before the public politically.

*Dr. Taintor practices endodontics in Sherman Oaks, California; Dr. Biesterfeld, in Golden Valley, Minnesota; and Dr. Rosenthal, in Anchorage, Alaska. Ms. Taintor is an adult educator and manager of Professional Seminar Workshop in Anchorage. Drs. Taintor and Rosenthal also coordinate lectures for the workshop.*

## References

1. Quinn, J.C. and Seigenthaler, J. The issue: Education's politics. *USA Today* 1(193): 10A, June 17, 1983.
2. Williams, D.A. et al. Can the schools be saved? *Newsweek* May 9, 1983, pp. 50-58.
3. U.S. Department of Health, Education, and Welfare, Division of Dentistry. Projections of national requirements for dentists: 1980, 1985, and 1990. Government Printing Office, HEW pub. no. (HRA) 77-48, July 1977, pp. 1-80.
4. Fein, R. *The Doctor Shortage: An Economic Diagnosis*. Washington, D.C., The Brookings Institution, 1967, pp. 114-121.
5. Harris, S.E. *The Economics of Health Care: Finance and Delivery*. Berkeley, California, McCutchan Publishing Corp., 1975, pp. 155-158.
6. Higher Education and the Nation's Health: Policies for Medical and Dental Education. New York, The Carnegie Commission on Higher Education, McGraw-Hill Book Co., 1970, pp. 35-59.
7. Thompson, F.J. *Health Policy and the Bureaucracy: Politics and Implementation*. Cambridge, Mass, The MIT Press, 1981, pp. 80-83.
8. Bruce, H.W. The impact of federal legislation and declining financial resources on dental education. *J Dent Educ* 45(10): 646-651, 1981.
9. *Statistical Abstract of the United States: 1982-83*, ed 103. U.S. Bureau of the Census, 1982, pp. 197 and 168.
10. A. Lynn Ryan, ADA Treasurer. Address to the 35th Annual Session of the Alaska Dental Society, Girdwood, Alaska, April 15, 1984.
11. Lipscomb, J. and Douglas, C.W. A political economic theory of the dental care market. *Am J Pub Health* 72(7): 665-675, 1982.
12. Gwen Vaughn, ABA Membership Director. American Bar Association, Membership Council, Chicago, April 30, 1983, personal communication.
13. *Statistical Abstract of the United States: 1982-83*, ed 103, op. cit., pp. 9, 101-102, 105, 107, 109, and 452.
14. Huddleston, W.D. Trends in federal legislation in the '80s. *J Dent Educ* 45(4):201-203, 1981.
15. Prevalence of dental caries in U.S. children, 1979-1980. National Dental Caries Prevalence Survey. National Institute of Dental Research, 1981, pp. 1-12.
16. Forecasts of employment in the dental sector to 1995. HEW pub. no. (HRA) 79-6. Government Printing Office, September 1979, pp. 1-22.
17. Stambler, H. The future of the dental profession. Opening address at the national convention of the American Association of Endodontists, Los Angeles, April 17, 1980.
18. Doherty, N. Economic growth in the U.S. dental industry. *J Dent Educ* 45(5): 277-281, 1981.
19. Brown, W.E. The present status of United States dental education. *J Dent Educ* 45(10):628-634, 1981.
20. Pait, C.B. and Solomon, E. Declining ratios between number of applicants and first-year enrollments in law and health professions, abstract. *J Dent Educ* 45(6):352, 1981.
21. A 10-Year Report, 1972-1982. University of Pennsylvania School of Dental Medicine. Philadelphia, June 1983, pp. 1-26.
22. Powell, R.A. The impact of a declining pool of applicants on dental education. *J Dent Educ* 45(12):652-656, 1981.
23. Solomon, E. and Pait, C. Impact of applicant decline on dental student characteristics, abstract. *J Dent Educ* 45(12):812-81, 1981.
24. Adams, W.M. et al. Individual practice associations: Are they part of dentistry's future? *CDA J* 11(2):39-43, 1983.
25. Conrad, D.A. et al. Dentistry in the marketplace. An economic forecast, II. *JADA* 104(2):148-154, 1982.
26. Furze, R.T. No thanks, Dr. Dugoni, letter to the editor. *CDA J* 11(1):5-6, 1983.
27. O'Connor, J.T. The medical-dental practitioner, letter to the editor. *JADA* 103(2):156, 1981.
28. ADA Council on Dental Practice, Council on Dental Care Programs, Bureau of Economic and Behavioral Research. Update on retail store dentistry, 1981. *JADA* 104(4):498-500, 1982.
29. Gerber, P.C. What's the future for dentistry? *Dent Man* 22(2):17-20, 23, 1983.
30. Wolman, S. and Goldman, H. Pressures on the dental care system in the United States. *Am J Pub Health* 72(7):684-689, 1982.
31. Littleton, P.A. Dental manpower supply and requirements: The effect of national estimates on individual dental schools. *J Dent Educ* 44(5):241-145, 1980.
32. Griffiths, R.H. Dental care costs from the National Commission on the Cost of Medical Care, 1976-1977, vol. 2. Monroe, Wisconsin, American Medical Association, 1978, pp. 67-71.
33. Clark, N.G. Occlusion and myofascial pain dysfunction: Is there a relationship? *JADA* 104(4):443-446, 1982.
34. Helhimo, M. Epidemiological surveys of dysfunction of the masticatory system. *Oral Sci Rev* 7:54, 1976.
35. Solomon, E. Changes in first-year enrollment since 1960-61, abstract. *J Dent Educ* 46(12):729, 1982.
36. ADA Council on Dental Education. Dental education: 1981-1982. *JADA* 104(6): 882-885, 1982.
37. Littleton, P.A. Reactor paper. *J Dent Educ* 45(10):720-722, 1981.
38. UCLA Dental School Compensation Plan. Los Angeles, July 1979, pp. 1-8.
39. Cohen, D.W. Dental education of the future. *J Dent Educ* 45(10):713-718, 1981.
40. Arbit, S.P. Reactor paper. *J Dent Educ* 45(10):719, 1981.
41. Ten Cate, A.R. Reactor paper. *J Dent Educ* 45(10):722-723, 1981.
42. Cheney, H.G. Use of paid advertising to attract dental clinic patients. *J Dent Educ* 46(12):707-708, 1982.
43. Taintor, J.F. Diminishing endodontic patient pool: Alternatives and options for Western dental schools, lecture. Endodontic Sectional Meeting. American Association of Dental Schools Annual Session, Cincinnati, March 16, 1983.
44. Crowder, L. Through the looking glass. *Dent Stud* 61:14-19, 1983.

DATE: February 17, 1986

TO: Executive Directors, Constituent Dental Societies

FROM: Dr. Donald W. Johnson, chairman  
Council on Dental Care Programs

SUBJECT: Liability Coverage for Peer Review Committee/Members

The Missouri Dental Association (MDA) has recently advised the Council that it has suspended all peer review activity because it does not have liability coverage for its peer review committee/members. MDA is referring all complaints to the Missouri Dental Board, and has been doing so since its liability carrier discontinued coverage for health care associations in August of 1985.

MDA subsequently obtained a new liability policy through CNA. The new policy, however, specifically excludes liability coverage for the activities of "peer assessment committees", taken to mean peer review committees. MDA has appealed this exclusion on the basis that an existing state statute provides immunity from civil liability for peer review committee members. That appeal is still pending.

The Missouri Dental Board has introduced legislation that would expand its authority with regard to conducting peer review. At the same time, the MDA Board of Trustees is examining this problem in view of the fact that peer review has traditionally been the responsibility of the constituent society and its components. MDA's attorney has advised that the liability statute may be inadequate protection, so if MDA should resume peer review activity without having liability coverage in force, the peer review committee and/or its members would be vulnerable to litigation.

The Council is concerned that this problem, namely, a liability carrier specifically excluding coverage of peer review committee/members, may be happening in other states. The Council would be interested in knowing if you have experienced a similar problem and has prepared the attached form for your convenience in responding. The Council will be meeting March 3-5, so would appreciate receiving your response by February 28.

Dr. Donald W. Johnson  
February 17, 1986  
Page 2

A return envelope is also enclosed. If you have any questions, please do not hesitate to contact Ms. Jasna Stosic, assistant secretary, at the Council office: (800) 621-8099.

DWJ:de  
Enclosures

cc: ADA Officers and Trustees  
Members, CDCP  
Dr. Michael Perich  
Mr. Richard Berry  
Mr. John O'Donnell

Liability Coverage for Peer Review Committee/Members

\_\_\_\_\_ No, we have not had a problem in obtaining liability coverage for our peer review committee/members

\_\_\_\_\_ Yes, we have a problem - coverage was denied or discontinued

Name of Liability carrier \_\_\_\_\_

Current status of Peer Review Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Constituent Dental Society: \_\_\_\_\_

Response Prepared by: \_\_\_\_\_



## Alaska Dental Society

3400 Spenard Road, Suite 10  
Anchorage, Alaska 99503  
(907) 277-4675

February 24, 1986

Jane Gearhart  
Account Executive  
Alaska 100 Insurance  
2550 Denali Street  
Anchorage, Alaska 99503

Dear Jane:

As we discussed over the telephone I am writing to formally request your assistance on the following matter:

We received a letter from the American Dental Association Council on Dental Care Programs - enclosed - saying that the Missouri Dental Association had recently suspended all peer review activity because it no longer had liability coverage for committee members.

The Alaska Dental Society does not have "Directors and Officers" coverage, as I understand it, we have a PPP plan written for this business office of the society and it may or may not cover peer review functions. My question is to find out specifically how our PPP plan covers the peer review committee functions (if it does), and to further ask for an explanation of what sort of liability protection is available for Elaine Williamson and I who are the lay staff personnel.

Thank you for your assistance.

Sincerely,

*Martha A. Dearborn*

Martha A. Dearborn  
Executive Director/Secretary  
Alaska Dental Society



*Dr. Shaffer*  
*1-23-86*

STATE OF ALASKA  
OFFICE OF THE GOVERNOR  
JUNEAU

January 15, 1986

Edward McKrill, DMD  
President  
Alaska Dental Society  
Suite 10  
3400 Spenard Road  
Anchorage, AK 99503

Dear Dr. McKrill:

Thank you for your letter of December 13 regarding your support for obtaining calibration training for the grading dentists with the Board of Dental Examiners.

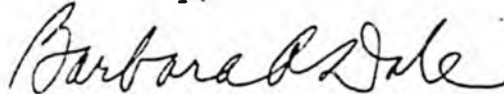
I certainly agree with the position taken by the Alaska Dental Society on this matter. In fact, the board's recommendation on this same matter was considered sufficiently important that several months ago efforts were initiated to explore the possibility of securing an agreement with Dr. Robert Christoffersen to provide such training. However, as you stated, it may not be possible to finalize an agreement for this fiscal year due to budget restrictions. The Division of Occupational Licensing is currently studying alternatives in the overall funding program to establish funding for this type of training, at least for the next fiscal year.

While budget restraints often do limit our ability to provide certain services, I assure you that I support the Board of Dental Examiners' efforts to ensure the integrity of the examination process for the safety of Alaska citizens. I also must express my own appreciation to the individual(s) who privately funded previous participation by Dr. Christoffersen. Such support is most noteworthy and generous.

January 15, 1986

I appreciate the time you and your society took to address such issues and to advise me as you have. If you have further concerns, feel free to contact my office any time, or contact the Division of Occupational Licensing directly at P.O. Box D, Juneau, Alaska 99811, telephone 465-2534.

Sincerely,



Barbara A. Dale  
Special Staff Assistant  
to the Governor

cc: Director, Div. of Occupational Licensing



## Alaska Dental Society

3400 Spenard Road, Suite 10  
Anchorage, Alaska 99503  
(907) 277-4675

December 13, 1985

Barbara Dale, Executive Assistant  
Office of the Governor  
Pouch A  
Juneau, Alaska 99811

Dear Ms. Dale:

During our recent executive council meeting, it was unanimously approved for the Alaska Dental Society to correspond with your office on behalf of an expressed need by the State Board of Dental Examiners.

During the last examination, Dr. Robert H. Christoffersen, Dean of Clinics at the University of the Pacific in San Francisco was present to offer calibration consultation. This service is provided as an efficient means of imparting the very most fair and impartial clinical consensus of candidate performance - in other words, if all dentists who are grading clinical performance are evaluating the same aspects of the procedure, the resultant grades given are considerably more fair. Dr. Christoffersen's expertise provides the training the grading dentists use as a frame of reference.

Unfortunately, there is little (no) funding in the current budget to allow for transportation and per diem for a calibration consultant to come to Alaska. Dr. Christoffersen's last trip was provided by private funds donated by a dentist in Alaska.

The members of the Alaska Dental Society do feel that the presence of a calibration consultant is not only valuable, but also insures a degree of integrity in the exam process that can only serve to continually increase the effectiveness of dental licensing procedures - for the public's safety, the profession's quality and the media's reassurance. We ask that sufficient funds be included in the upcoming budget to provide transportation and per diem costs for an dental exam calibration consultant.

Our sincere thanks for consideration of our suggestion.

Best Regards,

Edward M. McKrill, DMD  
President  
Alaska Dental Society

Edward M.  
President  
Alaska

*D. S. [unclear]*  
*Did [unclear]*  
*see [unclear]*  
*on a [unclear]*  
*assess [unclear]*  
*sent [unclear]*  
*to have [unclear]*

# Federal Register

---

Wednesday  
January 8, 1986

---

Part II

## Department of Health and Human Services

---

Health Resources and Services  
Administration

---

List of Designated Dental Health  
Manpower Shortage Areas (Dental  
HMSAs); List of Withdrawals From Dental  
HMSA Designation; Notice

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### List of Designated Dental Health Manpower Shortage Areas (Dental HMSAs); List of Withdrawals From Dental HMSA Designation

**SUMMARY:** This notice provides two lists. The first is a list of all areas, population groups and facilities designated as dental health manpower shortage areas (dental HMSAs) as of September 30, 1985. Second is a list of previously-designated dental HMSAs that have been found to no longer meet the dental shortage criteria and whose designations are therefore being withdrawn from the HMSA list. HMSAs are designated or withdrawn by the Secretary of HHS under the authority of section 332 of the Public Health Service Act.

**FOR FURTHER INFORMATION CONTACT:** Richard C. Lee, Chief, Distribution and Shortage Analysis Branch, Office of Data Analysis and Management, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 8-57, 5600 Fishers Lane, Rockville, Maryland 20857 (301-443-6932).

#### SUPPLEMENTARY INFORMATION:

##### 1. Background

Section 332 of the Public Health Service Act provides that the Secretary of Health and Human Services shall designate health manpower shortage areas based on criteria established by regulation. Health manpower shortage areas (HMSAs) are defined in section 332 to include (1) urban and rural geographic areas, (2) population groups, and (3) facilities with shortages of health manpower. Section 332 further requires that the Secretary publish a list of the designated geographic areas, population groups and facilities. The list of areas is to be reviewed annually and revised as necessary. The Health Resources and Services Administration's Bureau of Health Professions has been assigned the responsibility for designating these areas.

Public or nonprofit entities in (or with a demonstrated interest in) these areas are eligible to apply for assignment of National Health Service Corps (NHSC) personnel to provide health services in, or to, the areas. These areas are also eligible obligated service areas for certain Public Health Service scholarship, loan repayment and nurse

practitioner training programs, and entities located in the areas are eligible to apply for (or receive preference for) certain Public Health Service grant programs.

##### 2. Development of the Designation and Withdrawal Lists

Criteria for designating HMSAs were first published by the Department of Health, Education, and Welfare as Interim-Final regulations (42 CFR Part 5) in the Federal Register of January 10, 1978. Final regulations, revised as warranted by public comments received, were published in the Federal Register on November 17, 1980. Criteria are defined for each of seven health manpower types (primary medical care, dental, psychiatric, vision care, podiatric, pharmacy, and veterinary manpower).

The first list of HMSAs developed under these criteria by the Bureau of Health Professions, with the review and recommendations of the appropriate Health Systems Agencies (HSAs), State Health Planning and Development Agencies (SHPDAs) and Governors, was published in 1978. Since then, updated lists have been published approximately annually to reflect changes which occur as a result of the continuous process of shortage area designation. Individual requests received for designation or for withdrawal of particular areas, population groups or facilities are routinely submitted to the appropriate HSAs (where active), SHPDAs, Governors and other interested organizations and individuals for their review and recommendations. Requests regarding dental manpower are also provided to the appropriate State dental society and State dental director for comment.

Annually, the Bureau of Health Professions also provides data listings to all HSAs, SHPDAs, State professional societies and others showing the latest data contained in the HMSA data base for each county and designated HMSA within their State, requesting their review and update of the data, and seeking their recommendations regarding new additions to, continuations of, and/or withdrawals from the HMSA list.

The Bureau of Health Professions reviews each designation or withdrawal request, together with any recommendations received on individual requests or in the annual review process, and determines whether or not each area involved meets the shortage criteria. The results of these reviews are provided by letter to the agency or individual requesting action or providing data; copies are sent to the other

commenting agencies as well as to other interested organizations and individuals. These letters constitute the official notice of designation as a HMSA or rejection of recommendations for such a designation, and/or constitute advance notice of pending withdrawals from the list. Designations (or revisions of designations) are effective as of the date of the letter making (or revising) the designation; withdrawals are effective only when published in the Federal Register.

The first list below ("List of Designated Dental HMSAs") includes all those areas, population groups and facilities which were designated as dental HMSAs by the Bureau of Health Professions as of September 30, 1985. This list incorporates the 1984 review of all dental HMSAs designated or last updated on or before December 31, 1979 and supersedes the last published dental HMSA list which was included in the list of primary care, dental, and psychiatric HMSAs that appeared in the Federal Register on August 19, 1983.

The second list below ("List of Withdrawals from Dental HMSA Designation") includes those areas, population groups and facilities which had previously been designated as dental HMSAs but were found, between January 1, 1983 and September 30, 1985, to no longer meet the HMSA criteria and therefore were indicated as scheduled for withdrawal from the HMSA list in letters from the Bureau of Health Professions. This list does not include any previously withdrawn dental HMSAs which were not included in the HMSA list published on August 19, 1983.

Some dental service area definitions have been modified in such a way that portions of some areas have effectively been withdrawn. The list of withdrawals does not include such technical withdrawals, but rather consists of those whole counties, service areas, population groups, and facilities that have been completely withdrawn from dental designation. However, the list of designated dental HMSAs includes the current definitions for each designated service area, excluding any portions withdrawn.

##### 3. Format of Lists

###### a. List of Designated Dental HMSAs

The list of dental HMSAs is arranged by State. Within each State, the list is first presented by county. If only a portion (or portions) of a county has been designated, or if the county is part of a larger designated service area, or if a population group residing in the county or a facility located in the county

has been designated  
service area, population  
facility involved  
county name,  
Following the  
State

as well as to other  
ons and  
HMSA  
ation as a HMSA  
ations for

has been designated, the name of the service area, population group, or facility involved is listed under the county name.

Following the county listing for each State, a list of any designated service areas within that State is presented, identifying their component parts in terms of counties, towns, townships, census tracts (CTs), minor civil divisions (MCDs), census county divisions (CCDs), enumeration districts (EDs), magisterial districts, or other definable geographic divisions recognized by the Bureau of the Census. Following the service area listing, a list of any designated population groups within the State is presented, identifying each such group and the geographic area wherein it resides. Following the population group listing, a list by name and location of any separately designated facilities (including prisons, correctional institutions or health centers) within the State is presented.

Beside each designated area, population group and facility the appropriate "degree-of-shortage" group is indicated, corresponding to the criteria for these groupings contained in the regulations. (Group 1 represents areas with the highest degree of shortage, Group 2 with next highest degree of shortage, etc.) These groups have been defined for use in determining relative priorities for placement of NHSC personnel; however, these groupings represent only part of the process for making placement decisions, which includes other considerations relating to need, demand, and attractiveness of the various designated areas.

In addition to the specific listings included in this notice, all Indian tribes which meet the definition of such tribes referenced in section 4(d) of Public Law 94-437, the Indian Health Care Improvement Act of 1976, are automatically designated as population groups with primary medical care and dental manpower shortages. Such Indian tribes are automatically considered assigned to degree-of-shortage group 4 (unless otherwise indicated in this listing based on specific data provided for this purpose).

**b. List of Withdrawals From Dental HMSA Designation**

Withdrawals from the list of dental HMSAs are also arranged by State. Within each State, whole counties being withdrawn are presented first. Following the county listing, a list of service areas, population groups, and

facilities withdrawn is presented identifying their component parts in terms of counties and subparts of counties.

**4. Future Updates of List of Designated Areas**

The list of dental HMSAs below consists of all those which were designated as of September 30, 1985. It should be noted that additional areas have been designated by letter since September 30, 1985, and the appropriate agencies and individuals notified of the action. Although official, these actions are not included in the list below, because they had not yet been added to the computerized data base at the time this list was generated.

Any designated area listed below is subject to possible future withdrawal from designation if new information is received by the Bureau of Health Professions indicating that the situation in the area has changed or that erroneous or incomplete data were used in making the original designation. Interested parties will be notified by mail of any such pending withdrawal, which will become effective only upon publication in a future Federal Register listing of withdrawals or upon publication of a future Federal Register listing of dental HMSAs which does not include the area.

For further information on the HMSA designations and withdrawals listed below, or to request additional designations or withdrawals or reinstatement of a withdrawn HMSA, please contact Richard C. Lee, Chief, Distribution and Shortage Analysis Branch, Office of Data Analysis and Management, at the address listed above. All requests for designations or withdrawals should be based on the criteria in the regulations as published on November 17, 1980.

Dated: November 26, 1985.

John H. Kelso,  
*Acting Administrator.*

**HEALTH MANPOWER SHORTAGE AREAS**

**DENTAL CARE: Alabama**

County name	Degree of shortage group
Autauga	04
Barbour	03
Bibb	04
Blount	01
Bullock	01
Chambers	02
Cherokee	02
Chilton	03
Choctaw	04

**DENTAL CARE: Alabama—Continued**

County name	Degree of shortage group
Clay	02
Cleburne	01
Conecuh	01
Coosa	01
Crenshaw	01
Cullman	04
Dale	02
De Kalb:	
Service Area: Crossville	01
Service Area: Ider	01
Elmore	02
Etowah:	
Service Area: East Garden	01
Franklin	03
Geneva	03
Greene	01
Hale	02
Jackson	04
Jefferson:	
Service Area: Pratt City	01
Service Area: Roosevelt City	01
Lamar	02
Lawrence	03
Lowndes	04
Macon	01
Madison:	
Population Group: Den. Ind. pop.	01
Marengo	03
Marion	04
Mobile:	
Service Area: Davis Ave. Community	01
Perry	04
Pickens	04
Randolph	01
Russell:	
Service Area: Hartsboro	01
St. Clair	03
Sumter	01
Talladega	04
Washington	01
Wilcox	01
Winston	02

**DENTAL CARE: Alabama**

*Service Area Listing*

Service area name	Degree of shortage group
Crossville	01
County—De Kalb:	
Parts:	
Collinsville CCD	
Crossville CCD	
Davis Ave. Community	01
County—Mobile:	
Parts:	
C.T. 2-3	
C.T. 4.01-4.02	
C.T. 5-8	
East Garden	01
County—Etowah:	
Parts:	
C.T. 13-17	
C.T. 105-106	
Hartsboro	01
County—Russell:	
Parts: Hartsboro CCD	
Ider	01
County—De Kalb:	
Parts:	
Hengar	
Ider CCD	
Valley Head-Mentone CCD	
Pratt City	01
County—Jefferson:	
Parts:	
C.T. 10-12	
C.T. 14	
Roosevelt City	01

DENTAL CARE: County no.

