

ALASKA LEGISLATURE COMMITTEE FILES, 1989-1990

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6389 SENATE LABOR & COMMERCE

793

P.O. Box 230154
Anchorage, AK 99523-0154
5 February 1989

Senator Dick Eliason
Labor and Commerce Committee
Alaska State Senate
P.O. Box V
Juneau, AK 99811

Dear Senator Eliason,

I am pleased to learn that legislation has been introduced into your committee that will allow the Alaska Board of Dental Examiners to license qualified dentists through the credentials process.

This legislation will surely result in increased access to comprehensive dental health care, as well as reduced future costs for this care, due to increased competition and the evolution of alternative forms of dental health care delivery.

I urge your support for this important legislation which will provide improved dental health care to Alaskans.

Sincerely,



Cynthia P. Thiel, D.D.S.

WILLIAM R. EVANS, D.D.S.

ALPINE DENTAL OFFICES

~~XXXX XXXX~~ 13012 Old Glen Hwy., Ste. 102B
EAGLE RIVER, ALASKA 99577

TELEPHONE (907) 694-5150

March 8, 1989

Senator Dick Eliason, Chairman
Labor and Commerce Committee
Alaska State Senate
P.O. Box V
Juneau, AK 99811

Dear Senator Eliason:

The following written testimony is submitted to the committee relative to SB 126, Licensure by Credentials for Dentists.

I am a general dentist licensed by credentials in Alaska in Jan. 1982. I have had a solo practice in Eagle River since September 1982. I also hold a Washington license and graduated from the University of Washington School of Dentistry in 1973. I am a member of the Southcentral (Alaska) Dental Society, Alaska Dental Society, and American Dental Association.

I generally support SB 126 with the exception of paragraph 7 which reads, "is personally interviewed by the board." I would prefer to see general dentists required to present a minimum of three cases to the board, an "oral examination" if you will. These cases should demonstrate procedures most commonly performed by generalists, which include silver amalgam restorations, cast restorations, composite restorations, endodontics, periodontics, and removeable prosthodontics. Pre and post operative radiographs, study models, and kodachrome slides in addition to complete documentation should be presented for evaluation by the board. The candidate should be prepared to defend his treatment plan, choice of restorative material, preparation design, etc.

Objective criteria, such as that developed for clinical examinations, could be developed for evaluation of the procedures performed which would protect the people of the state of Alaska and also the rights of the candidate.

Paragraph 4 of the proposed bill, "is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding undertaken by a dental licensing jurisdiction" could be construed to mean that a history of adverse resolved complaints is not subject to consideration by the board. I certainly think they should be considered, and candidates with a repeated history of performing substandard dentistry should be denied licensure.

WILLIAM R. EVANS, D.D.S.

ALPINE DENTAL OFFICES

~~XXXXXX XXXX~~

13012 Old Glen Hwy., Ste. 102B
EAGLE RIVER, ALASKA 99577

TELEPHONE (907) 684-5150

Senator Eliason

March 8, 1989

page 2

The following additional comments are submitted for the committee's consideration:

1. Much fuss is being made about verifying credentials and disciplinary history regarding credentialling candidates. Isn't an investigation into the background and disciplinary history of all candidates (including examination) of equal importance? If it can't be done for one group are we to assume that it isn't being done for examinees? If it is not being done for examinees, then we must conclude that only the examination results are a valid indicator of future performance. I would submit that a solid track record of five or more years in practice is a better indicator of future performance than is passage of one examination.
2. There is no doubt that since joining WREB, there is a substantial increase in those eligible for licensure in Alaska. Of those eligible, do we know how many are taking it with the intent to practice here, or are eligible strictly incidental to Alaska being a member of the WREB. Many (perhaps most) Alaska dentists came here with the federal services and elected to stay upon release from active duty, resignation, or retirement. At this time, the examination is not given in this state, creating a substantial hardship on those federal dentists wishing to remain here.
3. Few states issue licenses by credentials, and some of those have alleged problems. It would be interesting to see a compilation of what the specific problems are. It is possible they are related to the mechanics of the process, which should not allow unqualified dentists to "slip through the cracks."
4. Specialists are tested on procedures they rarely or never do. If your child was given a geometry final examination for an algebra class, would you not complain to the school? Yet we insist that periodontists, orthodontists, oral and maxillofacial surgeons, and endodontists do fillings in order to practice their specialty.
5. There are only about a dozen credentialled dentists practicing in Alaska now. It should be easy to check us out with peer review, state board, and court records in order to compare performance records. I invite you to do so.

WILLIAM R. EVANS, D.D.S.

ALPINE DENTAL OFFICES

XXXXXX XXXXX
PO BOX 70544

13012 Old Glen Hwy., Ste. 102B

EAGLE RIVER, ALASKA 99577

TELEPHONE (907) 694-5150

Senator Eliason
March 8, 1989
page 3

I appreciate your attention to my comments, and hope you understand that it is not my intent to advocate the sacrifice of quality assurance in the licensing process, but to provide alternative means of licensure while maintaining or even increasing quality assurance. I will be happy to answer any questions the committee may have.

Sincerely,



William R. Evans, DDS

cc: Sen. Halford

Terrence A. Tauschek, DDS
1600 East Tudor Road, Suite 201
Anchorage, Alaska 99507

Senator Jan Faiks
Alaska State Legislature
Senate
Pouch V
Juneau, Alaska 99811
March 15, 1989

RE: Senate Bill 126; An Act Relating to the Board of Dental Examiners

Senator Faiks:

I am writing in regard to SB 126, currently in committee, which has been the subject of one committee hearing.

As a long-time supporter of the credentialing process, and one of your constituents, I have been keenly interested in your response to the questions this bill raises. Quite frankly, I am appalled at the lack of accurate information you appear to have had made available to you.

During the committee hearing on this bill, you referred to the "massacre of patients by credentialed dentists". This inflammatory and unfortunate choice of words is not supported by the facts. Neither the Peer Review committee of the Alaska Dental Society, nor the Alaska Board of Dental Examiners (of which I am a member) has any information regarding any substantial violations by a credentialed dentist. There have been some complaints filed, but the number of complaints is not out of proportion to the number of 'credentialed' dentists in our Alaska dentist population. If you are aware of any specific verifiable problems I ask you to bring them to the attention of the Division of Occupational Licensing for appropriate review and/or action.

In your letter dated March 7, 1989, to Dr. William Evans, which he has given me permission to quote from, you referred to your "knowledge of the death of a dental patient in Alaska while being worked on by a credentialed dentist". I challenge you to provide the name of the patient and dentist involved. No one in the dental community is aware of any such incident. Is it possible that you are referring to Dr. Robert Smith, who did have problems of this nature in the 1960's? If so, you should be aware that Dr. Smith was licensed by examination, not credentials.

It is ^{of} interest to note that the Board of Dental Examiners, in response to the above incident (which related to the use of general anesthesia), developed a permit system for the use of general anesthesia by dentists. The criteria to obtain a permit requires that the applicant provide proof of competency and proficiency in the use of anesthesia, and employs a credentials review in determining if the applicant has adequate training to allow for safe use of general anesthesia. There is no clinical examination performed.

Currently, the Board has proposed regulations in the Attorney General's office which would require a permit for the use of intravenous sedation, a newer pain and anxiety control modality. These regulations also require a review of credentials to determine if the applicant dentist has sufficient training to allow safe use of intravenous sedation. Again, there is no clinical examination requirement.

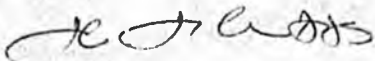
Much has been made of the fact that potential candidates for licensure by credentials are not subject to an adequate background check. While this could be an area of concern, you should also be aware that the WREB does not, and cannot, provide any background information on WREB examined candidates. The State relies on the information provided by the candidate, and information found in the data bank operated by the American Association of Dental Examiners. The Board is hopeful that we will have access to better and more complete information once the Federal health care provider data bank is in operation.

Those of us who support the credentialing process expect that the Board will be empowered and required to do a more thorough background search than is currently done on WREB examined dentists. We expect that this procedure will take longer than the licensing-by-examination method. My preference would be a time of six to twelve months. And we expect the credentials applicant to bear the cost, not the Division of Occupational Licensing.

As you can see, this issue involves many facets. It certainly is deserving of more than an emotional gut-level response triggered by inaccurate information and innuendo. I appeal to you to spend some time with the information that the committee will have before it. Many dentists are supportive of the

credentialing procedure, and have invested much of their time in preparing letters and information to keep you accurately informed. Please approach their work, and this issue, with an open mind.

Thank you.



Terrence A. Tauschek, DDS

cc: Senator Eliason, Chairman
Labor and Commerce Committee

Senator Halford

Terrence A. Tauschek, DDS
1600 East Tudor Rd., Suite 201
Anchorage, Alaska 99507

Senator Dick Eliason, Chairman
Labor and Commerce Committee
Alaska State Legislature
Senate
Pouch V
Juneau, Alaska 99811
March 15, 1989

RE:Senate Bill 124; An Act Relating to the Board of Dental Examiners

Senator Eliason and
Committee Members:

I wish to address aspects of the issues this bill raises; specifically, the matter of credentialing dentists as a means of providing an Alaska Dental license.

I am a 16 year resident of Alaska, a dentist in family practice, licensed by examination in 1974. I am currently a member of the Board of Dental Examiners, appointed in October of 1987. Since moving to Alaska, I have continuously practiced dentistry; first as an itinerant dentist for the Indian Health Service, traveling extensively in the Kodiak Island, Bristol Bay and Iliamna regions; and secondly, since 1975, in private practice in Anchorage. I continue to practice in Anchorage, and am also under contract with the Indian Health Service for two Native villages near Iliamna. I am a member of the local, state, and national dental associations, and served the Alaska Dental Society as chairman of its Peer Review Committee from 1979 to 1984. I am currently an examiner for the Western Region Examining Board (WREB). Prior to my Board appointment I served as a consultant to the Board, and as an examiner for the Board, and have been qualified as an expert witness in the United States District Court, Alaska Superior Court, and Anchorage Municipal Courts. In addition, I have practiced in two other states. I believe this experience provides me with a unique insight into dental practice. This experience, particularly that received while chairman of the Peer Review Committee has allowed me to make several observations and reach some conclusions.

The WREB examination that we now have is an excellent tool for evaluating clinical competence of new dentists entering the profession. It is comprehensive and appears to be fair and objective. It is a vast improvement

over the Board exams conducted by the Alaska Board in prior years, and my predecessors on the Board are to be complimented for joining this respected regional Board.

While the WREB, or any other Board, may be a good indicator of basic clinical competence, it does not, and cannot, predict the quality of services any dentist will provide. Nor can it give any indication of the practitioner's daily conduct, personal ethics, billing practices, or life-style which may be conducive to practice problems. Only the dentist's established practice habits can give a reliable indication of what is actually done on a daily basis.

For example, during my tenure as Peer Review chairman, a significant portion of the complaints we received were related to billing practices, fee disputes, patient-Doctor relations, insurance problems, or communication issues. A smaller portion of the complaints we received were related to the quality of care, and all the dentists involved were licensed by examination. Interestingly enough, the surveillance and enforcement system of the Division of Occupational Licensing identified those dentists who were (or are) chronic offenders, and investigated them for appropriate action. I believe this enforcement process is more effective now than in earlier years, and am confident that it will continue to serve as an effective tool.

Those who argue against credentialing believe a Board examination will "keep these offenders out of Alaska". My experience is to the contrary--it fails to keep out the unethical or undesirable dentist who may be skilled clinically, but fails to live up to minimum ethical or practice standards once in possession of a license. I believe past performance is a better way to judge future performance.

Those arguing against credentialing also claim that we have no means of looking into past practice histories. I believe the American Association of Dental Examiners data bank, the new Federal data bank, reports from state and local dental societies, hospitals, insurance companies, and other entities can provide adequate background information.

Those arguing against credentialing also state that there are no adequate guidelines to judge a credentialing applicant by. This argument is invalid: The American Dental Association, which has studied the credentialing issue for years, has a list of recommended criteria which could serve as an excellent reference. In addition, we could look to other states which use credentialing for guidance.

Those arguing against credentialing as unnecessary because of our WREB affiliation are overlooking a serious problem. It is true that the pool of eligible applicants is much larger now than in previous years and will continue to grow. However, we must recognize that most of these dentists will be practicing in other WREB states and have no intention of coming to Alaska. We are now in the position of discriminating against resident Alaska dentists who may be here by virtue of their Federal service, or who are not fortunate enough to attend one of the four WREB examination-site schools. Many current

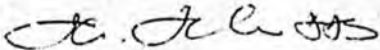
Alaska dentists started here with the Federal services--indeed all of the current Board dentists came to Alaska this way. Is it reasonable or fair to require an Alaska resident to travel, at significant expense, to Oregon or California or Nebraska with equipment and (possibly) patients for the purposes of determining basic competency? Or is there another way?

Dental specialty practitioners (surgeons, periodontists, endodontists, etc.) pose another predicament. The Board is in the position of contradicting itself: current regulations require passage of the WREB, a test of generalist procedures; then the Board grants a specialist license based on a review of the applicant's education and training. In other words, the specialists are credentialed. Are we to continue to test these Doctors in generalist's procedures knowing they will rarely, if ever, use them, or is it more reasonable to expect that their additional education, experience, and effort are sufficient testimonial to their capabilities? Since we already accept the applicants credentials in his/her specialty, doesn't requiring passage of the WREB constitute one more obstacle in that dentist's career?

In the event you choose to act favorably, I would ask only that you provide the Board with adequate time to develop good evaluation criteria, and that there be significant time period (6-12 months) from application to granting of licensure. This would allow sufficient time to perform adequate background checks and identify any dental practitioner who may be moving in anticipation of adverse license action in their home state.

It is obvious, of course, that I believe that credentialing is a valid tool which could be of benefit to Alaska and Alaska dentists. It is my hope that you will act favorably on this bill.

Thank you.



Terrence A. Tauschek, DDS

cc: Senator Halford
Senator Faiks

8030 Little Dipper Avenue
Anchorage, AK 99504
February 5, 1989

Shilo

Senator Dick Eliason
P.O. Box V
Juneau, AK 99811

Dear Senator Eliason:

I'm a Red Cross Volunteer supporting the Elmendorf Air Force Base Dental Clinic as a dental assistant.

I am writing in reference to and in support of legislation #126. I would like to take a moment and express the positive results this legislation will have upon Alaska as a people with your yes vote.

Speaking as a dental patient, I find with so few dental clinics available, high quality dental care is limited, not to mention average dental maintenance is not affordable. This in turn causes the average patient to wait until their conditions have become chronic. Unfortunately at this point it becomes extremely expensive and painful. What about the patient who requires specialty care? In some areas of the state this is not available, making it necessary for the patient to pay a large expense and travel great distances to acquire the care needed. With this legislation in effect the quality of services provided will improve due to the increased dental competition. This competition will also reflect on a price decrease, making dental care more affordable for Alaskans and will encourage a wide range of Board qualified dentists from general practice to specialists to make Alaska their home.

