

**GEORGIA BOARD OF DENTISTRY**  
**2 Peachtree St., N.W., 5<sup>th</sup> Floor**  
**Atlanta, GA 30303**  
**July 1, 2022**  
**10:00 a.m.**

**The following Board members were present:**

Dr. Glenn Maron, President  
Dr. Greg Goggans  
Dr. Michael Knight  
Ms. Misty Mattingly  
Dr. Larry Miles  
Mr. Mark Scheinfeld  
Dr. David Reznik  
Dr. Brent Stiehl

**Staff present:**

Eric Lacefield, Executive Director  
Peggy Eckrote, Deputy Attorney General  
Kirsten Daughdril, Senior Assistant Attorney General  
Eric Lacefield, Executive Director  
Clint Joiner, Attorney  
Brandi Howell, Business Support Analyst I

**Visitors:**

Dr. Richard A. Weinman, GDA  
John Watson, ADSO  
Pam Cushenan, GDHA  
Dr. Jeril Cooper, Promethean Dental Systems  
Dr. Rick Callan, Promethean Dental Systems  
Richael Cobler, CRDTS  
Dr. Sam Jacoby, CRDTS  
Ashton Blackwood, Augusta University/DCG  
Brooke Turner, SDC  
Graham Segrest, PDS  
Cody Wigington  
Wanda N. Hill, GDHA  
Margaret Conrad  
Christy Smith, GDHA

**Open Session**

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

**Introduction of Visitors**

Dr. Maron welcomed the visitors.

**Approval of Minutes**

Dr. Stiehl made a motion to approve the Public Session minutes from the June 3, 2022, Conference Call meeting. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

Dr. Knight made a motion to approve the Executive Session minutes from the June 3, 2022, Conference Call meeting. Dr. Stiehl seconded, and the Board voted unanimously in favor of the motion.

**Report of Licenses Issued**

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

Dr. Goggans made a motion and Ms. Mattingly seconded and the Board voted to enter into **Executive Session** for the purpose of receiving legal advice as authorized under O.C.G.A. §§ 50-14-1(e)(2)(c), 50-14-2(1). Voting in favor of the motion were those present who included Dr. Greg Goggans, Dr. Michael Knight, Dr. Glenn Maron, Ms. Misty Mattingly, Dr. Larry Miles, Dr. David Reznik, Mr. Mark Scheinfeld, and Dr. Brent Stiehl.

### Executive Session

The Board requested legal advice.

The Board received legal advice regarding O.C.G.A. § 43-11-41 and Rule 150-7-.04.

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

### Open Session

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

**Rule Waiver Petition from Dr. Riham Diasti:** The Board discussed this request for a waiver of Rule 150-7-.04(2). Dr. Maron noted that Dr. Diasti's counsel, Mr. Cody Wigington, was present. He inquired if Dr. Diasti was also in attendance. Mr. Wigington responded that Dr. Diasti was traveling internationally. Dr. Maron asked if Mr. Wigington had any information to present to the Board. Mr. Wigington responded by stating that he did not have any information outside of the petition that was before the Board. Dr. Maron inquired if Dr. Diasti has affirmed she worked a minimum of 1000 hours per each full twelve month period. Mr. Wigington responded that Dr. Diasti affirmed that information in her application.

Dr. Maron stated that Dr. Diasti has practiced in Florida for the last five years, and as far as the current statute, she would be eligible for licensure by credentials. Dr. Reznik made a motion to grant the petition as the Board finds that Dr. Diasti has demonstrated evidence of a substantial hardship in acquiring a provisional dental licensure by credentials, as noted in the petition. The Board also finds that Dr. Diasti has been engaged in full-time clinical practice in the State of Florida and is currently licensed in the State of Pennsylvania. Ms. Mattingly seconded. Discussion was held by Dr. Maron. Dr. Maron stated that in the past, Florida has not reciprocated with Georgia for licensure by credentials and those people who practiced in Florida were not eligible for credentials licensure in Georgia; however, based on advice received from the Attorney General's office, an applicant from any of the 50 states can apply for licensure by credentials under the current statute. He added that the Board will be very diligent in ensuring that those who affirm he/she has met the hours and qualifications for licensure by credentials have done such. There being no further discussion, the Board voted in favor of the motion, with the exception of Dr. Goggans, who opposed.

