

**GEORGIA BOARD OF DENTISTRY**  
**2 MLK Jr. Drive, SE, 11<sup>th</sup> Floor, East Tower**  
**Atlanta, GA 30334**  
**January 5, 2024**  
**10:00 a.m.**

**The following Board members were present:**

Dr. Michael Knight, President  
Dr. Greg Goggans  
Dr. Glenn Maron  
Ms. Misty Mattingly  
Dr. Ami Patel  
Dr. David Reznik  
Mr. Mark Scheinfeld  
Dr. Jeffrey Schultz  
Ms. Lisa Selfe  
Dr. Lisa Shilman  
Dr. JC Shirley (*via Teams*)  
Dr. Brent Stiehl  
Dr. Nancy Young

**Staff present:**

Eric Lacefield, Executive Director  
Max Changus, Senior Assistant Attorney General  
Tommy McNulty, Assistant Attorney General  
Stacy Altman, Chief Investigator  
Clint Joiner, Attorney  
Brandi Howell, Business Support Analyst I

**Visitors:**

Sam Dindaffer, Impact Public Affairs  
Dr. Frank de Latour  
Dr. Alan Furness, Dental College of Georgia  
Ashton Blackwood, Dental College of Georgia  
Dr. Randy Kluender, Georgia School of Orthodontics  
Theresa Garcia Robertson, GDA  
Dr. Richard Weinman, GDA  
Dr. Lewis Petree, GDA  
Laura Richoux, AADB  
Dr. Cliff Feingold, AADB  
Stuart Wilkinson, GDHA  
Elaine Kennedy, GDHA

**Public Hearing**

Dr. Knight called the public hearing to order at 10:11 a.m.

**Rule 150-13-.01 Conscious Sedation Permits**

Dr. Maron stated that the beauty of the public hearing is that it allows the public to have an opinion on what is being developed by the Board and it also gives the Board the opportunity to look at what is being putting out to the public. He continued by stating that in an effort to come up with a compromise of the efforts and desires of some board members to tighten the requirements for conscious sedation, but with the understanding the need for providing services in the state, he wanted to propose an amendment to the rule. He added that if the proposed amendment was approved by the Board, it would have to come back to the Board to be reposted. Dr. Maron read the following:

“Whereas there is widespread agreement that sedation is a continuum and there is a range of training for those applicants for permits, effective “\_\_\_” date, all those applicants for permits for conscious sedation will be required to provide the Board documentation of training on the use of those drugs requested in their permit application.”

Dr. Maron explained that the rationale for the amendment was not life changing and not like choosing a different brand of composite. He stated that this was regarding medications that can affect a patient’s airway and ability to function and be put into anesthesia. He further stated that in regards to several

applications that have been reviewed for IV sedation, applicants are including versed and fentanyl as the type of agents used. He continued by stating that once a license is granted the Board has no control over what medications the dentist can use outside of the sedation permit. Dr. Maron added that he did not believe the sedation permit was developed so dentists would have “cart blanche” and do whatever they wanted. He stated that the proposed language was saying that if the applicant has the appropriate training and the appropriate documentation showing they are trained on certain medications, then they can use those medications; however, if the applicant only listed versed and fentanyl, he/she cannot start using precedex, ketamine, propofol, etc., if they were not trained using those medications. He further stated that if the applicant has documentation showing they were trained using those medications, that was permissible. Dr. Maron stated that the Board was not going back and taking away those currently holding a sedation permit. He continued by stating that this is an effort moving forward to get better control of the permits.

Dr. Maron made a motion to amend Rule 150-13-.01 Conscious Sedation Permits to include the language he provided. Discussion was held by Mr. Lacefield who stated that the Board could not amend the rule that was being considered for the hearing. He explained that if the Board was interested in amending the current rule amendment, the rule would need to go back to the Sedation Committee to discuss and provide language for the Board to consider. He added that the rule amendment process would have to start over. Dr. Maron withdrew the motion.

Dr. Knight commented that since this was a public hearing, the Board could adopt the rule as presented, or send the rule back to the full Board or Sedation Committee to rewrite. Mr. Lacefield stated that if the Board wanted to consider adopting the rule being considered, it needed to proceed with the public hearing because the Board needs to hear the public’s comments. Dr. Knight stated that the Board would allow the public to speak and requested the board members and members of the public to limit his/her comments to five (5) minutes.

Mr. Scheinfeld inquired if the amendment read by Dr. Maron affected permit holders who were already granted a sedation permit. Dr. Maron responded by stating they would not be affected. Mr. Scheinfeld inquired if a permit holder was applying for another location, would the language in the amendment come back into play or was the permit holder still grandfathered. Dr. Maron responded that the permit holder would be grandfathered.