As a dental assistant who will shortly be in the job market, I'm concerned about the limited job opportunities available in this field. With your yes vote, you have created jobs not only for the assistants, but secretaries, hygienists, and maintenance.

Legislation provides excellent opportunity for the Alaskan employer to secure a quality medical and dental insurance plan for employees at reduced rates. Due to the increase of dental providers the employers and employees will now have a choice of several different plans to incorporate into their businesses.

I have worked with a wonderful dentist here at Elmendorf who would greatly benefit from this legislation. Not only do their credentials state their qualifications but their work and chairside manner show their talent and ability. To have such professionals practicing in Alaska would be a credit to Alaska and its residents.

In conclusion, the beneficiaries of this legislation are the patients, the employed, the employer and employees, the dentist, and Alaska. Maybe it would be best said "We The People".

Sincerely,

Sandra L. Pilgrim

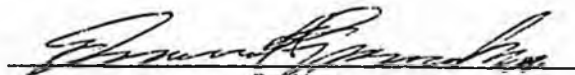
Sandra L. Pilgrim



WESTERN REGIONAL EXAMINING BOARD

*This is to certify that JASON MICHAEL RAMPTON
has successfully completed an examination in clinical proficiency in Dentistry given by
the Western Regional Examining Board on March 24-26, 1985
and is issued this certificate as verification of that proficiency to Western Regional
Examining Board member states. This certificate is valid, only for that period of time
prescribed by the member states in their laws or rules, from the date of the
examination. This does not constitute licensure.*

Signed and seal affixed
this 8th day of
April A.D.
19 85


President


9711 Takli Circle
Eagle River, AK 99577
February 16, 1989

Senator Dick Eliason
P. O. Box V
Juneau, AK 99811

Dear Senator Eliason:

On ⁹~~15~~ Feb 89, I gave testimony to the Senate Labor and Commerce Committee supporting Senate Bill 126 concerning dental licensure. Four days later, I submitted an application for a dental license. Included with my application was a notarized copy of the certificate that was awarded to me when I passed the Western Regional Dental Board Exam in March 1985. (Please note the enclosed copy of this document.) Under the present regulations of the Alaska State Board of Dental Examiners, I am not eligible for licensure. I need your help in this matter. I think it is obvious to everyone that the regulations adopted by the Alaska Board of Dental Examiners are superceding the intent of the law. Please, support us in restoring some sanity to the licensure process by adopting Senate Bill 126.

Sincerely,


Dr. Jason M. Rampton



WESTERN REGIONAL EXAMINING BOARD

10040 NORTH 25th AVENUE, SUITE 116, PHOENIX, ARIZONA 85021
(602) 944-3315

Clinical Examinations in Dentistry

Member States

ALASKA
ARIZONA
IDAHO
MONTANA
NEW MEXICO
UTAH

March 15, 1989

Teresa Maser
Senator Rick Halford's office
P.O. Box V
Juneau, Alaska 99811

Dear Ms. Maser:

I am sending the exam requirements from the dental application for 1984 to 1988. 1984 is the latest date for which the information is readily available. This information will let the committee know what procedures were required on the exam. I would like to reiterate, however, that there are numerous other factors involved in "comparability" of exams that are not included in this information, such as exact patient requirements, examiner criteria, examiners involved, content on written exams, etc. All of these variables have changed over the years and are obviously more difficult to assess than exam procedures.

Sincerely,

Linda Paul
Executive Administrator

RECEIVED
MAR 20 1989
OFFICE OF
SENATOR RICK HALFORD

1988

ATTENTION APPLICANTS

The application for our dental examination is enclosed pursuant to your request.

The address on the top of the application should be the address where you wish all exam materials sent before the exam (will be sent out around 30 days before the exam).

The exact criteria for the examination will be sent to you prior to the exam. Procedures will include a Class II amalgam, and a cast gold restoration, which may be a two surface inlay (proximal), MOD onlay, 3/4 crown or 7/8 crown. There will be a perio diagnosis and treatment section. For the amalgam, cast gold and perio exams, you will provide your own patient(s). The endodontic portion will consist of performing endodontic therapy on one canal, on a mounted tooth. You will only be required to treat one canal of a multicanaled tooth. For the endodontic treatment you will supply an extracted tooth, mounted in plastic as per instructions to be received with your examination materials. The prosthetics portion of the exam will be an evaluation exam. You will examine various cases of full upper and lower dentures and partials set in clear acrylic on Hanau semi-adjustable articulators using anatomical teeth and answer questions concerning them. There will be an oral pathology exam which consists of slides and 50 multiple choice questions. There will be an Oral Diagnosis and Treatment Planning test. You will be given a case history, mouth photographs, and study models. From these records you will be required to answer questions pertaining to the proper diagnosis and treatment planning. This will be a multiple choice type response.

The Board requires that you provide proof of malpractice insurance. You may send the application without the proof, but we must receive proof 14 days prior to the exam. You may consult Poe & Associates at 813/228-7361. This can take 6-8 weeks so apply early to avoid problems.

The Board has ruled that a graduating senior may take the exam with certification from the Dean. Exam results will be held until the candidate graduates and provides the WREB office with proof of graduation. If for some reason, the candidate does not graduate within the current academic year the exam will be invalid.

The various member states have a time limit on how long after taking the exam the certificate will be accepted for licensure. Please check with the state where you wish licensure for their requirements.

THE MEMBER STATES OF THE W.R.E.B. ARE: Alaska, Arizona, Idaho, Montana, New Mexico and Utah.

1987

ATTENTION APPLICANTS

The application for our dental examination is enclosed pursuant to your request.

If within the last year you have taken the exam or applied to take the exam, it is not necessary to send a copy of your diploma (if your diploma is on file in our office). Please indicate where and when you last took the exam, or when you applied.

The address on the top of the application should be the address where you wish all exam materials sent before the exam (will be sent out around 30 days before the exam).

The exact criteria for the examination will be sent to you approximately 30 days before the exam. Procedures will include a Class II amalgam, and a cast gold restoration, which may be an onlay, 3/4 crown or 7/8 crown. An inlay will not be acceptable. There will be a perio diagnosis and treatment section. For the amalgam, cast gold and perio exams, you will provide your own patient(s). The endodontic portion will consist of performing endodontic therapy on one canal, on a mounted tooth. You will only be required to treat one canal of a multicanaled tooth. For the endodontic treatment you will supply an extracted tooth, mounted in plastic as per instructions to be received with your examination materials. The prosthetics portion of the exam will be an evaluation exam. You will examine various cases of full upper and lower dentures and partials set in clear acrylic on Hanau semi-adjustable articulators using anatomical teeth and answer questions concerning them. There will be an oral pathology exam which consists of slides and 50 multiple choice questions. There will be an Oral Diagnosis and Treatment Planning test. You will be given a case history, mouth photographs, study models and x-rays. From these records you will be required to answer questions pertaining to the proper diagnosis and treatment planning. This will be a multiple choice type response.

The Board requires that you provide proof of malpractice insurance. You may send the application without the proof, but we must receive proof 14 days prior to the exam. You may consult Poe & Associates at 813/228-7361. This can take 6-8 weeks so apply early to avoid problems.

The Board has ruled that a graduating senior may take the exam with certification from the Dean. Exam results will be held until the candidate graduates and provides the WREB office with proof. If for some reason, the candidate does not graduate within the current academic year the exam will be invalid.

The various member states have a time limit on how long after taking the exam the certificate will be accepted for licensure. Please check with the state where you wish licensure for their requirements. The minimum length is three (3) years.

THE MEMBER STATES OF THE W.R.E.B. ARE: Arizona, Utah, Montana, and Idaho.

1986

ATTENTION APPLICANTS

The application for our dental examination is enclosed pursuant to your request.

If within the last year you have taken the exam or applied to take the exam, it is not necessary to send a copy of your diploma (if your diploma is on file in our office). Please indicate where and when you last took the exam, or when you applied.

The address on the top of the application should be the address where you wish all exam materials sent before the exam (will be sent out around 30 days before the exam).

The exact criteria for the examination will be sent to you approximately 30 days before the exam. Procedures will include a Class II amalgam, and a cast gold restoration, which may be an onlay, 3/4 crown or 7/8 crown. An inlay will not be acceptable. There will be a perio diagnosis and treatment section. For the amalgam, cast gold and perio exams, you will provide your own patient(s). The endodontic portion will consist of performing endodontic therapy on one canal, on a mounted tooth. Any tooth is acceptable, but you will only be required to treat one canal of a multicanaled tooth. For the endodontic treatment you will supply an extracted tooth, mounted in plastic as per instructions to be received with your examination materials. The prosthetics portion of the exam will be an evaluation exam. You will examine various cases of full upper and lower dentures set in clear acrylic on Hanau semi-adjustable articulators using anatomical teeth and answer questions concerning them. You will be given an oral pathology exam which consists of slides and 50 multiple choice questions. There will be an Oral Diagnosis and Treatment Planning test. You will be given a case history, mouth photographs, study models and x-rays. From these records you will be required to answer questions pertaining to the proper diagnosis and treatment planning. This will be a multiple choice type response.

The Board requires that you provide proof of malpractice insurance. You may send the application without the proof, but we must receive proof 14 days prior to the exam. You may consult Poe & Associates at 813/228-7361. This can take 6-8 weeks so apply early to avoid problems.

The Board has ruled that a graduating senior may take the exam with certification from the Dean. Exam results will be held until the candidate graduates and provides the WREB office with proof. If for some reason, you do not graduate within the current academic year the exam will be invalid.

The various member states have a time limit on how long after taking the exam your certificate will be accepted for licensure. Please check with the state where you wish licensure for their requirements. The minimum length is three (3) years.

THE MEMBER STATES OF THE W.R.E.B. ARE: Arizona, Utah, Montana, and Idaho.



WESTERN REGIONAL EXAMINING BOARD

10040 NORTH 25th AVENUE, SUITE 116, PHOENIX, ARIZONA 85021

(602) 944-3315

Clinical Examinations in Dentistry

1985

ATTENTION APPLICANTS

The application for our dental examination is enclosed pursuant to your request.

If within the last year you have taken the exam or applied to take the exam, it is not necessary to send a copy of your diploma (if your diploma is on file in our office). Please indicate where and when you last took the exam, or when you applied.

The address on the top of the application should be the address where you wish all exam materials sent before the exam (will be sent out around 30 days before the exam).

The exact criteria for the examination will be sent to you approximately 30 days before the exam. Procedures will include a Class II amalgam, and a cast gold restoration, which may be an onlay, 3/4 crown, or a 7/8 crown.

An inlay will not be acceptable. There will be a perio section on the exam which will involve diagnosis and treatment. The endodontic portion will consist of performing endodontic therapy on one canal, on a mounted tooth. Any tooth is acceptable, but you will only be required to treat one canal of a multicanaled tooth. The prosthetics portion of the exam will be an evaluation exam. You will examine various cases of full upper and lower dentures set in clear acrylic on Hanau semi-adjustable articulators using anatomical teeth and answer questions concerning them. You will be given an oral pathology exam which consists of slides and 50 multiple choice questions. For the amalgam, cast gold and perio exams, you will provide your own patient(s). For the endodontic treatment, you will supply an extracted tooth, mounted in plastic as per instructions to be received with your examination materials.

The Board requires that you provide proof of malpractice insurance. You may send the application without the proof, but we must receive proof of malpractice 14 days prior to the exam. You may consult Poe & Associates at 813/228-7361. This can take time so apply early to avoid problems.

You will note in Section II on the application that you are required to have completed all requirements for graduation before you will be allowed to take the exam. The Board has ruled that a graduating senior may take the exam with certification from the Dean. Exam results will be held until the candidate graduates and provides us with proof. If for some reason, you do not graduate when anticipated, the exam will be invalid.

If you are unable to attend the examination, you may receive one-half of your fee in refund, if you notify this office in writing, within two weeks after the date of the examination. To reapply, you must submit a new application and pay the full fee. NO EXCEPTIONS.

The various member states have a time limit on how long after taking the exam your certificate will be accepted for licensure. Please check with the state where you wish licensure for their requirements.

THE MEMBER STATES OF THE W.R.E.B. ARE: Arizona, Utah, Montana and Idaho.



WESTERN REGIONAL EXAMINING BOARD

10040 NORTH 25th AVENUE, SUITE 116, PHOENIX, ARIZONA 85021
(602) 944-3315

Clinical Examinations in Dentistry

1984

ATTENTION APPLICANTS

The application for our dental examination is enclosed pursuant to your request.

If within the last year you have taken the exam or applied to take the exam, it is not necessary to send a copy of your diploma (if your diploma is on file in our office). Please indicate where and when you last took the exam, or when you applied.

The address on the top of the application should be the address where you wish all exam materials sent before the exam (will be sent out around 30 days before exam).

The exact criteria for the examination will be sent to you approximately 30 days before the exam. Procedures will include a Class II amalgam, and a cast gold restoration, which will be your choice of a Class II inlay, onlay or 3/4 crown. There will be a perio section on the exam which will involve diagnosis and treatment. The prosthetics portion of the exam will be an evaluation exam. You will examine various cases of full upper and lower dentures set in clear acrylic on Hanau semi-adjustable articulators using anatomical teeth and answer questions concerning them. You will be given an oral pathology exam which consists of slides and 50 multiple choice questions. For the amalgam, cast gold and perio exams, you will provide your own patient(s).

The Board requires that you provide proof of malpractice insurance. You may send the application without the proof, but we must receive proof of malpractice before the exam. You may consult Poe & Associates 813/228-7361. This can take time so apply early to avoid problems.

You will note in Section II on the application that you are required to have completed all requirements for graduation before you will be allowed to take the exam. The Board has ruled that a graduating senior may take the exam with certification from the dean. Exam results will be held until the candidate graduates and provides us with proof. If for some reason, you did not graduate when anticipated, the exam will be invalid.

If you are unable to attend the examination, you may receive one-half of your fee in refund, if you notify this office in writing, within two weeks after the date of the examination. To reapply, you must submit a new application and pay the full fee. NO EXCEPTIONS.

The various member states have a time limit on how long after taking the exam your certificate will be accepted for licensure. Please check with the state where you wish licensure for their requirements.

THE MEMBER STATES OF THE WREB ARE: Arizona, Utah, Montana and Idaho.

9711 Takli Circle
Eagle River, AK 99577
March 31, 1989

Senator Dick Eliason
P.O. Box V
Juneau, AK 99811


Dear Senator Eliason:

About six weeks ago, I submitted an application for dental licensure. I have passed the Western Regional Dental Exam, but my application for licensure was rejected. (Please see the attached letter).

Senate Bill 126 has been stalled in the Senate Labor and Commerce Committee. It appears as though Senator Faiks has been very successful at slowing down the movement of this bill out of committee. Please don't allow this to happen. The Dental Board has been allowed to reign without justice shown to those dentists who desire so much to obtain licensure thru the credentials process. I love this beautiful state and I would like to practice here. Those who oppose Senate Bill 126 want to limit their competition. They are protectionists in the truest sense.