**Rule Variance Petition from Dr. Ashley Schuller:** The Board discussed this request for a variance of Rule 150-7-.04(3)(c). Ms. Mattingly made a motion to grant the petition based on Dr. Schuller demonstrating evidence of a substantial hardship as Dr. Schuller was on maternity leave in 2021. Additionally, Dr. Schuller is the primary caregiver for three young children, as noted in the petition. The Board also finds that Dr. Schuller has been engaged in full-time clinical practice from 2012 through the beginning of 2021. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

#### **General – Dr. Glenn Maron**

As a follow up to the rule petitions, Dr. Maron commented that the Board of Dentistry takes its job seriously in terms of protecting the public. He stated that he understands there is an ongoing desire to open the state to more licensed dentists. Dr. Maron commented that any case brought against a dentist would be pursued

to the fullest extent allowed. He further commented that all dentists should adhere to Georgia's laws and rules.

Dr. Maron welcomed Clint Joiner as the new attorney for the board office.

Dr. Maron reported that the composition of the Board has changed based on amendments to O.C.G.A. § 43-11-2. He stated that six new members have been added to the Board and those members will be present at the August meeting.

Dr. Maron reported that the Dental College of Georgia (DCG) has invited the Board of Dentistry to hold its October 7<sup>th</sup> meeting in person in Augusta. Dr. Knight made a motion to move the location of the October 7, 2022, meeting to the Dental College of Georgia. Dr. Stiehl seconded, and the Board voted unanimously in favor of the motion. Dr. Maron thanked DCG for inviting the Board.

Dr. Maron stated that, as a follow up from discussions with the Attorney General's office, the Board's Investigative Committee (IC) realizes it has a backlog of cases. He explained that IC will be working diligently to work through the backlog. He added that IC will be holding additional meetings to discuss these cases. Dr. Maron commented that he wanted the citizens of Georgia to know the Board is trying to move through these cases as soon as possible.

#### **Attorney General's Report – Ms. Kirsten Daughdril**

No report.

#### **Executive Director's Report – Mr. Eric Lacefield**

No report.

#### **Legal Services – Mr. Clint Joiner**

No report.

#### **Rules Discussion**

**Rule 150-8-.01 Unprofessional Conduct:** Dr. Maron stated that this rule was tabled from the June meeting. Ms. Mattingly commented that language was added stating the dentist and dental hygienist would be responsible for ensuring the hygienist meets the educational requirements. Dr. Maron stated that the proposed amendment reads as follows:

(s) Authorizing a dental hygienist who has not met the requirements of Rule 150-5-.07(2) to administer local anesthesia.

Dr. Maron stated that his only question concerns whether or not there is a difference in saying "authorizing" versus "allow". Ms. Daughdril responded that the Board could change the language if it felt it was necessary, but she did not feel it would make a difference. Mr. Lofranco commented that the statute uses the term "authorize" and for continuity purposes, suggested "authorize" be the preferred term.

Dr. Goggans made a motion to post Rule 150-8-.01 Unprofessional Conduct. Dr. Stiehl seconded, and the Board voted unanimously in favor of the motion.