Dr. Richard Weinman, GDA, was present and spoke to the Board. He inquired as to what the educational requirements would be. He asked would the training have to be from a dental school program, or would a training program such as DOCS be acceptable. He commented that he felt that individuals who would be applying need to be aware how much time has to be invested. Dr. Knight responded by stating that any program the Board has approved should fall under those guidelines.

Dr. Maron commented that based on the Sedation Committee approving and the Board approving sedation training programs, there are a list of things the program has to cover. He explained that meant that it puts the onus on those sedation programs to train people on the use of ketamine, propofol, precedex, for example, if an applicant was going to be using those medications. He stated that was the whole idea of training. He further stated that you cannot give one (1) milligram of versed for a five (5) minute prophylaxis and consider that being trained to give propofol and ketamine. Dr. Maron stated that the onus will be on the course providers to expand their training courses if that is what the applicants are wanting.

Dr. Knight commented that the sedation course has to be Board approved. Dr. Maron agreed. He stated that if the dentist only wants to use versed and fentanyl, then they do not need to train on the other medications. He further stated that he sees this as a logical solution and it is not limiting the use of medications such as precedex, ketamine, or propofol, for example. He explained that the dentist can use it, but must first be trained on utilizing those medications.

Dr. Knight stated that drugs are a continuum and things change constantly. He further stated that if there was a shortage or recall of fentanyl or whatever the drug of choice is, but the dentist has not been trained on using another medication, then they would be in a tight spot. Dr. Maron responded by stating that was not the problem of the public or the Board. He added that if the dentist was out of one brand and has to use a different one, that is fine; however, the dentist cannot say that because they are out of fentanyl, they will start using ketamine. Dr. Knight commented that going through the process of getting educated to use a different drug could take months. Dr. Maron responded by stating that it was worth it if you save one life in this entire process moving forward.

Mr. Lacefield stated that the discussion being held would be great for when the Board talks about the language presented by Dr. Maron at a future date. He reminded the Board that the public hearing was being held on the rule posted for the public.

Dr. Knight asked Dr. Weinman if the Board answered his question. Dr. Weinman answered affirmatively and stated that the courses accepted by the Board in the past would qualify as long as they added the new regimen.

Dr. Louis Petree, GDA, was present and spoke to the Board. He stated that he was happy with the amendment being considered for the public hearing that he had seen. He added that he was surprised by the amendment presented by Dr. Maron because he was not prepared for that. He continued by stating that he understood the Sedation Committee met on October 27<sup>th</sup> virtually and the Committee was disappointed that members of the public were not on the call. Dr. Petree explained that he was not aware there was a meeting scheduled and neither were any of his colleagues. He stated that he did sign the roster and did not receive an email notification concerning the meeting. He continued by stating that he does not stay on the Board's website either so that could be a fault of his own.

Dr. Petree stated that he agreed with the language presented regarding performing anesthesia in a moderate setting being difficult to distinguish and it is a continuum. He further stated that, to him, the anesthesia continuum is titration. He added that he uses propofol when needed. He continued by stating that his primary go to medications are fentanyl and versed, but sometimes you have a patient where you have to smooth things out and have to titrate with a little propofol. Dr. Petree stated that he uses it as an emergency drug so he can finish the procedure. He commented by stating that he is located in a rural area of Winder, Georgia and they do not have an oral surgeon. He stated that many times he does these procedures when no one else or the emergency room will not see the patient. He added that he would hate to lose a tool in his toolbox. Dr. Petree stated that going forward he understands what the Board is saying about permit holders that are grandfathered will not be restricted from using different medications. He stated that he understands it can be a dangerous drug. He added that he does not use ketamine or precedex. He continued by stating that he would hate to limit the tools in a dentists' toolbox. He commented that they are doctors and are here to care for their patients and that safety is their utmost priority. Dr. Petree asked to be allowed to be doctors and use the medicines that are available to them.

Dr. Schultz commented that at the last public hearing, the Board heard the issues regarding access to care and did hear the CRNA issues. He stated that he thought those were defended very well by the Board. He stated that recently the Ohio Board of Dentistry had been discussing this very same issue for the past couple of years and had now revised its rules regarding this very point. He added that the statement they adopted was not dissimilar to the Board's language. He continued by stating that having grown up in Pennsylvania and traveling through Ohio, he can assure there are as many rural areas in Ohio as there are in Georgia if not more, but yet Ohio felt that the need for this type of restriction was significant enough that they adopted it. Dr. Schultz read the new Ohio moderate sedation guideline:

“No dentist shall administer or employ any agent(s) with a narrow margin for maintaining consciousness including, but not limited to, potent volatile inhalation anesthetic agents, ultra-short acting barbiturates, propofol, ketamine, and similarly acting drugs, or quantity of agent(s), or techniques, or any combination thereof that would likely render a patient deeply sedated, generally anesthetized or otherwise not meeting the conditions of the definition of minimal sedation or moderate sedation in paragraphs (B)(18) or (B)(19) of rule 4715-3-01 of the Administrative Code, unless the dentist holds a valid general anesthesia permit or provisional general anesthesia privileges as issued by the board.”