Please schedule a vote on this bill so that it can be moved out of committee. It is simply a matter of conscience. I think you realize that by now.

Sincerely,

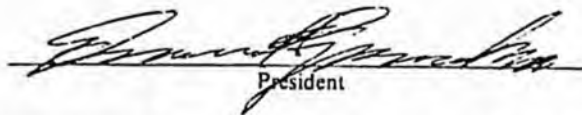

Dr. Jason M. Rampton



WESTERN REGIONAL EXAMINING BOARD

*This is to certify that JASON MICHAEL RAMPTON
has successfully completed an examination in clinical proficiency in Dentistry given by
the Western Regional Examining Board on "March 24-26, 1985
and is issued this certificate as verification of that proficiency to Western Regional
Examining Board member states. This certificate is valid, only for that period of time
prescribed by the member states in their laws or rules, from the date of the
examination. This does not constitute licensure.*

Signed and seal affixed
this 8th day of
April A.D.
19 85


President

STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

STEVE COWPER, GOVERNOR

P.O. BOX D-LIC
JUNEAU, ALASKA 99811-0800
PHONE: (907) 465-2534

March 15, 1989

Jason M. Rampton, D.M.D.
9711 Takli Circle
Eagle River, AK 99577

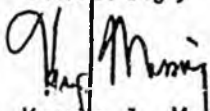
Dear Dr. Rampton:

This office is in receipt of your application for dental licensure in the State of Alaska.

The Board of Dental Examiners only accepts the results from the Western Regional Examining Board (WREB) examination as of its March 1987 examination. Since you sat for the examination in March 1985, you cannot fulfill the clinical examination requirement without retaking the WREB examination.

If you have any questions, or need further assistance, please contact this office.

Sincerely,



Kevin J. Messing
Licensing Examiner

KJM/mst9522m
031589a

Stephen C. Boesch, D.D.S.
7037 Madelynne Way
Anchorage, Alaska 99504
February 4, 1989

Senator Dick Eliason
Senate Labor and Commerce Committee
P.O. Box V
Juneau, Alaska 99811

Dear Senator Eliason,

As an Alaska resident and practicing military dentist licensed in Colorado, I want to communicate my support for Senator Halford's proposed legislation permitting the Alaska Board of Dental Examiners to license qualified dentists via the credentials process.

This bill will preclude the "protectionism" aspect of the state dental examination, and allow qualified dentists who have already passed equivalent examinations elsewhere to practice dentistry in Alaska upon presentation of their credentials and approval by the Dental Board. High quality dental care is not a state standard, but a national standard. If the existing requirements for licensing were of real value in assuring quality, they would be in use by the Medical and Nursing Boards.

Removal of licensing obstacles will mean increased access for Alaskans to comprehensive dental care and reduced dental care costs as competition increases. The legislation proposed by Senator Halford will allow residents in remote and secluded areas of the state to receive the routine, quality dental treatment many of us take for granted.

I request your support for this important legislation.

Sincerely,



Major Stephen C. Boesch, D.D.S.

Stephen C. Boesch, D.D.S.
7037 Madelynne Way
Anchorage, Alaska 99504
April 2, 1989

Senator Dick Eliason
Senate Labor and Commerce Committee
P.O. Box V
Juneau, Alaska 99811

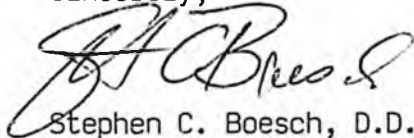
Dear Senator Eliason,

I just finished listening to three hours of testimony before the Labor and Commerce Committee concerning dental licensure by credentials. The tapes were graciously provided by your office. Thank you for allowing me to hear first hand the arguments for and against Senate Bill 126.

It is my understanding a committee vote was due March 21, 1989, but no action has been forthcoming. I urge you to get this bill out of committee and on to the Senate and House. All parties involved in this issue have expended an enormous amount of time and energy. It would be inexcusable to allow the bill to mold on the shelf another year without a vote.

I know we are all preoccupied at the moment with the tragedy at Valdez. However, Bill 126 needs a committee vote now. As Chairman of the Labor and Commerce Committee, you can do the job.

Sincerely,

A handwritten signature in cursive script, appearing to read "S. C. Boesch".

Stephen C. Boesch, D.D.S.

To: Alaska State Senate and House of Representatives

During the past session of 1989 Senator Rick Halford introduced SB 126 which would allow qualified dentists to obtain dental licensure in Alaska based on credentials. This legislation is consistent with the written policies of the American Dental Association, however, the Alaska State Dental Society has strongly opposed the bill. The State Dental Society, with the support of a paid lobbyist, have been very successful at stalling this important legislation. Therefore, we the undersigned dentists, wish to make our views known to you as an Alaskan Legislator.

1. We support the prompt passage of SB 126 and urge you to do the same.
2. The State Dental Board has adopted a regulation (not to allow licensure by credentials) which is contrary to the intent of the current law.
3. The appearance is that the State Dental Society is protecting their turf. They clearly do not want competition.
4. Increased competition will result in an overall reduction in the high price of dentistry in Alaska.
5. Alaskans will be best served by increasing the availability of dentists and dental specialists.

If you have any questions or input into this important legislation please contact Theresa Maser in the office of Senator Rick Halford.

Sincerely,

Dr Richard A. Criffenden, Eagle River

Dr Jason Rampton, Eagle River

Dr Gary J. Golden, Anchorage

Dr. Philip C. Dues, Eagle River

Mr Dale A. Stutte, Anchorage

Dr. Stephen C. Boock, Anchorage

Dr. Ronald W. Eng, Anchorage

Dr. Theodore C. Amundson, Anchorage

Mr David J. Hentges, Anchorage

Dr. Robert A. Lewis, Anchorage

*ALASKA LICENSURE
(AA 641)*

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If you have any questions or input into this important legislation please contact Theresa Maser in the office of Senator Rick Halford.

Sincerely,

Dr. ~~Walter H. Martala~~, Anchorage (Perdentist)
 Mr. Dennis A. Merri, Anchorage
 Dr. William J. Rome, Eagle River
 Dr. John H. Mead, Anchorage
 Dr. John J. Samundson Anchorage
 Dr. Scott E. Sanden, Anchorage
 Dr. Cyot P. Tait, Anchorage
 Dr. Barry W. Wyzman, Anchorage

(Alaska Licensure)
 AA-661

To: Alaska State Senate and House of Representatives

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5. Alaskans will be best served by increasing the availability of dentists and dental specialists.

If you have any questions or input into this important legislation please contact Theresa Maser in the office of Senator Rick Halford.

Sincerely,

Dr. Donald J. McKee, Anchorage | Dr. Philip J. Klump DDS, FT. Richardson
 Dr. William E. Amshorn, ANCHORAGE | Dr. Robert S. Matteson, Ft. Richardson
 Dr. Paul E. Melange, FT. RICHARDSON | Anchorage, AK
 Dr. William H. Hull, Eagle River | Eagle River
 Edmund A. Tyni, DDS - Ft. Richardson, AK
 Richard W. [unclear] DMD, FT. RICHARDSON, AK
 [unclear] D.D.S., Eagle River, AK
 [unclear] DDS, Eagle River, AK
 [unclear] DMD, Ft. Richardson, AK

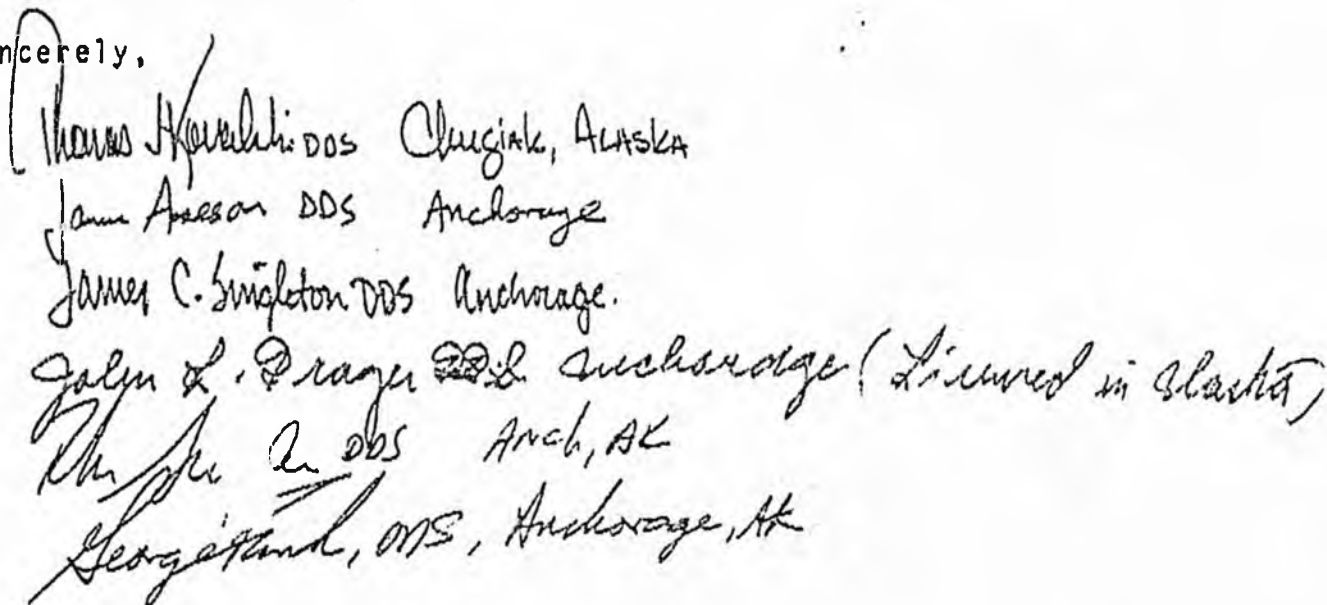
To: Alaska State Senate and House of Representatives

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If you have any questions or input into this important legislation please contact Theresa Maser in the office of Senator Rick Halford.

Sincerely,



 Thomas H. Kerkelides DDS Chugiak, Alaska

 Jane Areson DDS Anchorage

 James C. Singleton DDS Anchorage.

 Galyn L. Prager DDS Anchorage (Licensed in Alaska)

 Charles L. ... DDS Anch, AK

 George ... MS, Anchorage, AK

Rebecca V. Neslund, D.M.D.
Staff Dentist
(907) 543-3711 Ext. 137

SENATOR DICK ELIASON
ALASKA STATE LEGISLATURE
P.O. BOX V
JUNEAU, ALASKA 99811



"Fostering Native Self Determination in
Primary Care, Prevention and Health Promotion"

Yukon-Kuskokwim
Health Corporation
P.O. Box 528 Bethel, Alaska 99559

Dear Senator Eliason,

I am writing with respect to CSSB 126 Dental Licensure Without Examination. I am currently a dentist in Bethel, Alaska and the Director of the Dental Disease Prevention Program for the Yukon Kuskokwim Delta. I work for the Indian Health Service. I am a member of the Alaska Dental Society.

I was born in Alaska, but received my training in dentistry in Pennsylvania where my parents now reside. Upon graduation from dental school, my intent was to return to Alaska to practice dentistry. I passed the North East Regional Board Exam and was licensed in the state of Pennsylvania. However, to be able to practice in Alaska it is required that I take the Western Regional Board Exam. The expense of taking this exam is extraordinary. It is a practical exam where 4 patients are needed to perform the required skills on which I would be evaluated. To transport patients to the West Coast, pay for their lodging and food, in addition to the expenses incurred by my travel, equipment, exam fees, and other associated expenses made this impossible. Even at this time, being a dentist in Bethel, Alaska, the expense of taking this exam to receive my Alaska licence is one I cannot afford. It appears to me that this exam is not a measure of one's skills, but instead a vehicle of limiting the number of dentists in Alaska.

The Alaska Dental Society states that the main reason they do not support CSSB 126 is because they cannot "assure that the citizens of Alaska receive dental treatment by competent dentists" ("Alaska Update", Published by the Alaska Dental Society, April 1989) with Dental Licensure without Examination.

Being a Federal employee, already my Prevention Program impacts 18,000 people in the Yukon Kuskokwim Delta. I perform comprehensive dentistry on the population daily. I am under the constant review of my peers in our 10 dentist clinic and I am evaluated in all aspects of dentistry on a yearly basis due to Federal regulations. I pose no threat to the high standards of dentistry in Alaska and I believe it is unfair to pay thousands of dollars just to become a member of the Alaskan Licensed Dentists.

Please support CSSB 126. Thank you.

Sincerely,

Rebecca V. Neslund, DMD

Sheila

JANUARY 11, 1990



SENATOR DICK ELIASON
P.O. Box V
JUNEAU, AK 99811

DEAR SENATOR ELIASON:

THE SENATE RULES COMMITTEE WILL SOON SCHEDULE A SENATE VOTE FOR SB 126 SPONSORED BY SENATOR HALFORD. THE BILL WOULD ALLOW QUALIFIED DENTISTS TO OBTAIN "LICENSURE BY CREDENTIALS". THE BILL OUTLINES THE EXACT CRITERIA AND QUALIFICATIONS REQUIRED BY A LICENSURE APPLICANT, INCLUDING IN-DEPTH BACKGROUND CHECKS. THIS METHOD OF LICENSURE IS CURRENTLY USED TO LICENSE VIRTUALLY ALL OTHER HEALTH PROFESSIONALS IN ALASKA. I FIND IT DISTURBING THAT DENTISTRY IS CURRENTLY THE ONLY HEALTH PROFESSION THAT DOES NOT PROVIDE THIS MECHANISM FOR LICENSURE.

THE LEADERSHIP OF THE ALASKA DENTAL SOCIETY HAS OPPOSED THIS MECHANISM OF LICENSURE FROM THE BEGINNING. THEY ARE CLEARLY PROTECTING THEIR TURF. THE STATE DENTAL BOARD HAS BEEN DIRECTED (VIA LETTERS OF INTENT FROM BOTH THE HOUSE AND THE SENATE) TO DEVELOP PROCEDURES TO LICENSE DENTISTS BY CREDENTIALS. UP TO NOW, THE DENTAL BOARD HAS FAILED TO COMPLY WITH THESE LETTERS OF INTENT. TO THOSE OF US WHO HAVE BEEN DENIED LICENSURE, IT IS VERY OBVIOUS THAT THERE IS A HIGH DEGREE OF PROTECTIONISM PROGRAMMED INTO THE EXISTING LICENSURE SYSTEM.

TO SHOW YOU THAT THERE IS A BROAD BASE OF DENTISTS WHO SUPPORT THIS BILL, WE HAVE CIRCULATED A LETTER OF PETITION TO OUR DENTAL COLLEAGUES ACROSS THE STATE. WE HAVE COLLECTED OVER 120 SIGNATURES. THESE ARE AVAILABLE FOR YOUR INSPECTION IN SENATOR HALFORD'S OFFICE. THERE IS AN ATTACHMENT TO THIS LETTER WHICH CONTAINS THE WORDING USED IN THIS PETITION.