#### **Rule 150-8-.01. Unprofessional Conduct Defined**

The Board has the authority to refuse to grant a license to an applicant or to discipline a dentist or dental hygienist licensed in Georgia if that individual has engaged in unprofessional conduct. For the purpose of the implementation and enforcement of this rule, unprofessional conduct is defined to include, but not be limited to, the following:

- (a) Failing to conform to current recommendations of the Centers for Disease Control and Prevention (C.D.C.) for preventing transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and all other communicable diseases to patients. It is the responsibility of all currently licensed dentists and dental hygienists to maintain familiarity with these recommendations, which are considered by the Board to be minimum standards of acceptable and prevailing dental practice.
- (b) Violating any lawful order of the Board;
- (c) Violating any Consent Agreement entered into with the Georgia Board of Dentistry or any other licensing board;
- (d) Violating statutes and rules relating to or regulating the practice of dentistry, including, but not limited to, the following:
  - 1. The Georgia Dental Practice Act (O.C.G.A. T. 43, Ch. 11);
  - 2. The Georgia Controlled Substances Act (O.C.G.A. T. 16, Ch. 13, Art. 2);
  - 3. The Georgia Dangerous Drug Act (O.C.G.A. T. 16, Ch. 23, Art. 3);
  - 4. The Federal Controlled Substances Act (21 U.S.C.A., Ch. 13);
  - 5. Rules and Regulations of the Georgia Board of Dentistry;
  - 6. Rules of the Georgia State Board of Pharmacy, Ch. 480, Rules and Regulations of the State of Georgia, in particular those relating to the prescribing and dispensing of drugs, Ch. 480-28;
  - 7. Code of Federal Regulations Relating to Controlled Substances (21 C.F.R. Par. 1306);
  - 8. O.C.G.A. T. 31-33 Health Records. A dentist must send a patient a copy of his/her records upon request where the request complies with O.C.G.A. Title 31-33, et. seq., even if the patient has an outstanding balance with the dentist, but the patient may be required to pay costs of copying and mailing records and for search, retrieval, certification, and other direct administrative costs related to compliance with the request.
  - 9. The Health Insurance Portability and Accountability Act ( Pub. L. 104-191).
- (e) Failing to maintain appropriate records whenever controlled drugs are prescribed. Appropriate records, at a minimum, shall contain the following:
  - 1. The patient's name and address;
  - 2. The date, drug name, drug quantity, and diagnosis for all controlled drugs;
  - 3. Records concerning the patient's history.
- (f) Prescribing controlled substances for a habitual drug user in the absence of substantial dental justification;
- (g) Prescribing drugs for other than legitimate dental purposes;
- (h) Any departure from, or failure to conform to, the minimum standards of acceptable and prevailing dental practice. Guidelines to be used by the Board in defining such standards may include, but are not restricted to:

1. Diagnosis. Evaluation of a dental problem using means such as history, oral examination, laboratory, and radiographic studies, when applicable.
2. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.
3. Emergency Service. Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record. For purposes of this rule, a "patient of record" is defined as a patient who has received dental treatment on at least one occasion within the preceding year.
4. Records. Maintenance of records to furnish documentary evidence of the course of the patient's medical/dental evaluation, treatment and response. A dentist shall be required to maintain a patient's complete dental record, which may include, but is not limited to, the following: treatment notes, evaluations, diagnoses, prognoses, x-rays, photographs, diagnostic models, laboratory reports, laboratory prescriptions (slips), drug prescriptions, insurance claim forms, billing records, and other technical information used in assessing a patient's condition. Notwithstanding any other provision of law, a dentist shall be required to maintain a patient's complete treatment record for no less than a period of ten (10) years from the date of the patient's last office visit.
5. Sterilization Records. All sterilization records must be maintained for a period of not less than three (3) years. Such records shall include, but not be limited to, the following: type of sterilizer and cycle used; the load identification number; the load contents; the exposure parameters (e.g., time and temperature); the operator's name; and the results of mechanical, chemical, and biological monitoring.
  - (i) Practicing fraud, forgery, deception or conspiracy in connection with an examination for licensure or an application;
  - (j) Knowingly submitting any misleading, deceptive, untrue, or fraudulent misrepresentation on a claim form, bill or statement to a third party;
  - (k) Knowingly submitting a claim form, bill or statement asserting a fee for any given dental appliance, procedure or service rendered to a patient covered by a dental insurance plan, which fee is greater than the fee the dentist usually accepts as payment in full for any given dental appliance, procedure or service;
  - (l) Abrogating or waiving the co-payment provisions of a third party contract by accepting the payment received from a third party as payment in full, unless the abrogation or waiver of such co-payment or the intent to abrogate or waive such copayment is fully disclosed, in writing, to the third party at the time the claim is submitted for payment. For the purpose of this rule, a "third party" is any party to a dental prepayment contract that may collect premiums, assume financial risks, pay claims, and/or provide administrative service.
  - (m) Falsifying, altering or destroying treatment records in contemplation of an investigation by the Board or a lawsuit being filed by a patient;
  - (n) Committing any act of sexual intimacy, abuse, misconduct or exploitation related to the licensee's practice of dentistry or dental hygiene;