Dr. Schultz commented that there had previously been a statement that the Board was somewhat in left field regarding this matter. He stated that there are seven (7) states that have rules similar to what Georgia was attempting to adopt and now Ohio has now adopted similar language. He further stated that this was something that was being discussed more at the board of dentistry levels because of the issue with patient safety with medications. He explained that the language was not dissimilar to what the Board originally proposed, but he felt the language Dr. Maron read helps the Board stay consistent with what he feels would be a majority opinion among the state boards of dentistry across the county.

Dr. Petree commented that he was okay with going forward as long as current permit holders were grandfathered as the last thing he would want to do is come before the Board and have to defend himself. Dr. Maron responded by stating that it would be impossible to police retrospectively and that the goal is to establish these protocols for new applicants. Dr. Petree stated that dentists are trained to provide patient safety and he just wants to keep that up. He added that he can see the concern as he has those same concerns as well.

Dr. Knight asked Dr. Maron if the grandfather clause would include all medications. Dr. Knight inquired if Dr. Petree wanted to go forward using precedex, he would not have to have additional training. Dr. Maron responded by stating that the new rule does not restrict them from using any agent and the additional language does not restrict it either. He stated that the language he presented does not affect those that already have a sedation permit, other than making sure people are following the rules already established.

Dr. Young inquired if “grandfathered in” meant prior to 2010. Dr. Maron stated that they are talking about documenting training and those dentists that currently hold a sedation permit do not have to document training. He added that new applicants applying for an initial permit will have to document training on those medications.

Dr. Schultz discussed the portion of the sedation application that asks the applicant to list the types of agents used. He stated that when filling out the portion of the application and listing the medications used, did Dr. Petree feel at that time that was a binding list that limited him to those medications or did he feel that was for informational purposes for the Board, or for both. Dr. Petree responded by stating that the primary medications he uses are fentanyl and versed so that is what he put on the application. He stated that being a practitioner and doing what is best for the patient, he does use propofol on occasion. He further stated that being a practitioner and a provider of services for his patients, he wants to do what is best for them. He added that he was aware that propofol did not have a reversal agent but time reverses it and titration.

Mr. Lacefield commented that he was not sure if there was any restriction the application would provide. Mr. Changus stated that if the applicant puts it down on the application, it is true at the time of application. He further stated that if the applicant falsified that information, that there may potentially be grounds for discipline. Dr. Knight commented that drugs change. Dr. Petree responded by stating that in his thirty (30) years of being a dentist, fentanyl and versed have been backordered, so he tries to use the least amount of medications to get through the procedure, which is called titration. He stated that the patient was not going to sleep, but they can. He added that he knows he has reversal agents available.

Ms. Mattingly stated that she had the same concern as Dr. Knight as far as if there was a change or shortage of drugs because the dentist would be limited which will impact access to care. She further stated that if that occurs, there will be a delay in having to take an approved course. She added that when the dentist takes the courses, they are trained on different medications. She inquired if the dentist would be required to send in what they have been trained on. Dr. Maron responded by stating that a cardiologist would not go out there and start putting in catheters on someone. He explained that the cardiologist would be trained to do so. He continued by stating that medications work differently and someone who completes a residency today is being appropriately trained; however, the problem is that the Board is not only issuing permits to those that have done residencies. He explained that there is a category of people who are out there taking sedation courses being offered and the training is not equivalent to a residency. Dr. Maron stated that in a residency, the dentist may complete some training on anesthesia, but then also while performing surgery, a co-resident is doing the anesthesia so there is a constant learning curve. He further stated that if an applicant takes one of these courses and the only thing they do is one (1) milligram of versed in the course and check off that the applicant completed twenty (20) sedations, that is not the equivalent of medical training. He added that anesthesiologists and nurse anesthetists would agree that the general public would be irate about the Board granting permits. He continued by stating that what that says is the Board of Dentistry looked at the applicant's training and deemed it to be sufficient. Dr. Maron stated that the bar has to be set at a level where we can achieve competency in the use of these medications.

Ms. Mattingly stated that the Board's goal was to maintain minimum standards. Dr. Maron responded by stating that the Board's goal is to protect the safety and welfare of the citizens of Georgia. Dr. Knight commented that the Board has to set a minimum standard in order to do that. Ms. Mattingly inquired if the issue was more about the educational programs in the state. She asked if Dr. Maron felt programs were not meeting the minimum standard. Dr. Maron responded affirmatively, but stated that was beside the point. He stated that the Board cannot fix the past but it can raise the bar for the future.

