

ALASKA LEGISLATURE SPECIAL COMMITTEE/SUBJECT FILE 8672
1736 SCOMM 69: HOUSE LIABILITY INSURANCE TASK FORCE, 1989-1990

Report Date 3RD QUARTER 9/89
Last Revision Date :89/10/04

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FEE ARB QUARTERLY REPORT

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STATUS

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PENDING STAY

CASE #	FILED	JUD. DIST.	RED. ASKED	RED. AWARDED	STATUS CHNG	#
89.047	89/08/24	3	325.00		89/08/25	22
89.048	89/08/25	3	0.00		89/08/29	23
89.054	89/09/18	4	1,000.00		89/09/20	24
89.055	89/09/25	3	0.00		89/09/25	25

						9

Subtotal

PET RET'D/COMPLETION

89.022	89/04/14	3	0.00		89/04/20	26
89.040	89/08/02	1	0.00		89/08/07	27

						2

Subtotal

PANEL ASSIGNED

88.004	88/01/29	3	430.00		88/03/31	28
89.012	89/02/23	3	25,796.01		89/08/10	29
89.013	89/03/07	3	3,796.68		89/08/31	30
89.037	89/07/19	3	10,733.54		89/08/25	31
89.041	89/08/07	3	600.00		89/08/23	32

						5

Subtotal

REMAND/RECONSIDERATN

89.003	89/01/09	3	3,945.39	1,496.00	89/07/18	33

						1

Subtotal

Report Date 3RD QUARTER 9/89
Last Revision Date :89/10/04

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FEE ARB QUARTERLY REPORT

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STATUS

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PENDING DECISION

CASE #	FILED	JUD. DIST.	RED. ASKED	RED. AWARDED	STATUS CHNG	#
88.011	88/02/23	1	8,258.20		89/06/19	34
88.048	88/11/16	3	13,700.00		89/05/16	35
89.002	89/01/17	1	10,000.00		89/08/22	36
89.010	89/02/22	3	6,500.00		89/09/14	37
89.017	89/03/28	3	6,000.00		89/07/11	38
89.028	89/05/24	3	6,702.21		89/09/12	39
89.032	89/06/12	3	700.00		89/09/06	40

Subtotal

7

PETITION WITHDRAWN

88.036	88/09/23	3	35,000.00		89/08/07	41
89.034	89/06/21	3	920.00		89/07/25	42

Subtotal

2

PETITION REJECTED

89.051	89/09/05	3	1,752.00		89/09/14	43
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Subtotal

1

CLOSED: SETTLEMENT

89.026	89/04/24	3	700.00		89/07/07	44
89.027	89/05/22	4	0.00		89/08/16	45
89.038	89/07/20	4	1,105.06		89/08/29	46

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FEE ARB QUARTERLY REPORT

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CASE # FILED	JUD. DIST.	RED. ASKED	RED. AWDED	STATUS CHNG	#
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Subtotal					3

DISMISSED W/O PREJ.

89.030	89/06/02	3	3,500.00	89/09/20	47
Subtotal					1

DECISION ISSUED

88.015	88/04/18	1	13,926.13	1,268.00	89/08/18	48
88.028	88/08/11	1	19,000.00	0.00	89/07/31	49
88.041	88/11/02	3	27,500.00	27,500.00	89/09/11	50
88.042	88/11/08	3	1,482.43	0.00	89/07/07	51
89.005	89/02/03	3	4,273.41	579.00	89/08/24	52
89.006	89/02/07	4	29,000.00	21,688.82	89/07/25	53
89.014	89/03/10	3	2,000.00	0.00	89/07/18	54
89.015	89/03/15	3	6,000.00	4,500.00	89/07/26	55
89.016	89/03/24	3	1,861.00	550.00	89/09/01	56
89.020	89/03/30	3	3,156.01	59.51	89/09/25	57
89.024	89/04/20	3	2,352.00	1,852.00	89/08/31	58
89.025	89/04/21	3	1,220.00	0.00	89/07/31	59
89.031	89/06/08	3	1,800.00	1,800.00	89/09/08	60
Subtotal					13	

DECISION FINAL

86.027	86/07/09	3	500,233.33	385,233.33	89/08/17	61
88.022	88/06/03	3	250.00	769.84	89/07/08	62
88.023	88/06/10	3	3,771.50	0.00	89/08/07	63
88.025	88/07/14	3	5,906.16	0.00	89/08/30	64
88.031	88/09/12	1	3,600.00	2,411.74	89/07/27	65
88.046	88/11/15	3	954.35	954.35	89/07/09	66

Report Date 3RD QUARTER 9/89
Last Revision Date :89/10/04

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FEE ARB QUARTERLY REPORT

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STATUS

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DECISION FINAL

CASE #	FILED	JUD. DIST.	RED. ASKED	RED. AWDED	STATUS CHNG	#
88.052	88/12/20	3	2,500.00	262.50	89/08/15	67
88.061	88/12/23	3	390.00	0.00	89/07/13	68
88.062	88/12/23	3	1,500.00	1,250.00	89/09/14	69
89.001	89/01/11	4	637.82	616.00	89/09/14	70

10

Subtotal

DECISION APPEALED

82.023	82/07/21	1	20,000.00	9,814.45	84/08/27	71
87.052	87/09/30	4	5,500.00	1,215.00	89/03/20	72

2

Subtotal

SUSTAINED ON APPEAL

87.021	87/04/29	3	6,436.00	5,936.34	89/08/18	73
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1

Subtotal

73

Grand Total

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Report Date 3RD QUARTER 1989
Last Revision Date :89/10/05

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ADMISSIONS STATUS REPORT

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STATUS

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CLOSED BY DISMISSAL

FILE NO.	DATE FILED	COUNSEL	CODE AS OF	#
=====	=====	===	=====	=====
89.003	89/07/17	SVG	89/08/15	1

				1

Subtotal

PENDING BOARD

89.001	89/07/03	SVG	89/09/07	2

				1

Subtotal

PENDING HEARING MASTER

89.002	89/07/05	SVG	89/07/06	3

				1

Subtotal

				3
				=====

Grand Total

Report Date 3RD QUARTER 1989
Last Revision Date :89/10/05

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OTHER PROCEEDINGS REPORT

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STATUS

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PENDING HEARING COMMITTEE

FILE#	FILED	PROCEEDING TYPE	CASE NAME	ATY AS OF
86.005	861117	CLIENT SECURITY FUND	CONFIDENTIAL	CJA 890629

Subtotal

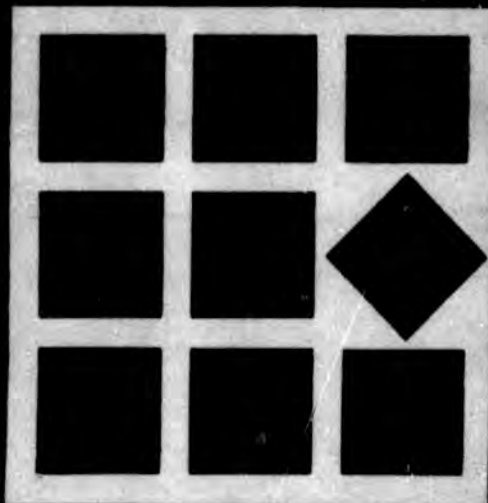
PENDING TC REPORT

86.002	860730	TRUSTEE COUNSEL	FYFE, EDWARD J. (JACK)	SVG 860805
86.003	860821	TRUSTEE COUNSEL	SHELLEY, ROBERT, R.	SVG 860826
88.003	880503	TRUSTEE COUNSEL	DENAULT III, H. JOHN	SVG 880503

Subtotal

Grand Total

ethical grievances against attorneys



supervision of attorney conduct

All attorneys are governed by rules of ethics known as the Code of Professional Responsibility. An attorney who violates the Code of Professional Responsibility is subject to discipline. The Alaska Supreme Court exercises final authority over attorney conduct in Alaska.

The Disciplinary Board of the Alaska Bar Association has been given the responsibility by the Alaska Supreme Court and the legislature to process ethical grievances against attorneys and to recommend discipline when appropriate. The Disciplinary Board employs Discipline Counsel and staff to investigate and prosecute ethical grievances.

filing a complaint

Grievances must be written, signed statements, containing a clear explanation of the details of each act of alleged misconduct, including the approximate time and place of each. Copies of letters or other documents relating to the grievance should be included. A grievance must be sent to the Alaska Bar Association, where Discipline Counsel will review it and determine whether it contains sufficient factual allegations which, if true, would constitute ethical misconduct. Attorney Grievance forms, which may be used in filing a grievance, are available from the Alaska Bar Association.

examples of misconduct

The Code of Professional Responsibility covers a wide range of attorney conduct. Examples of misconduct are:

- conduct involving dishonesty, fraud, deceit, or misrepresentation
- revealing client confidences or secrets except under special circumstances
- charging a clearly excessive fee (generally a fee dispute is referred to the Attorney Fee Review Committee)
- withdrawing money from his/her office trust account for personal use unless it is undisputed that the attorney has earned the funds

If you have questions about an attorney's conduct you may call the Alaska Bar Association. The Code of Professional Responsibility is available at any court law library in the State of Alaska.

investigation

If review of a grievance indicates that ethical misconduct may have occurred, a copy of the grievance will be sent to the attorney for a response. If the response raises additional questions, the complainant may be asked to submit further comments.

The investigation of a complaint is confidential. All persons involved in the investigation of a complaint, including the complainant, must maintain confidentiality, but they may consult with an attorney. It is contempt of court to violate this confidentiality.

After investigation, Discipline Counsel will make one of the following decisions:

- dismiss the grievance if the evidence does not show unethical conduct
- issue a written private admonition to the attorney
- file a petition for formal hearing

appeal or dismissals

If a complainant disagrees with the dismissal of a grievance, (s)he may appeal the decision by writing a letter to the Bar Association specifically stating the reasons for appeal. The appeal and the file will be reviewed by a member of an Area Discipline Division.

hearings

Discipline hearings are public and are much like a courtroom trial, with witnesses testifying under oath. Complainants are generally called to testify at the hearing. A Hearing Committee of at least one non-attorney and two attorneys considers the evidence and makes a recommendation to the Disciplinary Board.

Three non-attorneys and nine attorneys sit on the Disciplinary Board. The Board reviews the record and considers the Hearing Committee's recommendation. The Board can 1) dismiss the matter if it finds insufficient evidence; 2) issue a public reprimand to the attorney; or 3) recommend that the attorney be disciplined by the Alaska Supreme Court. The Court can impose public censure, probation, suspension from practice for up to five years, or disbarment.

some things a complainant should not expect

You should not expect the Bar Association to provide you with legal advice or services. The Bar Association can only act to enforce the Code of Professional Responsibility and cannot represent you in civil or criminal matters.

You should not expect that your complaint will be decided solely on the basis of your statement of the facts, just as the attorney cannot expect that the matter will be decided solely on the basis of his or her version. The decision will be based on all the relevant evidence.

You should not expect, as a result of your complaint, that you will receive any money or reimbursement for loss.

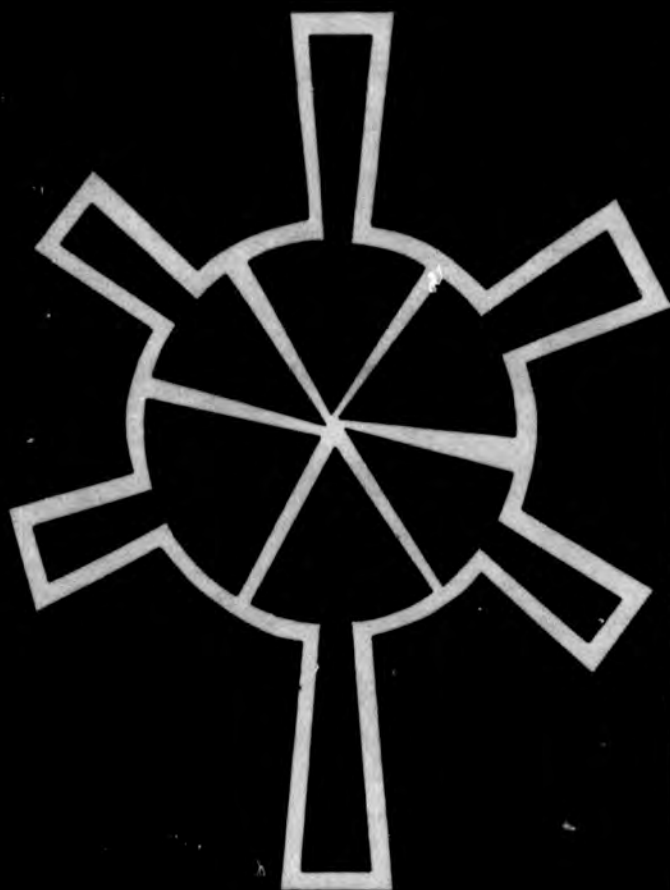
what a complainant can expect

You can expect that every attempt will be made to review your grievance in a manner which is timely and fair both to you and to the attorney.

You can expect to receive written notice of the final decision concerning your grievance, and the reasons for that decision.

**Direct inquiries to:
Discipline Counsel
Alaska Bar Association
P.O. Box 100279
Anchorage, AK 99510
907-272-7469**

fee arbitration



what is a fee arbitration?

Fee arbitration is a process which may be used to resolve a dispute over fees with an attorney. The dispute is decided by an impartial panel which renders a final and binding decision based on the facts and evidence presented by the parties.

a public service

The fee arbitration process is a service provided by the Alaska Bar Association without charge to the person or attorney.

disputes subject to fee arbitration

A person may have a fee dispute with an attorney arbitrated. The attorney must be licensed to practice in the State of Alaska or the services must have involved a legal matter conducted in Alaska. The person must make efforts to resolve the dispute directly with the attorney before the arbitration process is commenced. The fee arbitration process cannot be used if the fee was determined by a court decision, by a statute, or by court rule.

requesting a fee arbitration

A person may request a fee arbitration by filling out a form available through the Bar Association. The person must state on the petition form the efforts that he or she has made to resolve the dispute directly with the attorney, describe the dispute as specifically as possible, and state the remedy sought from the attorney.

putting court proceeding "on hold"

A party in a civil court proceeding involving the collection of attorney fees may seek a "stay," which puts the court proceeding on "hold" while a fee arbitration is pending with the Bar Association. In order to obtain a stay, a petition for fee arbitration must be filed with the Bar Association within thirty (30) days of receiving a "Notice of Client's Right to Arbitrate" from the attorney.

assignment of arbitration to hearing panel

If a dispute involves an amount less than \$2,000.00, the matter will be heard by a single member of the fee arbitration committee. Otherwise, a panel of three members, one of whom is a non-attorney, is convened from a local standing committee in the community where the legal services were provided. There are local standing committees in Anchorage, Fairbanks, Juneau, and Ketchikan. Special arrangements are made in communities which are not close to one of these.

hearing

Twenty days advance notice of the hearing will be given to the parties. The chairperson of the hearing panel conducts the hearing and decides what testimony and documents may be used as evidence. Relevant and reliable evidence will be admitted. If the client or the attorney fails to appear at the hearing, the hearing panel may proceed in that person's absence. Special procedures may be used by a client or the attorney to submit a written statement in addition to, or instead of, testimony at the hearing; to submit witness affidavits instead of presenting their testimony in person, and to participate by conference call. The cost of the call will generally be paid by the party requesting it.

confidentiality

Fee arbitration proceedings are confidential. Hearings and records relating to the arbitration are only open to the parties to the dispute and not to the public.

decision

The hearing panel will make its decision within thirty days after the close of the hearing. The decision must be agreed to by a majority of the hearing panel members. The panel may decide that an attorney should refund fees already collected; should collect only a reduced fee; or that the fees are reasonable under the circumstances.

fee arbitration binding

All parties are bound by the decision of the fee arbitration panel, unless the decision is set aside by the superior court on appeal, as discussed below. A party may apply to the courts for an order "confirming" the arbitration decision. The decision is confirmed by the court without any further evidentiary proceeding, and may be enforced in the same manner as a court judgment.

appeal

Either party may appeal a decision of the fee arbitration committee within thirty days of the date that the decision is mailed or delivered. There are limited grounds for appeal, which are set out in Alaska Statutes 09.43.120-180. Procedures for appeal are set out in the Rules of Appellate Procedure 601-609.

assistance in filing

The Bar Association is here to provide assistance to persons seeking an opportunity to have their fee dispute arbitrated and is more than happy to provide clients with information and assistance in the processing and handling of their fee dispute.

Contact the:

**Alaska Bar Association
P.O. Box 100279
Anchorage, Alaska 99510
907-272-7469**

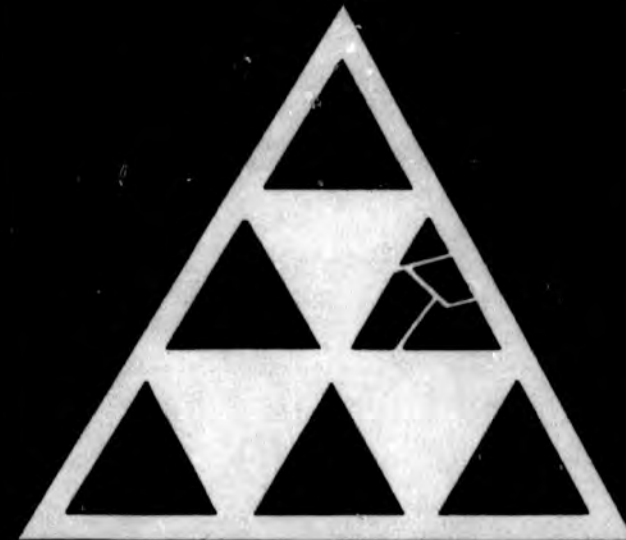
what to expect after a claim is filed

Each application for reimbursement will be reviewed and investigated. Applications which fail to make a case for reimbursement will be rejected. The reasons for the rejection will be set forth in a written report. Applications which are not rejected will be considered by the Client Security Fund Committee. Based upon its consideration, the Committee will make recommendation to the Board of Governors of the Alaska Bar Association. The Board will determine, in its discretion, whether and to what extent to reimburse the applicant. The decision to reimburse the applicant will depend on the amount of money available to the Fund, the number of claimants seeking reimbursement, and the degree of hardship suffered by each claimant.