- (o) Delegating to unlicensed or otherwise unqualified personnel duties that may only be lawfully performed by a dentist or dental hygienist;
- (p) Using improper, unfair or unethical measures to draw dental patronage from the practice of another licensee;
- (q) Terminating a dentist/patient relationship by a dentist, unless notice of the termination is provided to the patient via certified mail. A "dentist/patient relationship" exists where a dentist has provided dental treatment to a patient on at least one occasion within the preceding year.
  1. "Termination of a dentist/patient relationship by the dentist" means that the dentist is unavailable to provide dental treatment to a patient, under the following circumstances:
    - (i) The office where the patient has received dental care has been closed permanently or for a period in excess of (30) days;
    - (ii) The dentist discontinues treatment of a particular patient for any reason, including non-payment of fees for dental services, although the dentist continues to provide treatment to other patients at the office location;
  2. The dentist who is the owner or custodian of the patient's dental records shall mail notice of the termination of the dentist's relationship to patient, via certified mail, which notice shall provide the following:
    - (i) The date that the termination becomes effective, and the date on which the dentist/patient relationship may resume, if applicable;
    - (ii) A means for the patient to obtain a copy of his or her dental records. The notice shall be mailed at least fourteen (14) days prior to the date of termination of the dentist/patient relationship, unless the termination results from an unforeseen emergency (such as sudden injury or illness), in which case the notice shall be mailed as soon as practicable under the circumstances.
- (r) Knowingly certifying falsely to the accuracy or completeness of dental records provided to the Board.
- (s) Authorizing a dental hygienist who has not met the requirements of Rule 150-5-.07(2) to administer local anesthesia.

**Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist:** Ms. Mattingly commented that minor changes were made to the proposed rule. She shared the following statement with the Board:

*"I want to thank President Maron for bringing this issue forward and the rules sub-committee members Dr. Debra Wilson and Dr. David Reznik. I would also like to thank past hygiene board members Rebecca Bynum, Tunde Anday, and Pamela Bush for continuing to bring up this issue during their terms. I am honored to serve on this Board. This Board represents everything I am proud of in my profession. We may not always agree, but we share the passion and commitment to provide the best care to the citizens of our state.*

*The Board has had the authority to write the rules for 30 years as of tomorrow, and this Board before me today is the most progressive and cultivated board Georgia has ever seen. What a day to finally have a rule that we can move forward to a public hearing. What an accomplishment and I thank you all for your dedication this past year as we have been through many revisions."*

Dr. Maron asked if there were any further comments. Mr. Lofranco requested to present concerns GDA has with the current proposed language. Ms. Daughdril responded by asking if Mr. Lofranco would like to reserve his concerns for the public hearing. Mr. Lofranco stated that these are GDA's initial concerns and GDA does intend to submit formal written comments for the public hearing.