**DENTAL CARE: Alabama—Continued**

*Service Area Listing*

Service area name	Degree of shortage group
County—Jefferson: Parts: C.T. 105 C.T. 131 C.T. 133 C.T. 136-137	

**DENTAL CARE: Alabama**

*Population Group Listing*

Population Group	Degree of shortage group
Dom. ind. Pop.	01
County—Madison	

**DENTAL CARE: Alaska**

County name	Degree of shortage group
Kobuk Area	03
North Slope Borough	01
Southeast-Fairbanks Area	04
Yukon-Koyukuk	01

**DENTAL CARE: Alaska**

County name	Degree of shortage group
Kobuk Area	03
North Slope Borough	01
Southeast-Fairbanks Area	04
Yukon-Koyukuk	01

**DENTAL CARE: Arizona**

County name	Degree of shortage group
Apache: Service Area: Kayenta	01
Service Area: South Central Apache	01
Population Group: Indian Population of Jscale	01
Cocconino: Service Area: Hopi Indian Reservation	01
Population Group: Cocconino/Mohave Indian Population	01
Gila	04
Greenlee	03
Maricopa: Service Area: El Mirage	01
Service Area: Guadalupe	01
Service Area: South Phoenix	04
Population Group: Gila River Indian Community	01
Navajo: Service Area: Hopi Indian Reservation	01
Service Area: Kayenta	01
Population Group: Indian Pop. of Ganado	01
Pima: Service Area: Marana	02
Pinal: Population Group: Mig./Seas. Farmworkers of Cent./W. Pinal	01
Population Group: Gila River Indian Community	01
Santa Cruz	02
Yavapai: Service Area: Seigman	01

**DENTAL CARE: Arizona**

*Service Area Listing*

Service area name	Degree of shortage group
El Mirage	01
County—Maricopa: Parts: C.T. 405 (Southern 1/2) C.T. 608 C.T. 609	
Guadalupe	01
County—Maricopa: Parts: Town of Guadalupe	
Hopi Indian Reservation	01
County—Coconino: Parts: Hopi CCD	
County—Navajo: Parts: Hopi CCD	01
Kayenta	
County—Apache: Parts: Dennehotso CCD	
County—Navajo: Parts: Western CCD	
Marana	02
County—Pima: Parts: Marana CCD	
Seigman	01
County—Yavapai: Parts: Ashlock CCD	
South Phoenix	04
County—Maricopa: Parts: C.T. 1152-1161 C.T. 1162.01-1162.02 C.T. 1163-1167	
South Central Apache	01
County—Apache: Parts: Puerco St. Johns	

**DENTAL CARE: Arizona**

*Population Group Listing*

Population Group	Degree of shortage group
Mig./Seas. Farmworkers of Cent./W. Pinal	01
County—Pinal: Parts: Casa Grande Div. Coolidge Div. Eloy Div. Mancopa/Stansfield Div. Sacaton Div.	
Cocconino/Mohave Indian Population	01
County—Coconino	01
Gila River Indian Community	01
County—Maricopa	01
County—Pinal	01
Indian Pop. of Ganado	01
County—Navajo: Parts: Apache (Indian Pop.)	
Indian Population of Jscale	01
County—Apache	

**DENTAL CARE: Arkansas**

County name	Degree of shortage group
Ashley: Service Area: Parkdale	01
Calhoun	01
Chicot	03
Clay: Service Area: Rector	02

**DENTAL CARE: Arkansas—Continued**

County name	Degree of shortage group
Cleveland	01
Fulton	02
Grant	04
Greene: Service Area: Rector	02
Lafayette	01
Lincoln	03
Manon	03
Monroe: Service Area: Clarendon	01
Montgomery	04
Nevada	04
Newton	03
Perry	01
Poinsett	03
Scott	04
Sharp	04
Woodruff	01

**DENTAL CARE: Arkansas**

*Service Area Listing*

Service area name	Degree of shortage group
Clarendon	01
County—Monroe: Parts: Cache Clebume Cypress Ridge Duncan Hindman Jackson Montgomery Pine Ridge Raymond Roc Roe Smally	
Parkdale	01
County—Ashley: Parts: Beech Creek De Bastrop Portland Wilmot	
Rector	02
County—Clay: Parts: Blue Cane Haywood Oak Bluff	
County—Greene: Parts: Hopewell Humcane	

**DENTAL CARE: California**

County name	Degree of shortage group
Alameda: Service Area: East Oakland	02
Service Area: Southwest Berkeley	03
Alpine: Population Group: Washoe Indian Reservation	01
Imperial: Service Area: Brawley	03
Population Group: Mig./Seas. Farmwks	04
Kern: Service Area: Arwin/Lamont	02
Service Area: Finner Park	03
Los Angeles: Service Area: Maple/Santa Barbara	02
Mono: Service Area: Northern Mono	01
Monterey: Service Area: Soledad	04

**DENTAL CARE: Puerto Rico—Continued**  
*Population Group Listing*

Population Group	Degree of shortage group
Municipio—Yauco	

**DENTAL CARE: Trust Terr-Pac**

District name	Degree of shortage group
Kosrae District	02
Marshall District	01
Palau District	02
Ponape District	01
Truk District	01
Yap District	01

**DENTAL CARE: North Mariana Islands**

District name	Degree of shortage group
Manana Island District	01

**DENTAL CARE: Virgin Islands**

Island name	Degree of shortage group
St. Croix: Service Area: Fredericsted	01
St. Thomas: Service Area: East End St. Thomas	01

**DENTAL CARE: Virgin Islands**

*Service Area Listing*

Service area name	Degree of shortage group
East End St. Thomas Island—St. Thomas: Parts: East End, Southside, Tutu	01
Fredericsted Island—St. Croix: Parts: Fredericsted, Northwest, Southwest	01

**WITHDRAWALS FROM LIST OF DENTAL MANPOWER SHORTAGE AREAS**

Service area	County	Parts
<b>Alaska</b>		
Aleutian Islands area		All.
Bethel area		All.
Nome area		All.
Pr. Wales vler (etchikan)		All.
Sagway-Yakutat-Angoon		All.
Valdez-Cordova area		All.
Wade Hampton		All.
Bristol Bay Borough		All.

**WITHDRAWALS FROM LIST OF DENTAL MANPOWER SHORTAGE AREAS—Continued**

Service area	County	Parts
	Dillingham Area	All.
<b>Arizona</b>		
Population Group Mig./Low Inc. Pop. (Somerton)	Yuma	Somerton Div.
<b>California</b>		
Barlow	San Benito San Bernardino	All. C.T. 89.02, 90.01-90.02, 93-95, 96.01-96.03, 103.
E. Palo Alto/E. Menlo Park, Huron/Five Points, Loma Prieta School District	San Mateo	C.T. 6117-6121
Newhall	Fresno Santa Clara Santa Cruz	C.T. 78 Lexington Div. (Part) San Lorenzo Valley (Part), Scotts Valley Div. (Part)
South Tulare West Modesto	Los Angeles Tulare Stanislaus	C.T. 1081-1082, 9200.01-9200.03, 9201, 9203.01-9203.03 C.T. 32, 42-45 C.T. 15-17, 22-25, 31.
Population Group Mig./Seasonal Farmworkers (San Joaquin), Span.—Spring/Ind. Pop. in Nipomo Area	San Joaquin San Luis Obispo	All. All.

**Colorado**

Avondale	Pueblo	C.T. 30.01-30.02 (Part-Avondale), C.T. 31.02 (Part-Avondale), C.T. 32-34 (Avondale)
Commerce City	Adams	C.T. 87.02-87.03 (Commerce City), C.T. 88.01 (Arundale), C.T. 88.02 (Adams City), C.T. 89.01 (Commerce City), C.T. 89.52 (South Wabey)
Eastside (Denver)	Denver	C.T. 15-18, 23, 24.01-24.02, 31.01, 35, 36.01
Westside (Denver)	Denver	C.T. 8, 7.02; 8, 9.01, 9.03, 10, 18-19, 21.

**Connecticut**

Central Bridgeport, Charter Oak/Rice Hts.	Fairfield Hartford	C.T. 713-717 C.T. 5048, 5049
N. Central Bridgeport	Fairfield	C.T. 728
S.E. Bridgeport	Fairfield	C.T. 740-744
S.W. Stamford	Fairfield	C.T. 222-223

**Florida**

Barter		All.
Citrus		All.
Gadsden		All.
Glades		All.
Hendry		All.
Hernando		All.
Jackson		All.
Madison		All.
Pasco		All.
St. Lucie		All.

**WITHDRAWALS FROM LIST OF DENTAL MANPOWER SHORTAGE AREAS—Continued**

Service area	County	Parts
Northwest Orange Population Group Low Income Pop. (Highlands)	Washington Orange	All. C.T. 175-179
Facility Cross City Corr. Inst.	Highlands Dade	All. Cross City Corr. Inst.
<b>Georgia</b>		
Athens Neighborhood Health Center Target	Charlottesville Chatooga Decatur Fannin Franklin Hart Heard Jefferson Lumpkin Mentwether Montgomery Oconee Peach Pickens Clarke	All. All. All. All. All. All. All. All. All. All. All. All. All. All. All. C.T. 2-3, 6, 9
Burke-Jenkins-Screven	Burke Jenkins Screven	All. All. All.
Facility Gracewood School	Richmond	Gracewood School

**Hawaii**

Kauai	Hawaii	C.T. 212
-------	--------	----------

**Illinois**

Englewood Area	Greene Hamilton Hancock Johnson Massac Cook	All. All. All. All. All. All. C.T. 6101-6122, 6701-6720, 6801-6814
Nashville	Washington	Ashley Twp., Beaucoup Twp., Bolo Twp., Covington Twp., Dubois Twp., Johannsburg Twp., Lively Grove Twp., Nashvite Twp., Oakdale Twp., Okawville Twp., Pilot Knob Twp., Plum Hill Twp., Richview Twp., Venedy Twp., Robbins Village, C.T. 310-312, 315-321
Robbins Uptown	Cook	Cook

**Indiana**

Crawford		All.
Marion		All.
Miami		All.
Owen		All.
Pike		All.
Starke		All.

**Iowa**

Decatur		All.
Keokuk		All.
Appanoose		Monrovia Town
Manon		Hamilton Town
Monroe		Albia City
Wapello		Lovita Town, Blakesburg Town

BILL SHEFFIELD, GOVERNOR

**DEPARTMENT OF COMMERCE &  
ECONOMIC DEVELOPMENT**

*DIVISION OF OCCUPATIONAL LICENSING*

*POUCH D  
JUNEAU, ALASKA 99811  
PHONE: (907) 465-2534*

February 13, 1986

Honorable Max Gruenberg  
Co-chairman  
Health, Education and Social  
Services Committee  
House of Representatives  
P.O. Box V  
Juneau, AK 99811

Dear Representative Gruenberg:

You asked us yesterday to answer the following questions for today's hearing on the Dental Examiners Sunset Review.

1. Which states license dentists by credentials?
2. Which states offer reciprocity?
3. What is the number of applicants and the pass/fail rate for dentists' licenses from FY 66 - FY 85?
4. What is the number of newly licensed dentists from FY 66 - FY 85?
5. How does the division's exam statistics released to Dr. Ruxton compare with those noted in the Legislative Audit Report?

Our responses are as follows:

1. Enclosed is a list of states (prepared by the American Association of Dental Examiners) which license by credentials. A brief description of testing requirements is included. Note that, although this is the Association's most current list, it was completed in 1983 (Attachment I).

Also enclosed is a draft list prepared within the past six months by an intern for the Council on State Governments. The list indicates at least 23 states must still be contacted. We are aware of at least one error on the list - a call to the State of Kentucky shows that it dropped licensing by credentials two years ago. Therefore, we cannot testify to the accuracy of the list.

Also attached is a brief description of the requirements for licensure by credentials in Arkansas and Kansas (Attachment II).

2. The draft report of the Council of State Governments indicates that of the 27 states offering licensing by credentials, 12 will do so only under reciprocal agreement and 15 will do so by endorsement. Again, the report does not include statistics on 23 states not yet contacted.

Alaska does not maintain reciprocal agreements with any state.

3. & 5. It was not possible to review statistics released to Dr. Buxton except for FY 84 and FY 85; we believe that remaining files back to 1976 are in archives; files older than 10 years have been destroyed. We are presently researching the actual files in archives to see which remain.

The licensing examiner for the board and the auditor reviewed the audit figures and those released to Dr. Buxton. These are the findings:

- The division and the auditor used the same assumptions and procedures in calculating results.
- FY 84 figures released to Dr. Buxton were incorrect due to a mathematical error. Corrected copy provided (Attachment IV).
- FY 85 figures released to Dr. Buxton are correct; the auditor included November 1984 exam results but not June 1985 exam results.

A listing of statistics for initial licenses issued during calendar years 1966 through 1976 and fiscal years 1977 through 1985 is attached (Attachment IV).

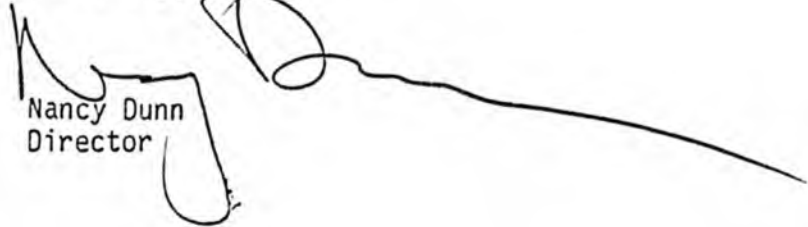
Honorable Max Gruenberg

-3-

February 13, 1986

When the division has audited all years for which files are still available we will submit the results to the committee and to the board.

Sincerely,

A handwritten signature in black ink, appearing to be 'Nancy Dunn', with a long horizontal flourish extending to the right.

Nancy Dunn  
Director

ND/BB/ss2573c  
021386b

LICENSURE BY CREDENTIALS  
TESTING REQUIREMENT

Arkansas	-- no examination indicated
Indiana	-- not specified whether board may conduct clinical evaluation
Iowa	-- interview by the board; board in its discretion may require examination in dental jurisprudence, oral diagnosis, treatment planning
Kansas	-- interview by the board
<i>repealed</i> { Kentucky	-- no examination indicated
Maine	-- no examination indicated
Maryland	-- interview by the board; examination on dental jurisprudence
Massachusetts	-- no examination indicated
Michigan	-- interview by the board to evaluate credentials
Minnesota	-- interview by the board to question applicant's dental knowledge
Missouri	-- written and practical examination if licensure has been denied, revoked, etc. in another state
New York	-- have passed an examination satisfactory to the board
Ohio	-- examination on dental jurisprudence is mandatory; practical, written or oral examination is discretionary with the board
Oklahoma	-- examination discretionary with the board
Pennsylvania	-- examination on dental jurisprudence
Rhode Island	-- oral examination by the board
South Dakota	-- examination on dental jurisprudence
Tennessee	-- no examination indicated
Vermont	-- practical examination

No information on the District of Columbia or Virgin Islands.

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

MAY 03 1985

DIVISION OF  
OCCUPATIONAL LICENSING

ATTACHMENT II  
STATES LICENSING BY CREDENTIALS  
DRAFT, FEBRUARY 1986\*

Reciprocity	Endorsement/ Credentials	Unknown to Date
Alabama		
	Arizona	
Arkansas		
	Idaho	California
	Kansas	
Iowa		Colorado
Delaware	Maine	Illinois
Louisiana	Maryland	Florida
	Michigan	
	Minnesota	Montana
	Nevada	Nebraska
New Hampshire	New York	
North Dakota	North Carolina	Ohio (?)
Oklahoma		
Rhode Island	Pennsylvania	
	South Dakota	South Carolina
Washington	Texas	
West Virginia	Vermont	Tennessee
Wyoming	Wisconsin	Utah
		Virginia

\*This list was released by phone to the Division of Occupational Licensing by Ellen Hume from the Council of State Governments.

LICENSURE BY CREDENTIALS REQUIREMENTSARKANSASApplication:

Photograph w/completed application signed and notarized  
 Transcript from school of Dentistry  
 Letters from two dentists to Secretary of Board attesting  
 to applicants moral character.

Letter of good standing from Secretary of Board of all  
 states which applicants is licensed. Letter must have  
 all scores from licensure examination. Applicants must  
 have received present license by examination only.

Graduate of ADA approved school and practiced continuously  
 for a period of 5 years in the state from which applicant  
 is applying.

National Board certification from ADA

Drug Enforcement Administration clearance will be initiated  
 by the Board office.

Other documentation required by the board.

Applications must be complete within 60 days prior to the  
 board meeting. Credential applications are reviewed at  
 meeting held in September only.

Approved applicants must appear before the board for a  
 oral jurisprudence examination.

Regional Examination:

Southern Regional Examination (Arkansas, Kentucky, Tennessee, Virginia)

\*Other examinations are reviewed during investigation of  
 credentials, and are generally accepted.

KANSAS

Applicants must complete applications set forth by the board.  
 Approved School of Dentistry  
 National Board from ADA

Must have practiced at least 5 years prior to application.  
 Must show documentation of at least 30 hrs. of Continuing  
 Education within the 12 months previous to application.

Approved applicants appear before the board for jurisprudence  
 examination.

Regional Examination:

Central Regional Examination  
 \* Same as Arkansas

## ALASKA DENTAL BOARD EXAMINATIONS

Year	Number of Candidates	Number Passed	Number Failed	Percent Passed	Percent Failed
1966	20	14	6	70	30
1967	20	15	5	75	25
1968	23	12	11	52	48
1969	18	8	10	44	54
1970	32	25	7	78	22
1971	22	12	10	55	45
1972	25	16	9	64	36
1973	25	14	11	56	44
1974	26	15	11	58	42
1975	33	16	17	48	52
1976	31	25	6	81	19
1977	28	23	5	82	18
1978	25	12	13	48	52
1979	19	11	8	57	43
1980	26	14	12	54	46
1981	27	14	13	52	48
*1982	45	21	24	47	53
*1983	51	27	24	53	47
*1984	36	<del>18</del> 14	<del>18</del> 22	<del>50</del> 39	<del>50</del> 61
*1985	<u>52</u> 584	<u>23</u> <del>335</del> 331	<u>29</u> <del>249</del> 253	<u>44</u> <del>57%</del>	<u>56</u> <del>43%</del>
*Fiscal Year (July 1 - June 30)				56.68%	43.32%

NOTE: The number of candidates that passed and failed the examination in FY '84 were reported incorrectly due to a computation error. These numbers have been corrected on this copy. The total percentage of pass/fail rate was not adversely affected. The figures from FY '83 and before have not been audited to date.

Corrected: 2/13/86

ATTACHMENT V

Initial Dental Licenses issued for calendar years 1966-1976 and fiscal years 1977-1985.

1966	14
1967	16
1968	12
1969	8
1970	25
1971	12
1972	16
1973	14
1974	15
1975	16
1976	57
(23 initial licenses issued between)	
*1977	26
*1978	17
*1979	16
*1980	13
*1981	13
*1982	25
*1983	19
*1984	22
*1985	24

\* Fiscal Year

Hess

A PERFORMANCE REPORT ON THE  
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
BOARD OF DENTAL EXAMINERS

September 24, 1985

Audit Control Number

08-1226-86-R

Commissioner, Department of  
Commerce and Economic Development Loren H. Lounsbury

Deputy Commissioners, Department of  
Commerce and Economic Development Greg Baker  
Terry Elder

Members of the  
Board of Dental Examiners

President	Paul S. Buxton, DDS
Secretary	Leslieann Luboff
Member	Jerry F. Zemlicka, DDS
Member	Robert E. Warren, DDS
Member	Timothy J. Woller, DDS
Member	Patrick J. Gullufsen, Esq.
Member	Hubert J. Gellert

# STATE OF ALASKA

AUDIT DIVISION  
POUCH W  
JUNEAU, ALASKA 99811

**THE LEGISLATURE**  
BUDGET AND AUDIT COMMITTEE

September 24, 1985

Members of the Legislative Budget  
and Audit Committee:

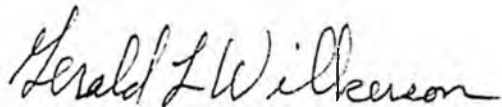
In accordance with the provisions of Titles 24 and 44 of the  
Alaska Statutes (sunset legislation), the attached report is  
submitted for your review.

A PERFORMANCE REPORT ON THE  
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
BOARD OF DENTAL EXAMINERS

September 24, 1985

Audit Control Number

08-1226-86-R



Gerald L. Wilkerson, CPA  
Legislative Auditor  
Division of Legislative Audit

TABLE OF CONTENTS

	<u>Page</u>
Purpose of the Report . . . . .	1
Organization and Function . . . . .	3
Report Conclusion . . . . .	5
Findings and Recommendations. . . . .	7
Analysis of Public Need . . . . .	9
Appendixes:	
A. Board of Dental Examiners Revenues Compared with Expenditures . . . . .	15
B. Board of Dental Examiners Practical Examination and Statistics. . . . .	17
C. Board of Dental Examiners Administrative Statistics . . . . .	18
Agency Response:	
Department of Commerce and Economic Development . . . . .	19

## PURPOSE OF THE REPORT

In accordance with the intent of Titles 24 and 44 of the Alaska Statutes (sunset legislation), we have reviewed the activities of the Board of Dental Examiners to determine if the Board has been operating in an efficient and effective manner.

As required by legislative intent, this report shall be considered during the legislative oversight function in determining whether the Board of Dental Examiners should be reestablished. The law currently specifies that this Board will terminate on June 30, 1986, but will continue until June 30, 1987 for the purpose of concluding its affairs.

The major areas of our examination were the licensing, examination, administration, complaint, and affirmative action functions of the Board. We reviewed and evaluated the following:

1. Applicable statutes and regulations.
2. Tests of files and documents of licensees.
3. Interviews with the licensing examiner.
4. Complaints filed with the Division of Occupational Licensing, Equal Employment Opportunity Office, Attorney General's Office, and the Ombudsman Office.
5. Discussions with Board members.
6. Minutes of Board meetings and Division correspondence files.
7. Attorney General's Opinions applicable to professional boards.

## ORGANIZATION AND FUNCTION

The Board of Dental Examiners was created in 1955. The Board consists of seven members; four licensed dentists, one dental hygienist, and two public members which are appointed by the Governor subject to confirmation of the Legislature. Board members serve terms of four years.

The Board is organized under the Department of Commerce and Economic Development, Division of Occupational Licensing (OL). Administrative functions of the Board are provided by OL, such as processing applications, maintaining licensing files, answering inquiries, and providing investigative support.