Claims will generally not be awarded until the completion of the disciplinary action against the attorney. It is important, therefore, that a claimant report dishonest conduct to Discipline Counsel immediately and cooperate with any investigation by the Alaska Bar Association.

**Direct inquiries to:
Discipline Counsel
Alaska Bar Association
P.O. Box 100279
Anchorage, AK 99510
907-272-7469**

client
security
fund



losses covered by the client security fund

client security fund

The Client Security Fund was established by the Alaska Bar Association to provide a remedy for clients who have lost money or other property as a result of the dishonest conduct of attorneys. The Fund is a remedy of last resort for clients who cannot get reimbursement from other sources, such as insurance or the attorney involved.

purpose of fund

The legal profession depends upon the trust of clients. Very few attorneys breach that trust. Nonetheless, it is important that the profession's reputation for honesty be maintained and protected. The Client Security Fund serves this function by providing reimbursement to clients whose money or property has been wrongfully taken by attorneys admitted to practice law in Alaska.

financing the fund

No tax dollars are used. The Client Security Fund is financed by judges and attorneys licensed to practice law in Alaska.

The Client Security Fund Committee, under rules established by the Supreme Court, administers the Fund and it may recommend reimbursement of losses caused by the dishonest conduct of attorneys admitted to the practice of law in Alaska, up to a maximum of \$10,000.00 for each claim and \$50,000.00 per attorney. Dishonest conduct means the wrongful taking of a client's money or other property. A situation in which an attorney did not complete work for which the client has paid or did not perform to the client's satisfaction does not, alone, constitute a claim. A claim for reimbursement must be filed with the Committee within three years after the client discovers the loss.

The Client Security Fund Committee does not have authority to discipline attorneys for misconduct, resolve fee disputes or determine legal malpractice claims. Fee disputes, complaints of misconduct or malpractice should be pursued by notifying the Alaska Bar Association or by civil lawsuit. In addition to filing a claim with the Client Security Fund Committee, a claimant should report the attorney's conduct to the Alaska Bar Association. A claimant should also report illegal acts, such as theft or embezzlement, to the local District Attorney.

how to file a claim

A claim form and other information and assistance is available by writing the Client Security Fund Committee or calling the Alaska Bar Association. A claimant is not required to be represented by an attorney in order to process a claim with the Fund.

Actions:

Statutory changes to grant the Board of Nursing the authority to regulate the practice of nurse aides including training programs and certification was introduced as SB 156. (See Appendix A) It was amended to allow a nurse aide to work for four months prior to certification. The bill passed the Senate by 19-0-1 on April 13, 1989. However, following Senate passage, the Sisters of Providence Corporation decided to oppose the legislation. The Sisters are concerned the Board will make requirements which are more stringent than they feel are necessary and are concerned about the cost implications of the program. Believing statutory authority to be premature, they lobbied against the Bill in the House. The Bill has been held up in the House Hess Committee for consideration during the 1990 session.

4. Objective:

Review annual reports from Alaska Nursing Education Programs for evaluation of continued approval. To perform site visits to the Schools of Nursing as required by statute and regulations.

Actions:

The Schools of Nursing annual reports were reviewed and discussed by the Board at the October meeting. The University of Alaska Baccalaureate Nursing Program and Associate Degree Nursing Program continue to be fully approved by the Board.

The Board granted provisional approval to Everett Community College School of Nursing in accordance with 12 AAC 44.020. Everett Community College is offering an RN completion program for practical nurses in Ketchikan.

No site visits were made during this fiscal year.

5. Objective:

Advise the Investigative Staff regarding Nurse Practice Act violations as necessary and to act upon cases as indicated after litigation hearings. Continue to utilize appropriate probationary agreements in lieu of contested hearings.

Actions:

In order to protect the objectivity of the Board members, limited advice is requested from the Board. The Board takes action to close cases under investigation. The Board's Executive Secretary and at times individual Board Members provide more in-depth advice and assistance to the investigator.

A summary of the disciplinary action by the Board reflects the Board's objective for utilizing stipulations for nurses recovering from chemical dependency. Three registered nurses were placed on probation. One LPN license was revoked and two RN licenses were revoked. The Board accepted the surrender of one RN license. The Board denied licenses to two registered nurses and one licensed practical nurse.

6. Objective:

Review procedures for monitoring probationary agreements.
Review progress of nurses with stipulated licenses.

Actions:

The Executive Secretary has been the staff person responsible for monitoring the nurses on probation. This involves requesting and follow-up of drug screening, employer and counselor reports. Nurses are periodically interviewed and AA/NA documentation is reviewed. This year 15 nurses were monitored. One nurse completed her probationary requirements and was reinstated.

Because of the increasing number of nurses being monitored, it was decided that the nurse aide program manager would share these responsibilities. Some of the case load was turned over to D. Fulton in May. She will assume more of the case load as time and other responsibilities allow.

Reports were given to the Board at each regularly scheduled meeting about the progress of those nurses on probation. Requests for appropriate release from terms of agreements such as counseling are taken up by the Board during the probation report time. One nurse violated probation and surrendered his license

7. Objective:

Review and revise regulations to comply with Statutes as needed.

a. Review Division recommendations and in concordance with the Division set licensure fees if indicated.

Actions:

The Division Administration reviewed the revenues and expenditures related to the Board of Nursing towards the end of FY 89. Randall Burns, Division Director, advised the Board in May that the Division will seek an increase in the nurse licensure fees during FY 90. This issue is expected to be taken up at the Board's September, 1989 meeting.

b. Develop regulations to implement statutory requirements for nursing assistants in conjunction with other state agencies as appropriate.

Actions:

Despite the fact that the legislation has not passed, the Division and Board staff have proceeded towards implementation of the OBRA requirements for long term care nurse aides.

Early in FY 89, the Division of Medical Assistance, Department of Health and Social Services, and the Division of Occupational Licensing signed an RSA giving Occupational Licensing funding to begin implementation of the nurse aide requirements.

A Nurse III position was approved and Dorothy Fulton, RN, MA, was hired into the position as the Nurse Aide Program Manager. Ms. Fulton has proceeded to develop criteria for program approval including required curriculum and criteria for certification as a nurse aide in Alaska. Proposals have been requested from two testing services marketing nurse aide competency exams in order to select a testing service for use in Alaska. The selection is expected to be made early in FY 90.

In developing the program criteria, two advisory groups were utilized. One group included licensed nurses employed in long-term care facilities. The other group is composed of nurse aides employed in long-term care. Both groups provided valuable input in the formation of the curriculum requirements.

According to the current federal time lines, nurse aides employed in long-term care facilities must be certified and registered with the State by January 1, 1990. With this date rapidly approaching, the Board and the Division are committed to assisting the long-term care facilities in meeting the deadline.

8. Objectives:

Receive interim and final reports from the Level of Entry Subcommittee. Take action based on the Level of Entry Subcommittee recommendations.

Actions:

This objective has continued to be a priority one for the Board and has required many hours of staff time.

The Level of Entry Subcommittee met July 14, 15, 1988; December 9, 10, 1988 and April 27, 28, 1989. An Anchorage

Contingency met on May 19, 1989 to complete work on the final report. The report is being completed and will be received by the Board at it's September, 1989 meeting.

Shirley Martin, RN, assumed the chair position when Constance Blair left the state. Ms. Martin chaired all of the meetings held during FY 89. She presented written and oral reports to the Board at each meeting. The Division budget was able to support the travel required for the July meeting but could not assist with travel for the remaining meetings. After the nursing community was made aware that the work of the committee was in jeopardy due to the lack of travel funds, several groups made donations to assist the group. A total of \$2,000 was donated to the subcommittee to use for travel of the individuals serving on the committee. The Board was pleased that the members of the committee were able to complete their task and look forward to the final report. See Appendix B for interim reports on the subcommittee's work.

9. Objective:

Increase awareness by licensees and consumers of Board of Nursing activities. Continue to provide continuing education offerings on the Nurse Practice Act, Position Papers and regulations. Use videotape on continued competency regulations in rural communities.

Actions:

The Board's Executive Secretary, Gail McGuill, has continued to provide educational offerings on the Alaska Nurse Practice Act, regulations and position statements.

Ms. McGuill writes a column, "Notes from the Board of Nursing" which is published in the Alaska Nurse bimonthly magazine. During the past year, she addressed several classes at both schools of nursing and meetings of the Alaska Organization of Nurse Executives, Alaska Nurses' Association District One, PEER Group Annual Conference, Alaska Nurses Association and Alaska Geriatric Conference. Ms. McGuill provided the keynote address to the First Annual Alaskan Conference on Professional Nursing Practice attended by 150 nurses from around the state. A total of 13 presentations were made between September, 1989 and May, 1989 to groups of nurses.

The fact sheet on the continued competency regulations continues to be used and is being updated to reflect the most current information. It includes a form to assist nurses in documenting volunteer professional activities and employment. This has helped provide essential information on these regulations which went into effect with the 1988 renewal. In addition, Providence Hospital videotaped a 35 minute presentation by Ms. McGuill on the competency regulations.

This was made available to nurses in rural communities. The video tape has been shown in Sitka, Fairbanks, Valdez, Petersburg and Wrangell.

10. Objective:

Continue to increase Board awareness and involvement in National Council State Boards of Nursing (NCSBN) activities by reviewing reports on NCSBN activities and by seeking funding for Board travel to NCSBN meetings.

Actions:

The Executive Secretary has been sending more of the reports and information on Council matters to the Board members for review.

Janet Buness and Gail McGuill served as voting delegates at the August, 1988 annual meeting of the National Council State Boards of Nursing in Des Moines, Iowa.

All Board members and staff attended the NCSBN Spring 1989 Area I meeting held in Anchorage.

This participation at the NCSBN meetings has helped the Board Members to understand their roles and to provide a better service to the state in protection of the public.

11. Objective:

Host the NCSBN Area I spring meeting on March 2, 3, 1989 in Anchorage.

Actions:

The Board of Nursing and staff hosted a wonderful Area I meeting in Anchorage at the Clarion Hotel. All Board members and staff attended the meeting. While the program content was established by The National Council, the social events were directed by the Board. They included a fur fashion show, a private tour of the Museum of History and Art, a dinner at the Museum catered by the Captain Cook Hotel and the Native Dress Review. Most attendees stayed to participate in the start of the Iditarod Dogsled Race.

The evaluation of the meeting showed everyone quite happy with the meeting and we certainly contributed to the state tourist trade.

12. Objective:

Participate in the Division sponsored Pain Symposium for Alaska licensed health professionals. Meet jointly with Medical and Pharmacy Boards to problem solve misuse of controlled substances involving prescribing and dispensing by these licensees.

Actions:

The members of the Board and staff attended the Pain Symposium held in October, 1988. The Executive Secretary served on the Program Committee and helped secure the speakers for the Conference.

The Conference was interdisciplinary and was well attended by the nursing community.

The following day, a joint meeting was held for the Nursing, Medical, Pharmacy and Dental Boards. This meeting helped improve the working relationship between the Boards and the Division. Common professional issues were discussed.

**GOALS AND OBJECTIVES
FY 90**

1. The Board of Nursing will continue to define, review, maintain, develop and interpret standards of nursing care that protect the Alaska consumer.
2. The Board of Nursing through the Division of Occupational Licensing will continue to license individuals in a timely manner consistent with the Alaska Statutes and Regulations and Board of Nursing Policy.
 - a. To continue the licensing procedures to include:
Licensed Practical Nurse and Registered Nurse endorsements and authorization to practice for Advanced Nurse Practitioners and Registered Nurse Anesthetists.
 - b. To license by examination LPN's and RN's. To fulfill contract responsibilities with the National Council of State Boards of Nursing.
3. Review annual reports from Alaska Nursing Education Programs for evaluation of continued approval. To perform site visits to the schools of nursing as required by statute and regulations.
4. Advise the Investigative Staff regarding Nurse Practice Act violations as necessary and to act upon cases as indicated after litigation hearings. Continue to utilize appropriate probationary agreements in lieu of contested hearings.
5. Develop procedures for monitoring probationary agreements. Review progress of nurses with stipulated licenses.
6. Review and revise regulations to comply with statutes as needed.
 - a. Review Division recommendations and in concordance with the Division set licensure fees if indicated.
 - b. Develop and implement regulations to bring Alaska into compliance with P.L. 100-203, including program approval, competency testing, certification and registry for nurse aides in conjunction with other state agencies as appropriate.

- c. Amend Registered Nurse Anesthetist regulations to further define the relationship between the collaborating physician and the RNA, and the ability of the RNA to prescribe drugs.
7. Receive the final report from the Level of Entry Subcommittee. Review, discuss and take public comment on the recommendations, develop statutory and regulatory changes based upon committee's recommendations and public comment.
8. Increase awareness by licensees and consumers of Board of Nursing activities. Continue to provide continuing education offerings on the Nurse Practice Act, Position Papers and regulations. Review video tape on Continued Competency Regulations for continued use in rural communities. Continue use of video tape or revise as appropriate.
9. Continue to increase Board awareness and involvement in National Council State Boards of Nursing (NCSBN) activities by reviewing reports on NCSBN activities and by seeking funding for Board member attendance at NCSBN meetings.
10. Review recommendations of the PADS project to determine need for alterations in regulations affecting ANP's with prescriptive authority. Collaborate with Medical and Pharmacy Boards to problem solve areas of concern indicated by the PADS report.
11. Followup on the recommendations from the report on nursing in Alaska correctional facilities.
12. Review problems with foreign nurse graduates not being successful on the exam and alternatives for helping them. Prepare an information sheet on licensing of foreign nurse graduates.
13. Update the guidelines for RN & LPN refresher courses.
14. Provide consultation to long-term care facilities on the nurse aide education program approval process, competency testing and certification.
15. Develop standards of practice for Practical Nurses in accordance with 08.68.100(9). Include a review and inclusion as necessary of positions statements; LPN Utilization in Administration of Oral Subcutaneous and IM Medications, Nursing Responsibilities in Intravenous Therapy.
16. Review nursing shortage issues and respond to community concerns within the Board's statutory authority.

BOARD TRAVEL REQUEST

A. Board Meetings

The Board of Nursing is authorized by statute to hold at least four meetings. Consequently, the Board requests funding to hold four meetings. The proposed sites are listed below:

FY 90

Fairbanks
Anchorage
Sitka
Anchorage

FY 91

Fairbanks
Anchorage
Juneau
Anchorage

B. Out of State Travel

During FY 90 the Board of Nursing requests travel for two Board members to attend the National Council State Boards of Nursing (NCSBN) Spring Area I Meeting in Phoenix, Arizona, on March 1 and 2, 1990. The second meeting travel request is for the NCSBN annual meeting to be held in Portland, Maine from August 7-11, 1990. Names of the Board members who might attend these meetings are Barbara Carberry and Janet Bunes for the Area I meeting, and Janet Bunes and Tina DeLapp for the annual meeting. Board members have suggested that one person attend both meetings for continuity in voting on the issues at the annual meeting.

For FY 91 requests will be submitted for two members to attend the same two meetings. The Spring Area I meeting will likely be held in Utah with the August annual delegate assembly scheduled for Chicago, Illinois.

It should be noted that as the Board's Executive Secretary is currently the Area I Director on the NCSBN Board of Directors, she will be attending these meetings at the expense of the Council.

BUDGET RECOMMENDATIONS

The following items are based on the FY 90 objectives and require fiscal consideration.

1. Continue to provide funding for two RN and two LPN exam administrations as required by contract with the National Council State Boards of Nursing (NCSBN). This should be done according to statutory requirements for statewide administration (08.68.190) in conjunction with Board policy. This would also require continuing the contract with NCSBN for the licensure examinations at the cost of \$3,000.00 per year.
2. Hold public hearings on the proposed regulations for nurse aide education and competency testing.
3. Secure travel funds for Tina DeLapp, the nurse educator on the Board to do a site visit to the Kenai/Soldotna site of the Everett Community College Associate Degree Nursing Program.
4. Distribute the Level of Entry Final Report and hold community "town meetings" on the recommendations around the state utilizing Board members, staff and possibly Level of Entry Subcommittee members. Educational offerings on the Nurse Practice Act, regulations and chemically dependent nurses could be provided by the Executive Secretary in the communities where she would be for the "town meetings".

LEGISLATIVE RECOMMENDATIONS

The Board of Nursing has no recommendations for proposed legislation to amend the Nurse Practice Act for this fiscal year.

REGULATION RECOMMENDATIONS

As indicated in the objectives for FY 90, the Board will participate in the regulation of long term nurse aides in accordance with the Governor's Administrative Order 415. The initial drafting of the regulations will be done by Dorothy Fulton, Nurse Aide Program Manager. They will be based upon the OBRA 87 requirements for nurse aide education, competency testing and certification to a registry. The content of the proposed regulations will parallel the Nurse Aide Training and Competency Evaluation Criteria Manual revised August 1989. Use of the regulatory process will serve to protect the consumer by defining the standards for education and competency based testing for nurse aides employed in long term care.

The second regulatory project deals with further defining the relationship of the collaborating physician to the registered nurse anesthetist. The Board has been questioned by two agencies on this matter in the past year. It is thought that further regulatory definition is necessary. In addition, the Board has had a request to further define the RNA's role in prescribing medications preoperatively and postoperatively. Again further definition is needed to protect the public so RNA's will continue to practice within their appropriate scope of practice.

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2 CS FOR SENATE BILL NO. 156 (FINANCE)
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 SIXTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 FOR AN ACT ENTITLED: 'AN ACT RELATING TO THE REGULATION OF NURSE AIDES BY
7 THE BOARD OF NURSING, AND PROVIDING FOR AN EFFECTIVE
8 DATE.'

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

10 * SECTION 1. AS 08.68.100(A)(1) IS AMENDED TO READ:

11 (1) ADOPT REGULATIONS NECESSARY TO IMPLEMENT THIS CHAPTER,
12 INCLUDING REGULATIONS PERTAINING TO PRACTICE AS AN ADVANCED NURSE
13 PRACTITIONER, (AND) A NURSE ANESTHETIST, AND A NURSE AIDE,

14 * SEC. 2. AS 08.68 IS AMENDED BY ADDING A NEW SECTION TO READ:

15 SEC. 08.68.215. REGULATION OF NURSE AIDES. THE BOARD SHALL, BY
16 REGULATION, ESTABLISH REQUIREMENTS FOR NURSE AIDE CERTIFICATION AND
17 REGISTRATION, STANDARDS FOR CONDUCTING NURSE AIDE TRAINING PROGRAMS,
18 AND GROUNDS FOR TAKING DISCIPLINARY ACTION AGAINST NURSE AIDES.