Mr. Lofranco introduced himself as General Counsel for GDA, and introduced GDA's past President and Government Affairs Chairman, Dr. Richard Weinman, who was also present. Mr. Lofranco stated that they would provide a two pronged overview with concerns GDA sees with the proposed language. He further stated he would provide information on the legal ramifications of the proposed language and Dr. Weinman would provide information about the clinical concerns.

Mr. Lofranco stated that, as Ms. Mattingly alluded to, historically the Board and legislature has been conservative on this issue. He further stated that GDA's preliminary concerns were that the procedures that coincide with these types of anesthetics and dental hygienists performing them are done in the matter of efficiency and production for the dentist and he felt that balances a fine line. Mr. Lofranco continued by stating the Board is tasked with protecting the public and serving the dentists of the state. He stated that some of the issues GDA hears from patient complaints are concerning over-treatment, aggressive treatment planning, etc. He further stated that with high inflation the cost of doing business is going up, and GDA does not want to see the younger dentists feeling pressure to do procedures outside of his/her area of expertise and get in trouble. Dr. Maron responded by stating that would be a matter concerning the quality and practice of dentists. Mr. Lofranco responded by stating the dentist does not always have the ability to oversee what the dental hygienist is doing, and if one were looking at quality of care, there is potentially a high-pressure situation.

Mr. Lofranco continued by stating the other issue is a reputational issue with this Board regarding the drafting of this rule. He referenced a typo in paragraph (2)(a)(1)(i) of the proposed rule and stated that given there is a current dispute over another rule that has a typo, GDA wanted to make sure the Board cleaned that up. Ms. Mattingly responded that the error Mr. Lofranco referred to has already been corrected. Mr. Lofranco stated that it was not corrected in the draft he received. Dr. Goggans stated that the version the Board will post will have the error corrected.

Mr. Lofranco stated that another issue GDA potentially sees is the proposed rule follows Florida statute; however, the proposed rule eliminates the ability for the non-hygiene program to offer training as it is only limited to dental hygiene programs. Mr. Lofranco continued by stating that the Florida statute allows for both dental and dental hygiene programs. He explained that GDA feels there are organizations such as AAMOS, ADA, GDA, and AGD that could offer this sort of training just as well as a hygiene program could. He requested the Board reconsider the issue in its deliberations and not limit it to just a CODA approved dental hygiene program approved by the Board. Ms. Mattingly responded by stating there is language in the rule stating, "*...a similar organization approved by the United States Department of Education, or the Board*". Mr. Lofranco responded that the current language was not clear.

Dr. Weinman spoke to the Board regarding the clinical concerns GDA has with the proposed rule. Dr. Weinman stated that he has been practicing for 46 years. He stated that he certainly appreciates his hygienists as they are an intricate part of his team. Dr. Weinman commented that the information GDA is presenting comes from discussions with hundreds of dentists over the last year. He stated that the concerns are most prominent with block anesthesia. He further stated that GDA's dentists feel it is one of the most difficult things dentists do on a daily basis and there is real probability of serious issues occurring if not done properly. Dr. Weinman continued by stating that one of the problems GDA has with this is that it can be fatal. He explained that if over injection of the anesthetic occurs, it can be a fatal overdose. He stated that this is especially concerning with the proposed rule's age limitation of 12 years old. Dr. Weinman stated that this rule allows the dentist to pass this down to a person who may have the opportunity to be

doing the procedures all the time. Dr. Weinman discussed an oral surgeon who commented that if the person is not doing this every day in the practice, his/her skills would decline.

Dr. Weinman discussed the concerns surrounding a hygienist that takes the course and his/her dentist feels he/she is qualified to administer local anesthesia because that individual had been issued a certificate. With this happening, he stated that GDA feels there would be a greater potential for issues to happen. Dr. Weinman stated that GDA feels the Board needs to ensure that dental hygienists administering local anesthesia after completing the course and obtaining certification be closely supervised by the dentist. He further stated there is a higher risk of complications for someone that takes a quick weekend course and starts to do procedures immediately after. Dr. Weinman continued by stating that GDA feels 18 years old is a more appropriate age for hygienists to be administering anesthesia. He inquired as to what the impetus is of having younger children anesthetized by the dental hygienist.