Dr. Petree inquired if there were cases the public has not heard about. Dr. Maron responded by stating that he was familiar with three (3) cases in the last five (5) years. Dr. Knight inquired if those cases were in rural settings and were they oral surgeons. Dr. Maron responded by stating they occurred outside the city of Atlanta and were three (3) dental cases. Dr. Knight inquired if there were more deaths or incidences within the metro area or with oral surgeons. Dr. Maron responded that there are more deaths associated with oral surgery practices.

Dr. Knight asked Dr. Petree how many sedations he had done in his thirty (30) years of practicing. Dr. Petree responded by stating that he has done thousands. Dr. Knight inquired if Dr. Petree had more issues with propofol versus fentanyl or versed where he would have to stop and have to use a reversal agent. Dr. Petree responded by stating that he has never had to reverse fentanyl or versed. He added that he is that careful with how he titrates. Dr. Knight asked Dr. Petree how many people within his area do sedation for patients that cannot see an oral surgeon. Dr. Petree responded by stating that himself and his daughter, who holds a provisional permit, are the only two within thirty (30) miles.

Dr. Maron commented that the issue of access to care does not fly. Dr. Knight stated that it does because in rural Georgia some people cannot get to Atlanta, Augusta, or Columbus, for example. Dr. Shilman commented by stating that just because the patient is in a rural area where they are far away from an oral surgeon does not mean the Board is going to allow people to get care that is not safe. She added that she was not sure why this conversation was taking place. She continued by stating that the Board is asking that the dentist be properly trained on the medication that could potentially kill a patient. She stated that if the dentist is fresh out of school and not trained on a certain medication, to her that is considered substandard care.

Dr. Stiehl stated that the Board is trying to prevent someone from utilizing a medication that they are not properly trained on. Dr. Stiehl commented that the Board wants adequately trained dentists.

Dr. Petree stated he is adjunct faculty for the GPR program at Dental College of Georgia and he works with students and they are trained to titrate. He added that he does not know anything about the DOCS course. Dr. Maron stated that was the Board's problem. Dr. Petree commented that he just wanted to defend his residents. He added that they have provisional permits and he assumes they will not be grandfathered in. Dr. Maron responded by stating that if the individual had already submitted an application to the Board office, he/she would be grandfathered in.

Dr. Goggans inquired about the effective date once the rule is adopted by the Board and sent to the Governor's office for approval. Mr. Lacefield responded by stating that once the rule is approved by the Governor and is sent to the Secretary of State's office, the board office will be notified of the effective date.

Dr. Knight asked if there were any further public comments. There were none.

No written responses were received.

Dr. Maron made a motion to table consideration of Rule 150-13-.01 Conscious Sedation Permits and send it back to the full Board to be drafted with the additional language provided. Discussion was held by Dr. Maron who stated that the Sedation Committee was united on this matter and felt the rule should go back to the full Board in order to not delay it any further. Dr. Shilman seconded, and the Board voted unanimously in favor of the motion.

Dr. Weinman stated that when he spoke earlier, it was mentioned that the DOCS course was approved. He inquired if the Board would automatically exclude the course. Dr. Maron responded by stating that the Board was not excluding anyone. Additionally, he stated they should not be throwing DOCS under the bus as DOCS has excellent courses. Dr. Maron stated that if "Course A", for example, wants to have people in Georgia, they need to start offering certain things such as:

- How to titrate precedex
- The complications of precedex
- How to titrate propofol
- The complications of propofol
- What happens when someone becomes dissociated on ketamine

Dr. Maron stated that all of the above mentioned items are examples of what should be a part of training.

Dr. Knight inquired as to how many programs were approved. Mr. Lacefield responded by stating that he was not aware at this point.

Mr. Lacefield commented that, by law, meetings are posted within fifteen (15) days of the meeting. He stated that the board office does not send out email notices for any meetings. He added that email notices are only sent to those on the Interested Parties list for public hearings because the Board is required to provide notice. He stated that in order to find out when a committee meeting or full board meeting is scheduled, that information is available on the Board's website. He further stated that the rule amendment will be brought back to the Board in February or March. Mr. Lacefield stated that the meeting agenda will be posted to the Board's website prior to the meeting.

Dr. Stiehl inquired if an email could be sent to GDA for them to distribute to its members so that people were aware of when meetings were scheduled. Mr. Joiner commented that an email could be sent out to the Interested Parties list the same way the board office sends notice of a public hearing. Dr. Weinman stated

that if the Board wants dentists to attend the meetings and provide commentary, it certainly would be advantageous to send a notice. Mr. Lacefield responded by stating that the Board was only required to send email notices for public hearings. He added that the Board has a small staff and when emails are sent to the Interested Parties list, half of them respond by requesting to be taken off the list. He continued by stating that it is laborious for staff to send email notices for meetings.