19 * SEC. 3. AS 08.68 IS AMENDED BY ADDING A NEW SECTION TO READ:

20 SEC. 08.68.218. REQUIRED CERTIFICATION AND REGISTRATION OF NURSE
21 AIDES. AFTER FOUR MONTHS OF EMPLOYMENT AS A NURSE AIDE, A PERSON MAY
22 NOT PERFORM AS A NURSE AIDE UNLESS THE PERSON IS CERTIFIED AND REGIS-
23 TERED UNDER THIS CHAPTER.

24 * SEC. 4. AS 08.68.220 IS AMENDED TO READ:

25 SEC. 08.68.220. FEES. THE DEPARTMENT OF COMMERCE AND ECONOMIC
26 DEVELOPMENT SHALL SET FEES UNDER AS 08.01.065 FOR EACH OF THE FOLLOW-
27 ING:

28 (1) REGISTERED NURSING.

29 (A) APPLICATION;

1 (B) LICENSE BY EXAMINATION;

2 (C) LICENSE BY ENDORSEMENT;

3 (D) LICENSE RENEWAL.

4 (E) TEMPORARY LICENSE.

5 (2) PRACTICAL OR VOCATIONAL NURSING:

6 (A) APPLICATION;

7 (B) LICENSE BY EXAMINATION;

8 (C) LICENSE BY ENDORSEMENT;

9 (D) LICENSE RENEWAL;

10 (E) TEMPORARY PERMIT, _ _

11 (3) NURSE AIDE: _

12 (A) APPLICATION; _

13 (B) EXAMINATION; _

14 (C) REGISTRATION; _

15 (D) REGISTRATION RENEWAL, _ _

16 * SEC. 5. AS 08.68.410 IS AMENDED BY ADDING A NEW SUBSECTION TO READ:

17 (9) "NURSE AIDE" MEANS A PERSON WHO, FOR COMPENSATION OR
18 PERSONAL PROFIT, UNDER THE DIRECTION AND SUPERVISION OF A LICENSED
19 PRACTICAL OR REGISTERED NURSE ASSISTS A LICENSED PRACTICAL OR REGIS-
20 TERED NURSE IN THE DELIVERY OF NURSING CARE.

21 * SEC. 6. SECTIONS 1, 2, 4, AND 5 OF THIS ACT TAKE EFFECT IMMEDIATELY
22 UNDER AS 01.10.070(C).

23 * SEC. 7. SECTION 3 OF THIS ACT TAKES EFFECT JANUARY 1, 1990.

Notes from the Board of Nursing

Gail McGuill, RN
Executive Secretary, Board of Nursing

The Board of Nursing, Level of Entry Subcommittee met March 24, 25, and 26, 1988 in Anchorage. This eighteen member working group will look at all the issues involved in changing the nursing practice requirements. The group is further charged with making regulation change recommendations to the Board of Nursing to implement two levels of nursing practice preparation.

First, the subcommittee met in small groups to discuss issues identified during the subcommittee's previous meeting in January. These small groups discussed endorsement rules, ANP regulations, implementation date, grandfather rights, curriculum change, faculty qualifications, competency definitions for practice, future trends in health care, and implications of changing the level of entry. A spokesperson from each group reported their discussion to the committee.

The subcommittee agreed on some issues. The statements agreed to became assumptions from which further discussion will take place. Assumptions made the first day are that the level of entry to professional nursing be the Bachelor of Science Nursing degree and that there be a "licensed other nurse" level. Assumptions made the second day dealt with endorsement rules; an applicant for licensure by endorsement who was educated prior to the implementation date should meet the requirements in effect in Alaska at the time of the applicant's original licensure. An ADN or diploma prepared nurse educated after our implementation date would be placed at the licensed other nurse level for licensure by endorsement.

A definition of grandfathering, found in Giffs Law Dictionary, will be used by the subcommittee. It defines grandfathering as "provisions permitting persons, engaged in certain business before the passage of an act regulating that business, to receive a license or prerogative without meeting all the criteria that the new entrants into the field would have to fulfill." Further identified was that grandfathering does not apply when the educational requirements are changed; an individual can't be grandfathered into holding an educational credential. Present licensees will be protected as they have been in the past. The group's position is to grandfather all RNs currently licensed in Alaska as professional nurses.

With regard to LPN licensure, the following assumptions were made for use by the subcommittee. The licensing of LPNs will be phased out at

implementation date. An established mechanism will be available for LPNs to make the transition to licensed other nurse prior to the implementation date. There will be no endorsement of LPNs after the implementation date.

Educational preparation for advanced nurse practitioners (ANP) was discussed. The assumption was declared that all newly authorized ANPs must meet the requirements for entry at the professional level with a BSN after implementation.

On the last day of the meeting, the major issues surrounding licensed nurse titles were reviewed and suggested titles were debated. Titling will be discussed further at future meetings.

The meetings of the subcommittee are open to the public. The members heard comments from nurses present at the March meeting. The Board of Nursing and the members of the subcommittee welcome comments on this subject and believe that knowing your concerns will help them make better decisions about these important issues. It is the intention of the Board of Nursing to hold informal meetings in local communities to provide information and receive comment on the final committee recommendations prior to Board action. Formal public hearings will also be held as part of the legislative and regulatory process when the Board moves forward to make changes.

The subcommittee will schedule another work session this summer in Anchorage. The major issues will be identification of competencies for the two levels of nursing, further identification of future trends and implication of changes and identification of curriculum changes based on suggested competencies.

Connie Bertholf Blair, Board Member, has been chairing the subcommittee. As she is beginning a professional leave of absence from the state, the chair will be assumed by Shirley Martin.

The members of the Level of Entry Subcommittee, their employers and the groups which they are representing follow:

Name and Employer	Representing
Marion Bayless, RN Alaska Area NHS, Anchorage	Alk Org. Nurse Exec.
Elizabeth Brenny, LPN Our Lady of Comp., Anchorage	LPNs
Debbie Golden, RN SOA, PHN, Fairbanks	Community Health
Carol Holtry, LPN Fairbanks Mem. Hosp.	LPNs

(Continued on page 8)

Board of Nursing Notes

(Continued from page 6)

Pat JuVette, RN, CRNA <i>Cordova Com. Hosp.</i>	Rural Hospitals
Barbara Krygier, RN <i>S.E. Reg. Res. Center, Juneau</i>	Community Health
Kathy Lockhart, RN <i>Ketchikan Gen. Hosp.</i>	Long Term Care
Shirley Martin, RN <i>Providence Hosp.</i>	Large Hospitals
Beth Maurer, RN <i>Humana Hosp.</i>	Large Hospitals
Barbara Miller, RN <i>Humana Hosp.</i>	AK Nurses' Assoc.
Judith Moses, RN <i>Fairbanks Mem. Hosp.</i>	Large Hospitals
Gail Stewart, RN, FNP <i>ANMC</i>	PEER Group
Anita Watts-Souquet, RN <i>UAA, ADN Program (formerly ACC, ADN Program)</i>	ADN Education
Tom Wilkinson, RN <i>Central Pen. Gen. Hosp., Soldotna</i>	Rural Hospital
Daryl Young, RN, FNP <i>UAA, BSN Program</i>	BSN Education
Barb Carberry, RN, CRNA <i>Kodiak Island Hospital</i>	Board member
Connie Bertholf, RN, FNP <i>UAA, MSN Program</i>	Board member
inda Todd, LPN <i>Fairbanks Mem. Hosp.</i>	Board member

If you would like further information about the work of the subcommittee, you may contact a member of the subcommittee, a Board member, or staffperson - Gail McGuill. If you wish to send us comments, do so by sending a letter to Level of Entry Subcommittee, Board of Nursing, 3601 "C" Street, Suite 722, Anchorage, AK 99503. We sincerely want to hear from nurses in Alaska.

"Soberfest: A Community Natural High"

Mark your calendar for May 20 and 21 and plan to bring your family and friends to the second annual "Soberfest: A Community Natural High." The Alaska Council on Prevention of Alcohol and Drug Abuse invites you to participate in this two-day celebration held in Anchorage. Soberfest is designed to promote an awareness that people can have fun without using alcohol and other drugs and will showcase a wide variety of healthy, alternative events. For more information, call Sharon Harris at (907) 349-6602.

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The Foundation of the National Student Nurses' Association awarded \$91,900 in scholarships and grants to students of nursing at the National Student Nurses' Association convention Awards Banquet which was held April 7, at the David Lawrence Convention Center, Pittsburgh, Pennsylvania.

ADVERTISE!!!

In an effort to defray the increasing costs of publication, the *Alaska Nurse* offers advertising space. Prices for ads are as follows:

1/8 page	\$35.00
1/4 page	\$65.00
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July 1 September 1
November 1

1987-1988 ALASKA NURSE

Copy Deadline

Distribution Date

June 18, 1988
August 20, 1988
October 22, 1988

July 15, 1988
September 15, 1988
November 15, 1988

We encourage all districts and members to participate in the publication of the *Alaska Nurse* by contributing NEWS and articles of interest to the professional community. We need to hear from YOU. Submit articles to: Alaska Nurses' Association, 237 East 3rd Ave., Anchorage, Alaska 99501. Ph: (907) 274-0827

Notes from the Board of Nursing

by Gail M. McGuill, RN

The Board of Nursing subcommittee on Level of Entry met on Dec. 9 and 10 in Anchorage. The committee spent most of the meeting refining the nursing process criteria for the two levels of nursing which were developed at the previous meeting. The definition section follows the one currently in law. However, the proposal expands it to include the nursing process criteria as part of the legal definition. The proposed definitions including the nursing process criteria are as follows:

Professional Nurse

Definition:

The practice of professional nursing is the performance of acts of professional service in assessing, diagnosing, planning, implementing, evaluation, counseling, teaching, and researching the health needs of individuals, families, and communities in structured and unstructured environments for compensation or personal profit. These acts require the application of a substantial body of specialized knowledge, judgment, and skills based on principles of biological, physiological and sociological, behavioral and nursing sciences.

Assessment:

Collects, validates, and expands data base reflecting interaction between the client and the environment to determine current and potential health status. Uses and modifies systems for communication and documenting assessments.

Nursing Diagnosis:

Identifies, prioritizes, modifies, and formulates nursing diagnoses derived from an analysis of a comprehensive data base.

Planning:

Develops an individualized comprehensive plan of care based on nursing diagnoses. Monitors consistency between comprehensive plan of care and plans of other health care providers. Analyzes research studies and incorporates findings in planning client care. Makes decisions regarding protocols, policies and procedures as guidelines for nursing practice.

Implementation:

Maintains accountability for own and delegated care. Designs and implements teaching plans to meet client needs identified in the comprehensive plan of care. Focuses on maintenance, promotion, restoration, and rehabilitation of health. Delegates selected aspects of care to others. Provides counseling to meet client needs identified in the comprehensive plan of care.

Evaluation:

Evaluates and modifies the comprehensive plan of care. Evaluates quality of own and delegated care. Participates in developing methods of evaluating quality of nursing practice. Communicates and documents findings. Participates in the collaboration of basic research studies.

Licensed Other Nurse

Definition:

The practice of licensed other nursing is the performance of acts of service in assessing, diagnosing, planning, implementing, and evaluating the health needs of individuals and families in structured environments for compensation or personal profit. These acts require the application of a body of specialized knowledge, judgment, and skills based on the principles of biological, physiological, sociological, behavioral and nursing sciences.

Assessment:

Collects and validates data to identify health care needs using an established assessment format. Communicates and documents assessments according to established communication systems.

Nursing Diagnosis:

Identifies and prioritizes nursing diagnoses based on assessment data. Collaborates in determining the interactive relationships among multiple nursing diagnoses.

Planning:

Develops individualized plan of care based on nursing diagnoses and consistent with the comprehensive plan. Uses principles derived from research in planning client care. Makes decisions for individualized plans of care in structured environments based upon established standards.

Implementation:

Maintains accountability for own and delegated care. Assists in formulating and implementing teaching plans to meet client care needs identified in the individualized plan of care. Focuses on restoration of clients' optimal level of health. Delegates selected aspects of care to others. Assists in counseling to meet client needs identified in the individualized plan of care.

Evaluation:

Evaluates client responses to nursing intervention and assists in modifying plans of care. Evaluates quality of own and delegated care. Assists in evaluating quality of nursing practice. Communicates and documents findings.

The second major topic focused on titles for two levels of licensed nurse. The committee recommended the Board consider the titles Registered Nurse (RN) and Associate Nurse (AN) or Registered Nurse (RN) and Registered Associate Nurse (RAN). They will also urge the Board to consider national trends in titling and titles advocated by professional organizations.

The committee's final report and recommendations to the Board will be prepared at their next meeting scheduled for April 13 and 14. The committee has received donations from the PEER Group, Alaska Organization of Nurse Executives and a concerned nurse from Kodiak. These funds have been used to reimburse committee members for travel expenses.

If you would like further information about the committee, contact a member of the subcommittee, a Board member or staff person, Gail McGuill. Send your comments to Level of Entry Subcommittee, Board of Nursing, 3601 "C" St., Suite 22, Anchorage, AK 99503. The Board and committee members are interested in the nursing community's comments.

Dentists, etc.

**CHAPTER 32.
DENTAL HYGIENISTS.**

Article

- 1. Examination and Licensing
(§ 08.32.010—§ 08.32.095)**
- 2. Regulation of Dental Hygienists
(§ 08.32.100—§ 08.32.180)**
- 3. General Provisions (§ 08.32.185—§ 08.32.190)**

**ARTICLE 1.
EXAMINATION AND LICENSING.**

- 10. License required**
- 20. Examination required**
- 30. Licensure by credentials**
- 35. Temporary license**
- 40. Application and fee**
- 60. Frequency and content of examination**
- 70. Registration and licensing of dental hygienists**
- 71. Renewal of registration**
- 81. Lapse and reinstatement of license**
- 95. Exemption from license requirement**
- 97. Fees**

Sec. 08.32.010. License required. Except as provided in AS 08.32.095, a person may not practice, offer or attempt to practice, or advertise or announce as being prepared or qualified to practice dental hygiene without a license and a current certificate of registration.

Sec. 08.32.020. Examination required. (a) An applicant for examination shall submit information that the person is

- (1) at least 18 years of age;
- (2) a graduate of an accredited high school;
- (3) a graduate or on the date of examination will be a graduate of a dental hygiene school that requires at least a two-year course and is accredited by the Commission on Accreditation of Dental and Dental Auxiliary Education Programs of the American Dental Association; and

(4) an examinee who has successfully completed the written theory examination of the American Dental Association Joint Commission on National Dental Examinations or an equivalent written examination given by the board, thereby demonstrating satisfactory theoretical knowledge of dental and basic biomedical sciences.

(b) An applicant for examination shall apply in writing to the secretary of the board at least 30 days before the date selected by the board for the examination.

Sec. 08.32.030. Licensure by credentials. The board may provide for the licensing without examination of a dental hygienist who

- (1) meets the criteria of AS 08.32.020(a);
- (2) has successfully passed a state or regional dental hygiene clinical examination which the board has determined is at least equivalent in scope, quality and difficulty to the Alaska clinical examination;
- (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;
- (4) has not failed the clinical dental hygiene examination of this state;
- (5) has not previously had a license to practice dental hygiene issued by any state or region revoked;
- (6) is personally interviewed by a board member;
- (7) pays the fees required under AS 08.32.097; and
- (8) is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding undertaken by dental or dental hygiene licensing jurisdiction.

Sec. 08.32.035. Temporary License. (a) The board may issue without examination a temporary license to an applicant for examination who is licensed to practice dental hygiene in another state and who meets the criteria of AS 08.32.030 but who has been in active clinical practice for less than two years immediately preceding application. A temporary license expires at the time notice is given of the results of the next scheduled examination and may not be reissued.

(b) A person practicing dental hygiene under (a) of this section is subject to all other provisions of this chapter and laws and regulations that apply to the practice of dental hygiene in this state.

(c) Time in active clinical dental hygiene practice under a temporary license may not be credited toward licensure by credentials under AS 08.32.030.

Sec. 08.32.040. Application and fee. An application for examination or determination of qualification for licensing under AS 08.32.030 or 08.32.035 shall be signed by the applicant and accompanied by the applicant's certificate of graduation from an accredited dental hygiene school and the required fees.

Sec. 08.32.060. Frequency and content of examination. (a) The examination shall be held at times and places determined by the board. The examination shall be designed to test the qualifications of the applicant to practice dental hygiene and shall consist of a written and a clinical examination.

(b) The subjects of the written examination shall include dental radiology, the state's laws on the practice of dental hygiene, and other subjects selected in accordance with the trends of dental hygiene education and professional and technical advances.

(c) The clinical examination shall test the applicant's skill in clinical procedures considered essential by the board for the practice of dental hygiene including the removal of calcareous deposits, accretions, and stains from the exposed surfaces of the teeth beginning at the epithelial attachment by scaling and polishing techniques.

(d) The board may require an applicant to pass a laboratory examination as a prerequisite to admission to the clinical examination if the board has reason to believe the applicant cannot practice safely on a clinical patient.

Sec. 08.32.070. Registration and licensing of dental hygienists. The board shall register each successful applicant and issue the applicant a license upon payment of all required fees.

Sec. 08.32.071. Renewal of Registration. At least 60 days before expiration of a licensee's registration certificate, the division of occupational licensing shall mail a form for renewal of registration to each licensed dental hygienist. Each licensee who wishes to renew a registration certificate shall complete the form and return it with the appropriate fee and evidence of continued professional competence as required by the board. The division of occupational licensing shall, as soon as practicable, issue a registration certificate valid for a stated number of years. Each licensee shall keep the registration certificate beside or attached to the licensee's license. Failure to receive the registration form does not exempt a licensee from renewing registration.