The primary function of the Board is to ensure a minimum quality of dental care to Alaskans by licensing qualified applicants and establishing regulations necessary to enforce statutes. The Board regulates dentists, dental specialists, and dental hygienists who perform services in the State. Special permits are issued by the Board to Federal agencies that supply dentistry to residents of isolated areas remote from major population centers.

The responsibility and authority for evaluating the competence of candidates for dental licensure are vested in the Board. A clinical and written examination has been developed by the Board to assess a candidate's competency. The clinical examination is a two day practical examination, requiring candidates to complete an amalgam, gold foil, and a gold inlay restoration procedure. Dental hygienists are also required to take a clinical and written examination. Although dental specialists are not required to take an examination, they must be licensed dentists in Alaska and may be required to have completed additional years of education in their specialty area.

## REPORT CONCLUSION

### Policy Issues

This report contains policy issues raised as a result of our evaluation of various Board practices. The final policy decisions affecting these practices are not within the scope of this report but require legislative consideration. In debating these issues, the oversight committees should take into consideration the findings and recommendations presented in this report so the potential impact of policy changes can be evaluated.

### Report Conclusion

In our opinion, the Board of Dental Examiners should be reestablished. The regulation and licensing of qualified professionals is necessary to protect the public's health, safety, and welfare. The Board provides this service by establishing minimum educational and experience requirements that provide reasonable assurance that persons licensed are qualified. Also, assurance that those licensed act in a competent manner is provided by active investigation of complaints and revocation or suspension of licenses when appropriate.

However, the following findings describe areas where weaknesses or conflicts exist. We have made recommendations which, if implemented, will improve the efficiency and effectiveness of the Board.

## FINDINGS AND RECOMMENDATIONS

### Recommendation No. 1

The Board of Dental Examiners should adopt regulations to provide requirements for proof of continued professional competence for dentists, dental hygienists, and dental specialists.

Alaska Statute 08 36.070 requires that the Board provide requirements for proof of continued professional competence for dentists and dental hygienists. The Board has not yet adopted any regulations regarding continued professional competence. One way of demonstrating continued competence is to require practitioners to obtain continuing education, an action currently under consideration by the Board.

Continuing education is one method that provides a reasonable means of assuring continuing competency in a profession. A required program of continuing education will help prevent professional obsolescence and keep practitioners aware of changes taking place in the profession. We encourage the Board to adopt regulations pertaining to continuing competency in order to provide better dental services to public and fulfill their statutory responsibility.

### Recommendation No. 2

The Board should pursue adopting policies allowing for licensure by credentials.

The Board adopted a regulation effective February 1, 1985 which ceased licensing by credentials (licensing based on out-of-state licensure) for dentists because of problems raised over the Board's credentialing procedures. This regulation was adopted so that the Board could reconsider policies and procedures over licensing dentists by credentials.

The cessation of licensing by credentials restricts entry into the dental profession in Alaska for out-of-state dentists wishing to practice in the State. The Board should address the policies and procedures and introduce legislation clarifying statutes over licensure by credentials.

## ANALYSIS OF PUBLIC NEED

### Limited Analysis

The following analyses of board activities relate to the public need factors defined in the "sunset" law. These analyses are not intended to be comprehensive, but address those areas we were able to cover within the scope of our review.

#### I. The extent to which the board, commission, or program has operated in the public interest.

- A. The Board has served the public by examining and licensing qualified applicants and proposing changes in regulations that are necessary to enforce State statutes and enhances quality of dental care to Alaskans. To accomplish these functions, the Board has held an average of four board meetings and two examination sessions for dentists and dental hygienists during the past two fiscal years.
- B. The Board introduced legislation, passed by the Legislature in 1984, which repealed the authority for issuing temporary permits without examination. The issuance of these temporary permits created a double standard in the quality of protection to the public by allowing applicants to practice dentistry who may not meet the qualifications for licensure to practice dentistry in the State.

#### II. The extent to which the operation of the board, commission, or agency program has been impeded or enhanced by existing statutes, procedures, and practices which it has adopted, and any other matter, including budgetary, resource, and personnel matters.

- A. The Board suspended, by regulation, statutory provision for licensure by credentials because of legal problems surrounding the scope of the interview requirement for applicants. The Attorney General's Office has determined that the personal interview of an applicant by a Board member be limited to verifying credentials and asking questions, rather than requiring case presentations of the applicant's prior work for examination. The Board does not feel that it can adequately measure the qualifications of applicants without examining case presentations for issuing licenses by credentials. There are no plans for reenacting licensure by credentials in the future.

- B. The Board was unable to adopt regulations establishing licensing and examination fees to be effective during FY 85. Alaska statutes require that the Department of Commerce and Economic Development, by regulations adopted under AS 08.01.065, establish licensing and examination fees for dental hygienists and dentists. However, AS 08.01.065 did not exist during FY 85, and therefore there was no authority for adopting regulation.
- III. The extent to which the board, commission, or agency has recommended statutory changes which are generally of benefit to the public interest.
- A. Legislation was enacted in 1984 defining the rights of dentists practicing in the State. This legislation specifies certain activities permitted by dentists, such as practicing in association with other dentists and supervising research.
  - B. The Board recommended repeal of statutory provisions for administering out-of-state examinations because of budgetary and time constraints. The statutes were repealed in 1984.
  - C. The Board recommended the repeal of the statute allowing for the issuance of temporary permits, which was repealed by the Legislature in 1984.
- IV. The extent to which the board, commission, or agency has encouraged interested persons to report to it concerning the effect of its regulations and decisions on the effectiveness of service, economy of service, and availability of service which it has provided.
- A. The Board has advertised proposed regulation changes in major Alaskan newspapers, allows applicants to appeal their examination grades, and holds open meetings prior to examinations.
- V. The extent to which the board, commission, or agency has encouraged public participation in the making of its regulations and decisions.
- A. The Board announces its board meetings, examinations, and proposed regulations and regulation amendments in the Anchorage, Fairbanks, and Juneau newspapers as required by law.
  - B. The Board presents and discusses correspondence related to Board matters which has been received from various persons and associations.

- VI. The efficiency with which public inquiries or complaints regarding the activities of the board, commission, or agency filed with it, with the department to which a board or commission is administratively assigned, or with the Office of the Ombudsman have been processed and resolved.
- A. Two complaints have been filed against the Board regarding licensure by credentials and are scheduled for hearings. The Board has processed and addressed complaints in an effective and timely manner.
- VII. The extent to which a board or commission which regulated entry into an occupation or profession has presented qualified applicants to serve the public.
- A. The Board issued 18 licenses during fiscal year 1984 and renewed 386 licenses effective January 1, 1985.
- B. The Board needs to establish requirements for proof of continued competency as provided by statutes (see Audit Recommendation No. 1).
- VIII. The extent to which state personnel practices, including affirmative action requirements, have been complied with by the board, commission, or agency to its own activities and the area of activity or interest.
- A. The Human Rights Commission and the Equal Employment Opportunity Office have received no complaints related to the Board's activities.
- IX. The extent to which statutory, regulatory, budgeting, or other changes are necessary to enable the agency, board, or commission to better serve the interests of the public and to comply with the factors enumerated in this subsection.
- A. Please refer to the previous section, Findings and Recommendations.

APPENDIXES

APPENDIX A

BOARD OF DENTAL EXAMINERS  
REVENUES COMPARED WITH EXPENDITURES  
 For the Fiscal Year Ended June 30, 1985  
 (Unaudited)  
 (Note 1)

Average Revenue (See Schedule 1 and Note 2)	\$41,536
Expenditures (See Note 3)	<u>50,888</u>
Excess of Revenues over Expenditures	<u>\$(9,352)</u>

Schedule 1  
Types of Revenues

<u>Revenues</u>	<u>Amount</u>	<u>Collection Time</u>
Filing Fee		
Dentist	\$ 25	With application
Dental Hygienist	25	With application
Examination Fee		
Dentist	200	Before exam
Dental Hygienist	75	Before exam
Credential Review Fee (Note 4)		
Dentist	200	Before interview
Dental Hygienist	75	Before interview
Initial License Fee		
Dentist	30	Before licensure
Dental Hygienist	20	Before licensure
Registration/Renewal Fee		
Dentist	200	Before licensure; quadrennially thereafter
Dental Specialist	30	" "
Dental Hygienist	100	" "
Reexamination Application		
Dentist	25	With application
Dental Hygienist	25	With application
Specialty License	30	Before licensure
Branch Office Registration	100	Quadrennially
Delinquent Registration		
Dentist	10	With registration
Dental Hygienist	10	With registration
Duplicate License	10	With application

## PURPOSE OF THE REPORT

In accordance with the intent of Titles 24 and 44 of the Alaska Statutes (sunset legislation), we have reviewed the activities of the Board of Dental Examiners to determine if the Board has been operating in an efficient and effective manner.

As required by legislative intent, this report shall be considered during the legislative oversight function in determining whether the Board of Dental Examiners should be reestablished. The law currently specifies that this Board will terminate on June 30, 1986, but will continue until June 30, 1987 for the purpose of concluding its affairs.

The major areas of our examination were the licensing, examination, administration, complaint, and affirmative action functions of the Board. We reviewed and evaluated the following:

1. Applicable statutes and regulations.
2. Tests of files and documents of licensees.
3. Interviews with the licensing examiner.
4. Complaints filed with the Division of Occupational Licensing, Equal Employment Opportunity Office, Attorney General's Office, and the Ombudsman Office.
5. Discussions with Board members.
6. Minutes of Board meetings and Division correspondence files.
7. Attorney General's Opinions applicable to professional boards.

## ORGANIZATION AND FUNCTION

The Board of Dental Examiners was created in 1955. The Board consists of seven members; four licensed dentists, one dental hygienist, and two public members which are appointed by the Governor subject to confirmation of the Legislature. Board members serve terms of four years.

The Board is organized under the Department of Commerce and Economic Development, Division of Occupational Licensing (OL). Administrative functions of the Board are provided by OL, such as processing applications, maintaining licensing files, answering inquiries, and providing investigative support.

The primary function of the Board is to ensure a minimum quality of dental care to Alaskans by licensing qualified applicants and establishing regulations necessary to enforce statutes. The Board regulates dentists, dental specialists, and dental hygienists who perform services in the State. Special permits are issued by the Board to Federal agencies that supply dentistry to residents of isolated areas remote from major population centers.

The responsibility and authority for evaluating the competence of candidates for dental licensure are vested in the Board. A clinical and written examination has been developed by the Board to assess a candidate's competency. The clinical examination is a two day practical examination, requiring candidates to complete an amalgam, gold foil, and a gold inlay restoration procedure. Dental hygienists are also required to take a clinical and written examination. Although dental specialists are not required to take an examination, they must be licensed dentists in Alaska and may be required to have completed additional years of education in their specialty area.

## REPORT CONCLUSION

### Policy Issues

This report contains policy issues raised as a result of our evaluation of various Board practices. The final policy decisions affecting these practices are not within the scope of this report but require legislative consideration. In debating these issues, the oversight committees should take into consideration the findings and recommendations presented in this report so the potential impact of policy changes can be evaluated.

### Report Conclusion

In our opinion, the Board of Dental Examiners should be reestablished. The regulation and licensing of qualified professionals is necessary to protect the public's health, safety, and welfare. The Board provides this service by establishing minimum educational and experience requirements that provide reasonable assurance that persons licensed are qualified. Also, assurances that those licensed act in a competent manner is provided by active investigation of complaints and revocation or suspension of licenses when appropriate.

However, the following findings describe areas where weaknesses or conflicts exist. We have made recommendations which, if implemented, will improve the efficiency and effectiveness of the Board.

## FINDINGS AND RECOMMENDATIONS

### Recommendation No. 1

The Board of Dental Examiners should adopt regulations to provide requirements for proof of continued professional competence for dentists, dental hygienists, and dental specialists.

Alaska Statute 08.36.070 requires that the Board provide requirements for proof of continued professional competence for dentists and dental hygienists. The Board has not yet adopted any regulations regarding continued professional competence. One way of demonstrating continued competence is to require practitioners to obtain continuing education, an action currently under consideration by the Board.

Continuing education is one method that provides a reasonable means of assuring continuing competency in a profession. A required program of continuing education will help prevent professional obsolescence and keep practitioners aware of changes taking place in the profession. We encourage the Board to adopt regulations pertaining to continuing competency in order to provide better dental services to public and fulfill their statutory responsibility.

### Recommendation No. 2

The Board should pursue adopting policies allowing for licensure by credentials.

The Board adopted a regulation effective February 1, 1985 which ceased licensing by credentials (licensing based on out-of-state licensure) for dentists because of problems raised over the Board's credentialing procedures. This regulation was adopted so that the Board could reconsider policies and procedures over licensing dentists by credentials.

The cessation of licensing by credentials restricts entry into the dental profession in Alaska for out-of-state dentists wishing to practice in the State. The Board should address the policies and procedures and introduce legislation clarifying statutes over licensure by credentials.

B. The Board was unable to adopt regulations establishing licensing and examination fees to be effective during FY 85. Alaska statutes require that the Department of Commerce and Economic Development, by regulations adopted under AS 08.01.065, establish licensing and examination fees for dental hygienists and dentists. However, AS 08.01.065 did not exist during FY 85, and therefore there was no authority for adopting regulation.

III. The extent to which the board, commission, or agency has recommended statutory changes which are generally of benefit to the public interest.

A. Legislation was enacted in 1984 defining the rights of dentists practicing in the State. This legislation specifies certain activities permitted by dentists, such as practicing in association with other dentists and supervising research.

B. The Board recommended repeal of statutory provisions for administering out-of-state examinations because of budgetary and time constraints. The statutes were repealed in 1984.

C. The Board recommended the repeal of the statute allowing for the issuance of temporary permits, which was repealed by the Legislature in 1984.

IV. The extent to which the board, commission, or agency has encouraged interested persons to report to it concerning the effect of its regulations and decisions on the effectiveness of service, economy of service, and availability of service which it has provided.

A. The Board has advertised proposed regulation changes in major Alaskan newspapers, allows applicants to appeal their examination grades, and holds open meetings prior to examinations.

V. The extent to which the board, commission, or agency has encouraged public participation in the making of its regulations and decisions.

A. The Board announces its board meetings, examinations, and proposed regulations and regulation amendments in the Anchorage, Fairbanks, and Juneau newspapers as required by law.

B. The Board presents and discusses correspondence related to Board matters which has been received from various persons and associations.

## ANALYSIS OF PUBLIC NEED

### Limited Analysis

The following analyses of board activities relate to the public need factors defined in the "sunset" law. These analyses are not intended to be comprehensive, but address those areas we were able to cover within the scope of our review.

- I. The extent to which the board, commission, or program has operated in the public interest.
  - A. The Board has served the public by examining and licensing qualified applicants and proposing changes in regulations that are necessary to enforce State statutes and enhances quality of dental care to Alaskans. To accomplish these functions, the Board has held an average of four board meetings and two examination sessions for dentists and dental hygienists during the past two fiscal years.
  - B. The Board introduced legislation, passed by the Legislature in 1984, which repealed the authority for issuing temporary permits without examination. The issuance of these temporary permits created a double standard in the quality of protection to the public by allowing applicants to practice dentistry who may not meet the qualifications for licensure to practice dentistry in the State.
- II. The extent to which the operation of the board, commission, or agency program has been impeded or enhanced by existing statutes, procedures, and practices which it has adopted, and any other matter, including budgetary, resource, and personnel matters.
  - A. The Board suspended, by regulation, statutory provision for licensure by credentials because of legal problems surrounding the scope of the interview requirement for applicants. The Attorney General's Office has determined that the personal interview of an applicant by a Board member be limited to verifying credentials and asking questions, rather than requiring case presentations of the applicant's prior work for examination. The Board does not feel that it can adequately measure the qualifications of applicants without examining case presentations for issuing licenses by credentials. There are no plans for reenacting licensure by credentials in the future.

- VI. The efficiency with which public inquiries or complaints regarding the activities of the board, commission, or agency filed with it, with the department to which a board or commission is administratively assigned, or with the Office of the Ombudsman have been processed and resolved.
- A. Two complaints have been filed against the Board regarding licensure by credentials and are scheduled for hearings. The Board has processed and addressed complaints in an effective and timely manner.
- VII. The extent to which a board or commission which regulated entry into an occupation or profession has presented qualified applicants to serve the public.
- A. The Board issued 18 licenses during fiscal year 1984 and renewed 386 licenses effective January 1, 1985.
- B. The Board needs to establish requirements for proof of continued competency as provided by statutes (see Audit Recommendation No. 1).
- VIII. The extent to which state personnel practices, including affirmative action requirements, have been complied with by the board, commission, or agency to its own activities and the area of activity or interest.
- A. The Human Rights Commission and the Equal Employment Opportunity Office have received no complaints related to the Board's activities.
- IX. The extent to which statutory, regulatory, budgeting, or other changes are necessary to enable the agency, board, or commission to better serve the interests of the public and to comply with the factors enumerated in this subsection.
- A. Please refer to the previous section, Findings and Recommendations.

APPENDIXES

APPENDIX A

BOARD OF DENTAL EXAMINERS  
REVENUES COMPARED WITH EXPENDITURES  
 For the Fiscal Year Ended June 30, 1985  
 (Unaudited)  
 (Note 1)

Average Revenue (See Schedule 1 and Note 2)	\$41,536
Expenditures (See Note 3)	<u>50,888</u>
Excess of Revenues over Expenditures	<u>\$(9,352)</u>

Schedule 1  
Types of Revenues

<u>Revenues</u>	<u>Amount</u>	<u>Collection Time</u>
Filing Fee		
Dentist	\$ 25	With application
Dental Hygienist	25	With application
Examination Fee		
Dentist	200	Before exam
Dental Hygienist	75	Before exam
Credential Review Fee (Note 4)		
Dentist	200	Before interview
Dental Hygienist	75	Before interview
Initial License Fee		
Dentist	30	Before licensure
Dental Hygienist	20	Before licensure
Registration/Renewal Fee		
Dentist	200	Before licensure; quadrennially thereafter
Dental Specialist	30	"    "
Dental Hygienist	100	"    "
Reexamination Application		
Dentist	25	With application
Dental Hygienist	25	With application
Specialty License	30	Before licensure
Branch Office Registration	100	Quadrennially
Delinquent Registration		
Dentist	10	With registration
Dental Hygienist	10	With registration
Duplicate License	10	With application

Note 1

This revenue/expenditure comparison was prepared from available records and discussions with Occupational Licensing personnel. The records were not audited by us and, accordingly, we do not express an opinion on the Board's Statement of Revenues Compared with Expenditures.

Note 2

A significant portion of revenues is composed of license renewal fees. Licenses are renewed quadrennially and the last renewal date was December 31, 1984. Because of the renewals, revenues vary substantially every fourth year. Therefore, we averaged revenues collected in fiscal year 1982, 1983, 1984, and 1985 in order to obtain a representative amount of average annual revenues collected.

Note 3

Expenditures consist of direct costs resulting from Board activities, which includes travel, per diem, and miscellaneous contractual expenditures incurred by the Board members and the Board's licensing examiner. This amount does not include indirect administrative expenditures of the Division of Occupational Licensing or expenditures for efforts of other departments assisting the Board.

Note 4

The Board suspended by regulation, licensing by credentials effective October 17, 1984. No applications for licensure by credentials have been accepted subsequent to the date of suspension.

APPENDIX B

BOARD OF DENTAL EXAMINERS  
PRACTICAL EXAMINATION AND STATISTICS

The dental examination consists of two sections, written and clinical. The written examination covers subjects dealing with the diagnosis of oral condition, prosthetics, and jurisprudence (Alaska Statutes).

The clinical section of the examination is a two day examination covering the following three subjects:

1. Preparation and Restoration of gold foils.
2. Preparation and Restoration of amalgams.
3. Preparation and Restoration of gold inlays.

Dental applicants must furnish their own patients and equipment. The examinations have been held in the Teamster's Clinic in Anchorage. An applicant must have a score of at least 75% for each subject to receive a passing grade for licensure.

The dental hygiene examination also consists of two sections. The clinical examination tests the applicant's knowledge of data gathering and charting, oral prophylaxis, and radiographic recognition. The written examination evaluates the applicant's knowledge of radiology, fluoridation, and dietary counseling. Applicants must also furnish their own patients and tools.

There are no examinations required for dental specialists before being licensed; however, the applicant must be a licensed dentist in the state.

Alaska Dental Examination Statistics

	<u>Dentists</u>		<u>Dental Hvgienists</u>	
	<u>FY 84</u>	<u>FY 85</u>	<u>FY 84</u>	<u>FY 85</u>
Number of Applicants	36	28	23	20
Number Failed	22	18	3	3
Number Passed	16	10	20	17
Percentage Pass Rate	38.9%	35.7%	86.9%	85.0%
Number of Examinations	2	2	2	2

APPENDIX C

BOARD OF DENTAL EXAMINERS  
ADMINISTRATIVE STATISTICS  
September 15, 1985

Licensed Dental Practitioners	714
Dentists licensed in State	386
Out-of-State Dentists licensed in State	101
Dental Hygienists	303
Dental Specialists	25
Average number of meetings per year (excluding teleconferences)	4

BILL SHEFFIELD, GOVERNOR

**DEPARTMENT OF COMMERCE &  
ECONOMIC DEVELOPMENT**

*DIVISION OF OCCUPATIONAL LICENSING*

December 23, 1985

POUCH D  
JUNEAU, ALASKA 99811  
PHONE: (907) 465-2534

**RECEIVED**  
DEC 24 1985

**LEGISLATIVE  
AUDIT**

Mr. Gerald L. Wilkerson  
Legislative Auditor  
Division of Legislative Audit  
Pouch W  
Juneau, AK 99811

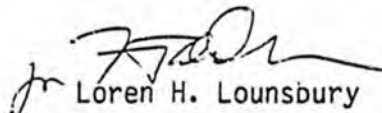
Dear Mr. Wilkerson:

Thank you for the opportunity to comment on your preliminary audit report for the Board of Dental Examiners.

We concur with your findings and recommendations, and support continuation of the board.

Thank you once again for your cooperation and the opportunity to comment on your audit.

Sincerely,

  
Loren H. Lounsbury  
Commissioner

LHL/mst3048m  
120985a

MEMORANDUM

TO: HOUSE HESS COMMITTEE MEMBERS  
FROM: NANCY BENNETT, COMMITTEE STAFF  
DATE: MARCH 10, 1986  
RE: TODAY'S AGENDA

We have three bills scheduled for today:

HB 614 - Relating to the Board of Dental Examiners

This bill was introduced by the Committee to continue the board for four years following the Sunset Review hearing conducted in February. There is also a sunset review report in your folder.

SB 263 - Relating to disqualification for certain state loan programs for failure to pay child support

This bill has been in subcommittee. Representative Taylor has a proposed amendment to offer.

We also have a new memo from Senator Faiks.

HB 255 - Enabling the Department of Health and Social Services to enter into custody agreements regarding indian children

We are having a teleconference on this bill, which would put into state law federal provisions allowing agreements to be entered into regarding the custody of native children.

We also have a bill relating to municipal sales tax and food stamps before us to consider for introduction

Introduced: 2/17/86  
Referred: Labor & Commerce,  
Health, Education & Social Services  
and Finance

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICE COMMITTEE

1 IN THE HOUSE

2 HOUSE BILL NO. 614

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FOURTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act extending the termination date of the Board  
7 of Dental Examiners; and providing for an effective  
8 date."