FOR THESE REASONS AND MANY OTHERS I STRONGLY URGE YOU TO VOTE TO PASS SB 126. THIS WOULD INCREASE THE AVAILABILITY OF DENTISTS TO ALL ALASKANS.

SINCERELY,

Jason Rampton
DR. JASON M. RAMPTON
9711 TAKLI CIRCLE
EAGLE RIVER, AK 99577

ATTCH: 1

TO: ALASKA STATE SENATE AND HOUSE OF REPRESENTATIVES

DURING THE PAST SESSION OF 1989 SENATOR RICK HALFORD INTRODUCED SB 126 WHICH WOULD ALLOW QUALIFIED DENTISTS TO OBTAIN DENTAL LICENSURE IN ALASKA BASED ON CREDENTIALS. THIS LEGISLATION IS CONSISTENT WITH THE WRITTEN POLICIES OF THE AMERICAN DENTAL ASSOCIATION, HOWEVER, THE ALASKA STATE DENTAL SOCIETY HAS STRONGLY OPPOSED THE BILL. THE STATE DENTAL SOCIETY, WITH THE SUPPORT OF A PAID LOBBYIST, HAVE BEEN VERY SUCCESSFUL AT STALLING THIS IMPORTANT LEGISLATION. THEREFORE, WE THE UNDERSIGNED DENTISTS, WISH TO MAKE OUR VIEWS KNOWN TO YOU AS AN ALASKAN LEGISLATOR.

1. WE SUPPORT THE PROMPT PASSAGE OF SB 126 AND URGE YOU TO DO THE SAME.
2. THE STATE DENTAL BOARD HAS ADOPTED A REGULATION (NOT TO ALLOW LICENSURE BY CREDENTIALS) WHICH IS CONTRARY TO THE INTENT OF THE CURRENT LAW.
3. THE APPEARANCE IS THAT THE STATE DENTAL SOCIETY IS PROTECTING THEIR TURF. THEY CLEARLY DO NOT WANT COMPETITION.
4. INCREASED COMPETITION WILL RESULT IN AN OVERALL REDUCTION IN THE HIGH PRICE OF DENTISTRY IN ALASKA.
5. ALASKANS WILL BE BEST SERVED BY INCREASING THE AVAILABILITY OF DENTISTS AND DENTAL SPECIALISTS.

IF YOU HAVE ANY QUESTIONS OR INPUT INTO THIS IMPORTANT LEGISLATION PLEASE CONTACT THERESA MASER IN THE OFFICE OF SENATOR RICK HALFORD.

SINCERELY,

*Over 120 Alaskan dentists
have signed this petition.*

OVER 120 ALASKAN DENTISTS HAVE SIGNED THIS PETITION. MORE SIGNATURES ARE COMING IN DAILY. THE BREAKDOWN OF THE GEOGRAPHIC LOCATION OF THE DENTISTS WHO HAVE SIGNED THIS PETITION IS AS FOLLOWS:

ADAK-4

ANCHORAGE-40

BETHEL-11

CHUGIAK-1

DILLINGHAM-1

EAGLE RIVER-13

FAIRBANKS-32

JUNEAU-2

KETCHIKAN-2

KODIAK-3

KOTZEBUE-3

METLAKATLA-1

NOME-4

SITKA-1

WASILLA-3

April 28, 1989

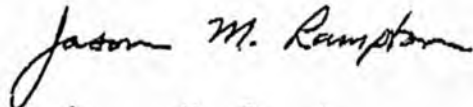
Senate Labor and Commerce Committee
P. O. Box V
Juneau, AK 99811

Dear Senators,

The Alaska Dental Society has portrayed the dentists who seek licensure by credentials as untested practitioners with unproven skills and questionable qualifications.

The real issue involved is SB126 is discrimination against a group of dentists who possess irrefutable, verifiable gold-plated credentials. None of us would ever suggest that licensure should be granted without unquestionable qualifications. But, by the same token, if a long term history of ethical practice coupled with irrefutable qualifications can be proven, then, and only then, should a practitioner be granted licensure by credentials.

Sincerely,



Dr. Jason M. Rampton

To: Alaska State Senate and House of Representatives

During the past session of 1989 Senator Rick Halford introduced SB 126 which would allow qualified dentists to obtain dental licensure in Alaska based on credentials. This legislation is consistent with the written policies of the American Dental Association, however, the Alaska State Dental Society has strongly opposed the bill. The State Dental Society, with the support of a paid lobbyist, have been very successful at stalling this important legislation. Therefore, we the undersigned dentists, wish to make our views known to you as an Alaskan Legislator.

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If you have any questions or input into this important legislation please contact Theresa Maser in the office of Senator Rick Halford.

Sincerely,

Dr Richard A. Criffenden, Eagle River

Dr Jason Rampton, Eagle River

Dr Gary J. Golden, Anchorage

Dr. Philip C. Gaus, Eagle River

Mr Dale A. Stutte, Anchorage

Dr. Stig C. Borch, Anchorage

Dr Ronald W. Eng, Anchorage

Dr Theodore C. Amundson, Anchorage

Dr David B. Matthews, Anchorage

Dr Robert A. Lewis, Anchorage

*ALASKA LICENSURE
(AA 641)*

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Sincerely,

Dr. Haron H. Martala, Anchorage (periodontist)

Mr. Dennis A. Greer, Anchorage

Dr. William J. Rome, Eagle River

Dr. John H. Mead, Anchorage

Dr. John J. Sammelan Anchorage

*(Alaska Licensure)
H H - 661*

Dr. Scott E. Sand, Anchorage

Dr. Cyndi P. Todd, Anchorage

Dr. Barry M. Wyzman, Anchorage

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Sincerely,

Dr. Donald J. Orsini, Anchorage | Dr. Philip J. Klump DDS, FT. Richardson
 Dr. William E. Amshery, ANCHORAGE | Dr. Robert S. Matthews, Ft. Richardson
 Dr. Paul E. McLaughlin, FT. RICHARDSON | (Anchorage) Anchorage, AK
 Dr. William H. Hull, Eagle River | Eagle River
 Edwin A. Tully DDS Ft. Richardson, AK
 Phil [Signature] DMD FT. RICHARDSON, AK
 [Signature] D.D.S. Eagle River, AK
 [Signature] DDS Eagle River, AK
 [Signature] DMD Ft. Richardson, AK

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Sincerely,

Thomas Kavalakos DDS Chugiak, Alaska
Janice Areson DDS Anchorage
James C. Singleton DDS Anchorage.

Jolyn L. Prager DDS Anchorage (Licensed in Alaska)
The People DDS Anch, AK
George Ford, MS, Anchorage, AK

Anchorage & Eagle River

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Sincerely,

Thomas S. Bennett DDS Anchorage, AK
James Cottrell D.D.S. ANCHORAGE AK
O. Lynn Rommige D.D.S. Eagle River, AK
Steph W. Cline D.M.D. EAGLE RIVER, AK
Michael A. Majchewicz D.M.D., Eagle River
J. Bennett DDS Anchorage, AK

Anchorage to Eagle River

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Sincerely,

Dr. Larry J. Millikan

Dr. Donald DeLuca, Anchorage | Dr. Philip Klump DDS, Ft. Richardson, AK
 Dr. William E. Anshury, ANCHORAGE | Dr. Robert S. Matthews, Ft. Richardson, AK
 Dr. Paul E. M. Stange, FORT RICHARDSON | (Anchorage)
 Dr. William J. Hall, Eagle River | Eagle River AK
 Edum A. T. ... DDS Ft. Richardson, AK
 Robert W. ... DMD FORT RICHARDSON, AK
 ... D.D.S. Eagle River, AK
 ... DDS Eagle River, AK
 ... Ft. Richardson, AK

Anchorage and Eagle River

To: Alaska State Senate and House of Representatives

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If you have any questions or input into this important legislation please contact Theresa Maser in the office of Senator Rick Halford.

Sincerely,

Dr Richard A. Criffenden, Eagle River
Dr Jason Rampton, Eagle River
Dr Gary J. Golden, Anchorage
Dr. Philip C. Gaur, Eagle River
Mr Dale G. Stutte, Anchorage
Dr. Stephen C. Bess, Anchorage
Dr. Ronald W. Eng, Anchorage
Dr. Theodore C. Conzant, Anchorage
Dr. David J. Matthews, Anchorage
Dr. Robert A. Craig, Anchorage

ALASKA LICENSURE
(AA 641)

Anchorage to Eagle River

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Sincerely,

Dr. Warren H. Marttala, Anchorage (president)
Mr. Dennis A. Greer, Anchorage
Dr. William J. Rome, Eagle River
Dr. John H. Mead, Anchorage
Dr. John J. Samuelsen, Anchorage (Alaska Licensure) AA-661
Dr. Stuart E. Sorenson, Anchorage
Dr. Cynthia P. Tait, Anchorage
Dr. Barry M. Wyzman, Anchorage
Dr. Derrick M. Wulch, Anchorage
Dr. Stephen J. Meador, Eagle River
Dr. Kim E. Horvath, Anchorage

Anchorage

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Sincerely,

Thomas Kavelich DDS Chugiak, Alaska

Janne Aasen DDS Anchorage

James C. Singleton DDS Anchorage.

Jolyn L. Prager DDS Anchorage (Licensed in Alaska)

Chris Spangler DDS Anch, AK

George Fink, DDS, Anchorage, AK

James M. Jones MD Eagle River

Anchorage

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Dr. Timothy A. Jansen

Anchorage

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Sincerely,

David A. Jones DDS
Robert J. Feller DDS

ADAK

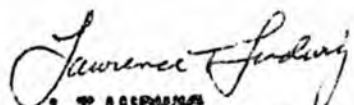
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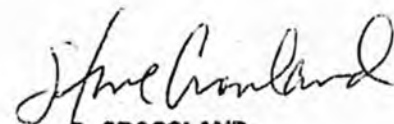
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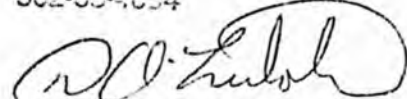
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Sincerely,


L. T. LUDWIG
CDR, DC, USN
396-46-1681
Branch Dental Clinic
Aleka, AK 98791


S. CROSSLAND
LT, DC, USNR
250-23-0022


LT W.G. WINKER, DC, USNR


N. ANNESAND, DC, USNR
502-66-4084

Bethel

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Sincerely,

Katherine Long-Roth, DDS
Bethel, AK

Rebecca Westlund DMD
Bethel, Alaska

John A. Savage DMD
Bethel, AK

David Verbeine, DDS
David Verbeine

Bethel, Alaska
Rick Halford, MD

Dillingham

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Sincerely,

A handwritten signature in cursive script that reads "John Belknap DDS". The signature is written in dark ink and is located in the lower right quadrant of the page.

Fairbanks

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Sincerely,

William E. Davis DMD
Fred J. Nolan, Jr. DDS, MS.
David R. Backus D.D.S., R.P.H.
Wann S. O. D.D.S.
William R. Buhl D.D.S.
Joseph J. Butarich D.D.S.
Darryl J. Varrus D.D.S.
Michael O. Smith DDS
Cala Anne Beechie, M.S.
Steven Whitney RPH

Ron. G. Fisher DDS
Lester C. Miller DDS.
Alan R. Deubner DDS AA #603
Douglas A. Boyer DDS
Frank J. Foran DDS
James J. Halverson DMD

Fairbanks

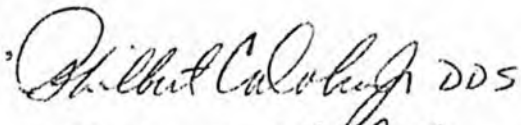


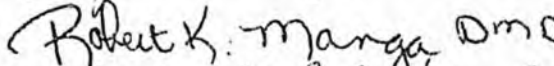



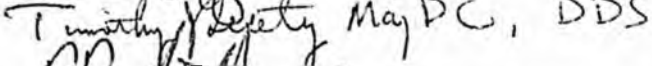
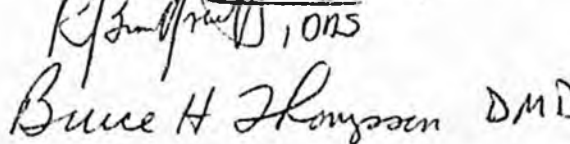
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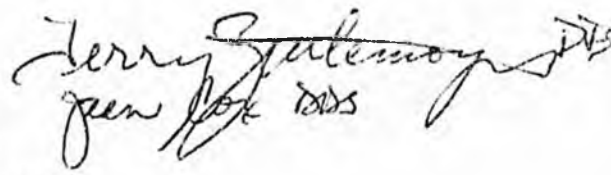
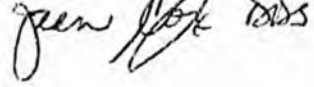
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Sincerely,

 Philbert Calobuck DDS
 Fred P. Shulski DMD
 Robert M. [unclear] DMD
 Robert K. Manga DMD
 Lillian M. Infantes DDS
 Michael [unclear] DDS
 Timothy [unclear] DMD
 Timothy [unclear] Deputy May DC, DDS
 Bruce H. Thompson DMD

 Jerry [unclear] DDS
 [unclear] DDS

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DAVID MIKITTA DDS.

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Sincerely,

Dr. Duane A. Soulellan

Dr. N. Whitney James. D.D.S.

Ketchikan

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Kevin C. Craig DDS

James E. Jordan DDS

Kodiak

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Sincerely,

Randall B. Magberry, DDS / RB Magberry / HCR 1116 Sawmill Circle / Kodiak, AK 99615

Powell B Trotter, DDS. PB Trotter 1214 MADSEN, KODIAK 99615

Clifford D Green DDS CD Green 125 Seabreeze Circle
Kodiak AK 99615

Kotzebue

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Peter M. Preston, DDS

Peter Preston DDS

Chief Dental Officer

Manilaq Medical Center

Kotzebue, AK 99752

Thomas H. Knox D.M.D.

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STAFF DENTAL OFFICER

Manilaq Medical Center

Kotzebue AK, 99752

Metlakatla

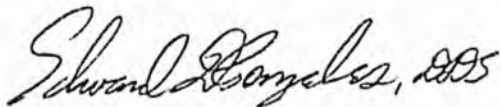
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U.S. PUBLIC HEALTH SERVICE

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Sincerely,

Mark W. Kelso, D.D.S.

Section 7 must be eliminated. If the clinical exam is flawed, then why make failure of the exam a reason for exclusion. Besides, it is unfair to those practitioners who at least attempted the exam in comparison to those who did not.

Nome

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Sincerely,

Michael N. Carzeni, DDS

Dr Michael N Carzeni
Norton Sound Dental
Box 966
Nome, Alaska 99762

Section 7f - Not fair - Why should some with appropriate credentials be penalized for attempting the exam (what was the reason for failure? - If no-show? Poor performance? Poor results? etc.)