Sec. 08.32.081. Lapse and reinstatement of license. A licensed dental hygienist who does not pay the renewal registration fee forfeits the hygienist's license. The board may reinstate the license without examination within two years of the date on which payment was due upon written application, proof of continued professional competence, and payment of all unpaid renewal fees and any penalty fee established under AS 08.01.100(b).

Sec. 08.32.095. Exemption from license requirement. (a) A person enrolled as a full-time student in an accredited school of dental hygiene may perform dental hygiene procedures as part of a course of study without a license if

(1) the procedures are performed under the direct supervision of a member of the faculty who is licensed under AS 08.36, or under the direct supervision of a team of licensed faculty dentists, at least one of whom is licensed under AS 08.36; and

(2) the clinical program has received written approval from the board.

(b) A person practicing dental hygiene under (a) of this section is subject to all other provisions of this chapter and laws and regulations which apply to the practice of dental hygiene by a licensed dental hygienist.

Sec. 08.32.097. Fees. The Department of Commerce and Economic Development shall, by regulations adopted under AS 08.01.065, establish fees for dental hygienists for the following:

- (1) filing an examination and licensing application;
- (2) examination fee;
- (3) credential fee;
- (4) initial license;
- (5) registration fee;
- (6) filing a reexamination application;
- (7) duplicate license;
- (8) delinquent registration.

ARTICLE 2. REGULATION OF DENTAL HYGIENISTS.

Section

100. Employment of dental hygienists
110. Scope of work of dental hygienists
120. Place of employment
130. Information required
140. Supervision required
160. Grounds for discipline, suspension or revocation of license
165. Limits or conditions on license; discipline
171. Disciplinary sanctions
180. Violation

Sec. 08.32.100. Employment of dental hygienists. A licensed dentist, incorporated eleemosynary dental dispensary or infirmary, private school or welfare center, the United States of America or the state may employ a licensed dental hygienist.

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 calcareous 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 planning and periodontal soft tissue curettage;
 - (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; and
 - (6) if certified by the board and under the direct or indirect supervision of a licensed dentist, administer local anesthetic agents.
- (b) The board shall specify by regulation those additional functions that 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.

Sec. 08.32.120. Place of employment. A dental hygienist may practice in the office of a licensed dentist, or legally incorporated eleemosynary dental dispensary or infirmary, private school, welfare center, state or federal institution, village health facility, or in another place designated by the board.

Sec. 08.32.130. Information required. Every dental hygienist practicing dental hygiene in the state shall furnish the board with the name and address of the dentist under whose supervision the dental hygienist is practicing.

Sec. 08.32.140. Supervision required. A dental hygienist may not practice except under the general supervision of a licensed dentist or, if required by regulations issued under AS 08.32.110(b), the direct or indirect supervision of a licensed dentist.

Sec. 08.32.160. Grounds for discipline, suspension or revocation of license. The board may revoke or suspend the license of a dental hygienist, or may reprimand, censure, or discipline a licensee, if after a hearing, the board finds that the licensee

- (1) used or knowingly cooperated in deceit, fraud, or intentional misrepresentation to obtain a license or registration;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing or billing for professional services or engaging in professional activities;
- (3) advertised professional services in a false or misleading manner;
- (4) has been convicted of a felony or other crime that affects the licensee's ability to continue to practice competently and safely;
- (5) failed to comply with this chapter, with a regulation adopted under this chapter or under AS 08.36, or with an order of the board;
- (6) continued to practice after becoming unfit due to
 - (A) professional incompetence;
 - (B) addiction or dependence on alcohol or other drugs that impairs the licensee's ability to practice safely;
 - (C) physical or mental disability;

(D) failure to keep informed of or use current professional theories and practices;

(7) engaged in lewd or immoral conduct in connection with the delivery of professional services to patients;

(8) performed clinical procedures for compensation without being under the supervision of a licensed dentist.

Sec. 08.32.165. Limits or conditions on license; discipline.

(a) In addition to action under AS 08.32.160, upon a finding that by reason of demonstrated problems of competence, experience, education or health the authority to practice dental hygiene should be limited or conditioned or the practitioner disciplined, the board may reprimand, censure, place on probation, restrict practice by specialty, procedure or facility, require additional education or training, or revoke or suspend a license.

(b) *[Repealed, § 15 ch 59 SLA 1978.]*

Sec. 08.32.171. Disciplinary Sanctions. (a) *[Repealed by § 49 ch 94 SLA 1987.]*

(b) *[Repealed, § 49 ch 94 SLA 1987.]*

(c) The board may summarily suspend the license of a licensee who refuses to submit to a physical or mental examination under AS 08.36.070(b)(1). A person whose license is suspended under this section is entitled to a hearing by the board within seven days after the effective date of the order. If, after a hearing, the board upholds the suspension, the licensee may appeal the suspension to a court of competent jurisdiction.

(d) *[Repealed, § 49 ch 94 SLA 1987.]*

(e) *[Repealed, § 49 ch 94 SLA 1987.]*

Sec. 08.32.180. Violation. A person who violates a provision of this chapter or a regulation adopted under this chapter for which a penalty is not otherwise provided is guilty of a class B misdemeanor.

**ARTICLE 3.
GENERAL PROVISIONS.**

Section

185. Application of Administrative Procedures Act

187. Application of chapter

190. Definitions

Sec. 08.32.185. Application of Administrative Procedure Act. The Administrative Procedure Act (AS 44.62) applies to any action taken by the board under this chapter.

Sec. 08.32.187. Application of chapter. (a) This chapter applies to a person who practices, or offers or attempts to practice, as a dental hygienist in the state except

(1) a dental hygienist in the military service in the discharge of official duties;

(2) a dental hygienist in the employ of the United States Public Health Service, United States Veterans' Administration, Alaska Native Service, or another agency of the federal government, in the discharge of official duties;

(3) a dental hygienist licensed in another state who is teaching or demonstrating clinical techniques at a meeting, seminar, or limited course of instruction sponsored by a dental or dental auxiliary society or association or by an accredited dental or dental auxiliary educational institution.

(b) A person excepted from this chapter under (a) of this section shall be held to the same standard of care as a person covered by this chapter.

Sec. 08.32.190. Definitions. In this chapter

(1) "board" means the Board of Dental Examiners;

(2) "dental hygienist" means a person who is licensed by the board to perform those educational, preventive, and therapeutic services and procedures that licensed dental hygienists are educated to perform;

(3) "general supervision" means the dentist has authorized the procedures and they are being carried out in accordance with the dentist's diagnosis and treatment plan;

(4) "direct supervision" means the dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental hygienist;

(5) "indirect supervision" means a licensed dentist is in the dental facility, authorizes the procedures, and remains in the dental facility while the procedures are being performed by the dental hygienist.

CHAPTER 36.
DENTISTRY.

Article

1. Board of Dental Examiners
(§ 08.36.010—§ 08.36.091)
2. Examination and Licensing
(§ 08.36.100—§ 08.36.300)
3. Unlawful Acts (§ 08.36.310—§ 08.36.340)
4. General Provisions (§ 08.36.350—§ 08.36.370)

ARTICLE 1.
BOARD OF DENTAL EXAMINERS.

Section

10. Creation and membership of board
20. Term of office
25. Suspension of board members
30. Election of officers
40. Meetings
50. Quorum
61. Reimbursement for expenses
70. General powers
80. Applicability of Administrative Procedure Act
91. Records and reports

Sec. 08.36.010. Creation and membership of board. There is created the Board of Dental Examiners consisting of nine members. Six members shall be licensed dentists who have been engaged in the practice of dentistry in the state for five years immediately preceding appointment, two members shall be dental hygienists licensed under AS 08.32 who have been engaged in the practice of dental hygiene in the state for five years immediately preceding appointment, and one member shall be a public member.

Sec. 08.36.020. Term of office. The term of office of a member of the board begins on February 1.

Sec. 08.36.025. Suspension of board members. A member against whom an accusation has been filed under AS 44.62 for violation of AS 08.32.160 or AS 08.36.315 is suspended from the board until the decision of the board on the accusation takes effect under AS 44.62.520.

Sec. 08.36.030. Election of officers. The board shall elect a president and a secretary from among its members, each to serve for a term not to exceed two years.

Sec. 08.36.040. Meetings. The board shall meet at the call of the president at least four times annually and at other times necessary to conduct its business. In the absence of a call of the president, a majority of the board may call a meeting.

Sec. 08.36.050. Quorum. A majority of the board constitutes a quorum for the transaction of business.

Sec. 08.36.061. Reimbursement for expenses. Board members are entitled to per diem and travel expenses authorized for boards and commissions under AS 39.20.180. The department shall reimburse a member for other actual, reasonable expenses incurred in carrying out duties as a board member.

Sec. 08.36.070. General powers. (a) The board shall

(1) provide for the examination of applicants and issue licenses to those applicants it finds qualified;

(2) register licensed dentists and licensed dental hygienists who are in good standing;

(3) report annually to the governor and the department on the board's proceedings during the year, findings concerning the standards and availability of dental services in the state including the number of licensees, examination and licensing activities, other matters related to dental practice, and board receipts and expenditures;

(4) affiliate with the American Association of Dental Examiners, and pay annual dues to the association;

(5) hold hearings, and order the disciplinary sanction of a person who violates this chapter, AS 08.32, or a regulation of the board;

(6) supply forms for applications, licenses, permits, certificates, and other papers and records;

(7) enforce the provisions of this chapter and AS 08.32, and adopt or amend the regulations necessary to make the provisions of this chapter and AS 08.32 effective;

(8) adopt regulations ensuring that renewal of registration is contingent upon proof of continued professional competence by a licensed dentist or licensed dental hygienist;

(9) provide the department with the requirements for proof of continued professional competence and request the department to make these requirements available to each licensed dentist and licensed dental hygienist at least one year before the date on which the dentist or dental hygienist must renew his registration;

(10) at least annually cause to be published in a newspaper of general circulation in each major city in the state, a summary of disciplinary actions the board has taken during the preceding calendar year;

(11) issue permits or certificates to licensed dentists, licensed dental hygienists, and dental assistants who meet standards determined by the board for specific procedure that require specific education and training;

(12) regulate the reentry into practice of inactive dentists and dental hygienists.

(b) The board may

(1) order a licensed dentist or licensed dental hygienist to submit to a reasonable physical or mental examination if the dentist's or dental hygienist's physical or mental capacity to practice safely is at issue; and

(2) authorize its representative to inspect the practice facilities or patient or professional records of a dentist at reasonable times and in a reasonable manner to monitor compliance with this chapter and with AS 08.32.

Sec. 08.36.080. Applicability of Administrative Procedure Act. The board shall comply with the Administrative Procedure Act (AS 44.62).

Sec. 08.36.091. Records and reports. The board shall maintain

(1) a record of its proceedings;

(2) a register containing the name, office and home addresses, and other information considered necessary by the board, of each person licensed as a dentist or dental hygienist, and a register of the licenses revoked by the board, and information on the status of each licensee.

ARTICLE 2. EXAMINATION AND LICENSING.

Section

- 100. License required
- 110. Qualifications for license
- 120. Signing, photograph and filing date of application
- 130. Examination
- 160. Contents of examination
- 180. Re-examination
- 190. Grading of examination
- 230. Practice outside the state
- 234. Licensure by credentials
- 238. Exemption from license requirement
- 240. Issuance and display of license
- 244. License to practice as specialist required
- 246. Qualification for a specialist license
- 247. Limitation of special practice
- 248. Suspension or revocation of specialty licenses
- 250. Renewal of registration
- 260. Branch office registration
- 271. Permits for isolated areas
- 290. Fees

Sec. 08.36.100. License required. Except as provided in AS 08.36.238, a person may not practice, or attempt to practice, dentistry without a license and a current certificate of registration.

Sec. 08.36.110. Qualifications for license. An applicant for a license to practice dentistry shall

(1) be a graduate of a dental school that at the time of graduation is accredited by the Commission on Accreditation of the American Dental Association;

(2) hold a certificate from the American Dental Association Joint Commission on National Dental Examinations that the applicant has successfully passed the written examination given by the commission;

(3) submit proof satisfactory to the board that the applicant

(A) has not had a license to practice dentistry revoked or suspended in this state or another state; and

(B) is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding in another state;

(4) pass, to the satisfaction of the board, written, clinical, and other examinations administered or approved by the board; and

(5) meet the other qualifications for a license established by the board by regulation.

Sec. 08.36.120. Signing, photograph and filing date of application. Each applicant shall submit a recent unmounted, autographed photograph of the applicant. Applications shall be signed by the applicant and filed at least 45 days before the date scheduled for an examination.

Sec. 08.36.130. Examination. An examination shall be given at least once a year and at other times and at places determined by the board to be convenient and economical for the applicants and the state. At least once each year the board shall appoint an examination committee of at least three licensed dentists who have been engaged in the practice of dentistry in the state for five years immediately preceding appointment to conduct or to supervise the examination process for applicants for licenses to practice dentistry. The board shall also appoint an examination committee of at least two licensed dentists who have been engaged in the practice of dentistry in the state for five years immediately preceding appointment and one person licensed to practice dental hygiene in the state to conduct the examination for applicants for licenses to practice dental hygiene. The examination committees shall report the results to the board for official action.

Sec. 08.36.160. Contents of examination. (a) The examination conducted or approved by the board shall be designed to test the qualifications of the applicant to practice dentistry and shall consist of a written and a clinical examination.

(b) The subjects of the written examination shall include dental radiology, the state's laws on the practice of dentistry, and other subjects selected in accordance with the trend of dental education and professional and technical advances.

(c) The clinical examination shall test the applicant's skill in operative and the prosthetic dentistry or any procedures as selected by the board from procedures recommended by the American Dental Association Joint Commission on National Dental Examinations.

(d) The board may require an applicant to pass a laboratory examination as a prerequisite to admission to the clinical examination if the board has reason to believe the applicant cannot practice safely on a clinical patient.

Sec. 08.36.180. Reexamination. An applicant shall pass the examination conducted or approved by the board with a score equal to or exceeding the minimal acceptable score set by the board by regulation. If an applicant fails the examination, the applicant may be reexamined. If an applicant fails the examination on two separate occasions, the board shall refuse to examine the applicant further until the applicant produces evidence satisfactory to the board that the applicant has pursued further study in preparation for the examination.

Sec. 08.36.190. Grading of examination. Upon the conclusion of the written examination and as soon as practicable, the papers shall be rated by an examiner. The examiner shall prepare a report in duplicate on each written examination and a report in duplicate on each practical examination. The examiner shall forward one copy of each report on each candidate to the secretary of the board and one copy to the Division of Occupational Licensing. The secretary shall prepare a composite report on each applicant and file one copy of that report with the Division of Occupational Licensing. As soon as practicable the Division of Occupational Licensing shall notify each candidate of the results of the examination.

Sec. 08.36.230. Practice outside the state. A dentist licensed to practice in this state and residing and practicing dentistry outside this state, may maintain his eligibility to practice in this state by registering the dentist's name and place of residence with the Division of Occupational Licensing every four years and submitting proof of continued professional competence as required by the board. If the dentist fails to register, the board may reinstate the dentist's license without examination upon payment of applicable fees established by regulations adopted under AS 08.01.080, payment of a penalty established under AS 08.01.100(b), presentation of proof of continued professional competence, and presentation of proof of active practice certified by the dental board having jurisdiction or, if there is no board with jurisdiction, by evidence satisfactory to the board.

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.

Sec. 08.36.238. Exemption from license requirement. (a) A person enrolled as a full-time student in an accredited school of dentistry may perform procedures as part of a course of study without a license if

(1) the procedures are performed under the direct supervision of a member of the faculty who is licensed under this chapter, or under the direct supervision of a team of licensed faculty dentists, at least one of whom is licensed under this chapter; and

(2) the clinical program has received written approval from the board.

(b) A person practicing dentistry under (a) of this section is subject to all other provisions of this chapter and to other laws and regulations which apply to the practice of dentistry.

Sec. 08.36.240. Issuance and display of license. The board shall issue a license to each successful dentist applicant who has paid the required fees. The licensee shall display the license in a conspicuous place where the licensee practices.

Sec. 08.36.244. License to practice as specialist required. A licensed dentist may not hold out to the public as being especially qualified in a branch of dentistry by announcing through the press, sign, card, letterhead or printed matter, or any means of public advertising, using such terms as "specialist," or inserting the name of the specialty, or using other phrases customarily used by qualified specialists that would imply to the public that the dentist is so qualified, without first securing a specialist's license as provided in this chapter.

Sec. 08.36.246. Qualification for a specialist license. (a) An applicant for a specialty license shall

(1) possess a license to practice dentistry in the state;

(2) have completed as many academic years of advanced education in the specialty as are required by the appropriate specialty board in a program accredited by the Commission on Accreditation of the American Dental Association or its successor agency; and

(3) be a diplomat or the equivalent of the appropriate specialty board, or be eligible to be examined for diplomat status as documented by an organization recognized by the American Dental Association.

(b) The provisions of (a)(2) and (3) of this section do not apply to dentists who limit their practice exclusively and who ethically announce limitation of practice in accordance with the Principles of Ethics and Code of Professional Conduct of the American Dental Association.

Sec. 08.36.247. Limitation of special practice. (a) A specialty license may not be issued unless the applicant presents proof satisfactory to the board that the applicant is qualified to practice that specialty. A specialist appointed by the board and licensed in that specialty shall assist the board in the licensing procedures.

(b) This section may not be construed as limiting or preventing a licensed and qualified dentist from performing, without a specialty license, dental acts or services to the public in any of the branches of dentistry, except that no dentist may administer a general anesthetic to a patient without a valid permit as required by regulations of the dental examiners board.

Sec. 08.36.248. Suspension or revocation of specialty licenses. The board may suspend or revoke a specialty license upon any grounds set out in AS 08.36.315, and the procedure shall be the same as for the revocation or suspension of a license to practice dentistry.

Sec. 08.36.250. Renewal of registration. (a) At least 60 days before expiration of a licensee's registration certificate, the division of occupational licensing shall mail a form for renewal of registration to each licensed dentist. Each licensee who wishes to renew a license shall complete the form and return it with the appropriate fee and evidence of continued professional competence as required by the board. The division of occupational licensing shall, as soon as practicable, issue a registration certificate valid for a stated number of years. Each licensee shall keep the registration certificate beside or attached to the licensee's license. Failure to receive the registration form does not exempt a licensee from renewing registration.