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

10 \* Section 1. AS 08.03.010(c)(6) is amended to read:

11 (6) Board of Dental Examiners (AS 08.36.010) -- June 30,  
12 1990 [1986].

13 \* Sec. 2. This Act takes effect immediately in accordance with AS 01.-  
14 10.070(c).

TESTIMONY FOR HESS SUB-COMMITTEE  
for 3-20-86  
REGARDING BOARD OF DENTAL EXAMINERS

Gentlemen:

My name is Joseph Riederer, and I appreciate the opportunity to be here and add to my testimony of 3-10-86.

Dr. Jerry Zemlicka, a current member of the Dental Board, phoned me on 3-11 and expressed a great deal of concern over the copy of my testimony he had received for 3-10-86. He stated he would have no choice but to discuss my son and his two automatic failures in June 1985, and I indicated to him that I certainly had no problem with that. Dr. Zemlicka, also in the conversation, indicated that he personally had favored passing Mark at 74.05. He later stated that he had no part in the decision of his Dental Board failures, so this did not add up to me. He indicated he thought a 50% variation in grading between examiners was reasonable, that I thought was an amazing statement. He also indicated that he thought my percentages and understanding was all wrong. He agreed that there were changes needed in time constraints and changes in some of the procedures, but asked why I had not come to the Board instead of the Legislature. Dr. Zemlicka indicated the Dental Board had a big problem with the State Attorney General's office over dental credentialing candidates who were appealing or litigating their failure to gain licensure by credential. Dr. Zemlicka indicated the Attorney General's Office would want to let some of these candidates in, even though they were convicted felons and/or in one instance, a child molester, and this was consuming a great deal of the Board's time.

Regarding the automatic failure rate on recent Dental Boards, I will pass out a sheet to show this has run as high as 53% in recent exams, and this does not include the total failure rate. Written to the left of the typed statements are the number of candidates taking each exam, so it is clear that many of the examinees have had more than one automatic failure at any one exam. My son was one of these that had an automatic failure in two subjects in June of 1985. I would like to mention that when he took the clinical portion of the National Board Dental Exam, after dental school, he was in the 96 percentile rating when compared with National Board Dental examinees for the rest of the nation.

The Board members may say only those with poor clinical skills have such a high automatic failure rate. The numbers are clear that a great many are receiving multiple automatic failures. I would like to specifically mention a "native" Alaskan Dental graduate who was an honor student at the University of Oregon and

received the Award in his class for being the Overall Outstanding Dental Student in an academic way, and with regard to attitude and operative ability. He also was among the candidates who received an automatic failure in recent years, and along with other circumstances surrounding it, was outraged by the clinical exam proceedings.

September 24, 1985, the Legislative Audit Committee stated that the cessation of licensing by credentials restricts entry into the Dental Profession in Alaska for out of state dentists wishing to practice in Alaska. The Board should address the policies and procedures and introduce legislation clarifying statutes over Licensure by Credentials.

The report continues, The Board Dental Examiners should adopt regulations to provide requirements for proof of continued professional competence for dentists and dental hygienists and dental specialists. It goes on to say that continuing education is one method that provides a reasonable means of assuring continuing competency in the profession. As I mentioned to Dr. Zemlicka on 3/11/86, I think that any Dental Board that cannot pass a continuing education requirement, doesn't seem to me to be in the 20th Century. Dr. Zemlicka stated this requirement had been passed, but on 3/18/86, the Occupational Licensing Division did not verify that.

Dr. Paul Buxton, in a letter to Commissioner LOUNSBURY on 12/11/85, stated that the Board has been, and is currently working on regulations to provide requirements for proof of continued competency. At this point, the drift is towards requiring a specified amount of continuing education courses and a minimum number of hours worked in Clinical Operative Dentistry each year, but that arriving at the exact number of hours has been a difficult task to accomplish, as well as coming up with a whole new policing agency to make sure these requirements are met.

Dr. Buxton continues, the Board is adamantly opposed to licensing by credentials. I would be happy to provide his full text. He states that Licensure by Credentials does not work to assure operative clinical competence. He stated that the clinical exam that is given twice each year is a viable legally tested form of evaluation, that entry level of minimum competency of applicants.

At the present time, it is certainly my opinion that this Clinical Exam is a very subjective exam and very inconsistent and represents a form of limited entry program for incoming dentists in the State of Alaska. I have in my hand a Hearing Officer report in the matter of William G. Kohn and the matter of Bruce L. Sahakian. Both dentists had filed applications to receive dental licenses as provided for in Licensure by Credentials. Both had been notified that they were not eligible for Licensure by Credential. Dr. Kohn had been a dental practitioner in the Public Health Service assigned to the Tanana Chief Conference in

Fairbanks, and Dr. Sahakian was a dental practitioner in the U.S. Public Health Service in Anchorage. Each had worked for the Health Service at the least the five years immediately preceding his application. At the hearing, the State was represented by Assistant Attorney General K.E. Gowens and the applicants were represented by Nelson P. Cohen, Attorney at Law. As you read the report, it did not appear that the Attorney General's office would have any part in trying to defend the Dental Board's action. Hearing Officer Frank Flavin said that the applicants had established a preponderance of evidence that the 1978 NERB Clinical Exam was at least equivalent in "scope, quality, and difficulty" to the Alaska exam of 1978, thus satisfying AS08.36.234(2), and it was the recommendation of the Hearing Officer that the applicant's applications for dental licensure be approved. On August 10, 1985, Dr. Buxton signed the final order that the proposed decision is hereby adopted. In effect, these two licenses had to be granted after a rational review. It obviously cost many thousands of dollars and months of time to pursue a decision in this manner.

I had indicated I would obtain recent pass rates from Washington and Oregon and California. On March 7, 1986, the Department of Professional Licensing from the State of Oregon reported a pass rate of approximately 70-80% "with the vast majority of those passing on the first try". The last pass rates for the State of California is approximately 85% for California graduates with out of state graduates at a 41% pass rate and Foreign graduates at 27%. The statistics for California Dental School graduates are all first attempt results. The out of state and foreign graduates statistics were the result of all attempts. The State of Washington reported a lowest rate of 32.4% in September 1985, a 49% pass rate in June of 1985, a 44% pass rate in September of 1984, and a 45% pass rate in June of 1984. While the pass rates for the State of Washington are low, they are not new and knowledgeable observers have commented that they have a limited entry program of their own there, also.

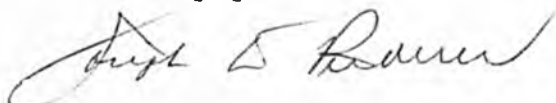
As I mentioned previously, I believe the present Dental Board Clinical Exam is very subjective and inconsistent and that the high failure rate is not due only to poor clinical skills of the applicant.

*I HOPE THAT THE*  
Legislature will investigate why the Board suspended by regulation the provision for Licensure by Credentials. I hope the Legislature can determine why the point grading system for the clinical exam was repealed on March 4, just one day after much effort, the operative score sheets from an exam were obtained. I hope that a special Legislative Audit Committee can be appointed to obtain the "rest of the story" on some of these issues. I think

there are reasonable people in the Alaskan community who question whether the Board of Dental Examiners should, in fact, be re-established in light of their recent activities.

Thank you for your attention to my concerns.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Joseph D. Riederer".

Joseph D. Riederer, M.D.



# ALASKA DENTAL SOCIETY NEWSLETTER

Volume 1

Number 7

July, 1984

## FRACTURED THOUGHTS ON JUNE BOARDS

BY

James Cerney

For most of us few times of trauma are more permanently etched in our minds than when we took our Alaska State Boards. For twenty-six dentists, only very few hygienists, and the State Board of Dental Examiners, that trauma has resurfaced.

Last month, thirty dentists took the State Board and twenty-six failed. Of those thirty dentists, eighteen attempted to gain license by examination and twelve by credentialing. Two dentists passed the Board by examination and two passed by credentialing. I have been unable to obtain exact statistics on the dental hygiene examination, but I understand that about eighteen took the exam. Of these, I have heard that only about three failed to pass.

For the dental portion, the failure rate seems extremely high. A high failure rate might suggest that a large number of those seeking licensure are unqualified. A high failure rate could also suggest that a problem in credibility and possibly liability might exist for those concerned with the examination.

The question of credibility arises if the contents of the examination are not good indicators of

knowledge or ability; if the grading of the examination is inconsistent and excessively strict; or if the administration and scheduling of the examination was poorly done and becomes then a frustration to the candidate not to mention members of the Alaska State Board of Dentistry.

The question of liability also arises if the high failure rate is not due to applicant lack of ability but is instead due to examination content or the grading method. In this instance, a liability could occur against the State Board of Dental Examiners. But if the high failure rate is because of the poor administration of the examination resulting in frustration, then the liability could be incurred against the Division of Occupational Licensing.

After hearing the stories of some Board candidates and from a telephone conversation with two Board members, I have gathered the following information. (I also talked with one Board proctor). In all fairness, I tried to contact the Division of Occupational Licensing. In the next issue I will do a follow-up story from interviewing some of the Board's candidates and the Division of Occupational Licensing.

Now for some fractured thoughts:

1. Four Board members and proctors administered the exam. The Board members were: A. Hansen, Leslie Lubhoff, Paul Buxton and Jerry Zemlicka. Proctors were: George Hansen, Jerry Stranik, Bob Warren, Marshall Dotson. In a telephone interview with Paul Buxton, President of the Board, I was told that it is true that Zemlicka and he were new members of the Board but they had proctored the Board before. George Hansen and Bob Warren had also proctored the exam before. The experience of the Board was not a real problem.

2. The Director of Occupational Licensing, Harry Treager, was hospitalized during the time of the examination. Two of his staff from Juneau, Ed Mercer and Jane English, were in Anchorage to help administer the exam. Ed Mercer is the new officer who administered the examination for the Division of Occupational Licensing. Much of the criticism that has occurred has been in the direction of a scheduling orientation session prior to the examination (in the evening) never held. In addition, he was more than one hour late in coming to the written examination. He neglected to obtain a proctor for the slide portion of the written examination. And for one session of the exam, he turned the examination over to a person who was not connected with either the Board of Dental Examiners or the Division of Occupational Licensing. Both George Hansen and Paul Buxton



ADLBERG

Continued on page 6

Continued from page 1

... quick to point out that though Ed Mercer, though he made an initial mistake that he was "quick to learn" and probably did well in his capacity. Art Hansen made a motion to the Board to demand Ed Mercer's resignation. No action was taken; I believe.

The Board of Dental Examiners themselves were quite upset about the situation. As there is a need to appoint people to the Board, Governor Sheffield has been very slow to appoint these people. The Governor has stated that this is a "low priority item". After appointment has been made, the legislators have been slow in confirmation. Next, the Board has been upset with the administration of the examination. Paul Buxton stated that the clinical portion of the examination went smoothly, but this was not until the second day. The action of the Division of Occupational Licensing made the first day disastrous. Next, one candidate that I talked to felt that there was very poor verbal and written communication between the Division of Occupational Licensure and the candidates. There seemed to be many unanswered letters between the candidates and the Division of Occupational Licensing. Information on the Board that is usually sent in a timely manner was very late in its arrival for last month's candidates.

I have my own concerns. I have seen our Board make tremendous advances toward credibility and true consumer protection over the past eight years. Now because of one poorly administered examination, much of the credibility the Board has fought for may be lost. With the above, if fingers are to be pointed, let it be to the Division of Occupational Licensing. Both the Board members and the candidates were frustrated by the Division's administration of the examination. This may be the true liability.

All may not be lost however. In the past Mr. Treager has given excellent response to the concerns of the dentists and made concessions. Mr. Treager's hospitalization, though untimely, was unfortunate. Because of the absence of his leadership, this may have triggered many of the problems.

Finally, I believe both the Division of Occupational Licensing and the Alaska State Board of Dental Examiners are concerned with your thoughts. Paul Buxton said he would appreciate all concerns addressed to him at: Mr. Paul Buxton, Box 1376 Soldotna, Alaska 99669. The phone is 262-5454. Letters to the Division should be sent to: Mr. Harry Treager, State of Alaska, Division of Occupational Licensing, Pouch D, Juneau, Alaska 99811. The Phone is: 465-2580.

\*\*\*\*\*WHO IS ED SIMS?\*\*\*\*\*  
In my spare time, I am trying to round up advertisers for the Newsletter. Next, a little about myself. My father was in the U.S. Army, and we had the good fortune to be stationed at Ft. Richardson in the sixties. After retiring in 1972, we moved back to Alaska. My interests

include bicycling, motorcycling, photography, drawing, and traveling to name a few.

I graduated from Dimond High School in 1976, and then the University of Oregon in 1980. I am a proud alumnus of the University of the Pacific School of Dentistry in 1983. After six months as an associate of Dr. John Miller in Anchorage, I am currently on my own.

My office is at 406 W. First Avenue in Anchorage. If you know of any individual or firm that I could contact about advertising in the Newsletter, please let me know at 277-7596. Or feel free to drop by Wednesday to find

#### LETTERS TO THE EDITOR

Dear Jerry:

The privileges we enjoy should not be taken for granted. We have a rich heritage that did not evolve without sacrifice and a great deal of selfless dedication by our predecessors. Without vocal, appreciative, and supportive members, values get diluted, goals disintegrated, and personal commitments are denigrated.

The April 1984 issue of the J.A.D.A. focuses the profession's attention on our heritage and the effort and accomplishments of mainly average dentists who have the betterment of their profession foremost in mind.

The June 1984 Alaska Dental Society Newsletter relates our Executive Council's overwhelming concern with the state legislature. This is an attitude not universally shared by the entire Society. A very considerable amount of time and members' dollars are spent in playing the questionable game.

Is it important to "establish credibility" with the Department of Occupational Licensing? The Board and our professions did this before the Department was formed. It exists to take the paperwork off the Board. It does such menial tasks and requires no professional knowledge or judgement.

Likewise, what conflict exists between the Board of Dental Examiners and the Executive Council of our Society? Are they not common members of the Society?

The Newsletter also contained a financial report by the Society's treasurer, Dr. Hansen. It is disturbing to the point of being offensive to this member.

The membership should not condone the extravagant and ill-advised expenditures which today total \$19,400 over an already padded budget. Good management of our Society requires conservative use of our limited funds. It needs the consensus of the whole membership. Who gave them the power to spend in excess of the approved budget? Need they not justify it? Whose money is it? It is our money!

Expenditures need to be necessary, worthy of support of the Society; using more volunteer work; at the least cost; and of value to as many members as possible.

Without action we will lose members as well as thousands of dollars.

By Dr. Robert A. Smithson

How to keep a dentist busy. See page number 8.

By Dr. Gerald Stranik

TOTAL # OF  
PERSONS / CANDIDATES  
FAILING  
EACH  
EXAM

↓ (18)

EXAMINATION STATISTICS  
DENTAL EXAMINATION

AUTOMATIC FAILURES      FY '84 - FY '86

<u>FY '84</u>	<u>GOLD INLAY</u>	<u>AMALGAM</u>	<u>GOLD FOIL</u>
<u>November 1983:</u>			
Total Examinees by Subject	14	12	14
Automatic Failures	2	1	2
Percent of Automatic Failures	14%	8%	14%

<u>June 1984:</u>			
Total Examinees by Subject	17	15	16
Automatic Failures	9	7	4
Percent of Automatic Failures	53%	47%	25%

(18)  
Candidates

<u>FY '85</u>	<u>GOLD INLAY</u>	<u>AMALGAM</u>	<u>GOLD FOIL</u>
<u>November 1984:</u>			
Total Examinees by Subject	15	11	13
Automatic Failures	3	0	3
Percent of Automatic Failures	20%	0%	23%

(18)

<u>June 1985:</u>			
Total Examinees by Subject	31	29	32
Automatic Failures	9	3	0
Percent of Automatic Failures	29%	10%	0%

(34)

<u>FY '86</u>	<u>GOLD INLAY</u>	<u>AMALGAM</u>	<u>GOLD FOIL</u>
<u>November 1985:</u>			
Total Examinees by Subject	20	15	14
Automatic Failures	5	1	0
Percent of Automatic Failures	25%	7%	0%

(25)

AUTOMATIC FAILURE

12 AAC 28.250. ERRORS OR OMISSIONS REQUIRING FAILING GRADE. (a) If a majority of the examiners agree that an applicant has committed any of the following errors or omissions in cavity preparation, the applicant will receive a grade of zero in that subject of clinical examination:

- (1) incomplete caries removal;
- (2) destruction of supporting tissues;
- (3) unnecessary mechanical exposure of pulp; and
- (4) alteration of preparation between checks by examiners.

(b) If a majority of the examiners agrees that an applicant has committed any of the following errors or omissions in restoration, the applicant will receive a grade of zero in that subject of the clinical examination:

- (1) open margins; and
  - (2) destruction of hard or soft supporting tissue in finishing. (Eff. 4/8/79, Reg. 70)
- Authority: AS 08.36.070(1) and (7)  
AS 08.36.190

EXAMINATION STATISTICS  
DENTAL EXAMINATION

June 1984:

	<u>WRITTEN</u>	<u>GOLD INLAY</u>	<u>AMALGAM</u>	<u>GOLD FOIL</u>
Total Examinees by Subject	14	17	15	16
Total Passing by Subject	14	4	6	7
Total Percent Passing	100%	24%	40%	44%
Initial Examinees by Subject	13	13	13	13
Total Passing by Subject	13	4	6	5
Total Percent Passing	100%	31%	46%	38%
Repeat Examinees by Subject	1	4	2	3
Total Passing by Subject	1	0	0	2
Total Percent Passing	100%	0%	0%	67%

Clinical Only

Initial Examinees (Entire Exam)	(13)
Number Passing No Parts	5
Number Passing One Part	2
Number Passing Two Parts	5
Number Passing All Parts	(1)
Repeat Examinees (Entire Exam)	2
Number Passing No Parts	1
Number Passing One Part	0
Number Passing Two Parts	1
Number Passing All Parts	0
Total Taking One Part	2 —
Total Passing	1 —
Total Percent Passing	50%
Total Taking All Subjects	16
Total Passing All Subjects	1
Total Percent Passing	(6%)
Total Taking Examination	18
Total Passing	2
Total Percent Passing	11%

## BOARD OF CHIROPRACTIC EXAMINERS

LICENSED BY CREDENTIALS IN FY 85 = 2\* licensed by credentials but were required to take an additional portion of the exam. One licensee was required to be tested for physiotherapy; and the other was required to be tested for x-ray.

Applicants can, and have been required to take parts of the state exam even though seeking licensure by credentials.

### Licensure by Credentials

Sec. 08.20.140. Licensure by Credentials. The board may issue a license without examination to an applicant presenting satisfactory proof of the possession of a license or certificate of registration in good standing in a state or territory of the United States, or a foreign country, if the requirements for registration at the date of his license are essentially equivalent to those in this chapter.

NOTE: It is the responsibility of the applicant to obtain and furnish, with his/her application, all necessary documents and data required. Documents and transcripts are to be certified as true or they will be returned.

The following must be submitted before you will be considered for licensure by credentials:

1. Complete and notarized application.
2. The appropriate fee of \$200.00 (No cash please)
3. Certified copies of your:
  - a. Liberal arts transcript.
  - b. Transcripts from the chiropractic college attended.
  - c. Certified true copy of your diploma from the chiropractic college attended.
4. The National Board of Chiropractic Examiners transcript of grades with the appropriate seal.
5. Present satisfactory proof of the possession of a license or certificate of registration in good standing in a state or territory of the United States or a foreign country. (Necessary forms are attached.)

The burden of proof of equivalency of examination taken by the applicant in another state or territory lies with the applicant.

The Board of Chiropractic Examiners of the State of Alaska will make judgement as to whether it was an equivalent examination. The Alaska Chiropractic Examination contains the following:

1. State written examination.
2. Clinical proficiency to include, but is not limited to:
  - a. manipulative technique
  - b. physiotherapy
  - c. clinical exam procedures
3. X-ray interpretation and technique.
4. Any additional information required by the examining board to complete your application.

BOARD OF DENTAL EXAMINERS

NUMBER LICENSED BY CREDENTIALS IN FY 85 = 12

Sec. 08.36.234. Licensure by credentials. The board may provide for the licensing without examination of a dentist who

- (1) is a graduate of a dental college accredited by the Commission on Accreditation of the American Dental Association, or its successor agency and holds a certificate from the American Dental Association Joint Commission on National Dental Examinations that the dentist has passed the written examination given by the commission;
- (2) has been licensed to practice dentistry in another state, territory, or region with licensing requirements at least equivalent in scope, quality and difficulty to those of this state at the time of licensure;
- (3) has been engaged in continuous active practice averaging at least 20 hours per week for each of the five years immediately preceding the application;
- (4) is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding undertaken by a dental licensing jurisdiction;
- (5) has not previously had a license to practice dentistry revoked;
- (6) has not failed the clinical examination of this state;
- (7) is personally interviewed by the board;
- (8) pays all required fees.

BOARD OF DISPENSING OPTICIANS

LICENSED BY CREDENTIALS IN FY 85 = 7

**LICENSE BY CREDENTIALS**

A person with a valid license as a dispensing optician from another state, territory, district or possession of the United States shall be issued a license without examination for those professional areas in which he/she is licensed upon payment of any fee and documentation which the board may require by regulation.

Requirements:

- (b) Complete notarized application with photo attached.
- (c) Notarized documents supporting claim of 6,000 hours and a practicing optician in good standing.
- (d) Proof of licensure in another state.
- (e) Fees
  - (1) Initial fee = \$50.00 for each category

STATE MEDICAL BOARD

Physicians by Credentials - 1985 ..... 98  
Requirements:

**Sec. 08.64.200. Qualifications of physician applicants.** Except for foreign medical graduates as specified in AS 08.64.225, each physician applicant shall

- (1) Repealed by Sec. 19 ch 48 SLA 1983.
- (2) submit a certificate of graduation from a legally chartered medical school accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association;
- (3) submit a certificate from a recognized hospital certifying that the applicant has satisfactorily performed the duties of resident physician or intern for a period of one year;
- (4) not have a license to practice medicine in another state, province, or territory which is currently suspended or revoked for disciplinary reasons; and
- (5) be a citizen of the United States or be lawfully admitted for permanent residence. (Sec 35-3-85 ACLA 1949; am Sec 1 ch 22 SLA 1963; am Sec 1 ch 18 SLA 1963; am Sec 5 ch 77 SLA 1969; am Secs 5, 6 ch 148 SLA 1970; am Sec 1 ch 85 SLA 1972; am Sec 5 ch 101 SLA 1974; am Sec 19 ch 48 SLA 1983)

**Sec. 08.64.250. License by credentials.** The board may waive the examination requirement and license by credentials if the physician or podiatry applicant meets the requirements of AS 08.64.200 or 08.64.209, submits proof of continued competence as required by regulation, pays the required fee and has

- (1) an active license from a board of medical examiners established under the laws of a state or territory of the United States or a province of Canada issued after thorough examination; or
- (2) passed an examination given by the National Board of Medical Examiners or the Federation of State Medical Boards of the United States if the applicant is a physician, or passed an examination given by the National Board of Podiatry Examiners if the applicant is a podiatrist. (Sec 35-3-85 ACLA 1949; am Sec 1 ch 22 SLA 1960; am Sec 13 ch 77 SLA 1969; am Sec 8 ch 69 SLA 1970; am Sec 12 ch 148 SLA 1970; am Sec 10 ch 48 SLA 1983)

**Sec. 08.64.255. Interview required.** All applicants for a license under AS 08.64.250 shall be interviewed in person by at least one member of the board before a license will be issued. The interview shall be recorded, and, if the application is denied on the basis of the interview, the denial shall be stated in writing with the reasons for it, and the record shall be preserved. (Sec 14 ch 77 SLA 1969, am Sec 13 ch 148 SLA 1970)

**Sec. 08.64.260. Re-examination.** (a) If the applicant fails the examination, the applicant may, on the same application and payment of a re-examination fee, take another examination not less than six months nor more than two years after the date of the first examination. If the applicant fails a second examination, the applicant may, after a year or more of further study or training approved by the board, make a new application for licensure.