None

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Sincerely,

I have some problems with the reasons for section 7 (not failed clinical exam for this state) being included in the legislation. Credentialing should be completely exclusive of people who have attempted to take the state board exam

Roger W. Wapman 228 AK-A00400

Sitka

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Sincerely,

*Jon M. Maser DDS
Sitka, Alaska*

STEVE COWPER, GOVERNOR

**DEPARTMENT OF COMMERCE &
ECONOMIC DEVELOPMENT**

DIVISION OF OCCUPATIONAL LICENSING

P.O. BOX D-LIC
JUNEAU, ALASKA 99811-0800
PHONE: (907) 465-2534

June 16, 1989

Dr. James M. Rampton
9711 Iakli Circle
Eagle River, AK 99577

Dear Dr. Rampton:

This is in response to your letter requesting information regarding licensure by credentials as it pertains to other health care professions in the State of Alaska.

I have compiled the following list of professions which license by credentials and have enclosed the applicable statutes and regulations regarding each.

Veterinarians
Physical Therapists
Occupational Therapists
Chiropractors
Pharmacists

Clinical Social Workers
Psychologist
Psychological Associates
Dispensing Opticians
Medical Doctors (includes
specialists such as cardiolo-
gists and ophthalmologists as
Alaska does not license by
specialties)

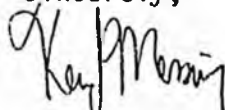
Licensed by Endorsement

Opticians
Licensed Practical Nurses

Registered Nurses
Registered Nurse Anesthetists

If you need further assistance, please contact this office.

Sincerely,



Kevin J. Messing
Licensing Examiner

KJM/ajm0604q
61689a
Enclosures



MEMORANDUM

TO: Martha Dearborn
FROM: Sam Kito, Jr. *Sam K.*
DATE: May 31, 1989
RE: End of Session Legislative Report

Alaska Dental Society issues fared quite well in the 1989 legislative session. Following is a brief summary of the status of the bills and resolutions I have dealt with on your behalf:

SB 126 - Licensure by Credentials

I was able to prevent this bill from reaching the Senate floor for a vote, thanks in part to the support shown by Dental Society members who contacted Senate Rules Committee chairwoman Arliss Sturgulewski. With the help of Senators Pat Rodey and Jan Faiks, we were able to amend the legislation in the Labor and Commerce Committee to remove the most onerous provisions. However, in spite of the amendments, the bill in its current form is still unacceptable.

I anticipate that SB 126 will be brought to the Senate floor within the first month of the 1990 session, which begins next January. I will take a Senate vote count before the legislature reconvenes and will request favorable committee assignments in the House.

HB 225 - Assignment of Benefits

Working with Representatives Max Gruenberg and Curt Merard, I was successful in having HB 225 moved out of the House Health, Education and Social Services Committee without any objections. However, due primarily to the late introduction of the bill, there was no time for the bill to pass the House.

Representative Dave Donley's House Labor and Commerce Committee has promised early consideration of HB 225 next session.

HB 10 - Student Loan Forgiveness

HB 10 remains in the House Rules Committee, but will likely be brought to the floor for a vote next session. Our attempt to add dentists to the list of health care professionals who qualify for student loan forgiveness will take place in the Senate.

This is the current ADA policy - Nov 89

WORKSHEET ADDENDUM

COMMITTEE TO STUDY THE FREEDOM OF MOVEMENT AND
LICENSURE ISSUES

NEW

Guidelines for Licensure

Dental licensure is intended to insure that only qualified individuals provide dental treatment to the public. Among qualifications deemed essential are satisfactory theoretical knowledge of basic biomedical and dental sciences and satisfactory clinical skill. It is essential that each candidate for an initial license be required to demonstrate these attributes on examination, a written examination for theoretical knowledge and a clinical examination for clinical skill. These guidelines suggest alternate mechanisms for evaluating the theoretical knowledge and clinical skill of an applicant for licensure who holds a dental license in another jurisdiction. Requiring a candidate who is seeking licensure in several jurisdictions to demonstrate his theoretical knowledge and clinical skill on separate examinations for each jurisdiction seems unnecessary duplication.

Licensure by Examination: Written examination programs conducted by the Joint Commission on National Dental Examinations have achieved broad recognition by state boards of dentistry. National Board dental examinations are conducted in two parts. Part I covers basic biomedical sciences; Part II covers dental sciences. It is recommended that satisfactory performance on Part II of National Board dental examinations within five years prior to applying for a state dental license be considered adequate testing of theoretical knowledge. National Board regulations require a candidate to pass Part I before participating in Part II. Consequently, this recommendation excludes Part I only from the time limit.

No clinical examination has achieved as broad recognition as have National Board written examinations. Clinical examinations used for dental licensure are conducted by individual state boards of dentistry and by regional clinical testing services. It is recommended that satisfactory performance within the last five years on any state or regional clinical examination at least equivalent in quality and difficulty to the state's own clinical examination be considered adequate testing for clinical skill provided that the candidate for licensure:

- a. Is currently licensed in another jurisdiction.
- b. Has been in practice since being examined.
- c. Is endorsed by the state board of dentistry in the state of his current practice.
- d. Has not been the subject of final or pending disciplinary action in any state in which he is or has been licensed.
- e. Has not failed the clinical examination of the state to which he is applying within the last three years.

OLD

Guidelines for Licensure (1976:919; 1977:923)

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- e. Has not failed the clinical examination of the state to which he is applying within the last three years.

NEW

Licensure by Credentials: The American Dental Association believes that an evaluation of a practicing dentist's theoretical knowledge and clinical skill based on his performance record can provide as much protection to the public as would an evaluation based on examination. Issuing a license using a performance record in place of examinations is termed licensure by credentials.

All candidates for licensure by credentials might be required to fulfill basic education and practice requirements. It is recommended that graduation from a dental school accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs be considered minimum satisfactory education for licensure by credentials. Further, it is recommended that licensure by credentials be available only to a candidate who:

- a. Is currently licensed in another jurisdiction.
- b. Has been in practice or full-time dental education for a minimum of five years immediately prior to applying.
- c. Is endorsed by the state board of dentistry in the state of current practice.
- d. Has not been the subject of final or pending disciplinary action in any state in which he is or has been licensed.
- e. Has not failed the clinical examination of the state to which he is applying within the last three years.

Additional criteria to determine the professional competence of a licensed dentist should include:

- f. information from the National Practitioner Data Bank and/or the AADE Clearinghouse for Disciplinary Information;
- g. questioning under oath;
- h. results of peer review reports from constituent societies and/or federal dental services;
- i. drug testing;
- j. background checks for criminal or fraudulent activities;
- k. participation in continuing education;
- l. a current certificate in cardiopulmonary resuscitation;
- m. recent patient case reports and/or oral defense of diagnosis and treatment plans.

OLD

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- d. Has not been the subject of final or pending disciplinary action in any state in which he is or has been licensed.
- e. Has not failed the clinical examination of the state to which he is applying within the last three years.

NEW

Alternate ways that current theoretical knowledge might be documented follow. It is recommended that for a candidate who meets eligibility requirements for licensure by credentials, these methods be considered as possible alternatives to the written examination requirement.

1. Successful completion of an accredited advanced dental education program in the last ten years.
2. A total of at least 180 hours of acceptable, formal, scientific continuing education in the last ten years, with a maximum credit of 60 hours for each two-year period.
3. Successful completion of a recognized specialty board examination in the last ten years.
4. Teaching experience of at least one day per week or its equivalent in an accredited dental education program for at least six of the last ten years.

Possible documentation for current clinical skill appears in the following list. Provided that eligibility requirements for licensure by credentials are met, it is recommended that these methods be considered as possible alternatives to satisfactory performance on a clinical examination.

1. Successful completion of an accredited general practice residency or dental internship within the last ten years.
2. Successful completion of an accredited dental specialty education program in a clinical discipline within the last ten years.
3. A total of at least 180 hours of acceptable clinically oriented continuing education in the last ten years, with a maximum credit of 60 hours for each two-year period.
4. Clinical teaching of at least one day per week or its equivalent in an accredited dental education program, including a hospital-based advanced dental education program for at least six of the last ten years.
5. Presenting case histories of patients treated by the candidate in the last five years, with preoperative and postoperative radiographs, covering procedures required on the state clinical examination, for discussion with the state board.

OLD

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5. Presenting case histories of patients treated by the candidate in the last five years, with preoperative and postoperative radiographs, covering procedures required on the state clinical examination, for discussion with the state board.

Stephen C. Boesch, D.D.S.
7037 Madelynne Way
Anchorage, Alaska 99504
Phone (907) 338-1188
March 9, 1990

Senator Dick Eliason
Alaska State Legislature
P.O. Box V
Juneau, Alaska 99811

Dear Senator Eliason,

The Alaska Legislature earlier directed the Board of Dental Examiners to provide dental licensure by credentials for qualified dentists. This action would provide the same licensing criteria presently available to all other health care professionals. In one way or another, the Dental Board continues to deny the legislature's call for licensing by credentials.

Attached is a message (author unknown) sent to Alaska Dental Society members listing thoughts to ponder. I have retyped each item and commented as follows:

Item 1...there is NO fall-back (compromise) position for this bill language.

Comment: I Agree.

Item 2...if you remove clinical competency as a prerequisite for licensure what remains to be evaluated are personal "behaviors" and individual "professionalism." Even legal entanglements can be successfully hidden. The reality is there IS NO clear-cut mechanism to check on background difficulties. Further, the National Practitioner Data Bank is limited to what it is given by outside sources.

Comment: Personal behaviors and individual professionalism are two reasons why the public holds dentistry in such high regard. Experience enhances clinical competence; it does not detract from it. As a dentist requesting a license by credentials, I submit my past performance as an indicator of my future performance. There are clear-cut mechanisms to check on backgrounds. The Western Regional Examination Board (WREB) exam is not one of them. The WREB does not check backgrounds.

Item 3...the WREB exam (legislators may not know what WREB means), now in place, and examining 4 times a year, provides from 250 to 300 successful candidates ALL eligible to apply for Alaska licensure.

Comment: The issue is not how many candidates the WREB produces each year. The issue is: Are we going to prevent experienced, qualified dentists from practicing dentistry in Alaska just because they have not taken the WREB?

Item 4...Because dental schools are varied in their standards, entrance requirements, and graduation requirements, a clinical exam is the only valid way to determine clinical competence. Alaska's dental board members DIRECTLY participate in the WREB structure and are keenly aware of the caliber of the exam's contents.

Comment: I agree. A clinical exam following graduation from an accredited dental school is the only valid way to observe clinical competence... And every applicant for licensure by credentials has already taken that clinical exam; and passed; and was licensed in a state just as

concerned as Alaska about quality of care; and practiced dentistry for at least five years. Is every clinical exam exactly the same? No. Is every clinical exam about the same? Yes. Is the WREB exam the most stringent? No.

Item 5...Dentistry in Alaska does not have any means of monitoring dentists already licensed (as opposed to hospital staff physicians who are continually reviewed by committees within their hospitals). Once a dentist receives an Alaska license, it takes a considerable effort (lengthy & costly) by the Division of Occupational Licensing to revoke this privilege - usually at the expense of many damaged patients.

Comment: Wrong. Just as with physicians, optometrists, nurses, and every other health care provider in Alaska, peer review has been, is, and will remain the strongest defense against substandard practice. Hospital Committee review applies only to select staff physicians. Prudence dictates reviewing past performance as an indicator of future performance prior to licensing. This is done by credentials review.

Item 6...This is not a "turf protecting" issue. In the last 10 years there has been a 34% increase in the number of Alaska licensed dentists. There are 28.6% more dentists per capita in Alaska than the national average. (47% more per capita if one adds the military and PHS) There are more than 1,600 dentists who have passed the WREB exam and only need to complete the application process to become licensed in Alaska. An interesting note proving an increase in the number of dentists, is the creative advertising methods some practitioners have used to attract new patients.

Comment: This statement says, "there are already too many dentists in Alaska". If this fact is in any way tied to licensure by credentials, it becomes a "turf protecting" issue.

Licensure by credentials does protect citizens or it would not be used by physicians and every other health care provider in Alaska. The WREB does not assure competency. It is an indicator of competency. The dental licensing system in Alaska works, but it is unfair, has not responded to the legislatures requests, and supports "turf protection".

Dental licensure by credentials is an important issue. The American Dental Association supports it. Washington began credentialing last year. Ohio and Wisconsin are in the process of adopting it this year. There are systems in place which specifically check the backgrounds of dentists. The Alaska Board of Dental Examiners should be using them now, because the Western Regional Examination Board does not check backgrounds.

In Alaska, every health care profession except dentistry licenses by credentials. Maintain the high quality of dentistry in Alaska while improving the care available in remote areas. Vote YES when SB 126 comes to the floor.

Sincerely,



Stephen C Boesch, D.D.S.

URGENT

Senate Bill 126 Licensure by Credentials is soon (this week) to pass out of the Senate Rules Committee to the floor of the Senate.

That means that ALL Senators will have a vote to pass this bill (sending it to the House side), OR to vote down the bill which, in essence, will kill the legislation because there is no companion bill in the House.

We have been successful in keeping this bill in the Senate and now need your help to terminate this bill in the Senate. If the ADS is to prevail on this issue - WE NEED YOUR PARTICIPATION.

Once again, dentists must send Public Opinion Messages (POM's) to their Senators and to their Senator patients. A suggested wording is on the next page as well as a listing of Legislative Information Office telephone numbers and the names of the Senators.

Other thoughts to ponder in writing or talking to your Senator friend are listed below:

1. ...there is NO fall-back (compromise) position for this bill language
2. ...if you remove clinical competency as a prerequisite for licensure what remains to be evaluated are personal "behaviors" and individual "professionalism." Even legal entanglements can be successfully hidden. The reality is there IS NO clear-cut mechanism to check on background difficulties. Further, the National Practitioner Data Bank is limited to what it is given by outside sources.
3. ...the WREB exam (legislators may not know what WREB means), now in place, and examining 4 times a year, provides from 250 to 300 successful candidates ALL eligible to apply for Alaska licensure.
4. ...because dental schools are varied in their standards, entrance requirements, and graduation requirements, a clinical exam is the only valid way to determine clinical competence. Alaska's dental board members DIRECTLY participate in the WREB structure and are keenly aware of the caliber of the exam's contents.
5. ...Dentistry in Alaska does not have any means of monitoring dentists already licensed (as opposed to hospital staff physicians who are continually reviewed by committees within their hospitals). Once a dentist receives an Alaska license, it takes a considerable effort (lengthly & costly) by the Division of Occupational Licensing to revoke this privilege - usually at the expense of many damaged patients.

URGENT

6. ...This is not a "turf protecting" issue. In the last 10 years there has been a 34% increase in the number of Alaska licensed dentists. There are 28.6% more dentists per capita in Alaska than the national average. (47% more per capita if one adds the military and PHS) There are more than 1,600 dentists who have passed the WREB exam and only need to complete the application process to become licensed in Alaska.