(b) When applying for license renewal, a dentist shall report to the board each instance during the prior registration period in which the quality of the licensee's professional services was the subject of legal action.

Sec. 08.36.260. Branch office registration. A licensee who practices in an established office with an address other than that address for which the licensee's registration certificate is issued shall obtain a branch office registration certificate for each office.

Sec. 08.36.271. Permits for isolated areas. (a) The Department of Health and Social Services shall designate as isolated areas those specific places and regions remote from major population centers which are not served by dentists licensed under this chapter and which have a geographical location which works financial hardship, extended loss of time, or arduous and costly travel upon residents needing dental care.

(b) The board shall, upon recommendation of the Department of Health and Social Services, issue an annual permit authorizing the treatment of residents in an area designated under (a) of this section, who are not entitled to dental care by the state or federal government, by a dentist employed by the United States Public Health Service or qualified member of the armed services who serves in that area.

Sec. 08.36.290. Fees. The department shall, by regulations adopted under AS 08.01.065, establish fees for dentists for the following:

- (1) filing an examination and licensing application;
- (2) examination fee;
- (3) credential review;
- (4) initial license;
- (5) registration fee;
- (6) filing a reexamination application;
- (7) specialty license;
- (8) branch office registration;
- (9) duplicate license;
- (10) delinquent registration.

ARTICLE 3. UNLAWFUL ACTS.

Section

315. Grounds for discipline, suspension or revocation of license

320. Disciplinary sanctions

340. Penalties

Sec. 08.36.315. Grounds for discipline, suspension or revocation of license. The board may revoke or suspend the license of a dentist, may reprimand, censure, or discipline a dentist, or both, if the board finds after a hearing that the dentist

- (1) used or knowingly cooperated in deceit, fraud, or intentional misrepresentation to obtain a license;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing or billing for professional dental services or engaging in professional activities;

(3) advertised professional dental services in a false or misleading manner;

(4) has been convicted of a felony or other crime that affects the dentist's ability to continue to practice dentistry competently and safely;

(5) engaged in the performance of patient care, or permitted the performance of patient care by persons under the dentist's supervision, that does not conform to minimum professional standards of dentistry regardless of whether actual injury to the patient occurred;

(6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;

(7) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) failure to keep informed of or use current professional theories or practices;

(C) addiction or dependence on alcohol or other drugs that impairs the dentist's ability to practice safely;

(D) physical or mental disability;

(8) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients;

(9) permitted a dental hygienist or dental assistant who is employed by the dentist or working under the dentist's supervision to perform a dental procedure in violation of AS 08.32.110 or AS 08.36.070(a)(11);

(10) failed to report to the board a death that occurred on the premises used for the practice of dentistry within 48 hours.

Sec. 08.36.320. Disciplinary Sanctions. (a) *[Repealed, § 49 ch 94 SLA 1987.]*

(b) *[Repealed, § 49 ch 94 SLA 1987.]*

(c) The board may summarily suspend the license of a licensee who refuses to submit to a physical or mental examination under AS 08.36.070(b)(1). A person whose license is suspended under this section is entitled to a hearing by the board within seven days after the effective date of the order. If, after a hearing, the board upholds the suspension, the licensee may appeal the suspension to a court of competent jurisdiction.

(d) *[Repealed, § 49 ch 94 SLA 1987.]*

(e) *[Repealed, § 49 ch 94 SLA 1987.]*

Sec. 08.36.340. Penalties. A person who violates any provision of this chapter or regulations adopted under this chapter for which no specific penalty is provided is guilty of a class B misdemeanor.

**ARTICLE 4.
GENERAL PROVISIONS.**

Section**350. Application of chapter****360. Practice of dentistry defined****365. Rights of dentists****370. Definitions**

Sec. 08.36.350. Application of chapter. (a) This chapter applies to a person who practices, or offers, or attempts to practice dentistry in the state except

(1) dental surgeon or dentist in the military service in the discharge of official duties;

(2) a dentist in the employ of the United States Public Health Service, United States Veterans' Administration, Alaska Native Service, or other agency of the federal government, in the discharge of official duties;

(3) a physician or surgeon;

(4) a dentist providing care in an isolated area by authority of a permit issued under AS 08.36.271;

(5) a dentist licensed in another state who is teaching or demonstrating clinical techniques at a meeting, seminar or limited course of instruction sponsored by a dental or dental auxiliary society or association or by an accredited dental or dental auxiliary educational institution;

(6) a dentist licensed in another state who provides emergency care to an injured or ill person who reasonably appears to the dentist to be in immediate need of emergency aid in order to avoid serious harm or death if the care is provided without remuneration.

(b) A person excepted from this chapter under (a) of this section shall be held to the same standard of care as a person covered by this chapter.

Sec. 08.36.360. Practice of dentistry defined. A person engages in the practice of dentistry who

(1) performs or holds out to the public as being able to perform dental operations;

(2) diagnoses, treats, operates on, corrects, attempts to correct, or prescribes for, a disease, lesion, pain, injury, deficiency, deformity, or physical condition, malocclusion or malposition of the human teeth, alveolar process, gingiva, maxilla, mandible, or adjacent tissues;

(3) performs or attempts to perform an operation incident to the replacement of teeth;

(4) furnishes, supplies, constructs, reproduces, or repairs dentures, bridges, appliances or other structures to be used and worn as substitutes for natural teeth, except on prescription of a duly licensed and registered dentist and by the use of impressions or casts made by a duly licensed and registered dentist;

(5) uses the words "dentist" or "dental surgeon" or the letters D.D.S. or D.M.D. or other letter or title that represents the dentist as engaging in the practice of dentistry;

(6) extracts or attempts to extract human teeth;

(7) exercises control over professional dental matters or the operation of dental equipment in a facility where the acts and things described in this section are performed or done.

Sec. 08.36.365. Rights of Dentists. A dentist licensed in this state may

(1) practice in an association, partnership, corporation or other lawful entity with other dentists including specialists;

(2) practice under the name of "dental center" or other descriptive term that does not deceive the public about the nature of the services provided;

(3) supervise research that would otherwise violate this chapter or regulations adopted under this chapter when the research does not involve treatment of dental patients if the research is performed by a nonprofit dental research institution chartered by this state or by a dental or dental auxiliary school accredited by the Commission on Accreditation of the American Dental Association, or its successor agency;

(4) supervise research that would otherwise violate this chapter or regulations adopted under this chapter when the research involves the treatment of dental patients if the research is performed by a nonprofit dental research institution chartered by this state or by a dental or dental auxiliary school accredited by the commission on accreditation of the American Dental Association, or its successor agency, and if the dentist notifies the board in writing, at least 60 days before beginning the treatment, of the intended practices or procedures and the board does not disapprove the research.

Sec. 08.36.370. Definitions. In this chapter, unless the context requires otherwise,

(1) "board" means the Board of Dental Examiners;

(2) "department" means the Department of Commerce and Economic Development.

**CHAPTER 28.
BOARD OF DENTAL EXAMINERS**

Article

1. Administering of Anesthetic Agent (12 AAC 28.010—12 AAC 28.090)
2. Clinical Examination for Licensure (12 AAC 28.100—12 AAC 28.290)
3. Administration of Local Anesthetic Agents by Dental Hygienists (12 AAC 28.310—12 AAC 28.360)
4. Continuing Professional Competence Requirements (12 AAC 28.400—12 AAC 28.420)
5. Dental Hygienist Examination (12 AAC 28.500)
6. General Provisions (12 AAC 28.900—12 AAC 28.990)

**ARTICLE 1.
ADMINISTERING OF ANESTHETIC AGENT**

Section

10. Permit requirements
20. Operative procedure
30. Other than permit holders
40. Written consent
50. Medical history
60. Requirements for administering general anesthetic
70. Suspension or revocation of permit
80. Filing report
90. Definition

12 AAC 28.010. PERMIT REQUIREMENTS. The Alaska Board of Dental Examiners shall issue a permit to a dentist licensed in Alaska for the administration of an anesthetic agent or agents for the purpose of inducing general anesthetic if the applicant offers certified proof that he

- (1) is a diplomate of the American Board of Oral Surgery; or
- (2) is a member of the American Society of Oral Surgery; or
- (3) has fulfilled not less than 36 months of oral surgery advanced education approved by the Council on Dental Education of the American Dental Association; or
- (4) is a certified member of an American Dental Association Specialty Board and meets the minimum requirement in anesthesiology as recommended by the American Board of Oral Surgery; or
- (5) has completed a minimum of one year of advanced training in anesthesiology in an accredited program beyond the undergraduate dental school level.

12 AAC 28.020. OPERATIVE PROCEDURE. A dentist administering a general anesthetic may not perform any operative procedures for the duration of the anesthesia. "Operative procedure" means surgical or restorative manipulations in or about the oral cavity.

12 AAC 28.030. OTHER THAN PERMIT HOLDERS. In addition to a dentist holding a valid permit for the administration of an anesthetic agent or agents for the purpose of inducing general anesthesia, as provided in 12 AAC 28.010, the following persons may administer an anesthetic agent:

(1) a registered nurse certified by the Association of Nurse Anesthetists who while in a dental office administers the anesthetic agent under the direct supervision of a dentist holding a valid permit under 12 AAC 28.010;

(2) a board-eligible anesthesiologist who while in a dental office administers the anesthetic agent while under the direct supervision of a dentist holding a valid permit under 12 AAC 28.010;

(3) a dentist who administers an anesthetic agent under the direct supervision of a medical doctor in a licensed hospital even though the dentist does not have a valid permit to do so under 12 AAC 28.010.

12 AAC 28.040. WRITTEN CONSENT. Written consent of the patient shall be obtained prior to the administration of a general anesthetic. In the case of a minor, the consent shall be obtained from his parent or legal guardian.

12 AAC 28.050. MEDICAL HISTORY. (a) A medical history shall be taken before the administration of a general anesthetic. Patients should be asked to describe any current treatments, including drugs, impending operations, and pregnancies and to give other information that may be helpful to the person administering the anesthetic agent. The dentist is not required to make a medical examination of the patient and draw medical diagnostic conclusions; therefore, if the dentist suspects a problem and calls in a physician for an examination and evaluation, he may then rely upon that conclusion and the diagnosis.

(b) Questions asked of and answers received from the patient shall be permanently recorded and signed by the patient before the administration of any general anesthetic and this record shall become a permanent part of the patient's treatment record.

12 AAC 28.060. REQUIREMENTS FOR ADMINISTERING GENERAL ANESTHETIC. A holder of a permit to administer a general anesthetic for the purpose of inducing surgical anesthesia shall

(1) obtain and maintain an adequate airway for the patient;

(2) use an oxygen machine and have it available for maintaining the ventilation of the lungs;

(3) have the knowledge of and be able to skillfully place needles into veins for the administration of drugs; and

(4) maintain in his office at all times appropriate drugs and medicines for emergencies.

12 AAC 28.070. SUSPENSION OR REVOCATION OF PERMIT. A permit to administer a general anesthetic for the purpose of inducing surgical anesthesia shall automatically become revoked upon the suspension or revocation of the holder's license to practice dentistry in the state.

12 AAC 28.080. FILING REPORT. In reporting a death as required under AS 08.36.310(26), each member of the anesthesia team that administered the anesthetic agent or agents, shall file an individual report which includes his individual findings. Within two weeks of the receipt of these reports by the board, the board will review them and make a determination in writing as to whether further investigation by the board should be made.

12 AAC 28.090. DEFINITION. "General anesthesia" means surgical or the third stage of anesthesia. The use of an anesthetic agent for introduction of analgesia (first stage) or amnesia is not to be construed as the practice or use of general anesthesia.

ARTICLE 2. CLINICAL EXAMINATION FOR LICENSURE

Section

- 100. Examiners appointed
- 105. Examination
- 110. Identification of applicant
- 120. Operatory assigned to applicant
- 130. Equipment
- 140. Patients
- 150. Assistants
- 160. Sections of examination
- 170. Time allowed for clinical examination
- 180. Criteria for teeth to be restored
- 190. Local anesthesia; rubber dam
- 200. Items to be turned in to the board
- 210. All work performed in clinic by applicant
- 220. Laboratory procedures
- 230. Examiners may contact patient, take photographs and models
- 240. Steps of operations checked by examiners
- 250. Errors or omissions requiring failing grade
- 260. Grading of the board clinical examination
- 270. Computation of grade
- 280. Notification of grades
- 290. Reexamination

12 AAC 28.100. EXAMINERS APPOINTED. Before each clinical examination, the board will appoint three or more persons as examiners for that examination. Each examiner must meet the qualifications established by AS 08.36.130

12 AAC 28.105. EXAMINATION. (a) An applicant for a license to practice dentistry in Alaska must hold a certificate from the American Dental Association Joint Commission on National Dental Examinations, verifying that the applicant has passed both Parts I and II of the written examination given by the commission before the applicant may take the clinical examination.

(b) The clinical examination will be the examination conducted by the Western Regional Examining Board (WREB), unless the board decides to conduct its own examination under 12 AAC 28.110—12 AAC 28.250.

(c) The minimum passing score for the clinical examination is 70 percent or "pass" if a pass/fail grading system is used.

12 AAC 28.110. IDENTIFICATION OF APPLICANT. (a) Under AS 08.01.050, the department will assign each applicant for the examination a number by which he or she is identified during the examination.

(b) No applicant may reveal his or her identity to an examiner until grading has been completed by the examiners.

(c) No applicant may make any reference orally or in writing to an examiner about any dental college, professor, present licenses held, present position, or specialty until grading has been completed by the examiners.

(d) No equipment, supplies, apparel, or items which are turned into the examiners may identify the applicant except by the number assigned by the department.

12 AAC 28.120. OPERATORY ASSIGNED TO APPLICANT. Each applicant will be assigned an operatory in which the applicant will perform the required clinical procedures. Any change in operatory assignment must be approved by the licensing examiner employed by the division.

12 AAC 28.130. EQUIPMENT. (a) Each applicant shall bring to the examination his or her own materials and armamentaria.

(b) The board will furnish each applicant an operatory equipped with a chair and a unit.

(c) X-ray equipment will be available.

12 AAC 28.140. PATIENTS. (a) An applicant shall secure his or her own patients for the clinical examination.

(b) An applicant shall provide the examiners with his or her patients' names, addresses, and telephone numbers.

(c) An applicant shall submit to the examiners a completed patient health questionnaire on a form provided by the board.

(d) An applicant shall provide the examiners with the name of a licensed dentist who has agreed to provide follow-up care for the patient.

12 AAC 28.150. ASSISTANTS. (a) An applicant may use a chair-side assistant and is responsible for securing his or her own assistant.

(b) No dentist, dental student, or dental laboratory technician may assist an applicant.

(c) No assistant may perform any laboratory work or any procedure that will be graded.

12 AAC 28.160. SECTIONS OF EXAMINATION. (a) The examination consists of the following sections:

(1) a clinical examination of the following subjects:

(A) repealed 7/10/86;

(B) one class II MOD gold inlay restoring contact, occlusion, and anatomy;

(C) one class II-MO, DO, or MOD amalgam restoring contact, occlusion, and anatomy; and

(D) a dental operation other than those indicated in (1)(A), (B), and (C) of this subsection if, in the opinion of three or more examiners, clinical conditions warrant; and

(2) a written examination covering the following subjects:

(A) prosthetics;

(B) oral diagnosis, oral medicine, and radiology;

(C) Alaska statutes and regulations related to the practice of dentistry;

(D) other current dental education subjects chosen by the board.

(b) The board will, in its discretion, waive the requirements of (a)(2) of this section.

(c) The written examinations are of the objective type and may use photographs or transparencies, or both, to present case material.

(d) Answers must be recorded on answer sheets furnished by the board.

(e) No applicant may leave the written examination site during the examination without permission of an examiner.

(f) All unanswered questions will be marked against the applicant.

(g) Repealed 7/14/85.

(h) No applicant may remove examination materials from the examination site.

(i) No applicant may copy examination materials.

(j) Any applicant assisting or receiving assistance from another applicant or violating any provision of this section will receive a score of zero on each section of that examination.

(k) Except as otherwise provided in this subsection, the repeal of (a)(1)(A) of this section, eliminating the gold foil restoration subject from the clinical section of the examination, affects only those who take the examination after the effective date of the repeal. However, a person who failed only the gold foil restoration subject of the November, 1985, clinical examination, need not be reexamined in the clinical section.

12 AAC 28.170. TIME ALLOWED FOR CLINICAL EXAMINATION. (a) The following time periods are allowed for completion of the parts of the clinical examination subjects:

- (1) repealed 7/10/86;
- (2) for the amalgam restoration, two and one-half hours;
- (3) for the gold inlay preparation, two and one-half hours;
- (4) for laboratory procedures for fabricating inlay casting, two and one-half hours;
- (5) for laboratory preparation of the cast gold inlay before seating in the patient's mouth, one hour;
- (6) for seating the gold inlay restoration, two and one-half hours; and
- (7) for the written examination, two hours.

(b) Time allowed under (a) of this section begins when the applicant is told to begin work.

12 AAC 28.180. CRITERIA FOR TEETH TO BE RESTORED.

(a) Carious lesions are categorized as follows:

- (1) enamel caries only;
- (2) caries perforating the dentoenamel junction but not extensively into the dentine;
- (3) extensive dentine caries, usually requiring a base; and
- (4) possible pulpal exposure.

(b) Only carious lesions described in (a)(2) and (3) of this section are accepted by the board for the clinical examination. Three examiners must approve any deviation from this requirement.

(c) All teeth to be restored must be permanent teeth and final restoration must be in occlusion and have proximal contact.

12 AAC 28.190. LOCAL ANESTHESIA; RUBBER DAM. (a)

Only local anesthesia may be used and at the applicant's discretion.

(b) The following operations must be performed with a rubber dam in place:

- (1) repealed 7/10/86;
- (2) gold inlay cavity preparation and restoration; and
- (3) amalgam cavity preparation and restoration.

12 AAC 28.200. ITEMS TO BE TURNED IN TO THE BOARD.

(a) Repealed 7/10/86.