**ARTICLE 1  
LICENSING**

**Section**

10. License by endorsement
15. Application for license by examination
20. License by examination
30. Re-examination fees (Repealed)
35. Temporary permit application requirements
38. Locum tenens permit application requirements
40. Recognized hospital
50. Biographical data required

**12 AAC 40.010. LICENSE BY ENDORSEMENT.**

(a) An applicant for licensing by endorsement shall submit either:

- (1) evidence satisfactory to the board that the applicant has passed an examination in the medical and basic science subjects as a prerequisite to licensure in a State of the United States or Province of Canada; or

(2) an official transcript from

(A) the Federation of State Medical Boards documenting successful passage of the FLEX exam;

(B) the National Board of Medical Examiners documenting successful passage of the NBME exam;

(C) the National Board of Examiners of Osteopathic Physicians and Surgeons documenting successful passage of the NBOPS exam; or

(D) the National Board of Podiatry Examiners documenting successful passage of the NBPE exam.

(b) Applicants are responsible for requesting transcripts and paying any fees associated with having transcripts sent to the board. (Eff. 12/30/70, Reg. 38; am 5/18/85, Reg. 94)

Authority: AS 08.64.100  
AS 08.64.210  
AS 08.64.250

BOARD OF NURSING

NUMBER LICENSED BY ENDORSEMENT IN FY 85 =

RN's	-	467	
LPN's	-	<u>145</u>	
		612	Total

Sec. 08.68.200. License by endorsement. The board may issue a license by endorsement to practice as a registered or practical nurse, whichever is appropriate, to an applicant who

(1) is licensed as either a registered or practical nurse under the laws of another state or territory, if in the opinion of the board the applicant meets the qualifications required for licensing in the state, and meets the requirements of AS 08.68.170; or

(2) meets the requirements of AS 08.68.170 and has successfully completed the Canadian Nurses' Association Testing Service examination if the board determines it is comparable to the examination administered by this state. (Sec 11 Ch 90 SLA 1957; am Sec 1 Ch 37 SLA 1970; am Sec 4 Ch 129 SLA 1974; am Sec 10 Ch 14 SLA 1982)



BOARD OF EXAMINERS IN OPTOMETRY

(FY 85)

LICENSED BY CREDENTIALS = 0

The board has never waived the written examination for any applicant applying for Alaska license. All applicants take the examination.

**Sec. 08.72.170. Issuance of certificate by waiver of written examination.** (a) The board may waive the written portion of the examination requirement for an applicant who:

(1) meets the qualifications of AS 08.72.140;

(2) holds a current license by examination in another state or a province of Canada and has been established in ethical optometric practice for at least three years before the application, or shows satisfactory evidence of having passed the written portion of the examination given by the National Board of Examiners in Optometry; and

(3) has not had a certificate or license revoked for cause in any state, territory or foreign country.

(b) A waiver of the practical or oral portions of the examinations may not be given. (§ 35-3-142 ACLA 1949; am § 8 ch 76 SLA 1969; am § 12 ch 75 SLA 1980)

PHARMACISTS BY CREDENTIALS IN 1985.....24

Sec. 08.80.110. Qualifications for registration. An applicant for registration as a pharmacist shall

- (1) be fluent in the reading, writing and speaking of the English language;
- (2) furnish the board with at least two affidavits from reputable citizens, that the applicant has known for at least one year, attesting to the applicant's good moral character and freedom from addiction to the use of drugs or alcoholic liquors;
- (3) be a graduate of a college of pharmacy recognized by the National Association of Boards of Pharmacy;
- (4) pass an examination by a board of pharmacy which has been approved by the National Association of Boards of Pharmacy;
- (5) have completed at least 1,500 hours of internship training under the direct supervision of a licensed pharmacist in a licensed pharmacy, 160 hours of which must have been completed after graduation. (am Sec 9, 10 ch 166 SLA 1980)

Sec. 08.80.115. Repealed by Sec 40 ch 177 SLA 1978.

Sec. 08.80.140. License by credentials. The board may license an applicant who has been certified as a registered pharmacist by the National Association of Boards of Pharmacy if the applicant meets the requirements under AS 08.80.110 and passes the state jurisprudence examination. (Sec 8 ch 194 SLA 1955; am Sec 3 ch 24 SLA 1968; am Sec 3 ch 72 SLA 1969; am Sec 8 ch 206 SLA 1972; am Sec 12 ch 166 SLA 1980)

STATE PHYSICAL THERAPY BOARD

NUMBER LICENSED BY CREDENTIALS IN FY 85 = 19

**Sec. 08.84.050. Qualifications for licensing.** To be eligible for licensure by the board as a physical therapist or physical therapy assistant, an applicant, unless a graduate of a foreign school of physical therapy located outside the United States, shall

(1) Repealed by Sec. 2 ch 55 SLA 1980.

(2) have graduated from a school of physical therapy approved by the Council on Medical Education and Hospitals of the American Medical Association, or the American Physical Therapy Association;

(3) pass to the satisfaction of the board an examination prepared by the Professional Examination Service Association or by a national testing service approved by the board to determine the applicant's fitness for practice as a physical therapist or physical therapy assistant, or be entitled to licensure without examination as provided in AS 08.84.060;

(4) meet qualifications for licensure established in regulations adopted by the board under AS 08.84.010(b)(8). (sec. 3 ch 74 SLA 1957; am secs 1, 8 ch 49 SLA 1969; am secs 1, 2 ch 26 SLA 1970; am sec 25 ch 245 SLA 1970; am sec 2 ch 71 SLA 1974; am sec 2 ch 208 SLA 1975; am sec 2 ch 55 SLA (1980)

**Sec. 08.84.060. Licensure by acceptance of credentials.** The board may license without examination an applicant who is a physical therapist or physical therapy assistant licensed under the laws of another state or territory or the District of Columbia, if the requirements for licensure in that state or territory or the District of Columbia, were, at the date of the applicant's licensure, substantially equal to the requirements in this state. (sec 6 ch 74 SLA 1957; am sec 4 ch 26 SLA 1970; am sec 4, ch 71 SLA 1974; am sec 6 ch 55 SLA 1980)

BOARD OF PSYCHOLOGY AND PSYCHOLOGICAL ASSOCIATES

NUMBER LICENSED BY CREDENTIALS IN FY 85 = 7

**Sec. 06.66.150. License by credentials.** A person who is licensed or certified as a psychologist by an authority other than Alaska is entitled to be licensed in Alaska without examination if

(1) the person holds a doctoral degree with primary emphasis on psychology from an accredited school with an approved program;

(2) the examination and qualification requirements for his out-of-state license or certificate were essentially similar to or higher than the examination and qualification requirements for licensure under this chapter; or

(3) he is a diplomate in good standing of the American Board of Examiners in Professional Psychology;

(4) he completes and returns the proper application forms, submits proof of continued competency as required by regulation of the board, and pays the credential review fee. (am ch 58 SLA 1980)

BOARD OF VETERINARY EXAMINERS

NUMBER LICENSED BY CREDENTIALS IN FY 85 = 9

Sec. 04.98.184. Licensure by credentials. The board shall approve the issuance of a license to an applicant who holds a valid license to practice veterinary medicine in another state, territory, or country with licensing requirements substantially similar to or higher than those of this state which were in effect at the time the applicant obtained a license in the other jurisdiction if the applicant

(1) has graduated from an accredited school of veterinary medicine or has successfully passed the examination of the American Veterinary Association's Education Commission for Foreign Graduates;

(2) has been engaged in the active practice of veterinary medicine for at least five of the seven years before filing the application;

(3) has not failed the state written or practical examination;

(4) has no disciplinary proceedings, unresolved complaints, or professional association review proceedings pending at the time a license is to be issued, and has not had a veterinarian license revoked for cause in another jurisdiction; and

(5) has paid required fees. (Sec 11 ch 41 SLA 1960)

# MEMORANDUM

State of Alaska

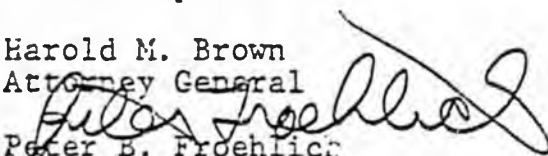
TO: Kevin Henderson  
Regulations Specialist  
Division of Occupational  
Licensing  
Department of Commerce & Economic  
Development

DATE: March 17, 1986

FILE NO: 993-86-0091

TELEPHONE NO: 465-3600

FROM: Harold M. Brown  
Attorney General

By:   
Peter B. Froehlich  
Assistant Attorney General  
Commercial Section

SUBJECT: Repeal of 12 AAC  
28.260 on grading  
of clinical exam

I received the notice of this proposed regulation action on Friday, March 14, and discussed it with you today Monday, March 17.

I understand that, in response to complaints about the current clinical exam grading system, the Board of Dental Examiners is working on a new grading system. However, I have serious reservations about the proposal to simply repeal the existing detailed provisions describing the current grading system without replacing them with new provisions describing a new system. Updating the current grading system and eliminating some of the unnecessary detail are both good ideas. But, the new grading system has to be described in regulation, to at least some extent, so that applicants and others are properly notified of what standards they will be measured against in what subject areas. Please review the definition of "regulation" by AS 44.62.-640(a)(3) and the discussion in Chapter 3 of the Drafting Manual for Administrative Regulations (Department of Law, 9th ed., 1985), in this regard.

It appears that the proposed new grading system must be put in regulation form and a supplemental notice published which includes reference to that new system. Let me know if I can help you or the board on this project.

PBF:md

cc: Paul Buxton, D.D.S., Chair  
Board of Dental Examiners

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

MAR 19 1986

DIVISION OF  
OCCUPATIONAL LICENSING

On a motion duly made, seconded, and carried unanimously, it was:

RESOLVED to repeal section 12 AAC 28.280(a) and amend 12 AAC 28.280(b) to read: The applicant will be given written notice of his or her final grade for each subject of the clinical examination, and whether or not the applicant passed or failed.

It was requested that Kevin Henderson, Regulations Specialist, devise the proper language for the change in 12 AAC 28.280.

Request for Reinstatement of Dental Hygienist License for Kathleen Kemp: Kay Gouwens, Assistant Attorney General, was available to clarify and interpret AS 08.32.081, and assist the board in a decision in the case of Kathleen Kemp. The board, staff, and Kay Gouwens further discussed the particulars of Ms. Kemp's case.

On a motion duly made, seconded, and carried unanimously, it was:

RESOLVED that the request of Kathleen Kemp for reinstatement of her dental hygienist license is denied pursuant to AS 08.32.081.

It was requested that the division write a letter to Ms. Kemp, informing her of the denial of reinstatement and her right to request an administrative hearing.

On a motion duly made, seconded, and carried unanimously, it was:

RESOLVED that the division issue Kathleen Kemp a cease and desist order, effective November 8, 1985, and that the vote on this motion constitutes approval by a majority of the board members.

Credentialing Regulation: Discussion was held regarding the board's regulation stopping licensure by credentials. Members of the board feel that, since there is no specific way to be assured that another state's requirements are at least equal to the State of Alaska, taking the clinical examination would be a "cut and dried" method of assuring competence, i.e., if the applicant passes, he/she receives a license, if the applicant fails, he/she does not receive licensure. In the past, credential applicants were required to complete an interview with the board. The board required applicants to present case presentations during their interview. This was determined to be a form of actually examining the applicant. Kay Gouwens suggested that the board implement regulations to state exactly what procedures would absolutely be required to be licensed by credentials. If the board is to require case presentations during the interview, it would take a statute change. Kay Gouwens informed the board that in the manner the regulation is written suggests that the board intends to take further action, although the statute is discretionary in that it states that the board may provide licensing without examination.

Scope of Practice of Dental Hygienist: Leslieann Luboff presented questions to the rest of the board to clear up some "gray areas" regarding the scope of practice of dental hygienist. The questions dealt with certain functions and whether they would be considered practicing dentistry. The gray areas seem to appear when a dentist requests a hygienist to perform a certain function which may be considered the practice of dentistry. Some functions are not defined in the scope of practice of the dental hygienist. Although the hygienist is under the supervision of a dentist, there still is concern as to whether these functions can legally be performed by the hygienist.

On a motion duly made, seconded, and carried unanimously, it was:

RESOLVED that the organized hygiene and dental societies and components submit to the board, for review, proposed regulations defining the specific functions of a dental hygienist.

It was requested that a letter be written to the Alaska Dental Society regarding the scope of practice of a dental hygienist. Dr. Zemlicka will write the letter.

Local Anesthetic Permits: Discussion was held regarding the procedure for applicants to receive their local anesthetic permits. Apparently, there have been complaints regarding the time it takes to receive permits. It was generally agreed that the current system is the most efficient and quickest method for these applicants to receive their permits. Dr. Warren does suggest that these applicants give him prior notice that he has to approve their applications.

On a motion duly made, seconded, and carried unanimously, it was:

RESOLVED that the division write a letter to the Anchorage Community College explaining the procedure for obtaining a local anesthetic permit.

The board reviewed the check sheet for Dr. Warren to complete when he reviews a file for a local anesthetic permit.

On a motion duly made, seconded, and carried unanimously, it was:

RESOLVED to approve the local anesthetic check sheet.

Review of Revised Dental Application: The draft dental application form was reviewed for the board's comments and suggestions. It was requested that the application be numbered such that the applicant would be assured he/she does have the complete application, i.e., page 1 of 4, 2 of 4, and so forth.

# MEMORANDUM

# State of Alaska

TO: Honorable Richard A. Lyon  
Commissioner  
Department of Commerce & Economic  
Development

DATE: December 31, 1984

TELEPHONE NO: 399-071-8500

465-3600

OFFICE OF THE  
COMMISSIONER

FROM: Norman C. Gorsuch  
Attorney General

SUBJECT: Permanent amendment  
to emergency regula-  
tion ceasing accept-  
ance of applications  
for license by cre-  
dential (12 AAC  
28.450)

By: *Pete B. Froehlich*  
Pete B. Froehlich  
Assistant Attorney General  
and Assistant Regulations Attorney

RECEIVED  
JAN 04 1985

Under AS 44.62.060, we have reviewed the amendment by the Board of Dental Examiners to this regulation, originally adopted by emergency action filed on October 17, 1984, and approve it for "permanent" filing by the lieutenant governor. A duplicate original of this memorandum is being furnished to the lieutenant governor, along with the new regulation and related documents, including the board's November 9, 1984 Supplemental Finding of Emergency

The October 16, 1984, public notice, the November 13, 1984 supplemental notice and the December 13, 1984, adoption order all state that the adoption of this regulation is not expected to require an increased appropriation. Therefore, AS 44.62.195 does not require a fiscal note.

In accordance with AS 44.62.125(b)(6), some corrections have been made in this regulation, as shown on the attached copy.

PBF:dlm

cc w/enc.: Paul S. Buxton, D.D.S., Chair  
Board of Dental Examiners

Register

1985

PROFESSIONAL AND  
VOCATIONAL REGULATIONS

CHAPTER 2P.  
BOARD OF DENTAL EXAMINERS

~~EMERGENCY REGULATION~~

12 AAC 28 is amended by adding a new section to read:

12 AAC 28.450. CESSATION OF LICENSING BY CREDENTIALS.

In the absence of specific regulations implementing AS 08.36.234  
or legislation clarifying that statute, no applications for licensure  
by credentials will be accepted. (Eff. 10/17/84, Reg. 925; am 1/19/85, Reg. )

Authority: AS 08.36.070 ~~77e~~  
AS 08.36.234

Publisher: Please add new § 450 to the contents list for Article 4.

Tnx,  
PBF  
12/28/84

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

20 1984

DIVISION OF  
VOCATIONAL LICENSING

# MEMORANDUM

State of Alaska

TO: Arthur H. Peterson  
Assistant Attorney General and  
Regulations Attorney  
Department of Law

DATE: December 21, 1984

FILE NO:

TELEPHONE NO:

FROM: Richard A. Lyon, Commissioner  
Department of Commerce & Economic  
Development

SUBJECT: Dental Board Emergency  
Regulation 12 AAC 28.450

The Board of Dental Examiners has adopted emergency regulation 12 AAC 28.450, dealing with the cessation of acceptance of applications for licensing by credentials as a permanent regulation.

Attached for your review in accordance with AS 44.62.060(b), for filing in accordance with AS 44.62.260(b), are the following:

1. A copy of the original Affidavit of Notice of Adoption of the original emergency regulation and a copy of the public notice as published.
2. A copy of the original Affidavit of Publication, as executed by the Anchorage Daily News. Affidavits from the Juneau Empire and Fairbanks Daily News-Herald will follow when received.
3. A copy of original Finding of Emergency and Adoption Order, signed by the board chairman, with a copy of the original regulation.
4. A copy of the Supplemental Finding of Emergency signed by the board chairman.
5. A copy of the Supplemental Notice of Adoption of Emergency Regulation as published.
6. Affidavit of publication executed by Kevin Henderson, Regulations Specialist. The original affidavits of publication will be forwarded to you when received.
7. The original Affidavit of Oral Hearing.
8. A copy of the transcripts of the oral hearing held on November 30, 1984 in Anchorage.
9. Original letters of written comment received.

Arthur H. Peterson

-2-

December 21, 1984

10. The original and two copies of the final form of the permanent regulation as adopted by the board.
11. The original adoption order, signed by the board chairman, adopting 12 AAC 28.450 as a permanent regulation.

A copy of the November 9, 1984 board meeting minutes, and a transcript of the December 19, 1984 conference call, which reflects the board's action to make this regulation permanent, will be forwarded to you for inclusion in the project file.

Upon completion of your review, please forward these with your opinion to the Lieutenant Governor for filing.

Thank you for your assistance.

KH/sa0509s  
122134b

Attachments

Examination Calibration: Dr. Robert Christoferson of the University of Pacific in San Francisco calibrated the dental members of the board for the dental exams.

After discussion, and on a motion duly made, seconded and carried unanimously, it was

RESOLVED to request funds to reimburse Dr. Gustoffsen for his costs, specifically, airline ticket and room and a \$500.00 honorarium for his time spent in Alaska to calibrate the board; that this be a continuing action, every two years he be brought up to calibrate the examining teams, both dental and dental hygiene.

Discussion followed. Even though the State is strapped for money the Board should be insistent. If the board is going to function efficiently and to mandated responsibilities, this would be essential.

Credential Application: On a motion duly made, seconded and carried unanimously, it was

RESOLVED to enter executive session to review the applications of Dr. Robert Biesterfeld and Dr. Michael Benner.

At 10:13 a.m., Dr. Biesterfeld appeared for interview before the Board. The Chairman asked whether the applicant wished the interview to be taped or to be off the record. The interview was taped. The Board asked identification questions and questions about disciplinary procedures pending and initiated against license. There were none. There were questions about prior examinations. After further questions, with no discussion and on a motion duly made, seconded and carried unanimously by roll call, it was:

RESOLVED to grant Dr. Biesterfeld his license by credentials.

The meeting was joined by Nelson Cohen, Attorney-at-Law, as an observer.

There was discussion of whether the interviews were conducted in executive session and whether the interviews being recorded automatically made them open to the public. It was thought that if either the board or the candidate wished the interview to be conducted in executive session and recorded, this could be done.

At 10:40 a.m. Dr. Benner appeared before the board for credentials interview.

The chairman asked whether the applicant wanted the interview to be on public record or in executive session. The applicant required public record. The Board asked identification questions and questions about disciplinary procedures pending and initiated against license. There were none. This applicant has previously appeared before the board. Because there were new members of the board present, it was requested that the applicant briefly explain his side of the entire process and getting another interview. There were questions about prior licenses and examinations. After further questions with no discussion and on a motion duly made, seconded, and carried unanimously by roll call, it was:

RESOLVED to grant Dr. Michael Benner his license by credentials.

Dr. Benner made a comment for the record. He stated that he was being transferred to another location. He stated that if he had attained his license prior to this date, it is very likely that he would have remained in the State of Alaska in a civilian dental capacity. He felt it unfortunate that he had missed this opportunity.

The meeting was joined by Chuck Ward, Investigator from the Division of Occupational Licensing.

Review of teleconference of February 8, 1985. On a motion duly made, seconded and carried unanimously, it was

RESOLVED to accept the minutes of the February 8, 1985 teleconference.

Election of Secretary: Leslieann Luboff gave a review of the duties of the secretary. After a discussion of the workloads and availability of the different board members, it was decided that it would be feasible to divide the responsibilities of the secretarial function. During this discussion, the meeting was joined by Harry Treager, Director of Occupational Licensing. After further discussion Dr. Robert Warren was nominated and nomination seconded for the position of Secretary of the Alaska State Board of Dental Examiners. On a unanimous vote, Dr. Warren was appointed to the position of secretary.

Investigative Report: On a motion duly made, seconded and carried unanimously, it was

RESOLVED to enter executive session to hear the investigative report.

After executive session a motion was made, seconded and carried unanimously to accept the investigative report. The investigator requested that the board identify by number the cases on which action (closure, continuation, opening) was being taken.

Applications for licensure by credentials:

Sandra Bailey  
Michelle Tobias

These hygienists apparently did not meet the requirements of AS 08.32.030(3) " . . . has been in active clinical dental hygiene practice averaging no less than 14 hours per week for each of the two years immediately preceding application for state licensure." Their applications were denied. They disagreed with this decision and, through various methods, requested reconsideration by the board. The board first discussed the application of Sandra Bailey. After discussion and evaluation of the file and other materials, a motion was made and seconded to accept Sandra Bailey for licensure by credentials.

After discussion and on a roll call vote, the motion failed with 5 nays and 1 aye.

The Board discussed the application of Michelle Tobias. After discussion and evaluation of her letter of explanation, and on a motion duly made, seconded and carried unanimously, it was

RESOLVED to accept Michelle Tobias for licensure by credentials for dental hygiene.

A motion was duly made and seconded to reconsider the application for licensure by credentialing of Sandra Bailey. Discussion followed. The stated reason for reconsideration was to look at the amount of time spent in hygiene practice, from the date of beginning hygiene practice in that year to the date of application. This would be January 1984 to January 1985. According to the formula being used, she would need to have worked 728 hours for the year to qualify for licensure by credentials. The members of the board present at this meeting, who were also present at the teleconference of March 29, 1984, stated that it was never the intention to require a dental hygienist to work each and every week of the two years; that a hygienist could average the hours worked in a year to meet the 14 hour per week requirement.