An interesting note proving an increase in the number of dentists, is the creative advertising methods some practitioners have used to attract new patients.

from a "position paper"
prepared by Gerald M. Stranik, DD
1990

Suggested Public Opinion Message - Call your Legislative Information Office and dictate this (or your own) language over the phone. It will be sent to each Senator you wish it sent to. P.O.M.'s are limited to 50 words.

"To Senator _____

Licensure by credentials for dentists does NOT protect the citizens of Alaska adequately. The current mandated WREB clinical exam DOES assure competency and licensure ability for over 250 qualified dentists each year! The system is working FINE. Don't dilute dentistry's strength for you and those you serve. NO on SB 126."

Signed: _____

Legislative Information Office Numbers

Anchorage 561-7007
Barrow 852-7111
Bethel 543-3541
Delta Junction 895-4236
Dillingham 342-5319
Fairbanks 452-4448
Glennallen 822-5588
Juneau 465-4648
Kenai 262-9364
Ketchikan 225-9675
Kodiak 486-8116
Mat-Su 376-3704
Nome 443-5555
Sitka 747-6276
Valdez 835-2111

Senators - Alaska State Legislature

Al Adams	Arliss Sturgulewski
John Binkley	Mike Szymanski
Jack Coghill	Rick Uehling
Jim Duncan	Fred Zharoff
Dick Eliason	
Bettye Fahrenkamp	
Jan Faiks	
Paul Fischer	
Steve Frank	
Rick Halford (Sponsor of SB 126)	
Lloyd Jones	
Tim Kelly (Senate President)	
Jay Kerttula	
Drue Pearce	
Pat Fourchot	
Pat Rodey	

Phillip C. Gaus, Jr., D.D.S.
19505 North Montague
Eagle River, AK 99577

March 9, 1990

Senator Dick Eliason
P.O. Box V
Juneau, AK 99811

Dear Senator Eliason:

Senate Bill 126, dealing with dental licensure based on credentials, has been approved by the Senate Rules Committee for calendaring. It is our understanding that this bill will be brought to the Senate floor for a vote by March 22, 1990. This letter states the position of the Federally employed dentists in Alaska.

For nearly a decade, the State Dental Board has evaded the issue of "licensure based upon credentials". During this period of time, both the Senate and the House have issued letters of intent, directing the State Board of Dental Examiners to "exercise its statutory authority under A5 08.36.234 to license dentists by credentials." The Dental Board has failed to comply with this directive (see attachments).

Licensure by credentials is not a new concept. Currently 20 states have licensure by credentials for dentists. In the last 6 months Washington State and Ohio have passed legislation adopting licensure by credentials for dentists. The American Dental Association has recently (Nov 1989) urged that "states adopt licensure by credentials for dentists and dental specialists." There could be no better indicator of a dentist's future performance than a detailed history of his past performance.

Those who oppose this bill have stated that the historical "background information" is not available for licensure applicants. Nothing could be further from the truth. There is a wealth of background information available through a databank maintained by the American Association of Dental Examiners. This databank keeps information on dentists licensed in 47 states and all branches of the military. To obtain background information on dentists licensed in the remaining 3 states or the Public Health Service, the Division of Licensing would need to consult them directly. Additionally, any dentist employed by the federal government or military service, would have files of background information. These dentists are continually evaluated through a peer review process and the findings of these evaluations are kept on file for future reference. For these reasons it is inconceivable to say that there is any lack of background information. The truth is that the State Dental Board has refused to even look at any background information when it is placed in front of them.

It should be pointed out that there is currently no background check accomplished for dentists licensed in Alaska. Currently to receive a dental license in Alaska a dentist needs only to pass a clinical exam (The Western Regional Examining Board) and pay the application fee and complete the required paperwork. It would be much better for Alaskans to have dentists with a good history of dental practice.

Within our own state of Alaska, licensure by credentials is the normal mechanism

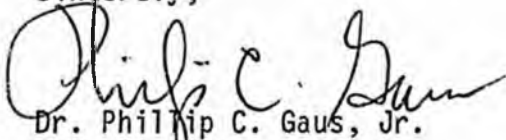
used to license all other health professionals including: Medical doctors, pharmacists, optometrists, psychologists, clinical social workers, psychological associates, dispensing opticians, veterinarians, physical therapists, occupational therapists, chiropractors, licensed practical nurses, registered nurses, anesthetists, and even dental hygienists. Dentistry stands alone in this type of licensure protectionism (see attachment).

We have no objection to any measure that may be used to investigate our background...including taking oaths, drug testing, or even polygraph testing. But we strongly oppose taking subjective examination given by the Dental Board. This type of examination has proven to be unfair as evidenced by the high failure rates and the numerous lawsuits of the past. If the Dental Board were to institute a re-licensure examination to be taken by all Alaskan licensed dentists on a recurring periodic basis (every 5-10 years), then we would have no objection to taking that examination. As long as we are evaluated by the same examination as our Alaskan licensed colleagues, that would be fair. But the problem with this proposal is that our Alaskan licensed colleagues will not submit themselves to this re-examination.

The bottom line of this issue is that there are very highly qualified dentists who are licensed to practice in other states outside Alaska. These states all have strict licensure requirements. These dentists have taken and passed an examination equivalent to the Western Regional Examining Board and proven their clinical competence through many years of practice. If their backgrounds can be verified, then and only then, they should be granted licensure in Alaska. If their background can't be verified or if their background contains derogatory information (such as professional disciplinary action, drug usage, illegal or immoral activity) then licensure should not be granted.

SB 126 is a superbly crafted bill. It follows the guidelines set up by the American Dental Association. If this bill passes it will prevent needless litigation. Please, give us your support and vote to pass SB 126.

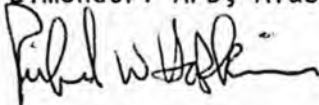
Sincerely,



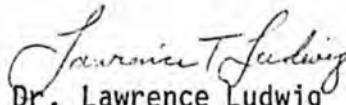
Dr. Philip C. Gaus, Jr.
U.S. Air Force
Elmendorf AFB, Alaska



Dr. Richard Snyder
U.S. Public Health Services
Alaska Native Medical Center



Dr. Richard W. Hopkins
U.S. Army
Ft. Richardson, Alaska



Dr. Lawrence Ludwig
U.S. Navy
Adak Naval Station



Dr. Powell Trotter
U.S. Coast Guard
Kodiak, Alaska

SENATE LETTER OF INTENT

HESS Letter of Intent

It is the intent of the Senate Committee on Health, Education and Social Services in passing HB 614 that the Board of Dental Examiners exercise its statutory authority under AS 08.36.234 to license dentists by credentials,

HB614 DOCUMENT= 17 OF 24 PAGE = 2 OF 2

including credentialling for dental specialties. The committee realizes that this will require repeal of the existing regulation under which the board ceased licensing by credentials (12 AAC 28.950), and urges that this be done. Further, it is the intent of the committee that the Board report to the Legislature by the first day of the first session of the 15th Alaska Legislature on implementation of the credential provision. The report should include the number of licenses issued by credentials since the effective date of HB 614 and an analysis of those situations under which licensure by credentials was requested but not granted. In addition, any recommendations for revision to the credential statute should be included.

CS FOR HOUSE BILL NO. 614 (HESS) (title am) was referred to the Rules Committee.

END OF DOCUMENT

HB614 DOCUMENT= 20 OF 24 PAGE = 1 OF 2

NUMBER = S
SOURCE = SJRN
E = 860508
R = 86
L = HB0614

MENT TEXT

SJRN050886HB0614
CSHB 614 HESS 3RD

Yeas: 18 Abood, Bennett, Coghill, DeVries,
Eliason, Fahrenkamp, Faiks,
Ferguson, Fischer Paul, Halford,
Josephson, Kelly, Kerttula, Ray,
Rodey, Sturgulewski, Zharoff,
Ziegler

Nays: 0
Absent: 2 Fischer Vic, Sackett

and so, CS FOR HOUSE BILL NO. 614 (HESS) (title am) passed the Senate ~~with a Senate Letter of Intent and a Legislative~~

~~Letter of Intent~~

Senator Halford moved and asked unanimous consent that the

HB614 DOCUMENT= 20 OF 24 PAGE = 2 OF 2

vote on the passage of the bill be considered the vote on the effective date clause. Without objection, it was so ordered.

CS FOR HOUSE BILL NO. 614 (HESS) (title am) was signed by the President and Secretary and returned to the House with a Legislative and Senate Letter of Intent.

PASSED BOTH HOUSES

(Letter of Intent
for
CSHB 614 (HESS)

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

16HB0614 DOCUMENT= 5 OF 24 PAGE = 2 OF 2
the first day of the first session of the 15th Alaska State Legislature:

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

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

HB 614 was referred to the Finance Committee.

Representative Clocksin moved and asked unanimous consent that the House adopt the Health, Education & Social Services Committee Letter of Intent (page 255f).

Representative Goll objected.

The question being: "~~SHALL the HESS Letter of Intent be~~
~~ADOPTED?~~" The roll was taken with the following result:

CSHB 614 (HESS) TITLE AM INTENT

Yeas: 31 Binkley, Boucher, Clocksin,,
Collins, Cotten, Davis, Duncan,
Fuller, Gruenberg, Grussendorf,
Hanley, Herrmann, Hurley, Jenkins,
Koponen, Larson, Martin,
Miller, M.M., Miller, M.W., Navarre,
Pettyjohn, Phillips, Pignalberi,

36HB0614 DOCUMENT= 12 OF 24 PAGE = 3 OF 3
Pourchot, Rieger, Ringstad, Sund,
Szymanski, Taylor, Thompson,
Uehling

Nays: 2 Goll, Harrou

STATE OF ALASKA

STEVE COWPER, GOVERNOR

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

P.O. BOX D-LIC
JUNEAU, ALASKA 99811-0800
PHONE: (907) 405-2534

DIVISION OF OCCUPATIONAL LICENSING

June 16, 1989

Dr. James M. Rampton
9711 Takli Circle
Eagle River, AK 99577

Dear Dr. Rampton:

This is in response to your letter requesting information regarding licensure by credentials as it pertains to other health care professions in the State of Alaska.

I have compiled the following list of professions which license by credentials and have enclosed the applicable statutes and regulations regarding each.

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Physical Therapists
Occupational Therapists
Chiropractors
Pharmacists

Clinical Social Workers
Psychologist
Psychological Associates
Dispensing Opticians
Medical Doctors (includes
specialists such as cardiolo-
gists and ophthalmologists as
Alaska does not license by
specialties)

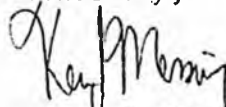
Licensed by Endorsement

Opticians
Licensed Practical Nurses

Registered Nurses
Registered Nurse Anesthetists

If you need further assistance, please contact this office.

Sincerely,



Kevin J. Messing
Licensing Examiner

KJM/ajm0604q
61689a
Enclosures

Stephen C. Boesch, D.D.S.
7037 MadeLynne Way
Anchorage, Alaska 99504
Phone (907) 338-1188
March 22, 1990

Senator Dick Eliason
Alaska State Legislature
P.O. Box V
Juneau, Alaska 99811

Dear Senator Eliason,

Senate Bill 126, "An Act relating to the Board of Dental Examiners" will be voted on Monday, March 26, 1990.

Senator Jan Faiks will propose amendments to the bill. The Alaska Dental Society has already stated that there is no room for compromise on this bill and I agree.


Senator Faiks showed her true colors regarding credentialing during last years teleconference hearings on SB 126. As a member of the Labor and Commerce Committee, she vociferously and mistakenly accused a credentialed dentist of killing several patients while practicing in Alaska. The dentist was not licensed by credentials, but by examination. She further derided the credentialing process by stating her dentist told her he had seen cases where credentialed dentists had "massacred" patients. According to Senator Faiks, Alaska dentists licensed by examination are "gold plated" dentists, implying dentists asking for license by credentials are substandard. Nothing could be further from the truth.

Many, if not most, of the dentists now licensed in Alaska came out of federal service. Most were required to travel at their own time and expense to the lower 48 to take an examination. That exam was very much like the one they had already taken, was unnecessary, and in no way assured quality dentistry. Licensure by credentials would have been easier, less expensive, and quicker. The same dentists would be practicing the same quality dentistry without a lot of hassle.

Let qualified, experienced dentists practice their profession in Alaska without jumping through "protectionist" hoops. You do it for every other medical profession. Other than the strong lobby, what is special about dentistry?

Avoid compromise. Say no to Senator Faiks' amendments. Vote yes on SB 126.

Sincerely,



Stephen C Boesch, D.D.S.

Dennis P. Gieser D.D.S.
11936 Wilderness Drive
Anchorage, Alaska

March 17, 1990

Senator Dick Eliason
P.O. Box V
Juneau, AK 99811

Dear Senator Eliason:

Please support Senate Bill(SB) 126 - Revision of the Alaska Dental Practice Act.

Licensure by credentials is a superior method of issuing dental licenses when compared to a clinical examination alone. In the past, verification of credentials was difficult. This is no longer true. Today, the American Association of Dental Examiners has adverse information on dentists from 47 states and branches of the military and will send this information to a state dental board upon request. The other three states can be queried directly. Credentials of military dentists are available with or without the dentist's permission.

For many years the American Dental Association has encouraged each state to issue dental licenses through the credentialing process. There are currently 20 states using this method with Washington state and Ohio recently added. Wisconsin is also moving toward adoption.

There is usually minimal support for licensure by credentials from dentists already licensed within a state because for them there is little to gain but potentially much to lose in the way of competition.

Some of those opposed to licensure by credentials have said that clinical competence is overlooked. Not true. One of the requirements for credentialing is a valid state dental license. A dentist with a license from another state must have successfully completed either a regional or state clinical examination. The Western Regional Examination Board (WREB), to which Alaska belongs, is no better or worse than any other regional board. The only reason Alaska belongs to this particular board is because of its location. The other regional and state boards are certainly as qualified to judge clinical competency as the WREB.

It is also interesting to note that Dentistry may be the only health profession in Alaska that does not have licensure by credentials. This includes Medicine (physicians), Chiropractic, Nursing, Optometry, Pharmacy, and other health professions.

It has been argued that licensure by credentials is acceptable for licensing physicians since hospital staff physicians have peer review. Unfortunately, not all physicians are hospital staff physicians.

It has been stated that many dentists successfully complete the WREB each year and therefore more than enough are eligible to apply for an Alaska dental license. However, it is very difficult for most to do so. Expense, time, lack of personal contacts, and unfamiliarity with this area make it unreasonable for most dentists to consider practicing here.

Dentists stationed in Alaska with the Federal Services, having passed the National Dental Written Boards, having successfully completed a regional or state clinical examination, holding a current license from another state, and having a proven, verifiable track record find it unreasonable to have to travel to another state to be reexamined.

A clinical examination, as provided by the WREB, tests clinical competence alone without regard to a possible adverse track record. On the other hand, dental licensure by credentials, as outlined in SB 126, attracts clinically competent dentists who also have a verifiable record of performance.