Dr. Shilman stated that those interested in attending meetings should check the Board's website. Dr. Goggans commented by stating that it would set a bad precedent by emailing notices of scheduled meetings. He stated that it would be great to send those to those who were interested; however, the Board has a small staff. He further stated that once you do that and send an email for an event, and then do not send an email for the next one, it would become an issue. He added that GDA can look on the Board's website for scheduled events and notify its members of such. Dr. Goggans stated that he felt the Board should not get in the business of sending email notifications of meetings. Dr. Petree commented that when he read the minutes, it was noted that the Sedation Committee was surprised that no one was on the call. He stated that he would have been on the call, but was not aware of the meeting.

Dr. Schultz stated to the GDA representatives that he hoped they did not feel what the Board was doing regarding this issue as being some outlier activity. He further stated that the Board is on the forefront of what it feels will be consistent with rules across the United States. He added that the Board is trying to get ahead of it and this was a good way to do such. He stated that there is movement from other boards regarding this same issue. Dr. Petree responded by stating that there are other movements going on that GDA would like to work with the Board on.

The public hearing concluded at 10:45 a.m.

## **Open Session**

Dr. Knight established that a quorum was present and called the meeting to order at 10:45 a.m.

### **Introduction of Visitors**

Dr. Knight welcomed the visitors.

### **Appearance**

Dr. Cliff Feingold and Ms. Laura Richoux, American Associations of Dental Boards, provided a presentation to the Board regarding the AADB Dental and Dental Hygiene Licensure Compact.

### **Approval of Minutes**

Dr. Maron made a motion to approve the Public and Executive Session minutes from the December 1, 2023, meeting. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

### **Report of Licenses Issued**

Dr. Maron made a motion to ratify the list of licenses issued. Ms. Selfe seconded, and the Board voted unanimously in favor of the motion.

### **Petitions for Rule Waiver or Variance**

**Rule Variance Petition from Dr. Young Do Kim:** The Board discussed this request for a variance of Rule 150-3-.01(7). Dr. Goggans commented that he did not see a substantial hardship. Dr. Maron made a motion to grant the petition based on the special circumstances related to the COVID-19 pandemic, as noted in the petition. The Board also found that Dr. Kim provided adequate justification for the variance since he passed the ADEX manikin-based exam in 2020. Dr. Shirley seconded, and the Board voted in favor of the motion, with the exception of Dr. Goggans, who opposed.

**Rule Variance Petition from Dr. Frank de Latour III:** Dr. de Latour was present and spoke to the Board regarding his request for a variance of Rule 150-3-.01(7)(e) and (i). Dr. de Latour stated that he is stationed at Fort Eisenhower as the Program Director of the Oral and Maxillofacial Surgery Residency. He explained that he passed ADEX in 2014, but did not take the periodontal portion as it was not needed at the time. He added that his hardship would be having to pass the manikin exam. He stated that he has no plans of practicing general dentistry. Dr. Maron commented that Dr. de Latour is currently licensed as dental faculty and inquired as to Dr. de Latour's plans. Dr. de Latour responded by stating that he is looking to moonlight somewhere closer to home and does not want to have to drive to South Carolina to do so. Dr. Goggans made a motion to grant the petition based on the special circumstances related to Dr. de Latour's service in the military and his extensive training in Oral and Maxillofacial Surgery and Oncology and Head and Neck Reconstruction. Dr. Maron seconded, and the Board voted unanimously in favor of the motion.

Dr. Shirley made a motion to reconsider the previous question as he was not given a chance to weigh in or ask questions. Dr. Knight stated that the matter had already been voted on. Dr. Shirley stated that was why he was making the motion. Dr. Knight asked the members if there was a second to Dr. Shirley's motion. There was not a second. Dr. Shirley requested that members on the virtual call be asked for input before the Board moves forward with a decision.

### **Correspondences**

**Correspondence from Dr. William M. Jopling, DN008129:** The Board considered this request for a waiver of the continuing education hours. Dr. Maron commented that there were enough online opportunities for completing the required continuing education. Dr. Maron made a motion to deny the request. Dr. Stiehl seconded, and the Board voted in favor of the motion, with the exception of Dr. Shirley who abstained.