It was suggested that, upon proper documentation received concerning the hours worked by Sandra Bailey, she would receive her license as a dental hygienist.

On a motion duly made, seconded and carried unanimously, it was

RESOLVED to request from the Attorney General clarification of AS 08.32.030(3) Licensure by credentials. " . . . has been in active clinical dental hygiene practice averaging no less than 14 hours per week for each of the two years immediately preceding application for state licensure."

The licensing examiner requested the board's interpretation of the above referenced statute AS 08.32.030 and, if it is different from the interpretation of March 29, 1985, whether it is intended to supersede the March decision.

Dr. Buxton stated that the current interpretation is that for the two years immediately preceding application for licensure (the date on which an application is received in the offices of the Division of Occupational Licensing), an applicant has to have worked an average of no less than 14 hours per week for each of those two years.

On a motion duly made, seconded and carried unanimously, it was

RESOLVED to hold Sandra Bailey's application pending confirmation of the work hours in the twelve months preceding her application (January 1985) and if she qualifies by the attainment of 728 hours that she be granted a license.

Reinstatement Application of Dental Hygienist Kathy Kemp: This application would fall under AS 08.32.081, Lapse and Reinstatement of License. The question was raised as to whether she had been practicing in the State without an active license for the last several years including administering local anesthetics. On a motion duly made, seconded and carried unanimously, it was

RESOLVED to have Kathy Kemp investigated by the Investigative Section, the board to receive the report before any further action was taken on the request for reinstatement.

A letter was received from Dr. Ellenbacher regarding his desire to hire a dental hygienist to work for the Lemon Creek Correctional Institute; hired under his license but not directly supervised by him. He/she would be working under his general supervision which is provided for in the statute. He would like a letter affirming the legality of this arrangement. The secretary was instructed to write this letter.

There was discussion of the need for stationery for the use of the Dental Board.

5. Representative to AADE meeting in Chicago.
6. Regulations, proposed amendments 12 AAC 28.
7. Discussion of Dental/Dental Hygiene Examination.
8. License reinstatement.
9. Letter from Dr. McKrill, Dentistry defined-who can and cannot own a dental practice.

Statement from dental assistants: Nancy Bish spoke in favor of the possibility of adding a section to the Alaska statutes that would specifically list functions to be performed by dental assistants and that would require specific education and training as stated on page 15 of Section 08.36.070(11) of the current Alaska statutes.

I want to speak to you today - first of all, wearing two hats - one as a dental assistant and also as an educator. I believe, as a dental assistant, that the patient desires the highest quality care. If I am assisting someone else in giving that care that is probably okay and perhaps the statutes do not need to mention any education requirements specifically. I would only be assisting with all of these functions. However, if I am actually providing a portion of that care that patient receives, such as exposing radiographs, constructing and placing temporary crowns, placing a metric or wedge, or applying a rubber dam, then I believe that, as a dental assistant, I should be qualified to perform these functions according to specific criteria. The only way to assure the public that the assistant is qualified to perform these functions is to require specific education or training in those areas where it is deemed appropriate and have it listed in the statutes. By doing so, we would not only protect the public against incompetent dental assistants performing functions beyond their educational capabilities but we would also improve the services provided to the public. Secondly, as an educator, I speak to you from a slightly different point of view. Dental assistants are being called upon to perform more and more (indisc.) functions and they are being given increased responsibilities in all aspects of patient care. Yet, they are often not considered to be professionals. They are not required to have any particular educational background. I recently had an applicant to the dental program that (indisc.) called me and asked me to remove her application to the program from consideration and the reason for this was because she found a dentist who would hire her with no experience and train her himself and she would rather get paid and go to work than go to school. And my question is, what does this say about the dental profession's attitude about the value and professionalism of the dental assistant? I would like to see dental

assistants get recognition as professionals and I feel that the first step toward this is including the skills requiring specific education and training in the statutes. Finally, as an educator in the field of dental (indisc.) education, I am faced with the ugly specter of dwindling enrollment. How do I justify to applicants the fact that anyone in the State of Alaska could go to work as a dental assistant? There is no educational requirement. There is no certification requirement or requirements of any kind. I can say philosophically to them, that you know in your heart that you are going to be a better practitioner for having gone to school for a year, but that does not appeal to most of the people. They want to know the benefits they will derive from sacrificing a year that they could have been earning money rather than going to school and becoming a dental assistant. How do we compete with three months school that has been established down the road? Listing the functions in the statutes that require specific education in training would certainly provide the incentive that our applicants need. It would also increase the perception of the dental assistant as being a professional part of the dental team, thus enhancing the pride we have in our profession and increasing the demands for dental assistants' education. Assistants already in the field would have the incentive and opportunity to take continuing education courses in these areas that would be listed in the statutes. This would increase enrollment while raising the level of dental assisting and improving patient care. So, I would like to see Alaska keep with other states or even become more progressive than other states and I would like to see us review the statutes so dental assistants can be recognized for the valuable contributions they make in dental practice. Thank you.

Kathy Watsjold spoke on two levels as a professional dental assistant and also as an educator. Some concerns expressed were that dental auxiliaries in practice are performing expanded functions without formal training. They are performing these functions and increasing dental productivity, yet are not being compensated for these increased responsibilities. She feels it is imperative that the public be protected from unskilled auxiliaries. The goal as a member of the dental health team is to deliver the highest quality dental care to patients. Some functions they would like to see listed in the statute under Section 08.36.070 are the following: Chrono polish, placement of matrix and wedge, temporary crown construction, application of pit and fissure and something in regard to radiation health and safety. The Anchorage Community College's Division of Dental Program has the necessary training capability as well as being able to offer the courses by telecommunications to the outlying bush communities.

Any potential expanded functions have been discussed and changed in some other states; Minnesota, Michigan, Colorado, Washington and California are examples.

Dr. Warren suggested that the instructors at the school could obtain copies of actions in other states for review by the board at an upcoming meeting.

Clarification of statute AS 08.32.110(c)(2), this section does not authorize delegation of an operative or surgical procedure on hard or soft tissues except as allowed in (a)(4) of this section. Ms. Simmons stated that she had "received a laundry list of functions that are not to be performed by dental auxiliaries. This list was sent out by the State Board and was dated November 20, 1981. On this list it states that packing and carving amalgam restorations and placing anterior restorations constitute the practice of dentistry and is a function that cannot be performed by any dental auxiliary." Her question was, is this still applicable for both the dental hygienist and the dental assistant whether they have had further education or not?

Dr. Warren began an answer to this question, deferred it to Mrs. Luboff, who deferred to Mr. Froenlich. Mr. Froenlich stated that, based upon AS 08.32.110(b), which says that the board can add anything else to the list of the things hygienists can do upon completion of training, gave the board quite a bit of leeway to add procedures as long as they are not prohibited under AS 08.32.110(c). Ms. Simmons asked that the "laundry list" be made more accessible to the dental auxiliaries. Her suggestion would be an annual distribution of this list to all licensed dental hygienists and dentists, and possibly published in an upcoming issue of the Dental Society newsletter. Mr. Froenlich noted that this kind of list is not binding on anyone because it is not a regulation. Before people can be held to what is on a list it has to be a regulation.

Input for Anchorage Community College: Ellen Kazor presented to the dental board an offer of its expertise to the dental hygiene examiners in the clinical evaluation. They offered information and assistance in calibration to the Board of Dental Examiners in the dental hygiene portion of the examination. What they would recommend would be three separate workshops. The first one would be a two-hour session to exchange ideas and define terms. The second workshop would involve actually calibrating patients. The final workshop would involve a final patient check for accuracy and actuality of calibration. The school would hold these at the examiners' convenience and would not charge the State. If the board is interested in the offer the school would like acknowledgement in writing and would like three specific points or conditions addressed in the letter.

1. Anchorage Community College dental programs will coordinate and instruct in the calibration using the Anchorage Community College's dental program faculty and facility.

# MEMORANDUM

# State of Alaska

TO: Harry D. Treager, Director  
Division of Occupational Licensing  
Dept. of Commerce and Economic  
Development

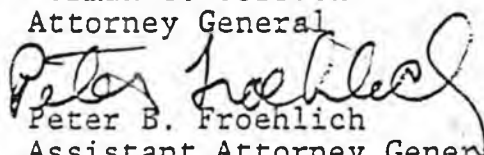
DATE: September 27, 1984

FILE NO: 366-152-85

TELEPHONE NO: 465-3600

FROM: Norman C. Gorsuch  
Attorney General

SUBJECT: Possible Dental  
Board Emergency regs  
on credential appli-  
cations

By:   
Peter B. Froehlich  
Assistant Attorney General

This is a quick response to your September 26, 1984, memorandum to me on this subject which was hand-delivered to me today.

I have discussed the possibility of suspending credential applications for dental licenses by emergency regulation with Assistant Attorney's General Diane Colvin and Dick Monkman, as well as with yourself and Jerry Zemlicka.

The conclusion reached by this office is that adoption of such an emergency regulation is within the board's authority. However, the procedures required by AS 44.62.250 must be followed carefully. These procedures are explained in Chapter 5 (pages 31-35) of the Drafting Manual for Administrative Regulations (December 1983, 8th Edition). They include a finding of emergency which thoroughly and concisely sets out the facts which constitute the emergency.

An emergency is an immediate threat to the public peace, health, or safety. Under AS 44.52.250, it is an express state policy that emergencies are to be "held to a minimum and are rarely found to exist." (Emphasis added.) Although Department of Law approval is not required for adoption and filing of an emergency regulation, the Board should be aware that the finding of emergency will be subject to legal challenge. Nonetheless, the decision, along with the responsibility to justify it, is the board's.

PBF/mf

cc: Paul Buxton, Chair  
Board of Dental Examiners  
  
Lesliann Luboff, Secretary  
Board of Dental Examiners  
  
Jerry Zemlicka, Member  
Board of Dental Examiners

*Copies sent  
to Dental Board  
Monkman 9/27/84.  
PBF*

September 14, 1984 Dental Board Meeting

The following quote was made by Dick Monkman, AAG to the Board of Dental Examiners at the board meeting of September 14, 1984, taken verbatim from the tape recordings of the meeting.

"You should consult with Peter Froehlich in our Juneau office. I think there is a good chance that he will agree that for future applicants the board could, by emergency regulation, decide not to accept . . . applications by credentials pending legislative action. But I think that is something you should formally request of Peter Froehlich to get a response in writing that's (undisc.) of the subject. So that's our recommendation. In our view that's the only fair and legal option the board really has in this situation."

STATE OF ALASKA  
BOARD OF DENTAL EXAMINERS CONFERENCE CALL  
December 19, 1984

By authority of AS 44.62.310(d)(1), a conference call meeting of the Board of Dental Examiners was held on December 19, 1984.

There were present, constituting a quorum of the Board:

Dr. Paul Buxton  
Leslie Luboff, R.D.H.  
Dr. Timothy Woller  
Dr. Jerry Zemlicka  
Dick Madsen

Also present were Edward Mercer, Licensing Examiner, Kevin Henderson, Regulations Specialist, Harry Treager, Director from the Division of Occupational Licensing. Also present was Peter Froehlich from the Department of Law.

The meeting commenced at 1:13.

Kevin Henderson, the Regulations Specialist, stated the purpose of the call:

To take a final vote so that the board, as a whole, can adopt regulation 12 AAC 28.450 as a permanent regulation.

12 AAC 28.450. Cessation of Licensing by Credentials. In the absence of specific regulations implementing AS 08.36.234 or legislation clarifying that statute, no applications for licensure by credentials will be accepted.

On a motion duly made, seconded and carried unanimously, it was

RESOLVED, to adopt the regulation as read.

The question was asked of Peter Froehlich what the position of the Department of Law would be on this regulation. If the regulation were challenged, would the Department of Law defend the regulation and the Dental Board or concede and give the applicant his/her license as has happened in the past.

Mr. Froehlich stated that the Department of Law was committed to defending the board. His participation in helping with drafting the wording of the regulation and finding of emergency was to ensure that the correct procedures were followed and terminology was used. This would make the regulation more defensible.

There was a discussion of the conference in Seattle, Washington.

Having no further business to discuss, the conference meeting was adjourned at 1:30 p.m.

Respectfully submitted

By: \_\_\_\_\_  
Edward R. Mercer, Licensing Examiner

For: \_\_\_\_\_  
Leslieann Luboff, Secretary

Dr. Zemlicka expressed an opinion on such situations in the future. He felt that if there were extenuating conditions or if circumstances warranted it, it would be acceptable to have them remove the foil, finish the preparation and place a new foil. In Dr. Greenough's case, he felt that the quality of his work was such that it was not necessary for him to receive additional training.

The board did not feel that they had the legal authority to grant the request for reexamination. The statement was made that the board should consult with its attorney. They should ask where it becomes arbitrary and capricious, what they can do within the boundaries of the statutes so that they are being fair and legal.

Dick Madsen joined the meeting at 10:36 a.m.

The board reviewed the grade sheets of Dr. Harry Greenough.

There was a call for the question.

On a roll call vote, with six naves and one aye, the motion failed.

A motion was made that Harry Treager write to Mr. Greenough and inform him of the decision of the board and communicate to him that he would not be required to take the entire examination. Discussion of this motion also included the amount of additional training he would be required to receive. No vote was taken on this motion.

On a motion duly made, seconded and carried unanimously, it was

RESOLVED that the board meet with their legal counsel and discuss guidelines, that legal guidelines be written as to what extenuating circumstances are for making decisions at the board for allowing a person to do something other than what the rules or guidelines allow.

\* Discussion of Attorney General and Legal Counsel: It was stated that the Attorney General's office had gotten the board in as much trouble as anyone else.

Question: Is there any possibility of getting any kind of consistency in who the lawyer is?

It was brought to the attention of the board that a motion had been made at the Alaska Dental Society of the Southcentral level that they provide the funds for a private attorney.

There was discussion of the appropriateness of using an attorney who also represented the Dental Society.

It was also mentioned that the board was limited by statute in what use it could make of outside legal advice.

It was stated that there were times when the board may have to go against the advice of the Attorney General's office, i.e., Clarence Jaeger case. That there was nothing wrong with having outside legal advice.

It was stated by representative of the Alaska Dental Society that they would be willing to sponsor in the Legislature a fiscal note that a private attorney be hired to defend the Dental Board and help them write regulation.

The major problem with the services of the Attorney General's office is they they are stretched so thin. The volume of work is overwhelming. This attorney could be contracted by the Attorney General's office or the Division of Occupational Licensing.

On a motion duly made and seconded and it was

RESOLVED to endorse the position and the lobbying efforts of the Alaska Dental Society in the matter of a lawyer.

Discussion: It was recommended that the Division of Occupational Licensing explore the feasibility of the proposal. The board does have to avoid the appearance of collusion.

After discussion, the motion was amended to include the request of the board that Harry Treager pursue efforts to obtain funding for a private attorney to advise the Dental Board on a more permanent basis.

Meeting/Forum: The Washington State Board of Dental Examiners is sponsoring a forum in Seattle, Washington on January 18, 1985. The purpose is to discuss and explore solutions to the high failure rate on the Washington State Dental Board's and board examinations around the country. Representatives of accredited dental schools and state boards will be in attendance.

1. Methods of preserving the anonymity of candidates.
2. Standardization of grades.

MINUTES OF MEETING  
STATE BOARD OF DENTAL EXAMINERS  
NOVEMBER 9, 1984  
Page 5

denture. The resolution to that problem was a financial resolution. She felt that since she had not had quality service, she did not feel that she should have to pay. She was reimbursed by him. The board entered executive session to discuss the application of Dr. Charles Cole. After executive session, and on a motion duly made, seconded and on a roll call vote, it was

RESOLVED to grant Dr. Charles Cole his license to practice dentistry in Alaska.

This motion failed, with six nays and one abstention.

The board took a break to conduct the examination orientation.

The board reconvened and resumed the board meeting at 1:20.

Continuation of Interviews:

The first interview dentist was Dr. Donald Neiman. He was informed that he had the option of having an open or closed interview session. He didn't care either way. The board asked Dr. Neiman essentially the same questions that they had asked the previous candidates. After further questioning, and on a motion duly made, seconded and carried with six ayes and one abstention, it was

RESOLVED to grant Dr. Donald Neiman a license to practice dentistry in Alaska.

Dr. Toby Elliott had requested from the board the option of a telephone conference interview. The board discussed this request for a few more minutes. The question whether this satisfied the requirement that the applicant had to be personally interviewed by the board was raised. The point was made that he had been interviewed before and he had satisfied that particular requirement. The board also feared the setting of a precedent on this particular issue. The fairness to the other credentialing candidates who had not had this particular option was questioned.

Peter Froehlich from the Attorney General's office joined the board meeting. He was introduced to the board members he had not met. The chairman requested a motion to go into executive session with the Assistant Attorney General, Peter Froehlich. Mr. Froehlich commented on this particular item. He indicated that the board had the power of authority to do so if they felt that it is appropriate, however, he had nothing of a confidential nature to place before the board. The chairman indicated that he did. A motion was made that the board go into executive session and Mr. Froehlich indicated that it should be done correctly and the board should specify the reason for the executive session. On a motion duly made, seconded and carried unanimously, it was

RESOLVED to enter executive session.

MINUTES OF MEETING  
STATE BOARD OF DENTAL EXAMINERS  
NOVEMBER 9, 1984  
Page 6

Public Testimony:

After executive session, the board meeting was opened for public comment and testimony. Members of the public who were present were asked to sign a check-off sheet was available. The board had invited Mr. Froehlich to talk to them today about the credentialing license problems and any comment and testimony that the public wanted to submit was welcome. The chairman did request that the public limit their comments to approximately four minutes or in that range area. It was requested that the people present in the room introduce themselves and indicate who they are and where they are from.

Statement of Introduction and Explanation:

Peter Froehlich: Okay, first of all. My name is Peter Froehlich and I am an Assistant Attorney General in the Department of Law located in Juneau and in the department I perform this sort of a dual role. I fill a split position, part of that is with the commercial section of our office and works with various boards and divisions within the Department of Commerce and the other half of my job is to work with the legislation and regulation section that works with drafting and editing bills for legislation and regulations that are prepared or reviewed in our office through all of our clients. There is two of us that perform that role for the whole department. I did just, as most of you probably know, meet briefly with the board off the record and most of what we have discussed there concerning credential licensing will, I think, come up in the discussion that ensues here. Essentially, I want to talk about this credentialing issue...two points of view...long-range options and immediate options and maybe before that a couple of preliminary things. First of all, while we were in executive session, I did relay the apologies of the department of Law and directly from the Attorney General for the role that our department has had in the confusion and controversy that surround this credential licensing situation. We recognize that this board is, and all the members of the board are trying to do their best to protect the public in the ways that they have been charged by the Legislature. And there has been times, especially...the recent history of this...or the last couple of months...this issue that they have been given either insufficient or delayed or sometimes conflicting advice by our office and those are...there is nothing that we can do now to undo what has happened but we have to take the situation as it stands before us and try to work toward a solution from here. For background, and I am not sure how much background is necessary, but this...where we are now is a result of a series of events that started with the June examinations where two out of ten, I believe it was, credential applicants were approved for licensure. A number of complaints were made to the Governor's office, the Department of Law, to the board and as a result of that, the Department of Law, and specifically me, looked into the conduct of both the clinical exam for general applicants and what has been called

MINUTES OF MEETING  
STATE BOARD OF DENTAL EXAMINERS  
NOVEMBER 9, 1984  
Page 7

a credential exam and we determined that there was a number of regulations...22 sections of regulations, I think it is, concerning the clinical exam and all those procedures set out in those regulations seemed to have been followed carefully. There was no apparent legal defect in the conduct of that exam, in spite of the fact that a small percentage...only a very small percentage of people passed it...but on the other hand concerning the credential exam, we determined that it had developed into just that...into an examination requiring case presentations and so on, whereas the statute said specifically that the authority for credential licensing used the words...the board may license without examination applicants who fulfill requirements 1 through 9, # 7 of which was personal interview and the board had, as a matter of practice, adopted the practice of making that interview into more of what we called an exam. We advised the board that was not authorized by the statute. We discovered that the board had been orally advised through a regulations specialist in 1980, right after the statute was adopted that they could do what they had done. They they could use the case presentation sort of oral examination approach under the word interview. Essentially, we overruled that. I conferred with the board by teleconference in late July and discussed the situation with them and their options. I was unable to attend their meeting, which was in September because of travel plans. An attorney from our Anchorage office went to that meeting and advised the board along similar lines...Dick Monkman...and he mentioned that one of the alternatives...well, he reported the advice that I had given the board then. Interviewees or credential applicants from the June exam or interview who had not been approved by licensure by credentials should be reinterviewed or his license...the board choice to reinterview. He also advised the board that one of their options to deal with credentialing still maintain some quality control (undisc.) would be to change the statute...attempt to change the statute in the next legislature. I think that could be done very simply to leave the words...without exam...and change the word...interview to...examine. But, of course, that is a long-range solution and there would be applications no doubt between that meeting in September and whenever a bill could be passed...springtime at the soonest so the possibility of stopping credential applications and licensure by an emergency regulation, the board felt that there was an emergency situation that option was mentioned and, in fact, the board chose that option and on September 15 voted to suspend credential licensing and there was really an unusually a long gap between the time of that vote and the time that document...Finding of Emergency was signed by the chairman in Soldotna. It has to be drafted in Juneau, mailed to Soldotna, signed and returned to Juneau and filed by the Lt. Governor. That finally happened on October 17. And, according to statutes authorizing agencies to adopt emergency regulations, after they have done so, they have to give notice in pretty much the same way as notice has been given of a proposed permanent regulation...publish in at least

MINUTES OF MEETING  
STATE BOARD OF DENTAL EXAMINERS  
NOVEMBER 9, 1984  
Page 8

one newspaper, sent to all legislators and so on. So, shortly after October 17, the public notice had gone out and people started finding out that this suspension had been put in place and people...a lot of people, started calling my office. I took a look at what was actually executed..the Finding of Emergency...actually I was contacted by an attorney who is here today who represents some of the six people who applied between the September meeting and October 17 for credential licensing and he pointed out a couple of defects in the Finding of Emergency and the emergency regulation. One of which was the time gap and I think that there is legitimate justification for that...communication difficulties in Alaska, the difficulties of dealing with a board that meets only occasionally and has a staff...meets in Anchorage and has a staff in Juneau, chairman in Soldotna and so on. All of the purposes of the Administrative Procedures Act to deal with emergency regs were satisfied. The public was notified within several days of the actual effective date or filing date of the emergency regulations suspending credentialing and that is really the important thing. The other defect that was raised was the adequacy of the Finding of Emergency. By statute, it is to set out the facts which constitute the emergency, the facts which mean an immediate threat to the public health, safety or welfare. The Finding of Emergency, which I assume people have seen...I didn't make copies of that but it is available. It is somewhat conclusionary and it is not very specific but it is an open legal issue whether it is adequate and it is not up to the Attorney General's office to review these things and we don't do so for any agencies that adopt emergency regulations. It is up to the board...up to the agency with regulation adoption authority. If they think it is an emergency and they set out why, they can adopt an emergency regulation. Really, the only way to change what...change the emergency regulation once it is filed by the Lt. Governor is for the agency itself to change it, repeal it or a judge to invalidate it and that is what has been threatened in this case. As a matter of fact, there was talk this week of going for a temporary restraining order striking down this emergency suspension and ordering the board to interview these six people which applications on the table from the last six weeks today...we...I convinced the attorney, Mr. Cohen, to postpone that action until the board has presented with...essentially with an opportunity to deal with it itself and possibly avoid the cause and burden and so on of litigation and that is one of the things that we have to deal with today...that is the immediate solution to the credential situation. This remains the long-range solution. I have distributed a few...let's see, three separate documents to the board. One is a one-page, just a very cursory outline of options that have occurred to me in the short run and long run and I guess maybe this would be before we get into those..maybe this would be a time to entertain questions from the board and whatever is the chair's pleasure.