(b) Upon completion of the gold inlay restoration, each applicant shall provide the board with

- (1) a preoperative periapical and bitewing radiograph, and a postoperative bitewing radiograph of the restored tooth; and
- (2) a die of the restored tooth, even if the inlay was cast from a direct wax pattern.

(c) Upon completion of the amalgam restoration, each applicant shall provide the board with a preoperative periapical and bitewing radiograph, and a postoperative bitewing radiograph of the restored tooth.

(d) Upon completion of all operative procedures, each applicant shall provide the board with the check sheet, furnished by the board, with all information completed as requested.

(e) All items listed in (a) - (d) of this section become the property of the board and will not be returned to the applicant.

(f) Failure to comply with the requirements of this section will result in invalidation of the applicant's entire examination results.

12 AAC 28.210. ALL WORK PERFORMED IN CLINIC BY APPLICANT. (a) All operative dentistry procedures, including

laboratory procedures, must be performed at the site selected by the board for the examination. Any applicant found performing any operative procedure elsewhere will receive a grade of zero on all sections of that examination.

(b) Any applicant assisting or receiving assistance from another applicant will receive a score of zero on all sections of that examination.

(c) An applicant who fails to complete all subjects of the clinical examination for which he or she is scheduled will receive no credit for subjects completed.

12 AAC 28.220. LABORATORY PROCEDURES. (a) Each applicant shall perform all laboratory procedures necessary to prepare

his or her gold inlay wax pattern for casting. At that point he or she shall turn in to the examiners

- (1) the ring with the wax pattern invested;
- (2) patient models;
- (3) a written prescription indicating
 - (A) the type of gold to be used for the casting;
 - (B) the burn-out time;
 - (C) the burn-out temperature; and
 - (D) any other information he or she considers pertinent.

(b) One or more dental laboratory technicians selected by the board will cast each applicant's gold inlay or inlays according to the applicant's written prescriptions and return the castings, patient models, and written prescriptions to the examiners.

(c) The examiners shall inspect the gold inlay castings before returning them to the applicants.

(d) Laboratory fees incurred for the castings are the responsibility of the applicant.

(e) Each applicant may prepare as many wax patterns for casting as he or she wishes.

12 AAC 28.230. EXAMINERS MAY CONTACT PATIENT, TAKE PHOTOGRAPHS AND MODELS. (a) The examiners may

contact an applicant's patient after the patient has left the examination site to reexamine work performed or determine whether the patient is experiencing any difficulty as a result of work performed.

(b) The examiners may photograph or take models or both of any cavity preparation or restoration done by an applicant and all photographs or models taken become the property of the board.

12 AAC 28.240. STEPS OF OPERATIONS CHECKED BY EXAMINERS. (a) Repealed 7/10/86.

(b) For the gold inlay subject of the clinical examination, the following minimum number of examiners shall check an applicant's performance at the following steps of the applicant's work:

- (1) three examiners check tooth before starting;
- (2) three examiners check finished cavity preparation under rubber dam;
- (3) three examiners check finished preparation under rubber dam with base if one is required;
- (4) one examiner checks temporary filling;
- (5) three examiners check restoration ready to cement under rubber dam; and

(6) three examiners check finished cemented restoration, occlusion, and contacts with rubber dam off.

(c) For the amalgam subject of the clinical examination, the following minimum number of examiners shall check an applicant's performance at the following steps of the applicant's work:

- (1) three examiners check tooth before starting;
- (2) three examiners check finished cavity preparation under rubber dam;
- (3) three examiners check finished cavity preparation under rubber dam with base if one is required;
- (4) three examiners check finished restoration under rubber dam; and
- (5) three examiners check finished restoration with rubber dam off and in occlusion.

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 examiner 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;
 - (2) destruction of hard or soft supporting tissue in finishing;
- and
- (3) lack of proximal contact.

12 AAC 28.260. GRADING OF THE BOARD CLINICAL EXAMINATION. To pass a clinical examination conducted by the board, an examinee must receive at least the minimum set by 12 AAC 28.105 on each subject listed in 12 AAC 28.160(a)(1).

12 AAC 28.270. COMPUTATION OF GRADE. (a) An applicant's final grade for each operative dentistry subject of the clinical examination is computed by totaling the points given to him or her by each examiner and dividing that total by the number of examiners grading the applicant.

(b) An applicant's grade for the written subject of the clinical examination is computed by determining the percentage of questions answered correctly.

12 AAC 28.280. NOTIFICATION OF GRADES. Each examinee will be given written notification of his or her final score and the minimum passing score on each subject of the clinical examination.

12 AAC 28.290. REEXAMINATION. (a) An applicant who fails one section of the examination, but passes the other sections, shall be reexamined only in the section failed.

(b) Repealed 3/31/82.

ARTICLE 3.

ADMINISTRATION OF LOCAL ANESTHETIC AGENTS BY DENTAL HYGIENISTS

Section

310. (Deleted)
320. Application for certification
330. Approval of course of instruction
340. Requirements for course of instruction in local anesthetics
350. Expiration and renewal of certification
360. Registry

12 AAC 28.320. APPLICATION FOR CERTIFICATION. The board will, in its discretion, certify a dental hygienist, licensed in Alaska, to administer local anesthetic agents if the licensed hygienist submits

(1) a completed application on the form provided by the department;

(2) the fee required in 12 AAC 02.190;

(3) written verification of successful completion of an accredited college or university course of instruction in the administration of local anesthetics, approved by the board under 12 AAC 28.330—12 AAC 28.340; and

(4) evidence of passing the local anesthetic portion of the Western Regional Examining Board (WREB) dental hygienist examination.

12 AAC 28.330. APPROVAL OF COURSE OF INSTRUCTION. The board may, upon its own motion or upon request of any interested person, approve a course of instruction upon receipt of

- (1) the name of the college or university sponsoring the course;
- (2) the name of the accredited college or university faculty member presenting the course;
- (3) a course outline which verifies inclusion of the subjects and procedures required by 12 AAC 28.340;
- (4) an explanation of the evaluation procedures used to determine successful completion of the course.

12 AAC 28.340. REQUIREMENTS FOR COURSE OF INSTRUCTION IN LOCAL ANESTHETICS. A course of instruction in local anesthetics must include

- (1) at least 16 clock hours of classroom lecture;
- (2) at least eight clock hours of laboratory instruction during which time three injections each of the anterior palatine, incisive palatine, anterior and middle superior alveolar, posterior superior alveolar, inferior alveolar, mental, long buccal, and infiltration injections are administered;
- (3) clinical experience sufficient to establish the hygienist's ability to adequately anesthetize the entire dentition and supporting structures in a clinical setting, requiring not less than six clock hours, under the direct supervision of course faculty, during which time each patient receiving an injection receives a dental service;
- (4) instruction in
 - (A) medical history evaluation procedures;
 - (B) anatomy of the head, neck and oral cavity as it relates to administering local anesthetic agents;
 - (C) pharmacology of local anesthetic agents, vasoconstrictors and preservatives, including physiologic actions, types of anesthetics, and maximum dose per weight;
 - (D) systemic conditions which influence selection and administration of anesthetic agents;
 - (E) signs and symptoms of reactions to local anesthetic agents, including monitoring of vital signs;
 - (F) management of reactions to, or complications associated with, the administration of local anesthetic agents to include
 - (i) a currently valid cardio-pulmonary resuscitation certification card from either the American Heart Association or the American Red Cross; or
 - (ii) a provision for instruction and certification in cardio-pulmonary resuscitation from an instructor certified in cardio-pulmonary resuscitation by the American Heart Association or the American Red Cross as part of the course curriculum;
 - (G) selection and preparation of the armamentaria for administering various local anesthetic agents;

(H) methods of administering local anesthetic agents with emphasis on

- (i) technique;
- (ii) aspiration;
- (iii) slow injection;
- (iv) minimum effective dosage;
- (5) instruction by a faculty member of the college or university presenting the course; and
- (6) procedures for determining whether the hygienist has acquired the necessary knowledge and proficiency to administer local anesthetic agents.

12 AAC 28.350. EXPIRATION AND RENEWAL OF CERTIFICATION. (a) A certification to administer local anesthetic agents expires on the date the dental hygienist's license expires or is revoked or suspended.

(b) A certification to administer local anesthetic agents will be renewed when the dental hygienist's license to practice is renewed.

12 AAC 28.360. REGISTRY. The board shall maintain a registry of all board approved courses of instruction and all dental hygienists certified to administer local anesthetic agents.

ARTICLE 4. CONTINUING PROFESSIONAL COMPETENCE REQUIREMENTS

Section

400. Hours of continuing education
410. Approved continuing education courses
420. Report of continuing education

12 AAC 28.400. HOURS OF CONTINUING EDUCATION. (a) Beginning with the December 1990 renewal, an applicant for renewal of a general dentistry license shall submit evidence of continued professional competence by documenting 14 hours of continuing education credit for each complete calendar year the applicant was licensed during the concluding licensing period.

(b) Beginning with the December 1991 renewal, an applicant for renewal of a dental hygienist license shall submit evidence of continued professional competence by documenting seven hours of continuing education credit for each complete calendar year the applicant was licensed during the concluding licensing period.

(c) For the purpose of (a) and (b) of this section, 50 minutes of instruction constitute one hour of continuing education credit.

(d) Credit is given only for class hours and not hours devoted to class preparation.

12 AAC 28.410. APPROVED CONTINUING EDUCATION COURSES. (a) Except as provided in (b) of this section, only the following courses will be accepted as continuing education under 12 AAC 28.400—.420, and only if they relate directly to patient care:

- (1) level one American Dental Association (ADA) courses;
 - (2) Academy of General Dentistry (AGD) approved courses;
- and
- (3) other courses approved by the board.

(b) One half of the number of hours of continuing education required by 12 AAC 28.400 may be self-study programs or organized programs of learning including workshops or symposiums which are sponsored by a board approved dental or dental hygienist organization, a dental or dental hygiene college or university, the ADA, or the AGD. Participation in such a program must be verifiable and its subject matter must relate directly with patient care.

12 AAC 28.420. REPORT OF CONTINUING EDUCATION. (a) An applicant for renewal of a dental or dental hygienist license shall submit, on a form provided by the department, a sworn statement of the continuing education course taken or program participated in, which includes

- (1) the title and a description of the course;
- (2) the number of hours of instruction;
- (3) the continuing education credit hours claimed; and
- (4) the date the course was completed.

(b) An applicant for renewal is responsible for maintaining adequate and detailed records of continuing education courses taken and shall make them available to the board upon request.

(c) Falsification of any written evidence submitted to the board under this section is grounds for license revocation or suspension under AS 08.36.315(1) and (6).

ARTICLE 5. DENTAL HYGIENIST EXAMINATION

Section

500. Dental Hygienist Examination

12 AAC 28.500. DENTAL HYGIENIST EXAMINATION. (a) Before an applicant for a license to practice as a dental hygienist in Alaska may take the written and clinical examination, the applicant must hold a certificate from the American Dental Association Joint Commission on National Dental Examinations, verifying that the applicant has passed the written examination given by the commission.

(b) The written and clinical examination under AS 08.32.060 will be the examination conducted by the Western Regional Examining Board (WREB), unless the board decides to conduct its own examination.

(c) The minimum passing score for the practical examination is 70 percent or "pass" if a pass/fail grading system is used.

ARTICLE 6. GENERAL PROVISIONS

Section

900. Current address

910. Denial of licensure

950. Cessation of licensing by credentials

990. Definitions

12 AAC 28.900. CURRENT ADDRESS. A licensee shall maintain a current, valid mailing address on file with the division at all times. The latest mailing address on file for an active, inactive or lapsed license is the address of the licensee for official communications, notifications and service of legal process.

12 AAC 28.910. DENIAL OF LICENSURE. Conviction of a felony in the five years preceding application is evidence of unacceptable moral character and may result in denial of licensure.

12 AAC 28.950. 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.

12 AAC 28.990. DEFINITIONS. In this chapter

- (1) "administer local anesthetic agents" means the administration of local anesthetic agents by injection, both infiltration and block, limited to the oral cavity, for the purposes of pain control; and
- (2) "board" means the Board of Dental Examiners.

**CHAPTER 01.
CENTRALIZED LICENSING.**

Section

- 10. Applicability of chapter
- 20. Board organization
- 25. Public members
- 30. Quorum
- 35. Appointments
- 40. Transportation and per diem
- 50. Administrative duties of department
- 60. Application for license
- 65. Fees established by regulation
- 70. Administrative duties of boards
- 75. Disciplinary powers of the boards
- 80. Department regulations
- 87. Powers and duties of department
- 90. Applicability of the Administrative Procedure Act
- 100. License renewal, lapse and reinstatement
- 102. Citation for unlicensed practice or activity
- 103. Procedure and form of citation
- 104. Failure to obey citation
- 105. Penalty for improper payment
- 110. Definitions

Sec. 08.01.010. Applicability of chapter. This chapter applies to the

- (1) Board of Public Accountancy (AS 08.04.010);
- (2) State Board of Registration for Architects, Engineers and Land Surveyors (AS 08.48.011);
- (3) Athletic Commission (AS 05.05 and AS 05.10);
- (4) Board of Barbers and Hairdressers (AS 08.13.010);
- (5) Board of Chiropractic Examiners (AS 08.20.010);
- (6) Board of Clinical Social Work Examiners (AS 08.95.010);
- (7) Board of Dental Examiners (AS 08.36.010);
- (8) Board of Dispensing Opticians (AS 08.71.010);
- (9) Board of Electrical Examiners (AS 08.40.011);
- (10) Big Game Commercial Services Board (AS 08.54.300);
- (11) Board of Marine Pilots (AS 08.62.010);
- (12) Board of Mechanical Examiners (AS 08.40.220);
- (13) State Medical Board (AS 08.64.010);
- (14) Board of Nursing (AS 08.68.010);
- (15) Board of Nursing Home Administrators (AS 08.70.010);
- (16) Board of Examiners in Optometry (AS 08.72.010);
- (17) Board of Pharmacy (AS 08.80.010);
- (18) State Physical Therapy and Occupational Therapy Board (AS 08.84.010);

- (19) Board of Psychologist and Psychological Associate Examiners (AS 08.86.010);
- (20) Real Estate Commission (AS 08.88.011);
- (21) Board of Veterinary Examiners (AS 08.98.010);
- (22) regulation of audiologists under AS 08.11;
- (23) regulation of business license under AS 43.70;
- (24) regulation of collection agencies under AS 08.24;
- (25) regulation of concert promoters under AS 08.92;
- (26) regulation of construction contractors under AS 08.18;
- (27) regulation of professional geologists under AS 08.07.011;
- (28) regulation of hearing aid dealers under AS 08.55;
- (29) regulation of morticians under AS 08.42;
- (30) regulation of the practice of naturopathy under AS 08.45;

Sec. 08.01.020. Board organization. Board members are appointed by the governor and serve at the pleasure of the governor. Unless otherwise provided, the governor may designate the chair of a board, and all other officers shall be elected by the board members. Unless otherwise provided, officers of a board are the chair and the secretary. A board may provide by regulation that three or more unexcused absences from meetings are cause for removal.

Sec. 08.01.025. Public members. No public member of a board may:

- (1) be engaged in the occupation which the board regulates;
- (2) be associated by legal contract with a member of the occupation which the board regulates except as a consumer of the services provided by a practitioner of the occupation; or
- (3) have a direct financial interest in the occupation which the board regulates.

Sec. 08.01.030. Quorum. A majority of the membership of the board constitutes a quorum unless otherwise provided.

Sec. 08.01.035. Appointments. Members of boards subject to this chapter are appointed for staggered terms of four years. A member of a board serves until a successor is appointed. An appointment to fill a vacancy on a board is for the remainder of the unexpired term. A member who has served all or part of two successive terms on a board may not be reappointed to that board unless four years have elapsed since the person has last served on the board.

Sec. 08.01.040. Transportation and per diem. A board member is entitled to transportation expenses and per diem as set out in AS 39.20.180.

Sec. 08.01.050. Administrative duties of department. (a) The department shall perform the following administrative and budgetary services when appropriate:

- (1) collect and record fees;
 - (2) maintain records and files;
 - (3) issue and receive application forms;
 - (4) notify applicants of acceptance or rejection as determined by the board or as determined by the department under AS 08.11 for audiologists, under AS 08.45 for naturopaths, or under AS 08.55 for hearing aid dealers;
 - (5) designate dates examinations are to be held and notify applicants;
 - (6) publish notice of examinations and proceedings;
 - (7) arrange space for holding examinations and proceedings;
 - (8) notify applicants of results of examinations;
 - (9) issue licenses or temporary licenses as authorized by the board or as authorized by the department under AS 08.11 for audiologists, under AS 08.45 for naturopaths, or under AS 08.55 for hearing aid dealers;
 - (10) issue duplicate licenses upon submission of a written request by the licensee attesting to loss of or the failure to receive the original and payment by the licensee of a fee established by regulation adopted by the department;
 - (11) notify licensees of renewal dates at least 30 days before the expiration date of their licenses;
 - (12) compile and maintain a current register of licensees;
 - (13) answer routine inquiries;
 - (14) maintain files relating to individual licensees;
 - (15) arrange for printing and advertising;
 - (16) purchase supplies;
 - (17) employ additional help when needed;
 - (18) perform other services that may be requested by the board;
 - (19) provide inspection, enforcement, and investigative services to the boards and for the occupations listed in AS 08.01.010, regarding all licenses issued by or through the department;
 - (20) retain and safeguard the official seal of a board and prepare, sign, and affix a board seal, as appropriate, for licenses approved by the board;
 - (21) issue business licenses under AS 43.70.
- (b) The form and content of a license, authorized by a board listed in AS 08.01.010, including any document evidencing renewal of a license, shall be determined by the department after consultation with and consideration of the views of the board concerned.



DATE : January 16, 1990

SEND TO: David Rogers
COMPANY: Liability Ins Task Force
FAX # : 586-6959

TOTAL NUMBER OF PAGES, INCLUDING THIS PAGE: 8

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MESSAGE: Mr. Rogers, under cover please find information recently received from Tom Conway, Council on Dental Care Programs, American Dental Association. The information is from and about the A.D.A.'s national survey on the peer review and mediation results from state constituent societys.

We are putting this and the original of Saturday's letter in the mail to you today. Sorry for the delay. Please let me know if this information is helpful.