**Correspondence from Leah Soucy, DH045186:** The Board discussed this correspondence requesting clarification on how many supplemental hours were needed for Ms. Soucy to be in compliance with Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist. Ms. Soucy noted that she had completed a local anesthesia course through the University of Maryland. The Board directed staff to respond to Ms. Soucy by referring her to Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist and the Frequently Asked Questions on the Board's website. Additionally, Ms. Soucy should be advised that it is up to her and her supervising dentist to determine what additional coursework, if any, should be completed in order to comply with the rule.

**Correspondence from Desiray Bright, DH044417:** The Board discussed this correspondence requesting clarification as to what the fifteen (15) lab hours are for dental hygienists to administer local anesthesia. Ms. Bright's correspondence noted that she is licensed in Florida and New Mexico and is able to administer local anesthesia in both states. The Board directed staff to respond to Ms. Bright and request she provide a copy of the syllabus for the course she completed.

### **General – Dr. Michael Knight**

No report.

### **Continuing Education Committee Report – Dr. Ami Patel**

**Correspondence from Columbus Technical College:** The Board considered this correspondence requesting five (5) hours of continuing education credit for teaching dental hygiene at an ADA approved educational facility during the 2022-2023 biennium for Rebecca Foster, Amber Brazile, Stephanie Kemp, Sylvia A. Pearson, Shana Vasquez. Additionally, the correspondence requests ten (10) hours of continuing education credit for teaching dental hygiene at an ADA approved educational facility during the 2022-2023 biennium for Dr. Anita Fenn, Dr. James Anderson, and Dr. Mack Warren.

**Correspondence from Dr. Manuel Davila, DN010084:** The Board considered this correspondence from Dr. Davila requesting ten (10) hours of continuing education credit for teaching clinical dentistry at an ADA approved educational facility during the 2022-2023 biennium.

**Correspondence from Dr. Manuel Davila, DN010084:** The Board considered this correspondence from Dr. Davila requesting eight (8) hours of continuing education credit for assisting the Board with conducting onsite sedation evaluations.

Dr. Patel made a motion to approve the three (3) requests mentioned above. Ms. Selfe seconded, and the Board voted unanimously in favor of the motion.

### **External Committee Reports**

**Electronic Database Review Advisory Committee (PDMP) Report – Dr. Lisa Shilman:** Dr. Shilman reported that the Committee met in December.

**CRDTS Steering Committee Report – Dr. Brent Stiehl:** Dr. Stiehl reported that the Committee will be meeting in a few weeks. He read CRDTS's stance on the compacts:

“Hopefully the Georgia Board will not support a compact that eliminates all testing agencies other than CDCA, which is the only testing agency allowed to give ADEX, as a monopoly will open the door for the decline in public safety and dental board oversight.

It is very confusing and concerning that the CDCA is funding the lobbying efforts for this AADB compact and that CDCA employees drafted the compact, as the AADB is supposed to be a resource for dental boards. I would think this is a serious ethical question that they have financially and publicly aligned themselves with a single testing agency.”

Dr. Maron stated that the Board has zero say in what happens. He inquired as to why the Board keeps hearing presentations regarding the compacts. He added that GDA has the power to lobby. Dr. Knight responded by stating that he spoke with Mr. Lacefield and they were trying to make the Board aware of what was going on. He stated that the organizations were invited by the Board to provide a presentation.

**CRDTS Examination Committee Report – Dr. Ami Patel:** Dr. Patel reported that the Committee will be meeting in January.

**Dental College of Georgia Liaison Report – Dr. Michael Knight:** Dr. Knight requested Dr. Young provide the Board with an update of some of the struggles the school was dealing with currently. Dr. Young responded by stating that the Dental College of Georgia (DCG) was short clinical operative dentists. She stated that there was a national shortage of faculty. She added that DCG has one (1) faculty member who is qualified, but he cannot obtain a faculty license because he received his dental training in Brazil and cannot cover the senior clinic or practice in faculty practice, which is a challenge. Dr. Young stated that Georgia does not recognize an operative certificate as a specialty.

Dr. Young stated that it has been a challenge to cover the clinic. She further stated that they are trying to find new ways to free up clinical dentists. Dr. Young explained that she, along with her leadership team, associate deans, are covering the clinic.

Dr. Young discussed CODA looking at the number of students the school has and the faculty to student ratio. She stated it was a challenge to make sure they are keeping up with the ratio. She added that there was a concern about not having enough dentists in Georgia and if DCG has to reduce its class size, that will not be helpful to the State of Georgia. Dr. Young stated that they may have to consider reducing class size

in order to meet its mission. She continued by stating that DCG will not reduce clinical expectations. She commented that the school has very high standards and produces very competent clinical dentists and the school will not compromise on that. She added that DCG was trying to figure out what it can do and any ideas from the Board were welcomed and appreciated.