Dr. Maron commented that GDA seems to be changing positions, years ago GDA was against hygienists administering local anesthesia and then GDA decided they were in favor of it. Dr. Maron stated that now it seems GDA is against it again. Mr. Lofranco responded by stating that the distinction is that GDA is against it as currently written. Mr. Lofranco continued by stating that GDA sees promise and things that can be worked upon, but as currently drafted, it is opposed.

Dr. Maron commented that GDA brought up many things about what dentists should and should not do. He further commented that GDA also brought up issues with the training. Dr. Maron stated that the training that is laid out in the proposed rule does meet standards for accurate training for a dental hygienist to learn the technique efficiently. Dr. Maron requested GDA summarize exactly what it would like for the Board to review. Mr. Lofranco responded that was the intent of the discussion.

Dr. Reznik commented that he is a member of the Local Anesthesia Committee and the Committee promoted the most stringent rules that are in the United States and that is why the rule mimics Florida law. He continued by stating that the course may be a weekend course, but the hygienists will be under supervision. Dr. Reznik explained that the Committee asked for more clinical and academic hours than neighboring states. He continued by stating that the Committee took this matter very seriously. He stated that the Committee wants the dental hygienist to take the most intense course. He explained that he does not want GDA to think this matter was taken lightly. Lastly, Dr. Reznik stated that when the Committee brought the drafted rule to the Board, they wanted to make sure the rule contained the most stringent requirements in the United States and when the Committee was doing its research, Florida was the best example.

Mr. Lofranco responded by stating that GDA does not have issues with the way the training is laid out. Dr. Maron disagreed as he heard GDA did have issues with the training. Mr. Lofranco stated that GDA's point was the language was unclear as to whether the course could be offered by a non-coda board approved hygiene program.

Discussion was held concerning the scenario of a dental hygienist that has been out of school for a number of years. Dr. Reznik responded by stating the individual would have to take the course to meet the requirements. Dr. Weinman commented that all dentists that take a course in anesthesia are still in school and are supervised for years providing block anesthesia. He stated that the dentist does not take the course and is automatically ready to go. He explained that for the older dental hygienist that has been out of school and takes the course, GDA has an issue with the hygienist obtaining certification and immediately beginning to administer local anesthesia unless there is something changed in the rule about supervision. Dr. Weinman stated that GDA's concerns were more with the anesthesia block. Dr. Weinman added that GDA is also concerned about the age of the patient, which he stated GDA did not know would be 12 years



old until it received the proposed draft. Mr. Lofranco added that GDA also requests clarification as to who can offer the course because the language is unclear.

Dr. Stiehl commented that he shares GDA's concerns on the anesthesia blocks. He asked Dr. Weinman and Mr. Lofranco if they had any statistics from other states that allow hygienists to administer local anesthesia where there have been paresthesia/ongoing issues. Mr. Lofranco responded by stating that an oral surgeon recently sent GDA an article issued by the Journal of Oral Medicine. He stated that while the data may not implicate a dental hygienist, the issue is it implicates the dentist. Mr. Lofranco continued by stating the complaint was filed against the dentist because legally the dental hygienist does not have to carry a policy. Ms. Mattingly responded by stating that was not true. Mr. Lofranco commented that it was true and when GDA referred to its medical malpractice carrier, they stated that with the complaints lodged, they tracked that it was against the dentist and not the dental hygienist.