Also, if you would like to contact Mr. Conway, please feel free:

Tom Conway
American Dental Association
211 East Chicago Avenue
Chicago, Ill. 60611
800-621-8099 Ext. 2752

=====

FROM: FRANK THOMAS-MEARS
WITH: MULTIPLE RISK MANAGERS, INC.
POB 112063
ANCHORAGE, ALASKA 99511-2063

PHONE: 907-345-7181
FAX : 907-345-1982

American
Dental
Association



211 East Chicago Avenue
Chicago, Illinois 60611-2678
(312) 440-2500

DATE: March 23, 1989
TO: Executive Directors, Constituent Dental Societies
FROM: Stuart B. Fountain, D.D.S.
Chairman, Council on Dental Care Programs
SUBJECT: 1989 National Peer Review Reporting System

As you are aware, the Council on Dental Care programs has the responsibility to provide assistance, guidance and support to constituent and component dental societies in the development and conduct of professional review systems. The Council's ability to fulfill its responsibilities in the area of peer review is, to a great extent, dependent upon information obtained through the National Peer Review Reporting System.

This year's reporting form has been expanded to request information on not only peer review activity during 1988, but also the organization and administration of your system. Your efforts in completing this survey as completely as possible are greatly appreciated.

Please also note the request on the survey for a copy of your peer review manual. Also, if your peer review process uses any quality assessment criteria for the evaluation of dental treatment, we would appreciate receiving a copy of the criteria or manual. This information is most helpful to the Council in maintaining current information on individual state peer review programs.

So that this information may be made available in a timely manner, we would very much like to receive your response by April 21, 1989. If you have any questions, please contact the Council office: Mr. Tom Conway, research associate, 800/621-8099, extension 2752.

SBF:tec

cc: Constituent Peer Review Committee Chairmen
ADA Officers and Trustees
Members, Council on Dental Care Programs
Dr. Michael L. Perich, assistant executive director,
Division of Dental Practice
Ms. Marye C. Feldman, secretary, Council on Dental Care
Programs
Ms. Jasna Stosic, assistant secretary, Council on Dental
Care Programs
Mr. Tom Conway, research associate, Council on Dental Care
Programs

SUMMARY OF
1989 NATIONAL PEER REVIEW REPORTING SYSTEM

Responses to the 1989 National Peer Review Reporting System questionnaire were received from 47, or 90% of the constituent societies. A copy of the questionnaire may be obtained by contacting the Council office.

Constituent societies reported an average of 24 telephone contacts per month regarding complaints about dental treatment.

In 1988, there were a total of 3,638 new peer review cases initiated nationally. This represents an 11% increase when compared to 1987 figures. There were 5 constituent societies reporting less than ten peer review cases. They were: Nebraska, North Dakota, Virginia, Virgin Islands, and Wyoming. Arizona, California, Georgia, Illinois, Michigan, Minnesota, New York, Ohio and Pennsylvania reported more than 100 cases.

The majority of peer review cases, 72%, fall into the quality of care category, while 12% dealt with the appropriateness of care provided. About 10% of the cases concerned fee disputes. The remainder of cases dealt with problems such as lack of communication and professional conduct.

Nationally, there were 288 cases that involved non-member dentists.

Approximately 41% of the cases were resolved through the established mediation process while the rest went to full committee. Through mediation, 66% of the cases were resolved in favor of the patient and 30% for the dentist. The remaining cases either reached a compromise solution or were resolved in favor of third-party representatives. Of the cases heard by a full committee, 48% were resolved in favor of the patient while 47% came out in favor of the dentist. Again, the remaining cases either reached a compromise solution or were resolved in favor of third-party representatives. Of the 466 cases that were voluntarily withdrawn from the process, California reported the highest number withdrawn at 202.

The majority of cases, 36%, required more than eight weeks to settle. 34% required 90 days, while the remainder took less than four weeks to resolve.

Of those cases resolved, 224 were appealed. Approximately 89% of the original decisions were upheld. There were 15 interjurisdictional cases; and 59 cases, or 1.6% of the total cases initiated, went to the State Board of Dentistry.

The Council maintains information on the administration of state peer review systems, including case referrals to the state boards of dentistry and the extent of bylaws mandating member cooperation with the peer review process. Any additional information regarding peer review can be obtained by contacting the Council office at: (800) 621-8099, extension 2752.

Compilation of National Peer Review Reporting System Responses - 1986 to 1988
ADA Council on Dental Care Programs

Category		1986	1987	1988
Total Number of Responses		51	42	47
Number of New Cases Initiated		4,067 (+3%)	3,334 (-18%)	3,638 (+11%)
Cases Involving:	Quality of Care	52%	66%	72%
	Appropriateness of Case	25%	16%	12%
	Fee Disputes	10%	10%	10%
	Other	13%	8%	6%
Cases Initiated by:	Patient	78%	74%	78%
	Dentist	13%	16%	17%
	Other	9%	10%	8%
Cases Resolved by:	Committee	55%	44%	59%
	Mediator	45%	56%	41%
Of Cases Resolved by Committee, % in Favor of:	Patient	36%	49%	48%
	Dentist	33%	39%	47%
	Other	31%	12%	5%
Of Cases Resolved by Mediator, % in Favor of:	Patient	50%	47%	66%
	Dentist	36%	16%	30%
	Other	14%	37%	4%
Cases Involving Non-Members		7%	14%	13%
Time to Resolve	6 or More Weeks	55%	61%	36%
	4 - 6 Weeks	30%	19%	34%
	Less Than 4 Weeks	15%	19%	30%
Total Number of Appeals		NA	228	224
% of Appeals Upheld		NA	92% (210)	89% (199)
Total Number of Interjurisdictional Cases		NA	18	15
Total Number of Cases Referred to State Board		NA	76 (2%)	59 (1.6%)

JAN-16-90 TUE 6:01 MULTIPLE RISK FINDINGS
01/15/90 07:13 FAX 312 440 7494 AMER DENTAL ASSN

1989 National Peer Review Reporting System

Calendar Year 1988 Data
 State _____

Peer Review Activity

1. How many telephone calls per month does the dental society receive regarding complaints about dental treatment? _____

2. What was the total number of peer review cases initiated in 1988? (January 1 - December 31, 1988) _____

3. How many cases were initiated by the:

- a. patient? _____
- b. dentist? _____
- c. insurance carrier? _____
- d. state Medicaid agency? _____
- e. other? please specify _____

4. Of the cases initiated, how many were regarding:

- a. appropriateness of care? _____
- b. quality of care? _____
- c. fees? _____
- d. other? please specify _____

5. How many cases involved:

- a. general practice _____
- b. endodontics _____
- c. prosthodontics _____
- d. periodontics _____
- e. pedodontics _____
- f. oral pathology _____
- g. oral surgery _____
- h. orthodontics _____
- i. dental public health _____
- j. a dental laboratory _____

6. How many cases involved non-member dentists? _____

7. How many cases were voluntarily withdrawn from the process? _____

8. Of the total number of cases initiated in 1988, how many:

- a. were resolved by a mediator? _____
- b. went to a full committee review? _____
- c. were not resolved within the year? _____

9. Of the cases that were resolved by a mediator or full committee review, indicate the number that were resolved in favor of each of the following:

	Mediator Resolved	Committee Resolved
a. patient	_____	_____
b. dentist	_____	_____
c. insurance carrier	_____	_____
d. plan purchaser/ employer	_____	_____
e. compromise	_____	_____
f. other	_____	_____

10. Of the cases that were resolved (either through mediation or full committee) how many were resolved within:

- a. two weeks? _____
- b. four weeks? _____
- c. eight weeks? _____
- d. 90 days? _____
- e. other? please specify _____

11. How many cases were appealed from the component to the constituent society peer review committee? _____

12. How many cases were appealed for the following reasons?

- a. availability of new evidence _____
- b. proper procedure not followed _____
- c. decision of component committee contrary to evidence presented _____
- d. other _____

13. How many decisions that were appealed to the constituent society were:

- a. upheld _____
 b. changed _____

14. How many interjurisdictional cases were initiated? _____

15. How many cases were referred to the State Board of Dentistry or other disciplinary agency? _____

16. Are you aware of any peer review cases in your state that have gone from the peer review process into formal litigation? YES NO
 If yes, please write additional comments on back.

Peer Review Organization and Administration

1. Which committee (Council) oversees your peer review system at the state level?

- a. Council on Dental Care _____
 b. Council on Peer Review _____
 c. other, please specify _____

2. Indicate the group(s) from which your peer review system will accept complaints.

- a. patients with insurance _____
 b. non-insured patients _____
 c. member dentists _____
 d. non-member dentists _____
 e. third party carriers _____
 f. benefit plan purchasers/employers _____
 g. state regulatory agencies _____
 h. consumer advocate groups _____
 i. all of the above _____

3. Do you charge non-member dentists and/or third party carriers for peer review?

- a. non-member dentists YES NO
 If yes, how much? \$ _____
 b. third party carriers YES NO
 If yes, how much? \$ _____

4. Will your peer review system handle cases involving fees? YES NO

5. Does peer review handle dentist to dentist problems? YES NO

Explain _____

6. For your member dentists, is cooperation with the peer review process mandated in your Bylaws or Code of Ethics? YES NO

If no, explain briefly how non-cooperation by member dentists is handled. _____

7. Which of the following are asked to sign an agreement to abide by the peer review decisions?

- a. third party carriers _____
 b. patients _____
 c. member dentists _____
 d. non-member dentists _____

8. In which instance are peer review decisions referred to the State Board of Dentistry?

- a. several adverse decisions against the same practitioner _____
 b. single very serious case of inappropriateness of care or poor quality _____
 Please specify criteria used for such action. _____

9. Does the peer review process employ a Statute of Limitations? YES NO

If yes, what is the number of year(s) from:
 a. discovery? _____
 b. episode? _____

10. Do you:

- a. use your own State Peer Review Manual _____
 b. use the ADA Peer Review Manual _____

11. Does the peer review process use a mechanism (manual) to ensure the consistency of quality determinations based on clinical evaluations?

YES NO

If yes, what manual is used? _____

PLEASE BE SURE TO SEND A COPY OF THE QUALITY ASSESSMENT MANUAL USED.

12. Is the availability/purpose of the peer review process publicized?

YES NO

If yes, briefly describe. _____

13. Which of the following types of Statutes or Regulations exist for peer review function?

- a. immunity from liability for peer review committee members _____
b. non-discoverability (confidentiality) of peer review proceedings _____

14. Which of the following groups have constituent society secured liability coverage?

- a. peer review committee members _____
b. Directors and Officers _____

15. Who is the carrier of your policy?

16. Have you at any time ceased peer review activity due to lack of liability coverage or have you experienced other problems with liability coverage for peer review activities?

YES NO

Briefly explain. _____

17. Please explain any significant changes in the administration of your state's peer review system in the past year. _____

Survey completed by:

Name: _____

Title: _____

Address: _____

Phone: _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

WE WOULD GREATLY APPRECIATE A COPY OF THE PEER REVIEW MANUAL CURRENTLY USED FOR YOUR PEER REVIEW PROCESS.

About Peer Review

Peer review is a process by which the dental profession reviews and resolves problems or misunderstandings regarding dental treatment. Peer review exists for the benefit of the patient, the dentist, and the third party.

Every dental society has established a system of review to resolve the occasional disagreement about dental treatment that a patient and a dentist have not been able to resolve themselves.

A peer review committee consists of dentists who volunteer their time and expertise to consider questions about the appropriateness or quality of care or, in certain instances, about the fees charged for dental treatment. The members of the committee will be impartial, and their services are available to anyone who chooses to utilize the process.

A peer review committee will initially attempt to informally mediate a problem. If necessary, the committee may meet to discuss the case, and may examine clinical records, talk to the patient and the dentist and, if necessary, arrange for a clinical examination.

The dentist and the patient will be informed of the committee's decision and recommendation for resolving the problem.

Most importantly, the committee makes its recommendation in the hope that it will provide for a reasonable and mutually agreeable solution for the parties involved.

The Review Process

- A written request for review is submitted to the state or local dental society. The request should include all necessary and appropriate documentation that would help to clarify or support the circumstances.
- The request is reviewed for completeness and referred to the appropriate peer review committee.
- The chairman of the peer review committee reviews the request and appoints one member of the committee to attempt to mediate the problem.
- The mediator contacts all parties and attempts to reconcile the problem. A clinical examination is not conducted during the process of mediation.
- If the problem is successfully mediated, a written report is submitted to the committee chairman and the case is closed.
- If mediation is not successful and further action is necessary, the chairman is accordingly advised.
- A committee of at least three members is appointed to review the case.
- The committee concludes its review and all parties are notified of the decision and recommendations in writing.
- If any of the parties is not satisfied with the decision and can show just cause for an appeal, the case can be appealed to the state dental association peer review committee.
- The decision of the state peer review committee is final.
- All information regarding a particular case is kept strictly confidential.

In Summary

Peer review provides an impartial, easily accessible and generally expedient means for resolving misunderstandings regarding dental treatment. It exists for the benefit of the patient and the dentist, and for the third party.

Peer review is not a court of law. It is generally a voluntary process that relies on the good faith between a dentist and patient and their mutual interest in good dental health.

Should you wish to know more about peer review, please contact your local dental society.

DATE : January 18, 1990

SEND TO: David Rogers
COMPANY: Liability Ins Task Force
FAX # : 586-6959

TOTAL NUMBER OF PAGES, INCLUDING THIS PAGE: 1

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MESSAGE: Mr. Rogers, regarding the question of "who is causing the claims" and my remarks about the federal database, I am trying to get further information. I can tell you the database will be administered by the HEALTH RESOURCE SERVICES ADMINISTRATION. Was supposed to be implemented end of 1989 but was delayed for six months to allow time to solve some problems, such as who can access and what can they get. I guess new rules are being promulgated in the federal register. I will try and get more, but may be few days. Sorry.

=====

FROM: FRANK THOMAS-MEARS
WITH: MULTIPLE RISK MANAGERS, INC.
POB 112063
ANCHORAGE, ALASKA 99511-2063

PHONE: 907-345-7181
FAX : 907-345-1982

ALASKA STATE BOARD OF
DENTAL EXAMINERS
ANNUAL REPORT
FISCAL YEAR 1989

ALASKA STATE BOARD OF DENTAL EXAMINERS

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ALASKA STATE BOARD OF DENTAL EXAMINERS

IDENTIFICATION

The Board of Dental Examiners are as follows:

	<u>Exp. Date</u>
Timothy J. Woller, DDS, President	02-01-90
Christine Baxter, RDH, Secretary	02-01-89
Robert E. Warren, DDS	02-01-91
Paul S. Buxton, DDS	02-01-91
H. Douglas Smole, DDS	02-01-89
Terrence Tauschek, DDS	02-01-91
Sondra Shryock, RDH	02-01-91
L. Jeanne McPherrren, Public Member	02-01-93
Randall P. Burns, Director, Division of Occupational Licensing	
Kevin J. Messing, Licensing Examiner	

ALASKA STATE BOARD OF DENTAL EXAMINERS

MAJOR ISSUES:

Implementation of continued competency regulations; clarification of the scope of practice of the dental hygienist; regulations for the administration of IV sedation; implementation of a jurisprudence examination; advertising by the dental practitioner; credentialing for dentists; calibration program for the operative examination for the Western Regional Examining Board (WREB); participation in WREB conducted examinations; disciplinary issues; position statements regarding HIV seropositive patients; amalgam toxicity issue; candidate identification procedures; participation in the American Association of Dental Examiners (AADE) clearinghouse; supervision of the hygiene program at UAA; member participation in the American Association of Dental Examiners (AADE) and Western Conference; board participation in a joint meeting with the Nursing, Pharmacy and Medical Boards; WREB involvement.

- A. Implementation of continued competency regulations: The continuing education regulations adopted by the board went into effect January 1, 1989 for dentists and will not take effect for hygienists until January 1, 1990. The board will accept four credit units for obtaining or maintaining a basic CPR rating. The board will only accept and allow four continuing education units per license biennium. All course credits must relate to direct patient care. The board has an informal procedure to allow for review of courses to be given for CEU credits.
- B. Clarification of the scope of practice of the dental hygienist: The board has received an opinion from the AG's (Attorney General's) office regarding clarification of AS 08.32.110. It is their opinion that the duties listed in statute are limited to the practice of dental hygiene or dentistry. Therefore, the placement of pit and fissure sealants are not to be performed by unlicensed individuals. The possibility of removing this function from statute was addressed, but a consensus could not be reached among board members. Clarification of the scope of practice continues to be an ongoing goal.
- C. Regulations for the administration of IV sedation: The proposed wording for regulations of IV sedation were forwarded to the Regulations Specialist in December of 1988. To date, the board has not received the final draft. It is on the agenda for the October 1989 meeting.

- D. Completion and implementation of a jurisprudence examination: The board is required by statute to conduct a jurisprudence examination to all licensees. The examination was completed in February 1989 and was effective immediately. For hygienists obtaining a license by credentials, an oral review of the same examination is conducted prior to licensure.
- E. Advertising by the dental practitioner: This is an ongoing goal of the board. The board has been awaiting information from the Federal Trade Commission (FTC) to formulate a letter addressing this issue. A position statement of the board will be sent to all state licensees in the fall of 1989.
- F. Credentialing for dentists: This has been an ongoing issue before the board for several years. The board continues to address this issue at each board meeting. It will be addressed in a later section of this report.
- G. Calibration program for the operative examination for Western Regional Examining Board: Along with the affiliation with a regional testing board comes responsibilities for the development and administration of the WREB examination. The State of Alaska is responsible for developing a calibration system for the operative examination. The calibration system will be utilized in the training of examiners for the 1990 exam schedule.
- H. Western Regional Examinations conducted in Alaska: The dental hygiene examination was conducted at the University of Alaska Anchorage (UAA) on June 16-17, 1989. We also conducted two local anesthesia examinations, one in February and one in June 1989. An anesthesia only exam is scheduled for December 1989 for those completing the anesthesia course in December.
- I. Disciplinary issues: The board continues to address disciplinary issues presented by the investigative division at each board meeting. Recently, the board concluded two open investigations which have been ongoing for some time. One resulted in the board agreeing to a stipulated agreement in which the dentist agreed to have his license revoked. The second matter involved the suspension of a license for six months with a probation period of three years. We currently have 19 ongoing investigations.
- J. Position statement regarding HIV seropositive patients or patients with AIDS: The board released a position statement to all state licensees regarding treatment of HIV positive patients or those with AIDS. The board unanimously agreed to endorse the American Dental Association (ADA) Principles of Ethics and Code of Professional Conduct. Refusing to treat such a patient solely on the matter of being HIV positive or having AIDS is in violation of the standards of care expected of a licensed professional in the State of Alaska.