Dr. Knight inquired as to how many full-time faculty positions the school had and how many positions were vacant. Dr. Young responded by stating that DCG has ninety-four (94) full-time faculty positions. She stated the numbers do fluctuate. She added that there are around 22-24 positions vacant at the moment. Dr. Alan Furness commented that was just for general dentists, not specialists. He added that specialty areas are not as bad as general dentists.

Dr. Maron commented that the law requires applicants who have received a doctoral degree in dentistry from a dental school not accredited by CODA to complete additional requirements in order to obtain a faculty license. Dr. Furness commented that the requirements for a faculty license were listed in the rule, not the law. The Board responded by stating that the requirements were listed in the law. Dr. Maron stated that if the requirements were only in a rule, the Board could waive those.

Dr. Goggans asked if there was any interest in part-time faculty coming in. Dr. Young responded by stating that would be helpful; however, they want to come on a Friday and that is when they are closed.

Dr. Young discussed clerkship rotations being done senior year, which is subsidized by a HRSA grant that eventually will go away. She stated that it was her hope they could sustain doing that because the school gives a stipend to the students who attend to help with housing. She is hoping they can maintain it. Dr. Knight inquired if DCG could add more private practices if the dentist was willing to house students. Dr. Young responded by stating that HRSA grants have certain stipulations that the school has to abide by. She explained it has to be open to all students to do that and they have to be there for two (2) weeks at a time. She stated that private practice is more difficult as some patients may not want students working on them. She added that the dentist would be in charge, but it is the students who would be doing the work. Dr. Knight inquired if someone was willing to do that and house the students for two (2) weeks. Dr. Young stated that the dentist could speak to the person who handles that.

Dr. Reznik inquired as to why the HRSA grant was ending. Dr. Young responded by stating that it was set up that way. She added that it has been renewed several times, but the idea was that when it started DCG would be self-sufficient eventually and the amount the school receives each year was reduced.

Dr. Shirley commented that there is another HRSA grant for student loan repayment which includes general dentistry. He inquired if that was helpful for recruiting faculty. Dr. Young responded by stating that they currently have one (1) member on it who's loans are pretty substantial and they are taking the majority of funding for that right now.

Dr. Reznik inquired if DCG was looking into more sites for students to complete their rotations. Dr. Young responded by stating that for the clerkship they are always looking for more sites, but that is for seniors. Dr. Reznik stated that he has never had DCG students rotate through. He added that Grady has an outstanding new program. Dr. Young commented that DCG was ready to think outside of the box.

There being no further discussion, Dr. Knight stated that he wanted the Board to be aware of the issues because it affects the quality of dentists in the state. Dr. Young responded by stating it will never affect the quality of dentists, only the number of dentists.

**CDCA-WREB-CITA Steering Committee Report – Dr. Ami Patel, Dr. JC Shirley, Ms. Misty Mattingly, RDH:** Dr. Shirley reported that there will be a virtual meeting next week that includes a caucus from each state. He added that he will provide a report to the Board at the February meeting.

**GDHEA Liaison Report – Dr. David Reznik, Ms. Lisa Selfe, RDH:** No report.

**Attorney General’s Report – Mr. Max Changus**

No report.

**Executive Director’s Report – Mr. Eric Lacefield**

**Southern Conference of Dental Deans and Examiners Annual Meeting:** Dr. Reznik made a motion to send Dr. Knight as the Board’s delegate. Ms. Selfe seconded, and the Board voted unanimously in favor of the motion.

**Legal Services – Mr. Clint Joiner**

No report.

**Miscellaneous**

**Local Anesthesia Course Submission:** The Board discussed the Pain Control and Local Anesthesia for the Dental Hygienist course submission provided by Dr. Henry Ferguson and Dr. Rebecca Hobbs. Dr. Maron made a motion to invite Dr. Ferguson and Dr. Hobbs to the next available meeting to further discuss the course submission. Ms. Mattingly seconded, and the Board voted unanimously in favor of the motion.

**Sedation Course Submission:** The Board considered the IV Moderate Sedation Training Program for Dentists course submitted by Conscious Sedation Consulting. Dr. Maron made a motion to approve the course. Dr. Schultz seconded, and the Board voted unanimously in favor of the motion.

Dr. Maron made a motion and Dr. Reznik seconded and the Board voted to enter into **Executive Session** in accordance with O.C.G.A. § 43-1-19(h), § 43-1-47(h), and § 43-1-2(h), to deliberate and receive information on applications. Voting in favor of the motion were those present who included Dr. Greg Goggans, Dr. Michael Knight, Dr. Glenn Maron, Ms. Misty Mattingly, Dr. Ami Patel, Dr. David Reznik, Mr. Mark Scheinfeld, Dr. Jeffrey Schultz, Ms. Lisa Selfe, Dr. Lisa Shilman, Dr. JC Shirley, Dr. Brent Stiehl, and Dr. Nancy Young.