Ms. Mattingly read the following information to the Board:

- *Georgia requires all hygienists to graduate from a CODA-approved program that teaches anesthesia up until insertion. Every hygienist in the country must take the national board containing anesthesia content. Hygienists receive the same educational coursework that nurses do in our state. Hygienists are required to take more hours than an associate nursing degree.*
- *All hygienists are trained in medical emergencies, bi-annually.*
- *Hygienists have been providing anesthesia in the United States for 50 years. NO state has ever rescinded local anesthesia for hygienists.*
- *NEVER has a study been produced to show that hygienists providing anesthesia are a safety concern.*
- *Malpractice does not change for the dentist allowing a hygienist to provide anesthesia.*
- *The educational standards that the Board created are the highest in the country.*
- *It opens the door for more hygienists to enter our state.*
- *This will allow our schools to provide this education to their students and put Georgia graduates at the same level as the other 46 other states in the country.*
- *Providing anesthesia is under direct supervision; therefore, the dentist is in control and can choose to allow their hygienist to do so or not.*
- *This could also provide another healthcare provider help with vaccinations and such, as over 25 states utilized hygienists to help during the pandemic and this list keeps growing.*
- *The Board's web page states that the Board has a responsibility to protect the public in the practice of dentistry by regulating and enforcing the standards of practice. It is the Board's responsibility to draw the line between safe and dangerous practices. Nothing scientific has ever been presented to this Board in the last 30 years that would suggest hygienists providing anesthesia would be unsafe or dangerous for the citizens of our state.*

Ms. Mattingly stated that North Carolina allowed dental hygienists to provide local anesthesia and required 16 hours. Ms. Mattingly stated that Georgia is requiring 60 hours. She added that if a hygienist comes from North Carolina with 16 hours, he/she would need to take additional hours to meet the required 60.

Ms. Matting further stated that in 2010 the Board had the ability to test pilot a program at what was then, the Medical College of Georgia. She stated 96 individuals came and spoke on that program. She continued by stating 90 individuals spoke in favor of allowing dental hygienists to provide local anesthesia and six individuals spoke against it. She requested the Board move this matter forward as tomorrow makes 30 years the Board has had the authority to write the rules for local anesthesia.

Mr. Lofranco commented that goes to GDA's concerns regarding the reputational aspects with the profession. He gave an example of an elderly couple who were told they needed a deep cleaning, were

charged a large sum of money, and they went back to their prior dentist who said they never needed a deep cleaning to begin with. Mr. Lofranco stated this is an example of the types of things GDA hears about and are the reputational issues GDA is concerned with. He continued by stating that the pressure to produce on the younger dentist who may feel he/she does not have power to push back is GDA's concern. Mr. Lofranco stated that GDA was not arguing the merits of whether the dental hygienist can do local anesthesia. He stated the concern is the professional and reputational aspect of dentistry, and particularly with block anesthesia. Ms. Mattingly responded by stating that she does not understand how a dental hygienist providing local anesthesia has anything to do with this. She stated that the individual does not get compensated for anesthesia as it is part of a procedure that is performed and no additional monies will be received. She further stated that it is a standard of care across the United States and Georgia is not the first state to allow this. She added that this is about providing care to the citizens of Georgia that are currently not offered this service.

Dr. Maron asked Mr. Lofranco how the dental hygienist providing local anesthesia is going to cause the young dentist, who is trying to make more money, to be doing more treatment. Mr. Lofranco responded by stating that if the dentist has to administer the local anesthesia and wait for it to take effect, that limits the number of procedures the dentist can perform because he/she has to wait. He continued by stating that by delegating the administration of local anesthesia to the hygienist, the dentist could be working on a patient. Mr. Lofranco stated that is the production argument and reputational concern. He further stated that it is not about whether or not a dental hygienist is competent. He explained that the issue GDA sees is production is becoming an issue and the issue with younger dentists to produce and keep his/her spot. Ms. Mattingly responded by stating that the Board's job is to protect the public and to maintain the standard of care for Georgia citizens. She stated that what Mr. Lofranco was speaking of would be the duty of the dentist and the dental hygienist to work together. She continued by stating that having the dental hygienist administer local anesthesia versus the dentist wandering from one room to the next helps with the overall care of the patient. Discussion was held by Mr. Lofranco regarding pressure to produce. He added that young dentists get in trouble because he/she has to produce a certain number of procedures.