MINUTES OF MEETING  
STATE BOARD OF DENTAL EXAMINERS  
NOVEMBER 9, 1984  
Page 9

Public Input:

As a point of clarification it was brought up by one of the members of the public that, rather than the credentialing process having been an evolving procedure, that the interview or the oral examination has been from the very beginning of the credentialing process and it had been verbally indicated by the Attorney General's office that this was acceptable. Mr. Froehlich said that his research indicated that it had not started off quite as complex and comprehensive. It was just something that had kind of evolved into more of an oral examination than interview.

It was stated that one of the difficulties with the credentialing process as it now stands is that there were never any regulations implemented to substantiate the statute. The board indicated that it had initiated a regulations project which had not been completed at the time that the controversy began. The chairman felt that it was important that all members and attendants be aware of the fact that the board has responded both to the law and to the public's interest. It was the board's feeling that public interest was best served by this interview case study type of review. They responded to the law by asking the Attorney General's opinion and got what they believed to be an affirmative answer at the 1980 session. It was not until the last meeting when the controversy began that Dick Monkman indicated that they were outside of their authority in requiring this particular of interview. They responded to that particular information by reviewing the processes they have been following. The two problems at this point that the board is presented with is the problem of the six candidates with active applications, whose applications have been received prior to the 15th of October. The second, and continuing problem, is the problem of which direction the credentialing process should go in once the 120-day regulation period of time is up. Mr. Monkman had distributed some handouts when he first arrived at the meeting, setting out what he believed to be the problems with the procedure the board has followed and giving some options. He felt that the deficiency was just a technical, procedural-type deficiency. The board clearly had the authority to adopt regulations concerning credential licenses, and, if you had the authority to adopt regulations, you also have the authority to adopt emergency regulations if you follow all procedural guidelines. Mr. Froehlich recommended that the board adopt option 3. Maintain the current emergency suspension but adopt the supplemental finding of emergency with a more specific explanation. He felt that the long-range solutions for problem number two were a little easier. They are more clear-cut. The first thing to do was to change the statute so that it gives the board the authority to do the oral interview or require the case presentations as they have been doing. The question was asked whether the division or the Department of Commerce & Economic Development could do it by

MINUTES OF MEETING  
STATE BOARD OF DENTAL EXAMINERS  
NOVEMBER 9, 1984  
Page 10

regulation. Mr. Froehlich did not think so. He felt that it would require reinterpreting the way around the words without examination and interpreting the word "interview" to mean examination or to somehow be expanded to include case presentation. He stated that the connotation of the word "examination" is something that can clearly be passed or failed and he did not feel that this was what interview had been intended to mean. Mr. Madsen mentioned that there may be another option. There was a possibility of repealing the emergency action and allowing for some process by which people who apply in the meantime, in between the time of the meeting and the time the order was actually signed, could undergo the interview process, then AS 08.36.234 is discretionary with the board for licensing without examination. The board could establish a policy at this meeting to not provide for that until there is legislative change that would make it fairly reasonable for everyone. Mr. Froehlich's response to that was that that was what had caused the original problem. The board was adopting a policy without adopting regulations. He stated that what they are suggesting should be done by policy really should be done by regulation. The question was asked how many states have licensing by credentials. The information was that only Missouri had it. That made Alaska and Missouri the only two states that had licensure by credentials. One of the public members in the audience disagreed with that and indicated that there were at least 15 states that have some form of reciprocity. It was stated, but not directly, that Alaska's was unilateral, that these particular states were covered by a regional examination. A candidate took an examination in one state that was a member of a regional examination and the license could then be applied to all states within that particular region - sort of like credentialing within a group of states. During the discussion 1) the point was raised that there was a statute that dealt with the requirement that the board adopt regulations to ensure continuing competency of the currently licensed dentists and it seems to smack of a double standard that the board require a higher level of competence from incoming dentists than ongoing dentists. The response was that the statutes that were being referred to had just been rewritten into the new Dental Practice Act which was enacted at the end of the last Legislature and the board had not yet had time to act on it. One of the very real concerns in eliminating the credentialing application process is the harsh impact on specialty license applications of candidates who have not practiced general dentistry because they have devoted themselves exclusively to this special practice. It was the opinion that the examination in that case may not be fair for them and an alternate solution or an alternate solution or examination procedure should be set. After further discussion of public input a motion was made. The motion was that the board repeal the emergency order that was effective October 5. This motion was made for the purpose of putting it on the table for the purpose of discussion. The motion was seconded. There was a discussion of the word "interview" as opposed to the word "examination." Mr. Froehlich being of the opinion that an

MINUTES OF MEETING  
STATE BOARD OF DENTAL EXAMINERS  
NOVEMBER 9, 1984  
Page 11

examination had connotation of pass/fail, an interview did not. Unless there obvious discrepancies or obvious problems in an interview an interview just was. The point was made that under the procedure the board was being forced to follow that if they did not have the right to require presentations of competency or ability that someone could falsify their documents, falsify their papers and just walk in and receive a license with a cursory interview. One of the candidate's response to that particular concern was the fact that all the information that had been gathered that was required was information that was very easily checked. We realize that it may take some time but if someone did a thorough job of tracking that a few people may slip through the cracks but the majority of the people and the system would work. He felt that if the information was checked appropriately there would be no fraud or unqualified people slipping through. The point was made that if a person does slip through it was a long tedious and arduous procedure to revoke or repeal their license and meanwhile they are still operating and still possibly damaging people.

The testimony of Mr. Nelson Cohen is attached in total to the record of these minutes because, in my opinion, it is representative of all aspects of the credentialing discussion.

I am Nelson Cohen. I considered filing a TRO, which is a restraining order we got here today. After having spoken with Peter and discussing things with other people, it seemed to me that the board's concerns for today were concerns that I shared

On a motion duly made and seconded, it was

RESOLVED that the board repeal the emergency regulation that they permit all present applicants to be interviewed and that they issue a new emergency regulation which suspends licensing by credentials until the board has the further examination or legislative action.

An amendment was suggested that the board take the steps to make the emergency suspension permanent because it is unlikely that a legislative solution would be forthcoming in less than 120 days. Further discussion followed. The question was called. There was further discussion after the call for question two points that the board wanted to be very clear on was that if this were adopted when it could into effect and who would be covered by this particular motion or regulation. Mr. Froehlich stated that the effective date would be the first business day in Juneau that could be filed by the Lieutenant Governor's office, but emergency regulation could be made effective at some point in time. Concerning the aspect of who was covered by that since there may be applications in the mail or in various states, he recommend that the board pick a time period that seems reasonable.

MINUTES OF MEETING  
STATE BOARD OF DENTAL EXAMINERS  
NOVEMBER 9, 1984  
Page 12

This would be the cut-off date for receipt of applications for credentialing. After further discussion with explanation and input from Peter Froehlich, the board's attorney, and more public comment, the original motion and second were withdrawn. On a motion duly made and seconded, and carried unanimously, it was

RESOLVED to maintain the October 17 emergency suspension of credential licensing but to also adopt supplemental filing of an emergency with more specificity and reaffirm the adoption of the emergency suspension, clarify that it applies only to completed applications that were complete and received prior to October 17. The motion should also state that the suspension of credentialing is permanent to regulation until statute changes can be made.

Telephone Interview:

The board at this time had decided that they would grant the tele-conference interview to Dr. Elliott. As a point of clarification and information, they asked Peter Froehlich whether they could legally do this. He indicated they could. All they need to do was state on the record what they were doing and it would be okay.

The meeting recessed for two of the board members to go with Mr. Froehlich to work on the wording of the finding of emergency and the other board members to conduct the telephone interview.

The meeting reconvened at 4:50.

Investigation Report:

On a motion duly made and seconded and carried unanimously, the board went into executive session. The board came out of executive session.

On a motion duly made, seconded and carried unanimously, it was

RESOLVED that hearing officers sit alone on cases DE8514, DE8523 and DE8524.

Meeting Minutes:

On a motion duly made, seconded and carried unanimously, it was

RESOLVED to accept the minutes of the meeting of September 14 - 15, 1985 as written.

Appointment of examining committee. Dr. Tauschen, Dr. George Hansen, Dr. Jim Case, Dr. Schlansker, Dr. Marshall Dotson.

DENTAL BOARD MEETING

June 14-15, 1984

Call to question: It was resolved to re-interview all applicants from the June, 1984 credentialing session and to include Dr. Michael Alpert.

On a roll call vote, the motion passed; five yea, one nay.

Scheduling of Re-Interview: The Board discussed how to reschedule the June Dental candidates. Ms. Williams raised the possibility of interviewing Dr. Deubner and Dr. Moellinger that day in the interest of schedule time and distance traveled. Dr. Smole and Dr. Allen made the same request. After discussion, the Board revised the agenda to enable the four applicants in attendance to be interviewed beginning at 2:00 p.m. The applicants not in attendance would be notified of a subsequent interview date.

Further revision of agenda: The revising of the agenda put regulations at 3:30; the Investigative report at 4:00. Mr. Wendell Wright scheduled to appear between 3:00 and 3:30.

Leslieann Luboff requested the Dental Board have the presence of the Attorney General's office at more Board meetings to help keep from again getting on the wrong track.

Mr. Monkeman was in agreement with this. Suggested that the best procedure was to place a call to the Attorney General's office with the request prior to the meeting.

A motion was duly made (Leslieann Luboff, seconded (Robert Warren) to invite the A.G.'s office to attend the next Board meeting November 9, 1984. It was not voted on.

Meeting recessed for lunch 12:00.

Meeting reconvened at 1:32.

Interviews: Meeting entered Executive session at 1:33 to discuss individual cases for licensure by credentials.

On a motion (Robert Warren) duly made and seconded, resolved to grant Alan Robert Deubner a license by credentials.

On a roll call vote; 4 yea, 1 nay.

Executive session: Interviewed William Allen - out 2:36. On a motion (Arthur Hansen) duly made and seconded (Jerry Zemlicka) resolved to grant William Allen a license by credentials.

On a roll call vote; motion passed unanimously.

Executive session: 2:40 to interview Doug Smole. Dr. Smole requested that his credential interview be on the public record. Board reentered public record at 2:42.

The Board by authority AS 44.62.310(c)(2) on a motion duly made, seconded and carried, went into executive session at 9:34 for discussion with Dick Monkeman, Asst. Attorney General to discuss the Alaska Administrative Procedures Act, the credential procedures, individual applicants in the credential procedures.

At 9:36, Board interrupted Executive session to hear from Dr. Smole and attorney. Lt. Colonel Michael Benner also attended.

Dr. Smole: Expressed concern that members of Board had not had access to his complete application and credential packet. Also had concern that the lay members were not present during that process. Disappointing that there was not an opportunity for a professional interchange of information. Dr. Warren asked Dr. Smole if he had been in continuous active clinical practice for 5 years. Dr. Smole answered yes.

Dr. Michael Benner: In his comments expressed two points:

1. Division of Occupational Licensing - no information until two to three weeks prior to the interview then letter informing of interview. Had questions about interview, sent letter, received no reply.
2. Board of Dental Examiners - requirements for licensure by credentials. If he wished to attain diplomat status in Endodontics, he must practice exclusively in the field of Endodontics over a five year period; once he starts residency training, he is not allowed to practice General Dentistry; once through residency training and have started Board certification process, it is impossible to get a license by credential in license.

Board reenters Executive Session 9:57

Board reenters the record at 11:26

Break - 5 minutes

Dick Monkeman, Ass't Attorney General made statement for record: Refer Tape 2, Side B Count. 72.

Because of the importance of this issue, Mr. Monkeman's statement will be transcribed as a part of the minutes on a motion duly made by (Robert Warren) and seconded by Jerry Zemlicka.

In discussion, question was raised to whom military and Public Health dentists report and are reviewed by and how does one check to find if there are any outstanding complaints. A partial answer was that all complaints are registered with the Peer Review Committee.

After discussion, the motion was amended to read that the Board send a letter to the A.G.'s office relaying the June 6, 1980 meeting, page 8 of 11, the criteria for licensure by credentials for dentists, that is case history statutes as per Attorney General's office and express that the Board did the interview in good faith and were following the legal advice of the Attorney General's office since June 6, 1980, that those that failed did so on their case presentations not on the quality of their credentials. The letter should go:

Attorney General's office - Peter Froehlich  
Office of the Governor - Carol Derfner  
Commissioner of Commerce - Richard Lyon

On a roll call vote, the motion passed unanimously.

On a motion duly made (Dr. Robert Warren) and seconded (Paul Buxton) and carried, the investigative report was accepted.

There was discussion of the budgetary process in which Harry Treager responded to questions and explained some processes.

On a motion duly made (Jerry Zemlicka) and seconded and carried unanimously, the Licensing Examiner was instructed immediately upon return to Juneau, to write letters to the June 1984 credentials candidates who had been denied, and Dr. Michael Alpert, informing them that they will be granted another interview, if they request.

Regulation changes: There was discussion of regulation changes and revision and changes in the Dental examination.

Discussion of 08.360(7) states a person engages in the practice of Dentistry who (7) owns, manages or operates a place where the acts or things described in this section are performed or done. This would relate specifically to the Teamsters Clinic which is not owned by a dentist, and other public health clinics which may be turned over to corporations in the not too distant future.

A suggestion was made by Dr. Zemlicka to request advice from Attorney General's office.

Question was raised as to whether nurses can give Intro-oral injections. After discussion, with reference to nursing statutes, it was decided that this issue requires further study.

Meeting recessed.

To summarize what has preceded:

Dr. Arthur Hansen made a motion which was seconded by Leslieann Luboff. The motion was: That we suspend all credentialling as an emergency proceeding for at least 120 days.

Discussion followed: The reasons for the emergency suspension is that there are not regulations written to support, and legally the state and the public are at jeopardy.

As read, the minutes of the Dental Board meeting of June 6, 1980, page 8 of 11 were read into the record.

This process had also been reviewed by the Ombudsman's office approximately a year previous to this date and they felt that the credentialling as in use at that time was acceptable.

On a roll call vote which passed unanimously, it was so: Resolved to suspend credentialling on an emergency basis for 120 days.

Dr. Jerry Zemlicka made a motion that the board ask the Department of Occupational Licensing and the Attorney General's office to assist in adding to the statute AS 08.36.234, number 7 and state, is personally interviewed by the Board including an oral examination of three case presentations. Dr. Hansen seconded the motion.

After discussion, the motion was amended to read: Resolved, that we ask the Division of Occupational Licensing and the Attorney General's office to assist the Board in revising Statute 08.36.234(7) numbers 7, 8, 9 which should mean number 7, is personally interviewed by the Board which includes passing an oral examination including case presentations. The Board shall promulgate regulations as guidelines to the content of the oral examination.

On a roll call vote, the amended motion passed unanimously.

Dental Hygienist's credentialling: On a motion duly made (Dr. Robert Warren) seconded (Dr. Jerry Zemlicka) and: Resolved to also seek the advice of the Attorney General's office and the Division of Occupational Licensing in revising the statute 08.32.030(6) to read is personally interviewed by a Board member to include an oral examination and (7) to read, has passed a written and/or oral examination on jurisprudence; (8) and pays all fees.

After discussions, amended to read oral and/or written examination.

The motion carried unanimously.

Letter from Jerry Taintor: Dr. Taintor requested a Board opinion on whether the placement of information on his business card could be misleading to the public. After discussion the Board felt that it was and that he should be so advised.

Dick Monkeman stated that the Board had been requiring three case presentations as part of interview process.

Spent considerable time looking at statute and are very firm in their opinion that the Board only has the statutory authority to interview the applicant and not orally examine them.

Recommendation #1 that the Board re-interview all the applicants who failed in June and Dr. Michael Alpert, who is in a similar situation and has gone through an administrative hearing in line with their recommendation and not to orally interview.

Recommendation #2 that the Board feels that this interview requirement is insufficient that the Board go to the legislature and attempt to have the interview requirement changed to an oral examination.

Recommendation #3- that <sup>for</sup> future applicants - consult with Peter Froelich in Juneau; he may feel that the Board could by emergency regulation could decide not to accept applications by credentials, pending legislative action, if any; felt should formally request of Peter Froelich to get a response in writing.

# MEMORANDUM

State of Alaska

TO: Mr. Arthur S. Hansen, Chairman  
Board of Dental Examiners  
3487 Airport Way  
Fairbanks, AK 99701

DATE: April 8, 1981

FILE NO: J-99-144-81

TELEPHONE NO: 465-3600

THRU: Harry Treager  
Division of Occupational Licensing  
Department of Commerce and  
Economic Development

FROM: SUBJECT: AS 08.36.180 and  
12 AAC 28.290; Re-  
examination

WILSON L. CONDON  
ATTORNEY GENERAL

By:   
Sarah T. Kavasharov  
Assistant Attorney General

This is to elaborate on my memorandum of opinion issued April 3, 1981 regarding problems with the regulation cited above. 1/ The regulation is misleading and does not give adequate notice to applicants. The regulation is not incorrect as written. However, it makes clear only when a person must re-take only one subject of the clinical section; it does not make clear when the person is required to re-take the entire clinical section of the dental examination. Also, if it is applied to require a person to re-take the entire clinical section when the person has failed only one subject in the clinical section and received a score of 75% or better in the other two subjects, then such an application is in conflict with the statute and cannot be enforced. The meaning of the statute is, that passage of a subject in either section of the examination requires a score of 75%. 2/ Raising the score required to 80% under any circumstances,

1/ 12 AAC 28.290(b) provides:

(b) An applicant who fails one subject of the clinical section and passes each of the other subjects with a score of at least 80 percent shall be reexamined in only the subject failed.

2/ AS 08.36.180 provides in part:

Sec. 08.36.180. Re-examination. An applicant shall pass each subject of each section of the examination with a score of at least 75 per cent. If an applicant fails in one subject in each section, he may be re-examined in that subject. If an applicant fails in more than one subject in any section, he shall be re-examined in the whole section.

Arthur S. Hansen

April 8, 1981

Page 2

must be accomplished by a statutory change, if that is what the board wishes to do.

Our office has already instructed the division of occupational licensing that the regulation must be amended in order to conform to the statute and to remove ambiguity. We expect Margie Odland will be contacting you; our office will be happy to work with her and with the board to prepare an amended regulation as soon as possible. The regulation must be amended to conform to the present statute, even if you wish to seek a statutory change. Alternatively, you may wish to consider simply repealing the regulation if you plan to seek a statutory amendment right away. Please let me know, through the division of occupational licensing, which course you wish to pursue.

STK/jb

cc: Sen. Arliss Sturgulewski

# MEMORANDUM

State of Alaska

TO Harry Treager  
Division of Occupational Licensing  
Department of Commerce and Economic  
Development

DATE April 3, 1981

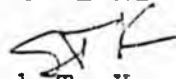
TELEPHONE NO

465-3600 ex. 56

FROM WILSON L. CONDON  
ATTORNEY GENERAL

SUBJECT

By:

  
Sarah T. Kavasharov  
Assistant Attorney General

This is to answer your questions relating to the Board of Dental Examiners and Board of Certified Public Accountants.

1. Regarding 12 AAC 28.290 on dental re-examination:

(a). Previous applicants failing one subject of the clinical section since the adoption of the regulation in 1978 should be allowed to retake just that one subject that they failed, if they achieved a score of 75% or better in the other two subjects.

(b). Previous applicants in the above category who have not retaken the entire clinical section should be notified of this change and of the opportunity to take just the subject failed.

2. Regarding the Skipton application for licensing as a CPA, the board has the right to request that a person have some intent to reside in Alaska for licensing in the state. We believe that the fact that Mr. Skipton can obtain a non-resident permit makes it reasonable for the board to refuse to give him a regular Alaska license.

Also, Jim Baldwin tells me that the next Code Revision Commission meeting on the Occupational Licensing bill is important. I hope that you can be there personally.

STK/jb

June 18, 1983  
Board of Dental Examiners  
Minutes of Meeting  
Page 3

Credential Interviews: The board went into executive session to conduct the credential interviews for Dr. Raymond Wilkinson, Dr. Michael Benner, Dr. Wayne Mitchell and Dr. Francis Zeck.

Executive session began at 9:45 a.m.

Executive session closed and the meeting reconvened at 3:40 p.m.

Eldon Ulmer, Chairman, Board of Pharmacy, Chuck Ward, Investigator, and Marion Hardy, Regulations Specialist, joined the meeting.

Mr. Ulmer joined the meeting to discuss the concerns that he has regarding the possible misuse of prescriptive authority by licensed dentists. Mr. Ulmer pointed out a case in which a dentist prescribed Flagyl for jurvesis which, in the opinion of the pharmacist, was not within the scope of practice for a dentist and refused to fill the prescription. Dr. Anderson pointed out that he was informed that the Flagyl was prescribed for an oral infection, and that if the pharmacist had a question regarding the prescription, instead of refusing to fill the prescription, he should have called the dentist and talked to him about it.

Mr. Ulmer left the meeting.

Dr. George Hanson, Mr. Dick Monkman, Assistant Attorney General, Dr. Goodman and Dr. Goodman's attorney joined the meeting.

Mr. Monkman gave the following report to the board:

"Thank you for setting aside time today. We have a somewhat unusual situation - you, solving a license complaint which has been pending for some time. As the board members may know, Dr. James Goodman of Delta Junction was convicted of 22 counts of felony filing false claims to the United States Government with regard to dental services which were to be performed on individuals who did the public health service program in the Delta Junction area. The filing of those false claims is an act which is grounds for revocation of Dr. Goodman's dental license. His attorney and myself have discussed the matter fairly thoroughly. Dr. Goodman would like to resolve this matter without proceeding to a formal hearing under the Administrative Procedures Act and for that reason we have entered into this Stipulation. The Stipulation is fairly self-explanatory, although it is lengthy. The first five pages of the Stipulation set out the terms of the Stipulation and if accepted the Dental Board's order. The remaining portion of the Stipulation are a copy of the (undisc.) sheet of Dr. Goodman's conviction and a copy fo the indictment and they set out the essential grounds of what he was alleged to have done and sets out what he was convicted of, which is essentially 22 of the...I believe...27 counts. Looking through the Order, what we have done essentially is examined the case. It is a recommendation of our department, as well as Dr. Goodman's wishes, that this

Board of Dental Examiners  
Minutes of Meeting  
Page 4

Stipulation be entered into and ordered by the Dental board to be in effect. Dr. Goodman is agreeing to a six months suspension of his dental license, the condition that all but 30 days of the suspension essentially be stayed pending as long as he continues to obey the remainder of the Stipulation. He also agrees to provide 18 months of community service in the form of two days per month of free dental care to those members of the public in the Delta Junction and Tok area who are eligible for public health service dentistry. Dr. Goodman began providing this dental care on July 15 of 1982, which was shortly before his conviction. He began providing free dental care to the individuals who...the people who were receiving public health service care for which he was convicted. We have agreed that the 18 months of community service should be deemed to have started when he began this program of free dental care so in essence he will have another six months or so..eight months, I guess...from today until January 15, 1984 providing two days a month of free dental care to these individuals in the Delta area. Dr. Goodman will report to the board after he is done with his community service January 15, 1984. He will provide you with a written report concerning what he did and will come to the next scheduled board meeting to answer any questions or concerns which the board may have. That is essentially the Stipulation. If accepted by the Dental Board, this will constitute an order and essentially a final judgment in this matter as far as Dr. Goodman's license is concerned. If rejected by the board, we will proceed to a hearing."