**Executive Session**

**Licensure Overview Committee Discussion Cases**

- K.L.M.
- D.D.M.
- M.S.D.
- S.B.K.
- M.M.
- M.K.T.
- B.L.A.
- A.U.A.
- J.T.
- A.K.S.
- T.A.R.
- S.A.D.
- M.M.D.

- M.A.Z.V.
- P.P.
- M.S.T.
- L.P.U.
- L.A.C.

**Executive Director’s Report – Mr. Eric Lacefield**

- F.D.L.

**Applications**

- R.R.V.
- A.N.A.
- A.K.T.
- P.M.E.
- B.J.H.
- K.M.B.
- N.A.P.
- C.M.S.
- W.T.F.
- B.D.G.
- B.G.B.

**Investigative Committee Report – Dr. Brent Stiehl**

- L.B.W.

**Attorney General’s Report – Mr. Max Changus**

Mr. Changus discussed the following:

- S.D.C.
- D.W.

Mr. Changus presented the following order for acceptance:

- M.P.

The Board received legal advice regarding O.C.G.A. § 43-11-21.1 General anesthesia.

**Legal Services – Mr. Clint Joiner**

No report.

No votes were taken in Executive Session. Dr. Knight declared the meeting back in Open Session.

**Open Session**

Dr. Reznik made a motion to approve all recommendations based on deliberations made in Executive Session as follows:

**Licensure Overview Committee Discussion Cases**

- |          |                                |  |
|----------|--------------------------------|--|
| • K.L.M. | Correspondence                 | Inform the Board of the status upon completion |
| • D.D.M. | Request to Terminate Probation | Approved request                               |

- M.S.D. Request to Lift Indefinite Suspension Approved request
- S.B.K. Renewal Pending Approved for renewal
- M.M. Renewal Pending Approved for renewal
- M.K.T. Renewal Pending Renew with letter stating the Board has not concluded its consideration of the matter.
  
- B.L.A. Renewal Pending Renew with letter stating the Board has not concluded its consideration of the matter.
  
- A.U.A. Renewal Pending Approved for renewal
- J.T. Renewal Pending Approved for renewal
- A.K.S. Renewal Pending Renew with letter stating the Board has not concluded its consideration of the matter.
  
- T.A.R. Renewal Pending Schedule to meet with the Licensure Overview Committee
  
- S.A.D. Renewal Pending Renew with letter stating the Board has not concluded its consideration of the matter.
  
- M.M.D. Renewal Pending Refer to the Department of Law
- M.A.Z.V. Renewal Pending Approved for renewal
- P.P. Renewal Pending Approved for renewal
- M.S.T. Renewal Pending Schedule to meet with the Licensure Overview Committee
  
- L.P.U. Renewal Pending Approved for renewal
- L.A.C. Request to Terminate Monitoring Approved request

**Executive Director’s Report – Mr. Eric Lacefield**

- F.D.L. Dental Exam Applicant Approved application

**Applications**

- R.R.V. Dental Exam Applicant Schedule to meet with the Licensure Overview Committee
- A.N.A. Dental Credentials Applicant Approved application
- A.K.T. Dental Reinstatement Approved application
- P.M.E. Dental Reinstatement Schedule to meet with the Licensure Overview Committee
  
- B.J.H. Dental Hygiene Reinstatement Schedule to meet with the Licensure Overview Committee
  
- K.M.B. Dental Hygiene Reinstatement Approved application
- N.A.P. Dental Hygiene Reinstatement Refer to Legal Services
- C.M.S. Dental Hygiene Reinstatement Refer to Legal Services
- W.T.F. Volunteer Applicant Approved application
- B.D.G. Inactive Status Approved application
- B.G.B. Inactive Status Approved application

**Investigative Committee Report – Dr. Brent Stiehl**

- L.B.W. Update provided

**Attorney General's Report – Mr. Max Changus**

Mr. Changus discussed the following:

- S.D.C. Update provided
- D.W. Counterproposal accepted

Mr. Changus presented the following order for acceptance:

- M.P. Order of Summary Suspension accepted

The Board received legal advice regarding O.C.G.A. § 43-11-21.1 General anesthesia.

**Legal Services – Mr. Clint Joiner**

No report.

Dr. Schultz seconded, and the Board voted unanimously in favor of the motion.

There being no further business to come before the Board, the meeting was adjourned at 1:13 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held on Friday, February 2, 2024, at 10:00 a.m. at 2 MLK Jr. Drive, SE, 11<sup>th</sup> Floor, East Tower, Atlanta, GA 30334.

Minutes recorded by Brandi Howell, Business Support Analyst I

Minutes edited by Eric R. Lacefield, Executive Director