Please support Senate Bill 126 and ensure the same opportunity to Dentistry as is given to the other health professions in Alaska!

Sincerely,



Dennis P. Gieser D.D.S.

MARCH 11, 1990

SENATOR DICK ELIASON
P. O. Box V
JUNEAU, AK 99811

DEAR SENATOR ELIASON:

IN THE VERY NEAR FUTURE YOU WILL SEE SB 126 (DEALING WITH DENTAL LICENSURE BY CREDENTIALS) SENT TO THE SENATE FLOOR FOR YOUR VOTE. I HOPE YOU WILL SUPPORT IT.


IN 1985 I PASSED MY DENTAL LICENSURE EXAMINATION. THIS EXAM (THE WESTERN REGIONAL EXAMINING BOARD OR THE WREB) IS THE SAME EXAM THAT IS USED IN THE LICENSURE PROCESS IN ALASKA. IN 1987 I APPROACHED THE STATE DENTAL BOARD REQUESTING DENTAL LICENSURE. I WAS TOLD THAT THE DENTAL BOARD HAD DETERMINED THAT THEY WOULD NOT ACCEPT A PASSING SCORE FROM THE WREB EXAM IF IT WAS TAKEN PRIOR TO 1987. I DON'T UNDERSTAND THEIR REASONING. THE EXAM HAS NOT CHANGED. ACCORDING TO THE WREB, I AM CLINICALLY COMPETENT. BUT THE ALASKA STATE DENTAL BOARD WANTS ME TO FLY BACK TO CALIFORNIA WITH THE REQUIRED PATIENTS, AND RETAKE THIS SAME EXAMINATION. THIS WOULD COST NEARLY \$8000.00.

ACCORDING TO THE DENTAL BOARD THE PURPOSE OF THEIR CURRENT LICENSURE PROCEDURE IS TO ENSURE CLINICAL COMPETENCE, BUT I HAVE PROVEN MYSELF TO BE CLINICALLY COMPETENT. THEN THEY SET AN ARBITRARY DATE WHICH SLAMS THE DOOR ON MY HOPES FOR LICENSURE.

IF YOU CAN FIGURE OUT THE RATIONAL FOR THIS MANEUVERING BY THE DENTAL BOARD PLEASE LET ME KNOW.

FOR THIS REASON AND MANY OTHERS, IT IS EXTREMELY IMPORTANT THAT YOU SUPPORT SB 126. WE NEED YOUR SUPPORT.

SINCERELY,


DR. JASON M. RAMPTON
9711 TAKLI CIRCLE
EAGLE RIVER, AK 99577

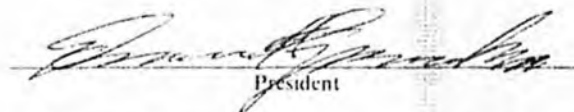
Sheila, you don't need to send out a response back to me. I just sent this out to all of our state senators. Thanks.



WESTERN REGIONAL EXAMINING BOARD

*This is to certify that JASON MICHAEL RAMPTON
has successfully completed an examination in clinical proficiency in Dentistry given by
the Western Regional Examining Board on March 24-26, 1985
and is issued this certificate as verification of that proficiency to Western Regional
Examining Board member states. This certificate is valid, only for that period of time
prescribed by the member states in their laws or rules, from the date of the
examination. This does not constitute licensure.*

Signed and seal affixed
this 8th day of
April A.D.
19 85


President

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State society backs challenge on licensure

Albany, NY—The Dental Society of the State of New York (DSSNY) board of governors has anted up \$20,000 for a legal plan to challenge states that don't recognize licensure by credentials.

"The board of governors pledged the money to be used for an analysis of state dental practice acts," said Dr. Edward J. Downes, chairman of the DSSNY special committee to seek support for credentialing. "The study will also assess the feasibility of a constitutional case that would be developed on behalf of a dentist seeking licensure in a state imposing arbitrary restrictions on out-of-state applicants."

Dr. Downes estimated that the study, which will produce a detailed memorandum of law, will cost about \$50,000. His committee recently began to solicit contributions from other states.

Though the committee has been working at the state level, he said, a few local components who heard about the drive have contributed funds totalling about \$5,000 so far.

The committee appeal letter also asks for state association representatives to work on a multi-state task force that would oversee the project.

"Our contention is that an amalgam is the same in Alabama or Alaska, and a crown is the same in Connecticut or California," Dr. Downes said. "Dentists want the same freedom of movement that accountants or other professionals have, and restrictions don't necessarily protect the public—they protect the financial stability of local practices."

The ADA encourages states to consider licensure by credentials in lieu of requiring



licensed dentists to take a state clinical examination for qualification. This policy supports greater freedom of interstate movement, while preserving the rights of states to enact controls for the public good.

If the feasibility study indicates that a victory can be won through the courts, Dr. Downes said, then a "major battle that ultimately could cost several hundred thousand dollars" could be waged.

"The funding from the board of governors is a step forward," he said. "But it will be a long process that will cost a lot of money. I don't expect any dramatic results for the next few months."

"If this memorandum of law supports the initiation of litigation," reads an appeal letter sent by Dr. Downes to several state associations, "then we will have to raise substantially more money to fund and develop a strong test case; if it does not, then we may have to accept the perpetuation of the current inequitable licensure policies we now endure." ■

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MEMORIAL PROGRAM

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DIVISION OF
OCCUPATIONAL LICENSING

FEB 04 1986

STATE OF ALASKA
DEPARTMENT OF COMMERCE
& ECONOMIC DEVELOPMENT

1986

States

About

Facts

American
Dental
Association

ADA

American Dental Association Guidelines for Licensure*

Dental Licensure is intended to insure that only qualified individuals provide dental treatment to the public. Among qualifications deemed essential are satisfactory theoretical knowledge of basic biomedical and dental sciences and satisfactory clinical skill. It is essential that each candidate for an initial license be required to demonstrate these attributes on examination, a written examination for theoretical knowledge and a clinical examination for clinical skill. These guidelines suggest alternate mechanisms for evaluating the theoretical knowledge and clinical skills of an applicant for licensure who holds a dental license in another jurisdiction. Requiring a candidate who is seeking licensure in several jurisdictions to demonstrate this theoretical knowledge and clinical skill on separate examinations for each jurisdiction seems unnecessary duplication.

Licensure by Examination: Written examination programs conducted by the Council of National Board of Dental Examiners have achieved broad recognition by state boards of dentistry. National Board dental examinations are conducted in two parts. Part I covers basic biomedical sciences; Part II covers dental sciences. It is recommended that satisfactory performance on Part II of National Board dental examinations within five years prior to applying for a state dental license be considered adequate testing of theoretical knowledge. National Board regulations require a candidate to pass Part I before participating in Part II. Consequently, this recommendation excludes Part I only from the time limit.

No clinical examination has achieved as broad recognition as have National Board written examinations. Clinical examinations used for dental licensure are conducted by individual state boards of dentistry and by regional clinical testing services. It is recommended that satisfactory performance within the last five years on any state or regional clinical examination at least equivalent in quality and difficulty to the state's own clinical examination be considered adequate testing for clinical skill provided that the candidate for licensure is currently licensed in another jurisdiction.

- a. Is currently licensed in another jurisdiction.
- b. Has been in practice since being examined.
- c. Is endorsed by the state board of dentistry in the state of his current practice.
- d. Has not been the subject of final or pending disciplinary action in any state in which he is or has been licensed.
- e. Has not failed the clinical examination of the state to which he is applying within the last three years.

Licensure by Credentials: The American Dental Association believes that an evaluation of a practicing dentist's theoretical knowledge and clinical skill based on his performance record can provide as much protection to the public as would an evaluation based on examination. Issuing a license using a performance record in place of examinations is termed licensure by credentials.

All candidates for licensure by credentials might be required to fulfill basic education and practice requirements. It is recommended that graduation from a dental school accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs be considered minimum satisfactory education for licensure by credentials. Further, it is recommended that licensure by credentials be available only to a candidate who:

- a. Is currently licensed in another jurisdiction.
- b. Has been in practice or full-time dental education for a minimum of five years immediately prior to applying.
- c. Is endorsed by the state board of dentistry in the state of current practice.
- d. Has not been the subject of final or pending disciplinary action in any state in which he is or has been licensed.
- e. Has not failed the clinical examination of the state to which he is applying within the last three years.

Alternate ways that current theoretical knowledge might be documented follow. It is recommended that for a candidate who meets eligibility requirements for licensure by credentials, these methods be considered as possible alternatives to the written examination requirement.

1. Successful completion of an accredited advanced dental education program in the last ten years.
2. A total of at least 180 hours of acceptable, formal, scientific continuing education in the last ten years, with a maximum credit of 60 hours for each two-year period.
3. Successful completion of a recognized specialty board examination in the last ten years.
4. Teaching experience of at least one day per week or its equivalent in an accredited dental education program for at least six of the last ten years.

Possible documentation for current clinical skill appears in the following list. Provided that eligibility requirements for licensure by credentials are met, it is recommended that these methods be considered as possible alternatives to satisfactory performance on a clinical examination.

1. Successful completion of an accredited general practice residency or dental internship within the last ten years.
2. Successful completion of an accredited dental specialty education program in a clinical discipline within the last ten years.
3. A total of at least 180 hours of acceptable clinically oriented continuing education in the last ten years, with a maximum credit of 60 hours for each two-year period.
4. Clinical teaching of at least one day per week or its equivalent in an accredited dental education program, including a hospital-based advanced dental education program, for at least six of the last ten years.
5. Presenting case histories of patients treated by the candidate in the last five years, with preoperative and postoperative radiographs, covering procedures required on the state clinical examination, for discussion with the state board.

*The above guidelines were adopted by the ADA House of Delegates and are published in 1976 *Transactions of the American Dental Association*, page 919 and 1977 *Transactions*, page 923.

The above guidelines are also published in the *Journal of the American Dental Association*, Vol. 111, July 1985, page 21.

Summary of Requirements for Licensure by Credentials in Certain States Granting Licensure by Credentials (1986)

The states that grant licensure by credentials have individual requirements, of which the following is an overview. All states require a jurisprudence examination; however, this might be a formal, written examination, or a signed statement attesting that the candidate is familiar with the laws governing dentistry in the state. Candidates should write to the individual states for complete information and application.

State	Will accept applications from	Letters of recommendation	Personal interview	Years in practice
Arkansas	R	2	X	5
District of Columbia	Specialists Only		X	
Indiana	All states	3	X	5
Iowa	R	2	X	5
Kansas	R	5		5
Maine	All states	0	X*	5 ¹
Maryland	All states	3	X	5 ¹
Massachusetts	R	1	X	5
Michigan	On an individual basis	4	Rarely	No Limit
Minnesota	All states	4	X	2 ²
Missouri	All states	2		5
Nebraska	All states	2	X	1 ³
New Hampshire	R	3	X	5
New York	All states	3		5
North Dakota	* Has an option, but has not granted licensure by credentials in 5 years			
Oklahoma	R	10		5
Pennsylvania	All states	2		5
Rhode Island	R	3		5
Tennessee	R	1 ⁴		5
Vermont	At the discretion of the board	2		5

R = states that will issue licenses by credentials only to candidates from states with a reciprocal agreement.

*The state of Maine will require a personal interview with a candidate who passed a state board examination more than 1 year before applying to Maine for a license.

¹Will issue a licensure by credentials to candidates who pass the Northeast Regional Board Examination in lieu of active practice.

²Two years of the past 3 years must have been in active practice.

³This requirement will change to 3 years of active practice.

⁴One letter of recommendation from each state board¹ in each state in which the dentist has practiced.

Source: "Licensure by Credentials — Is it Working?", report published in the *Journal of the American Dental Association*, Vol 111, July 1985, pages 19-32.

Add: Connecticut
(12/31/88) Illinois
North Dakota
Wisconsin

TOTAL: 21 States

STATE OF ALASKA
DEPARTMENT OF COMMERCE
& ECONOMIC DEVELOPMENT

FEB 04 1988

DIVISION OF
OCCUPATIONAL LICENSING

Other Licensure Provisions of States

States	By Reciprocity	By Criteria	Temporary License	Provisional License
Alabama	No	No	No	No
Alaska	No	No	No	Yes
Arizona	No	No	No	Yes
Arkansas	No	Yes	No	No
California	No	No	No	No
Colorado	No	No	No	No
Connecticut	Yes	No	No	Yes(a)
Delaware	No	No	No	No
District of Columbia (e)	No	Yes	No	—
Florida	No	No	—	—
Georgia	No	No	Yes	Yes(b)
Hawaii (e)	No	No	Yes (f)	—
Idaho	No	No	Yes	Yes(d)
Illinois	Yes	No	Yes	—
Indiana	Yes	No	Yes	Yes
Iowa	No	Yes	No	No
Kansas	No	Yes	No	No
Kentucky	No	No	No	—
Louisiana (e)	No	No	No	—
Maine (e)	No	Yes	No	—
Maryland	No	Yes	No	Yes(d)
Massachusetts	No	Yes	Yes	Yes(b)
Michigan (e)	No	Yes	No	No
Minnesota	No	Yes	No	No
Mississippi	No	No	No	Yes(d)
Missouri	No	Yes	No	No
Montana	No	No	No	No
Nebraska	Yes	Yes	No	No
Nevada	No	No	No	No
New Hampshire	No	Yes	Yes	No
New Jersey	No	No	No	No
New Mexico (e)	No	No	Yes (g)	—
New York	No	Yes	Yes	Yes(l)
North Carolina	No	No	Yes	Yes(d)
North Dakota (e)	No	No	No	—
Ohio	No	No	No	No
Oklahoma	Yes	Yes	Yes	Yes
Oregon	—	Yes	No	—
Pennsylvania	No	Yes	No	No
Rhode Island	No	Yes	No	No
South Carolina (e)	No	No	No	—
South Dakota (e)	Yes	Yes	Yes	—
Tennessee	No	Yes	No	No
Texas	No	No	No	No
Utah (e)	No	Yes	No	—
Vermont	No	No	Yes	No
Virginia	No	No	No	Yes(c & d)
Washington	No	No	No	No
West Virginia	No	No	Yes	No
Wisconsin	No	No	No	No
Wyoming (e)	No	No	No	—
Virgin Islands (e)	No	No	Yes (h)	—

Data as of January 1, 1986 unless otherwise indicated.

- (a) Practice as a Dental Intern
- (b) Teaching in a Dental College or Clinic
- (c) Charitable or Social Agency
- (d) Limited Practice Permits
- (e) 1982 data
- (f) Practice restricted to hospital, public school, state/municipal institutions or Board of Public Health, as approved by Board.
- (g) Restricted to state health office or agency.
- (h) Practice restricted to government service.