- K. Amalgam toxicity issue: Due to the numerous inquiries received by the board concerning alleged medical symptoms related to the use of silver amalgam in dental restorations, a position statement was drafted and sent to all state licensees. While the board wishes to keep an open mind regarding new materials and ongoing research, it is the feeling of the board that the current time-honored materials pose no risk to the public.
- L. Candidate identification procedures: It is felt that the current methods of identification used by the Western Regional Examining Board are adequate.
- M. Participation in the American Association of Dental Examiners (AADE) Clearinghouse: Currently, the State of Alaska reports to the AADE Clearinghouse all disciplinary sanctions relating to licensed practitioners in the state. The ultimate goal is to publish a periodic report to be mailed to each dental board. Currently, there are 43 jurisdictions reporting. Ultimately, this will aid in the background investigations of licensing applicants.
- N. Supervision of the hygiene program at the University of Alaska Anchorage: The board has made satisfactory progress on this issue. The greatest problem seems to be funding for this position by the university. It was denied funding again for the school year 1989-90. This continues to be an issue before the board.
- O. Member participation in AADE meeting and Western Conference of Dental Examiners and School Deans: State statute mandates membership in the American Association of Dental Examiners. The association holds two meetings each year. Board representation at national meetings gives our state a voice in the current issues and keeps us abreast of national concerns. We had board representation at the annual meeting and the midwinter meeting. They were partially funded by the state. We are also associated with the Western Conference of Dental Examiners and School Deans. We had two members present with partial funding from the state. Each state gives a report of issues they confronted over the past year. Knowledge gained and shared at such functions is invaluable.
- P. Board participation in the joint meeting with the Board of Nursing, Pharmacy and Medical Boards: On October 15, 1988, the Board of Dental Examiners participated in a joint meeting as well as a continuing education program entitled "Pain and Pain Control; The Management of Acute Pain and Chronic Pain." The meeting addressed many areas of mutual concern and allowed for communication between boards. Information was invaluable to all who attended and is the feeling of the board that similar programs be developed and funded on an annual basis in the future.

- Q. Participation in Western Regional Examinations: Alaska Board Members participated in 21 separate examiner positions in the '89 examination schedule. The average length of an examination is three to four days, excluding preparation time. Travel adds two more days to each examination. Total time away from practice and family averages five to six days for examinations outside Alaska, and two to three days for examinations in Alaska relating to hygiene only. We also have involvement on the Board of Directors for WREB, participation on the Exam Review Committee for both dental and hygiene exams and involvement on the Long Range Planning Committee. This requires numerous hours of individual time. It also allows the state active participation in the construction and evolving of an excellent examination devised to assure the public of competent dental and dental hygiene practitioners. Funding for all the examinations and biannual meetings is provided by the Western Regional Examining Board.

FY 89 STATISTICAL INFORMATION
(Please Type)

Date: August 1, 1989

Method: Check the appropriate method in which licenses are issued (not including Examination), and cite the specific statutory authority.

<u>X</u> Credentials	AS 08.36.234 Suspended in 1984	AS 08.	<u>36.234 / AS 08.32.030</u>
<u> </u> Reciprocity		AS 08.	<u> </u>
<u> </u> Comity		AS 08.	<u> </u>
<u> </u> Endorsement		AS 08.	<u> </u>

New Licenses: List each category and the number of licenses issued within each category for the first time in FY 89.

CATEGORY:

NUMBER OF LICENSES:

(1) <u>Dentists</u>	<u>15</u>
(2) <u>Dental Hygienists</u>	<u>15</u>
(3) <u>Dental Specialists</u>	<u>4</u>
(4) <u>Local Anesthetic Permits</u>	<u>9</u>
(5) <u> </u>	<u> </u>
Total:	<u>43</u>

Number of CURRENT licensees:	<u>968</u>
Number of LAPSED licensees:	<u>511</u>
Number of INACTIVE licensees:	<u>0</u>

Expiration Date: If the expiration date is different for each category, indicate the category after each date.

Expire: 12/31/89 - Dental Hygienists - Local Anesthetic Permits
12/31/90 - Dentists - Dental Specialists

Examination: List each examination separately indicating the licensure category (such as RN, LPN, Dentist, Dental Hygienist), the total number of examinees, number passed and failed.

Exam Statute Authority: AS 08.36.160 *Affiliated with the Western Regional Examining Board (WREB) since 1987.

* (1) Category:	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	Total Candidates	# Passed	# Failed	
<u> </u>				
Date and City:	<u> </u>			
(2) Category:	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	Total Candidates	# Passed	# Failed	
<u> </u>				
Date and City:	<u> </u>			
(3) Category:	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	Total Candidates	# Passed	# Failed	
<u> </u>				
Date and City:	<u> </u>			
(4) Category:	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	Total Candidates	# Passed	# Failed	
<u> </u>				
Date and City:	<u> </u>			

15 - Dentists
6 - Dental Hygienists

Total Licensed by Exam: 21

Meetings: List Date(s) and Location(s)

1. October 15-16, 1989 - Anchorage, Alaska
2. February 3, 1989 - Anchorage, Alaska
3. June 15, 1989 - Anchorage, Alaska
- 4.

Teleconferences: List Date(s) and Site(s)

1. None
- 2.
- 3.
- 4.

Regulation Projects: List Topic(s)

Regarding IV Sedation

Investigations: (Attach Case Summary)

SCHEDULE OF EXAMINATIONS FOR 1989

EXAMINATIONS IN DENTISTRY

<u>LOCATION</u>	<u>EXAM DATE</u>	<u>CLOSING DATE</u>
Loma Linda University Loma Linda, CA	March 19-21, 1989	February 2, 1989
Creighton University Omaha, NE	May 4-6, 1989	March 17, 1989
University of Oregon Portland, OR	June 3-5, 1989	April 19, 1989
University of Pacific San Francisco, CA	September 23-25, 1989	August 9, 1989

EXAMINATIONS IN DENTAL HYGIENE

Creighton University Omaha, NE	May 5-7, 1989	March 20, 1989
Carroll College Helena, MT	May 19-21, 1989	April 4, 1989
Phoenix College Phoenix, AZ	May 19-22, 1989	April 4, 1989
Idaho State University Pocatello, ID	June 9-11, 1989	April 25, 1989
Weber State College Ogden, UT	June 11-14, 1989	April 25, 1989
University of New Mexico Albuquerque, NM	June 16-18, 1989	May 2, 1989
University of Alaska Anchorage, AK	June 16-18, 1989	May 2, 1989
University of Pacific San Francisco, CA	September 22-24, 1989	August 9, 1989
Phoenix College Phoenix, AZ	January 12-14, 1990	November 29, 1989

EXAMINATIONS IN ANESTHESIA ONLY

University of Alaska
Anchorage, AK

February 3-4, 1989

January 16, 1989

University of New Mexico
Albuquerque, NM

February 18-19, 1989

January 23, 1989

University of Alaska
Anchorage, AK

November 17-18, 1989

October 2, 1989

1989 EXAMS

DENTAL EXAMS:

<u>Site</u>	<u># Candidates</u>	<u># Pass</u>	<u>Pass Rate</u>
Loma Linda	99	72	73%
Creighton	94	80	85%
Portland	69	47	68%
San Francisco			
Total	(262)	(199)	(76%)

DENTAL HYGIENE EXAMS:

Arizona	84	67	80%
Idaho	40	32	83%
Utah	23	14	61%
New Mexico	40	33	83%
Alaska	8	7	88%
San Francisco			
Total	(195)	(153)	(78%)

ANESTHESIA EXAMS:

Alaska (Feb)	6	5	83%
New Mexico (Feb)	13	9	69%
Arizona	68	57	84%
Idaho	36	25	69%
Utah	48	44	92%
New Mexico	38	29	76%
Alaska	8	5	63%
San Francisco			
Alaska (Nov)			
Total	(217)	(174)	(80%)

ALASKA STATE BOARD OF DENTAL EXAMINERS

SUNSET AUDIT RECOMMENDATIONS

The following recommendations were made by the Legislative Audit for 1988:

Recommendation #1: The Board of Dental Examiners should adopt regulations for continuing education for dentists, hygienists and specialists.

The board adopted the regulations at its February 1988 meeting and were effective April 10, 1988 for the license period beginning January 1, 1989 for dentists, and January 1, 1990 for dental hygienists.

Recommendation #2: The board should consider recommending a change in statute to reduce the required number of board meetings from four meetings per year to two meetings per year.

The board unanimously disagrees with this recommendation at the present time. The board feels that, in the past, credential interviews and examination preparation have not allowed them to perform many of its other duties. It was resolved by the board to continue to meet four times per year until such a time as it is no longer necessary.

Recommendation #3: The board should review application requirements and recommend changes for procedures which do not have a clear relationship to public purpose.

The following changes were adopted by the board:

1. To eliminate the requirements for three reference letters from dentists licensed in Alaska for specialist licensure.
2. To retain the personal interview requirement for the purpose of identification of applicants.
3. To require applicants for licensure to have transcripts sent directly from their schools to the Division of Occupational Licensing in lieu of notarized copies of diplomas.

The members of the Board of Dental Examiners remain divided over the issue of credentialing for dentists with the majority opposing its implementation at this time.

Washington State has recently incorporated credentialing language into their law and the Washington Board will now decide on how to implement those statutes. Other states, Ohio, Kentucky, and Arkansas have removed the credentialing statutes from their books in recent years because of problems with licensees. As it stands now, less than half the states embrace the credentialing concept of licensure for dentists.

The majority of the Alaska Dental Board believe that the best way to license dentists is by a practical test of ability. While this test does not assure the public that a dentist will provide that level of care to which they have been tested, it at least shows that a dentist is able to provide quality care. The loss of manual dexterity and skill due to disease, physical or mental impairment, failure to maintain skills, or disuse is very difficult if not impossible to determine by a review of credentials. Remember there is no hospital review organization looking over the shoulder of a dentist as there is with a physician. A dentist is pretty much on his or her own and not until one or in most cases several patients are injured does the lack of quality care become evident.

The Alaska Board has made great strides in making it easier to get an Alaskan license. By joining a regional board prospective licensees may now choose any one of four locations in the western U.S. in as many times of the year. The test is comprehensive and is administered fairly. The Western Regional Board tests about 700 dentists annually and, while the pass/fail ratio varies, it is approximately 2/3 pass overall. I believe this method of testing for competence to be in the best interest of the people of Alaska at this time.

In the future, as more states begin to license by credentials, when the national data bank for action against dentists licensees has become effective in the collection and dissemination of information and some nationally standardized clinical tests are in place not only in their content but in the way they are administered, then I believe we should license by credentials.

ALASKA STATE BOARD OF DENTAL EXAMINERS

PRIOR YEAR'S GOALS AND OBJECTIVES

1. To adopt regulations for the administration of IV sedation in the dental office.

Proposed language was forwarded to the Regulations Specialist in October 1988. The proposed regulations were not available for the board's review at the February or June meetings. They are on the agenda again for the October 20, 1989 meeting.

2. To develop and implement a jurisprudence examination for dental and dental hygiene applicants for licensure.

The jurisprudence examination was approved by the board and is in effect for all licensees.

3. Clarification of the scope of practice for the dental hygienist and/or dental assistant.

A statement has been issued by the AG's office regarding clarification of AS 08.32.110 which defines the scope of practice of a dental hygienist. The placement of pit and fissure sealants is a function of the dental hygienist and, therefore, should not be performed by a dental assistant. The board will continue to address this issue and will release a letter to all licensed individuals concerning this matter.

4. Continuation of a cooperative relationship with the Attorney General's Office.

This is an ongoing goal.

5. Development of an investigative process of applicants for licensure to be utilized by the licensing examiner.

This is an ongoing goal.

6. To promote continued competency and compliance with state statutes.

This is an ongoing goal.

7. Develop candidate identification procedures with WREB.

This has been resolved. It is felt that the current system is adequate.

8. Encourage department participation in all available clearinghouses.

The State of Alaska reports to the AADE Clearinghouse on a regular basis. To date, there are 43 jurisdictions reporting to the AADE Clearinghouse. The Federal Data Bank has been placed on hold again until January 1990.

9. Develop a mechanism for peer review to report repeat offenders to the Division of Occupational Licensing's investigative unit.

A member of the board worked with the Peer Review Committee of the ASDA to establish a means for reporting repeat offenders to the state investigative unit. This is being done. The question of liability protection was also addressed. The state statutes protect only peer review committees appointed by the board on a case-by-case basis.

Public Law 99-660 in federal statute apparently protects the Peer Review Committee from lawsuits.

10. Develop a position statement regarding dental care for, or refusal of dental care to persons who have tested HIV positive for AIDS.

A position statement was sent to all licensees in May 1989. This goal has been met.

ALASKA STATE BOARD OF DENTAL EXAMINERS

NEW GOALS AND OBJECTIVES FOR FY 89

At the June 1989 board meeting in Anchorage, Alaska, the Board of Dental Examiners compiled the following list of goals and objectives for FY 90:

1. Finalization and adoption of the regulations regarding IV sedation in the dental office.
2. Clarify the scope of practice for the dental hygienist.
3. Continue to promote continued competency and compliance with state statutes.
4. Encourage the Governor's Office to expedite appointments and reappointments of board members.
5. Develop adequate procedures for the background investigations of all licensure applicants.

Objective: To urge the division to assure adequate and effective staffing to support timely processing of all aspects of licensing procedures, including:

1. application processing;
 2. background investigations; and
 3. reporting of disciplinary actions to all available clearinghouses.
6. Distribution of licensure information to licensees through the development of a board published newsletter.

Objective: To communicate licensing information in a cost effective and efficient manner to all state licensees.

- o To seek funding for a biannual newsletter publication to be sent to all state licensees.

BOARD/COMMISSION TRAVEL REQUEST

	FY 90	FY 91
A. <u>In-State Regular Board Meetings:</u>		
Number of board meetings authorized by statute: <u>4</u>	(3)	(3)
Number of board meetings requested:	<u>Oct. 20, 1989</u>	<u>Oct./Nov.'90</u>
Location(s): Anchorage	<u>Feb. 1990</u>	<u>Feb./Mar.'91</u>
Juneau/February	<u>May or June '90</u>	<u>May/June '91</u>
if needed	<u>Teleconference</u>	<u>Teleconference</u>

A fourth meeting will be required if credentialing of dentists becomes a function of the Board.

B: Out-of-State Travel:

In the space provided below, provide, in detail, the following information for each out-of-state travel request you are submitting for FY 90 and FY 91:

- Name of the event/conference
- Location (City, State)
- Date(s)
- Who is anticipated to attend? (Name of board member(s), staff)
- Name(s) of alternate attendee?

- | | |
|---|---|
| (1) <u>AADE Annual Meeting</u> | <u>1 Dental Member (Chairman)</u> |
| <u>Honolulu, Hawaii</u> | <u>1 Hygiene Member</u> |
| <u>Nov. 2-3, 1989</u> | <u>Alt. Board Member/or Licensing Exam.</u> |
| <u>Christine Baxter, H. Douglas Smole, D.D.S., Robert E. Warren, D.D.S.</u> | |
| (2) <u>AADE Mid-Winter Meeting</u> | <u>1 Dental Member (Chairman)</u> |
| <u>Spring 1990</u> | <u>1 Hygiene Member</u> |
| <u>Chicago, Illinois</u> | <u>Alt. Board Member/or Licensing Exam.</u> |
| <u>Chairman, Sondra Shryock, Alt. - Terrence A. Tauschek, D.D.S.</u> | |
| (3) <u>Western Conference Dental Examiners</u> | <u>1 Dental Member (WREB Board Member)</u> |
| <u>Jackson Hole, Wyoming</u> | <u>1 Hygiene Member (WREB Representative)</u> |
| <u>July 1990</u> | |

Chairman, Hygiene Member (Western Regional Board (WREB) meets also and will cover airfare for those attending their functions)

BOARD/COMMISSION RECOMMENDATIONS FOR

PROPOSED LEGISLATION

The Division of Occupational Licensing requests that each board or commission proposing legislative requests complete this form in its entirety. Completion of this analysis will provide division staff with a clearer understanding of the board's/commission's intent and position on relevant issues concerning the proposed changes.

1. Proposed language:

The Board of Dental Examiners does not have any proposed legislation for FY '90.

2. Public/Industry/Profession benefit:

3. State the problem or purpose prompting this request:

4. Briefly state the history of this problem or proposal:

5. Identify the alternatives to this legislation (if any):

6. Which alternative mentioned would be most acceptable?

7. Does the entire board/commission agree with this legislative request?

8. In the event questions should be raised during review of this request, please indicate below which board member we should contact?

Board/Commission Member: Timothy J. Woller, D.D.S., President

Day Phone: (907)479-6747

BOARD/COMMISSION RECOMMENDATIONS FOR
PROPOSED REGULATIONS

The Division of Occupational Licensing requests that each board or commission proposing regulation requests complete this form in its entirety. Completion of this analysis will provide division staff with a clearer understanding of the board's/commission's intent and position on relevant issues concerning the proposed changes.

1. Proposed language:

The Board of Dental Examiners has forwarded proposed wording for regulations on IV Sedation to the Regulations Specialist. Final draft will be ready for the October 20, 1989 Board Meeting.

2. Public/Profession/Industry benefit:

3. State the problem or purpose prompting this request:

4. Briefly state the history of this problem or proposal:

5. Identify the alternatives to this regulation (if any):

6. Which alternative mentioned would be most acceptable?

7. Does the entire board/commission agree with this regulation request?

8. In the event questions should be raised during the review of this request, please indicate below which board member we should contact?

Board/Commission Member: Terrence A. Tauschek, D.D.S.

Phone: (907) 561-4686