The board went into executive session at 4:45 p.m. to discuss the proposed Stipulation and order.

Executive session closed and the meeting reconvened at 5:00 p.m.

After discussion, and on a motion duly made, seconded and carried unanimously, it was

RESOLVED, in the matter dealing with James B. Goodman, to accept the Stipulation and order as presented by the Attorney General's office.

Licensure by Credentials: Motion was made and seconded that Dr. Raymond Wilkinson be issued a dental license by credentials.

Discussion: Concern was expressed that, because Dr. Wilkinson did not present cases in general dentistry, he did not meet the requirements for the credential personal interview.

The motion failed unanimously.

Motion was made and seconded that Dr. Michael Benner be issued a dental license by credentials.

# MEMORANDUM

TO: Alaska State Board of Dental  
Examiners

DATE: December 19, 1978

FILE NO: J-66-360-79

Thru: Don Hostak  
Director  
Division of Occupational  
Licensing

TELEPHONE NO:

FROM: Department of Commerce and  
Economic Development

SUBJECT: Dental Hygienists

Bruce M. Botelho *BM*  
Assistant Attorney General

On December 7, 1978 you requested an interpretation of AS 08.32.110 and specifically inquired whether a hygienist may perform certain expanded duty functions delegated by a licensed dentist prior to his/her successful completion of a formal course of instruction approved by the board.

For the reasons set forth below, it is my judgment that a hygienist may perform those functions.

On August 30, 1978 chapter 59 SLA 1978, went into effect. Section 9 of chapter 59 repealed and reenacted AS 08.32.110 to read:

Sec. 08.32.110. SCOPE OF WORK OF DENTAL HYGIENISTS. (a) The role of the dental hygienist is to assist members of the dental profession in providing oral health care to the public. A person licensed to practice the profession of dental hygiene in the state may

- (1) remove calcarious deposits, accretions, and stains from the exposed surfaces of the teeth beginning at the epithelial attachment by scaling and polishing techniques;
- (2) apply topical preventive or prophylactic agents;
- (3) apply pit and fissure sealants;
- (4) perform root planing and periodontal soft tissue curettage; and
- (5) perform other dental operations and services delegated by a licensed dentist if the dental operations and services are not prohibited by (c) of this section.

(b) The board shall specify by regulation those additional intra-oral functions which may be performed by a licensed dental hygienist only upon successful completion of a formal course of instruction approved by the board. The board shall promulgate regulations specifying the education requirements, evaluation procedures, and degree of supervision required for each function.

(c) This section does not authorize delegation of

(1) diagnosing, treatment planning, and writing prescriptions for drugs; writing authorizations for restorative, prosthetic, or orthodontic appliances;

(2) operative or surgical procedures on hard or soft tissues except as allowed in (a)(4) of this section; or

(3) other procedures which require the professional competence and skill of a dentist.

Paragraph (a)(5) makes clear that a dental hygienist who is licensed may perform dental operations and services other than those set forth in (a)(1)-(4) if they are delegated by a licensed dentist and if they are not prohibited by paragraph (c) of this section.

It is also readily apparent that paragraph (b) was intended to grant the board authority to restrict the delegability of dental operations and services performed by a licensed dental hygienist, notwithstanding paragraph (a)(5) since the board was specifically empowered to adopt regulations specifying the conditions under which a licensed dental hygienist could perform the expanded duty functions referred to in AS 08.32.110(a)(5).

Since the board has yet to adopt regulations setting forth any conditions, it follows that a licensed dental hygienist may perform those delegated dental operations and services not prohibited by paragraph (c).

BMB:cb

# MEMORANDUM

State of Alaska

TO: Edward E. Eboch  
Deputy Commissioner  
Department of Commerce and  
Economic Development

DATE: March 17, 1983

FILE NO: 366-411-83

TELEPHONE NO: 465-3600

FROM: Norman C. Gorsuch  
Attorney General

SUBJECT: Dental Board  
Regulation of  
Dental Hygienists

*Martha A. Fox*  
By: Martha A. Fox  
Assistant Attorney General  
Commercial - Juneau

You have asked our opinion on several issues relating to the regulation of the scope of work performed by dental hygienists. 1/

---

1/ The questions primarily concern interpretation of AS 08.32.110 which provides:

Sec. 08.32.110. SCOPE OF WORK OF DENTAL HYGIENISTS. (a) The role of the dental hygienist is to assist members of the dental profession in providing oral health care to the public. A person licensed to practice the profession of dental hygiene in the state may

(1) remove calcarious deposits, accretions, and stains from the exposed surfaces of the teeth beginning at the epithelial attachment by scaling and polishing techniques;

(2) apply topical preventive or prophylactic agents;

(3) apply pit and fissure sealants;

(4) perform root planing and periodontal soft tissue curettage; and

(5) perform other dental operations and services delegated by a licensed dentist if the dental operations and services are not prohibited by (c) of this section.

(b) The board shall specify by regulation those additional intra-oral functions which may be performed by a licensed dental hygienist only upon successful completion of a formal course of instruction approved by the board. The board shall promulgate regulations specifying the education requirements, evaluation procedures, and degree of supervision required for each function.

Edward E. Eboch, Deputy Commissioner  
Department of Commerce & Economic  
Development  
366-411-83

March 17, 1983  
Page 2

1. Is our memorandum of advice dated December 19, 1978, file #J-66-360-79, which interprets the statute governing the scope of work of dental hygienists still correct?

Yes, the memorandum provides an accurate analysis of AS 08.32.110. A copy of the memorandum is attached. It outlines the various provisions contained in AS 08.32.110.

Under AS 08.32.110(a)(5), a licensed dentist may delegate performance of dental operations and services not already specified in AS 08.32.110(a)(1)-(4) to a licensed dental hygienist provided that delegation of those functions is not prohibited by AS 08.32.110(c). Section 110(c) prohibits delegation of certain specified procedures as well as any "other procedures which require the professional competence and skill of a dentist." AS 08.32.110(b) empowers the Board of Dental Examiners to adopt regulations specifying the conditions under which a licensed dental hygienist can perform certain functions delegated under AS 08.32.110(a)(5).

Given these various provisions, the memorandum concludes that to the extent that the Board has issued regulations, as they have, for example, in 12 AAC 28.310 for the administration of local anesthetic agents, those regulations condition the delegation of that particular function under AS 08.32.110(a)(5). To the extent the Board has not issued regulations, additional functions may be delegated to a licensed dental hygienist without conditions, provided that the delegated dental operations or services are not prohibited by AS 08.32.110(c).

---

(Footnote 1 continued)

(c) This section does not authorize delegation of

(1) diagnosing, treatment planning, and writing prescriptions for drugs; writing authorizations for restorative, prosthetic, or orthodontic appliances;

(2) operative or surgical procedures on hard or soft tissues except as allowed in (a)(4) of this section; or

(3) other procedures which require the professional competence and skill of a dentist.

Edward E. Eboch, Deputy Commissioner  
Department of Commerce & Economic  
Development  
366-411-83

March 17, 1983  
Page 3

2. a. Can dental hygienists administer nitrous oxide-oxygen sedation?
- b. Can dental hygienists place and carve amalgam?

These are not legal questions, but questions that must be answered by the Board of Dental Examiners. AS 08.36.070 sets out the general powers and duties of the Board. They include the power and duty "to enforce the provisions of ... AS 08.32 and adopt or amend the regulations necessary to make the provisions of ... AS 08.32 effective." AS 08.36.070(7).

Administering nitrous oxide-oxygen and placing and carving amalgam are not functions specifically allowed by AS 08.32.110(a)(1)-(4), nor are they specifically prohibited from delegation by AS 08.32.110(c)(1) & (2). The Board has not issued regulations conditioning performance of these functions upon completion of additional instruction as it is empowered to do under AS 08.32.110(b). Therefore, these functions may be delegated to dental hygienists under AS 08.32.110(a)(5) provided they are not "procedures which require the professional competence and skill of a dentist." AS 08.32.110(c)(3).

AS 08.32 does not define which procedures, other than those set out in AS 08.32.110(c)(1) and (2), may be performed only by a dentist. Therefore, it is up to the Board under its powers as set out in AS 08.36.070(7) to make the provisions of AS 08.32.110 effective by determining whether procedures are non-delegable because they "require the professional competence and skill of a dentist." When the Board identifies additional non-delegable procedures or functions, it should then adopt regulations prohibiting their delegation. 2/

---

2/ We are not suggesting that only those functions which are identified by statute or regulation are non-delegable. The prohibition contained in AS 08.32.110(c)(3) operates to prohibit delegation by a licensed dentist of functions which only a dentist can perform regardless of the existence of regulations.

The Board is required by statute to comply with the Administrative Procedure Act (AS 44.62), AS 08.36.080. Adoption of regulations serves to implement policies or determinations of the Board in compliance with APA requirements.

Edward E. Eboch, Deputy Commissioner  
Department of Commerce & Economic  
Development  
366-411-83

March 17, 1983  
Page 4

According to a notice from the Board to all dentists, dental hygienists and dental assistants, which you attached to your opinion request, the Board appears to have already determined that the administration or monitoring of nitrous oxide-oxygen is a non-delegable function. Since the administration of nitrous oxide-oxygen does not appear to be prohibited by subparagraphs .110(c)(1) or (2), the Board has presumably determined that administration of nitrous oxide-oxygen is a procedure which only a dentist can perform. As I understand it, at least one rationale for this decision is that nitrous oxide-oxygen is a general anesthetic and overdose cannot be determined until the point where the patient becomes unconscious or lapses into a coma. Given that rationale, the Board's decision is probably reasonable. However the policy should be implemented by adoption of a regulation rather than by notice.

(3) It is not entirely clear what you are asking in question three. My understanding is that you are asking whether the functions defined in AS 08.36.360 as constituting the "practice of dentistry" are by definition "procedures which require the professional competence and skill of a dentist" and are therefore non-delegable under AS 08.32.110(c)(3).

Paragraph .110(a)(5) allows the delegation of "dental operations and services delegated by a licensed dentist if the dental operations and services are not prohibited by (c) of this section." If a particular dental operation or service must be delegated by a licensed dentist, that dental operation or service presumably would be some activity within the definition of "practice of dentistry." Therefore, I would conclude that the activities within the definition of "practice of dentistry" are not by definition non-delegable duties. Again, the prohibitions on delegation of performance of dental operations or services to a dental hygienist are found in AS 08.32.110(c). The determination of which procedures "require the professional competence and skill of a dentist" is the Board's responsibility and it should adopt regulations in accordance with its determinations.

MAF/11b

cc: Harry D. Treager, Director  
Division of Occupational Licensing  
Department of Commerce and Economic  
Development

FINDING OF EMERGENCY

The Department of Commerce and Economic Development, Board of Dental Examiners, finds that an emergency exists and that the attached regulation is necessary for the immediate preservation of the public peace, health, safety or general welfare. A statement of the facts constituting the emergency is:

CH 49 SLA 1980, AS 08.36.234. LICENSURE BY CREDENTIALS. Established that the board may provide for licensing without examination a dentist who meets specific requirements, including AS 08.36.234(7), which requires that an applicant be personally interviewed by the board. Under AS 08.36.234, the board did not adopt regulations to implement the provisions of the statute, however, the board did establish policies and procedures to govern the personal interview process including requiring an applicant to submit to an oral examination by the board and to present three (3) case histories of the applicant's past work for the board to review and pass judgment on. An Assistant Attorney General advised the board that those policies and procedures must be adopted by the board to implement the provisions of the statute. An Assistant Attorney General has reversed the original opinion and has now advised the board that the policies and procedures used in the personal interview is invalid as they lack the necessary statutory authority. The board finds that, in the interest of public protection for dental care, only those applicants who meet the standards of dentistry of the State of Alaska should be afforded a license to practice in this State, either by credentials or by examination, and the personal interview requirements ~~the~~ board has developed under board policies and procedures is a means to determine if the applicant is, in fact, qualified for a license to practice dentistry in Alaska. There is not sufficient time for the board to develop new criteria through the normal administrative process before the next examination, which will be in November, 1984. It has become apparent to the board, the department, and to applicants that there is a great deal of confusion existing as to the proper interpretation of AS 08.36.234(7). Also, the legality of board actions on applicants for licensure by credentials is in question without regulations consistent with AS 08.36.234.

ADOPTION ORDER

Under authority of AS 08.36.070(7), the attached regulation is hereby adopted as an emergency regulation to take effect immediately upon filing by the Lieutenant Governor as provided in AS 44.62.180(3).

Date: Oct 94

Soldotna, Alaska

Paul S. Buxton  
Paul S. Buxton, D.O.S., Chairman  
Board of Dental Examiners

Norman Gorsuch  
I, Stephen McAlpine, Lieutenant Governor for the State of Alaska, certify that on October 17, 1984, at 11:15 A.M., I filed the attached regulation according to the provisions of AS 44.62.

Stephen McAlpine  
Stephen McAlpine  
Lieutenant Governor

Effective: October 17 1984

Register: 92 November 1985

0694t  
100284b

*Expires February 13, 1985 unless made permanent by the adopting agency.*

BOARD OF DENTAL EXAMINERS

EMERGENCY REGULATION

12 AAC 28 is amended by adding a new section to read:

12 AAC 28.450. APPLICATIONS FOR LICENSING BY CREDENTIALS.  
The board policy and procedures of accepting and processing applications for licensing dentists by credentials, in the absence of specific regulations implementing the provisions of AS 08.36.234, is suspended pending board action to adopt regulations required to implement the provisions of AS 08.36.234. (Eff. / / , Reg. )

Authority: AS 08.36.070(7)

Board or Commission	Appointed	Term
---------------------	-----------	------

BOARD OF DENTAL EXAMINERS

AS 08.36; AS 08.32; - 7 members; serves 4 year term, until new member is appointed and qualified

Paul S. Euxton, D.D.S. (chairperson) Box 1376 Soldotna, Alaska 99669 (work) 262-5454 (home) 262-4685		February 1, 1987
Jerry F. Zemlicka, D.D.S. 9191 Lee Smith Drive Juneau, Alaska 99801 (work) 789-0131 (home) 789-9729		February 1, 1989
Robert E. Warren, D.D.S. 625 E. 34th Avenue, Suite 201 Anchorage, Alaska 99503 (work) 274-7691 (home) 277-3402		February 1, 1988
Timothy J. Woller, D.D.S. 460 McKinley Dr. Fairbanks, Alaska 99701 (work) 479-6755 (home) 457-5896		February 1, 1990
Patrick J. Gullufsen, Esq. (public) 725 Dixon Street Juneau, Alaska 99801 (home) 586-6584 (work) 586-6584		February 1, 1989
Hubert J. Gellert (public) 715 L Street, Suite 5 Anchorage, Alaska 99501 (work) 277-2663 (home) 345-1290		February 1, 1989
Christine A. Baxter (hygienist) P.O. Box 58372 Fairbanks, Alaska 99711 (work) 452-1866 (home) 488-3637		February 1, 1989

PAUL S. BUXTON, D.D.S., A.P.C.

11 Dec 85

Nancy this is "response to the report. I was not asked by Lounsbury for comment I had mistaken a letter that was sent to her not to me. Confused?"

Dear Commissioner Lounsbury,

→ This letter is in response to your request for input regarding the legislative audit.

Recommendation #1 - The board has been and is currently working on regulations to provide requirements for proof of continued competency. At this point the drift is toward requiring a specified amount of continuing education courses and a minimum number of hours worked in clinical operative dentistry each year. Arriving at the exact number of hours has been a difficult task to accomplish as well as coming up with a whole new "policing" agency to make sure these requirements are met.

Recommendation #2 - The board is adamantly opposed to licensing by credentials. The statute was originally placed in the Dental Practice Act because the board felt at that time they would be able to adequately check an applicant's past record as well as their skill in operative dentistry by looking at their case presentations. However this procedure was unworkable legally according to the AG's office. The more we looked at and discussed the issue we found there was no

concrete method of evaluation, all ideas were too subjective or unobtainable as was the case of checking on prior litigation against the applicant. Given the way most of these cases are handled, is out of court with no record of offenses, we felt this also was unworkable. Rather than go into too lengthy of a discussion suffice to say licensure by credential does not work to assure operative clinical competence. Many states that had licensure by credential have dropped it and states like California and Washington ~~for many~~ looked very hard at it and found it a nice idea but unworthy of further consideration.

The second paragraph of #2 that states cessation of licensure by credentials restricts entry into the state of out of state dentists is false. Any dentist may take the clinical exam which is given twice each year. The clinical exam is a viable, legally tested form of evaluation at entry level of minimum competency of applicants. The exam is updated yearly and we are currently working on instituting a simpler grading system for the exam with the help of one of the foremost leaders in the field of state clinical

PAUL S. BUXTON, D.D.S., A.P.C.

dental examinations. The board has worked hard and will continue working to assure that entry level dentists meet at least the level of minimum competency.

Sincerely,

Paul S. Buxton DDS

Chairman Board of Dental Examiners

May  
this is in HESS  
Monday  
pls. review

February 20, 1986

Representative Ben Grussendorf  
Speaker of the House  
P.O Box V  
Juneau, Alaska 99811

Dear Mr. Speaker:

The House Committee on Health, Education and Social Services has considered the Sunset Review of the Board of Dental Examiners, and recommends that the board be continued. The Committee has introduced HB 614, to fulfill the findings of the Division of Legislative Audit.

As required by AS 44.60.050 (c), the Committee submits the following findings:

(1) the extent to which the board, commission or program has operated in the public interest.

The board served the public by examining and licensing qualified candidates and proposing changes in regulations. To accomplish these functions, the board has held an average of four meetings and two examination sessions for dentists and dental hygienists during the past two fiscal years.

(2) the extent to which the operation of the board, commission or agency program has been impeded or enhanced by existing statutes, procedures, and practices which it has adopted, and any other matter, including budgetary, resource, and personnel matters.

The board suspended, by regulation, statutory provision for licensure by credentials because of legal problems surrounding the scope of the interview required for applicants. The Attorney General's office determined that a personal interview required for licensure by credentials should be limited to verifying information rather than requiring case presentations of the applicant's prior work. The board feels it cannot adequately determine an applicant's professional abilities without a case presentation. The Committee requested

information on reciprocity and how other states license applicants, and agrees with the board that protection of the public justifies an in-depth examination of applicants.

- (3) the extent to which the board, commission or agency has recommended statutory changes which are generally of benefit to the public interest.

Legislation was enacted in 1984 defining the rights of dentists practicing in the state, repealing out-of-state examinations because of time and money constraints and the issuance of temporary permits.

- (4) the extent to which the board, commission or agency has encouraged interested persons to report to it concerning the effect of its regulations and decisions on the effectiveness of service, economy of service, and availability of service which it has provided.

The board has advertised proposed regulation changes in major Alaskan newspapers, allows applicants to appeal their examination grades and holds open meetings prior to examinations.

- (5) the extent to which the board, commission or agency has encouraged public participation in the making of its regulations and decisions.

The board advertises meetings and proposed regulations as required by law and presents and considers all correspondence related to board matters which has been received.

- (6) the efficiency with which public inquiries or complaints regarding the activities of the board, commission or agency filed with it, with the department to which the board or commission is administratively assigned, or with the office of the ombudsman have been processed or resolved.

The board has processed and addressed complaints in a timely fashion.

- (7) the extent to which the board or commission which regulates entry into an occupation or profession has presented qualified applicants to serve the public.

The board issued 22 licenses in 1984 and 24 licenses in 1985. The board has continued to work toward completion of its continued competency regulations.

- (8) the extent to which state personnel practices, including affirmative action practices, have been complied with by the board, commission or agency to its own activities and the area of activity or interest.

The Human Rights Commission and the Equal Employment Opportunity Office have received no complaints relating to the board's activities.

- (9) the extent to which statutory, regulatory, budgeting or other changes are necessary to enable the agency, board or commission to better serve the interests of the public and to comply with the factors enumerated in this subsection.

The board must complete work on the continued competency regulations.

As required by AS 44.60.050 (d), the Committee submits the following findings:

(1) an identification of the problems or the needs that the programs and activities of the board, commission or agency are intended to address.

No problems and needs were identified.

(2) a statement, to the extent practicable, of the objectives of the program of the board, commission, or agency program, and its anticipated accomplishments.

The board shall continue to protect the public by issuing licenses to all qualified candidates who are competent to practice in Alaska.

(3) an identification of any other programs having similar, conflicting or duplicate objectives.

There are no other programs having a duplicate function.

(4) an assessment of alternative methods of achieving the purposes of the program.

There are no viable alternative methods to be considered at this time.

(5) an assessment of the consequences of eliminating the board, commission or program and consolidating its activities with another program, or of funding it at a lower level.

There may be some desire in the future to combine medical licensing boards, but the committee did not find this desirable at this time since legislation was passed last year requiring licensing fees to be structured so as to cover the operating costs of each licensing board.

(6) a justification for the recommended continuation or extension of the board, commission or program, and an explanation of the manner in which it avoids duplication of or conflict with other efforts.

The board serves a legitimate public purpose in screening applicants desiring to practice in the state. Since the practice of dentistry includes the usage of prescribed drugs, and can result in injury or death to a patient, the board should be continued. There is no other body which oversees the practice of these occupations.

(7) any other information which, in the opinion of the committee, would improve the performance of the board, commission or agency with respect to its representation of and responsiveness to the public interest.

The board may want to consider requesting a statutory change in the future to restructure licensure by credentials into a format which would allow the board to carefully examine applicants and provide for protection of the public.

---

Representative Max F. Gruenberg, Jr., Co-Chair  
House Health, Education and Social Services Committee

---

Representative Niilo Koponen, Co-Chair  
House Health, Education and Social Services Committee

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

2 HOUSE BILL NO.

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FOURTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act extending the termination date of the Board  
7 of Dental Examiners; and providing for an effective  
8 date."

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

10 \* Section 1. AS 08.03.010(c)(6) is amended to read:

11 (6) Board of Dental Examiners (AS 08.36.010) -- June 30,

12 1990 [1986].

13 \* Sec. 2. This Act takes effect immediately in accordance with AS 01.-  
14 10.070(c).