Source: Joint Commission on National Dental Examinations

STATE OF ALASKA
DEPARTMENT OF COMMERCE
& ECONOMIC DEVELOPMENT

FEB 01 1988

DIVISION OF
PROFESSIONAL LICENSING



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

MAR 14 1988

The Honorable Guy Hunt
Governor of Alabama
Montgomery, Alabama 36130

Dear Governor Hunt:

This past August, I sent to you the final report of the Task Force on Medical Liability and Malpractice. I had established the Task Force in response to a Presidential request that the Department address the issue and because of my long-standing concern about the impact of medical liability and malpractice on the quality and availability of health care in the United States. Furthermore, as part of my continuing communications in this area, I sent to your office for your consideration model legislation regarding health care provider liability reform.

I would like to take this occasion to convey to you information about the current status of the Health Care Quality Improvement Act, Title IV of Public Law 99-660. This law, enacted in 1986, mandates activities which will influence the work of entities within your State.

Your staff may be aware of this law and its provisions, as officials from this Department have been working closely with various national organizations, who have in turn communicated information to their membership and constituency. Nevertheless, I am enclosing for your information a copy of Title IV, and wish to provide you comments on selected aspects of the statute.

The law requires that specified data regarding health care practitioners be reported to, and released by, the Secretary of Health and Human Services, or, at the Secretary's discretion, an appropriate private or public agency. Earlier, I determined that such an agency, selected by full and open competition, would operate the National Data Bank (the Bank) under contract.

Although the law specified that the Bank be operational by November 14, 1987, it did not provide appropriated funds for this purpose, and a contract was not awarded to meet that date. Funds have been requested in the President's FY 1989 budget. At such time as funds are available and the Bank is operational, an announcement will be made. In the meantime, the reporting and transmitting of information as described below is not required.

Among several requirements, the law specifies the following activities which have direct impact on your State:

1. Each entity (including an insurance company) which makes payment under a policy of insurance, self-insurance, or otherwise in settlement (or partial settlement) of, or in satisfaction of a judgment in, a malpractice action or claim must report information respecting the payment and the circumstances under which the payment was made to the appropriate state licensing board and to the Bank. Such information must be reported on all licensed health care practitioners.
2. Your State medical and dental boards must report to the Bank all disciplinary actions they take against physicians or dentists in their jurisdiction. This includes licensure suspension or revocation, reprimands, censures, and placing individuals on probation. applies
to Bill
126
3. Health care entities in your State, such as hospitals, health maintenance organizations, and group medical practices, must report adverse actions taken through a formal professional review process regarding the clinical privileges of a practitioner, effective for longer than 30 days. They are to report this information to the State Medical Board, which in turn must transmit it to the Bank.
4. Professional societies in your State which, through a formal professional review process, take adverse action regarding membership of a physician or dentist, must report that information to the State medical or dental board, which in turn must transmit it to the Bank.
5. Health care entities and professional societies in your State may report adverse actions taken against health practitioners other than physicians and dentists, to the State Medical Board, which in turn must transmit the information to the Bank.
6. Each hospital in your State must query the Bank regarding applicants seeking medical staff status or clinical privileges, as well as every two years regarding individuals on their medical staff or having clinical privileges.
7. Other health care entities and the medical and dental boards in your State which use a formal professional review process may query the Bank for information to help them in their efforts to improve the quality of health care. Bill
126

All affected entities should be made aware that the law authorizes the Inspector General to impose civil money penalties of up to \$10,000 for failure to report medical malpractice payments to the Bank, or for breaching the confidentiality of information collected under this law.

Additionally, on August 15, 1987, Public Law 100-93, the Medicare-Medicaid Patient and Program Protection Act of 1987, became law. Among other provisions, this law expands the requirement under Title IV that State Boards

Page 3

report adverse actions on physicians and dentists, to include all licensed, certified, or registered health care providers. We will be notifying your State agencies of these provisions in the same manner as we implement the provisions of Title IV National Data Bank.

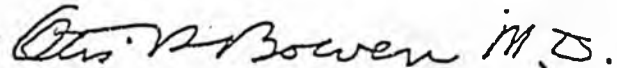
I acknowledge that the Health Care Quality Improvement Act of 1986 does place a sizeable burden on your administration; it undoubtedly will need your support in order to achieve its goal, to improve the quality of health care for our citizens.

Please share this information with appropriate agencies in your administration, as well as with appropriate professional organizations in your State. These would include your State Boards of Medicine, Osteopathic Medicine, and Dentistry, and State professional associations such as your State medical and dental associations and your State bar association.

The Bank will provide these entities and agencies with detailed information regarding reporting requirements in advance of the date on which reporting must begin.

The Health Resources and Services Administration of the Public Health Service has the responsibility for administering the Title IV activities. If you have further questions concerning Title IV, please contact David N. Sundwall M.D., Administrator, Health Resources and Services Administration, 5600 Fishers Lane, Room 1604, Rockville, Maryland 20857.

Sincerely,



Otis R. Bowen, M.D.
Secretary

Enclosure

National Data Bank Will Track Doctors With History of Trouble

By MARTIN TOLCHIN
Special to The New York Times

WASHINGTON, Sept. 24 — In an effort to identify incompetent health practitioners, the Department of Health and Human Services is creating a nationwide data bank of disciplinary actions taken against physicians, dentists, nurses, therapists and other licensed health professionals.

The National Practitioner Data Bank will be used to provide hospitals, licensing agencies and other medical groups with information on such matters as misdiagnosis and mistreatment, and professional misconduct, including making sexual overtures to patients, according to Dr. Margaret A. Wilson, of the department's Office of Quality Assurance, who is the project director of the data bank.

The data bank, which was approved by Congress in 1986, was considered necessary because physicians and other health practitioners sometimes moved from one state to another after being disciplined, said Representative Ron Wyden, an Oregon Democrat who sponsored the bill.

The data bank will not contain information on such personal matters as arrests, nonpayment of taxes, or drug or alcohol abuse except when it affects a practitioner's performance or professional conduct. The data bank information will not be available to the public.

In Operation by Summer

Dr. Wilson said the data bank would be in operation by next summer. She said the agency was soliciting bids and added, "We anticipate awarding a contract in November."

The repository will cover an estimated eight million health practitioners in the United States. It will contain information on revocation, probation, suspension and limitations of privileges, as well as judgments, settlements, reprimands and other adverse actions taken by, among others, state medical boards, courts, hospitals, medical societies, insurance companies and peer review committees.

These organizations will be required to report their actions to the department once the data bank opens, or pay a civil penalty of \$10,000 for each instance of failure to report. Groups that want to put past records into the data bank will be permitted to do so.

"For the first time in the U.S., there will be a national system to keep track of the disciplinary records of medical providers," said Representative Wyden. "In the past, incompetents have been able to slip through the cracks in the system, inflicting bad medical care on the American consumer."

"The data bank will help us hold down medical costs, because hospitals and others will be able to weed out the incompetents," he added.

Mr. Wyden said the data bank was needed because physicians and other health practitioners who are disciplined, or face discipline, often move to another state where their reputations are not known. The law provides that when health practitioners surrender their privileges pending an investigation the cases are required to be reported to the data bank.

\$2.76 Million to Start Up

The National Practitioner Data Bank will cost \$2.76 million to start up, which will be provided by an appropriation bill signed by President Reagan last week. The data bank was authorized by the Health Care Quality Improvement Act of 1986, but it was not immediately brought into being because of a lack of money.

The public will not have access to the data bank, but hospitals and other health centers will be required to consult the project in granting privileges, or be assumed to know the disciplinary records of the health practitioners involved.

If a hospital has not requested access

The effort is aimed at doctors who move.

to the data bank, the law provides for a plaintiff's lawyer in a malpractice suit might do so.

Access to the data bank will also be given to state licensing boards, health care groups that are screening job applicants and people who want to see their own records. In addition, the Department of Defense and the Drug Enforcement Administration will have access to the data bank.

In 1986, there were 2,302 disciplinary actions by state medical boards against doctors alone, according to a report by the Federation of State Medical Boards of the United States. These included license revocation, probation, license suspension and other regulatory action. Federal officials said that there was little reliable data on disciplinary actions against other health professionals.

"If anything, these numbers are conservative," Mr. Wyden said, "because the profession, fearing legal action, has been reluctant to come forward."

James Stacy, a spokesman for the American Medical Association, agreed that "there was some reluctance to step forward when physicians were liable to lawsuits."



The New York Times

Representative Ron Wyden, who sponsored the bill in 1986 that established the National Practitioner Data Bank.

Law Also Prevents Suits

A second part of the 1986 law prevents lawsuits from being filed against peer review committees that worked in good faith and observed due process in investigating cases. Mr. Stacy said that the A.M.A. supported that legislation.

Dr. James H. Sammons, executive vice president of the A.M.A., said in a statement that the organization "supports the concept of a national clearing house for physician data." But he expressed concern because the project, which initially covered only physicians and dentists, was expanded in 1987 to include all health professionals.

Dr. Sammons said he feared that this broader scope could make the law difficult to enforce, and urged Federal agency to "reconsider its design specifications, operational requirements and timetables to have a chance of success."

Dr. Wilson, the head of the data bank, said that finding a system that would be secure from unauthorized access was a top priority.

In addition, she said, "We have to mount an enormous educational and communications program" to inform the health community of the new law.

Data to Be Disseminated

Dr. Wilson said that the data bank would collect and disseminate this information:

¶ Disciplinary measures taken by state licensing boards regarding all licensed health practitioners.

¶ Malpractice payments made by all entities, including hospitals, medical groups and insurance companies.

¶ Restrictions of privileges invoked against doctors and dentists by hospitals and clinics; hospitals and clinics have the option of including restrictions imposed on other health professionals.

¶ Disciplinary actions made by medical and dental societies regarding doctors and dentists;

¶ State actions against hospitals, health maintenance organizations and other health care groups.

The American Dental Association strongly supports the data bank, according to John O'Donnell, the organization's director of legislation. "I certainly support the intent of the legislation, namely to provide a system that will identify practitioners with competent or negligent practice, illegal conduct or impaired behavior," Mr. O'Donnell said.

The American Nurses Association has not taken a position on the data bank, according to Thomas P. Nick, the group's director of Congressional and agency relations.

A.M.A. Sought to Run Bank

The A.M.A. initially sought the contract to create the data bank when 1986 law was passed. But the Federal agency withdrew its requests for it at that time because it did not have money to pay for the project.

"We have been in the business of collecting data on physicians since 1960," Dr. Sammons said, "and know what it costs to implement and maintain a data bank of this size."

Dr. Sammons said the A.M.A. looked forward to working with the agency and the Congress "to assure the success of this statutory mandate."

Representative Wyden said that he sponsored the 1986 law in response to an Oregon case involving a surgeon who resigned from a hospital after peer review committee moved to terminate his staff privileges on ground that his care of patients was substandard. The doctor then sued members of committee, along with clinic, charging that they had made warranted attacks on his competence because he was a competitor.

Last May, the Supreme Court ruled that the peer review committee had given the surgeon due process, and held a \$2.2 million antitrust award against the doctors and the clinic.

REPORT OF A NEW SYSTEM OF RECORDS

System Number: 09-15-0054

Title: Health Care Practitioner Adverse Credentialing Data Bank,
HHS/HRSA/BHPc

A. System Purpose and Background

In accordance with the Health Care Quality Act of 1986, Pub. L. 99-660, the Department of Health and Human Services, Health Resources and Services Administration, is establishing a nationwide data bank entitled "Health Care Practitioner Adverse Credentialing Data Bank." HRSA is proposing to establish a new system of records for the purpose of (1) collecting from insurance companies, health care entities, and State licensing boards information affecting the professional qualifications of health care practitioners; and (2) disseminating data on adverse actions taken against health care practitioners to health care entities, which may employ them and to State licensure boards, as required by law.

The proposed system of records notice specifies in detail the categories of records and types of information to be maintained. HRSA estimates that the number of health care practitioners on whom data may be collected or disseminated by this system of records may total 80,000. The amount of personal and professional data maintained on each subject individual is the minimum feasible to accomplish the purpose of the system. The information in this system of records will be collected and maintained by a contractor for DHHS.

The Office of General Counsel, PHS Division, has reviewed this report and has no legal objection.

B. Specific Authorities

Health Care Quality Improvement Act of 1986, Section 424(b) (42 U.S.C. 11134(b)) authorizes the maintenance of records of medical malpractice payments, disciplinary actions taken by Boards of Medical Examiners, and professional review actions taken by health care entities.

C. Potential Effects of Disclosure of Information

1. The probable effects of this system of records on privacy or other personal or property rights of individuals

✓ The creation of this system of records will have an effect on an individual's privacy and personal rights.

The purpose of this data collection is to encourage good faith professional review activities of health care entities, to require collection from and dissemination to health care entities of information concerning payments for medical malpractice compensation and adverse clinical privileges actions and licensure disciplinary actions. This may result in the (1) determination that a health care provider is unsuitable for medical staff membership; (2) refusal, reduction, or loss of clinical privileges; or (3) suspension of licensure, thus having an adverse effect on the individual.

However, the collection (and subsequent disclosure as described below in Item F) of this information is justified because PHS, as provided by the Health Care Quality Improvement Act, has a responsibility toward the public regarding the health care practices of licensed health care providers whose professional health care activities so significantly fail to conform to generally accepted medical practice standards as to raise reasonable concern for the health and safety of their patients.

2. Effect on the preservation of the constitutional principles of federalism and the separation of powers

State medical licensing boards will be collecting and receiving information regarding the professional competence of licensed health care practitioners. These activities will not have an effect on the preservation of the constitutional principles of federalism and separation of powers.

D. Indexing and Retrieval

Records will be retrieved by name and other unique numeral identifiers necessary to establish the identity of an individual maintained in the system.

E. Safeguards

Safeguards have been established to insure that no unauthorized personnel has access to this information. The safeguards in this notice have been prepared to reflect the minimum safeguards which HRSA and the contractor will maintain.

F. Compatibility Routine Uses

Six routine uses compatible with the purpose for which the information is being collected are included. They are discussed in the preamble, and are as follows:

The first routine use permits disclosure to each hospital concerning a health care practitioner who is on its medical staff (courtesy or otherwise) or has clinical privileges at the hospital and for the purpose of screening such individuals who apply for staff positions or clinical privileges. Records may also be disclosed to a hospital at such other times as it requests them. This enables the hospital to meet the requirement of the Health Care Quality Improvement Act of 1986 which requires that each hospital every two years shall request information from the system on each practitioner on its medical staff or holding clinical privileges.

The second routine use will permit HRSA to disclose records to other health care entities, such as health maintenance organizations and group medical practices which provide health care service and follow a formal professional review process, as they enter an employment or affiliation relationship with a health care practitioner, or to which the health care practitioner has applied for clinical privileges or appointment to the medical staff. The purpose of the disclosures is to further the quality of the health care provided by these entities.

The third routine use will permit HRSA to disclose records to a State licensing board conducting a review of the individual to aid the Board in meeting its responsibility to protect the health of the population in its jurisdiction.

applies to Senate Bill 126

The fourth routine use will permit HRSA to disclose records to an attorney who has filed a malpractice action or claim on behalf of a client with State or Federal court or other adjudicatory body regarding a specific health care practitioner, for use solely with respect to litigation resulting from the action or claim.