Dr. Reznik stated that the Board is talking about increasing access to care so more patients can be safely seen. He further stated that he does not understand the argument. He continued by stating that he is aware of complaints, but has not seen many things that are over treatment. Dr. Reznik stated that GDA may hear it second hand. He stated that a dental hygienist is responsible, the dentist is responsible, and if the dentist chooses to not let the dental hygienist do block anesthesia, then they do not have to let them do it.

Dr. Maron commented that there were two issues brought up by GDA. He stated GDA's first concern is regarding block anesthesia and the second concern is regarding the age of the patient. Mr. Lofranco added that another concern is regarding the course. He stated that the course should be available for anyone to teach. Ms. Mattingly responded by stating that the draft has language stating, "*...a similar organization approved by the United States Department of Education, or the Board*".

Dr. Maron explained that if the Board votes to post the proposed rule, there will be an opportunity for the public to comment and provide documentation. He stated that in regard to the issues raised by GDA, the Board wants to see documentation that there is a difference in safety and efficacy of 12 years old versus 18 years old and blocks. Dr. Weinman responded by stating that in regard to the age of the patient, there is a difference in body weight in a child versus an adult. Dr. Maron commented that he is an oral surgeon and he could have a 200 pound 12 year old and a 200 pound 20 year old. He added that it all varies according to the physiology of the patient. He explained that 8 and under is a completely different matter. Dr. Maron continued by stating that GDA stated a 12 year old patient is not okay, but an 18 year old patient is. Dr. Maron asked where the data for that is, and where is the data for blocks. Dr. Maron stated the Board would be more than happy to review the documentation as everyone is on the same side; however, GDA needs to provide the data to back up its concerns. He stated that it cannot be hearsay.

Mr. Lofranco inquired if the Board wanted GDA to bring in members of the oral surgery community that have seen these issues directly in his/her practice. Dr. Maron responded by stating that the Board wants to see documentation/literature. Mr. Lofranco stated that some of these cases are not reported. Dr. Reznik responded that would be considered hearsay.

Dr. Goggans inquired if it was the dentists that are members of the GDA that are against the block, or is it just the GDA. He asked if GDA was before the Board based on a majority vote of dentists that were against this. Mr. Lofranco responded that they are against blocks specifically. Dr. Maron commented that he was present at a meeting last year and did not hear a word about it. Dr. Weinman commented to Dr. Maron that this is a big change and three years ago, this was not even a discussion. He stated that these issues are what came up from a large group of GDA's member dentists. Dr. Maron responded by stating that is why the Board needs to see data/documentation. Discussion ensued.

Dr. Stiehl commented that the calls he receives are concerning liability. He asked if a dental hygienist gives a block and there is paresthesia, if the dentist would be liable. Mr. Lofranco responded that it would be on the dentist, the owner of the practice. Ms. Mattingly commented that it would be on the dentist that authorized it and the dental hygienist. She explained that the Committee did have language in the rule concerning the hygienist carrying liability insurance, but had to remove the language based on advice from the Attorney General's office who stated the Board did not have statutory authority to require it.

Dr. Maron requested GDA provide data/documentation regarding the concerns raised. Dr. Maron also requested to see legal cases. Mr. Lofranco stated that not all legal cases are reported. Mr. Scheinfeld affirmed that was correct. Mr. Lofranco stated that a case is only available publicly if there is an appeal. Dr. Maron commented that if GDA went to the major malpractice carriers, it could find data. Mr. Lofranco responded that GDA did ask a malpractice carrier and they only track claims filed against the dentist because if anything happens, particularly regarding anesthesia, it will fall under the claim of the dentist.

Ms. Mattingly made a motion to post Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist. Dr. Reznik seconded. Discussion was held. Ms. Daughdril commented that the Board may want to relook at the way the programs are described in the rule. She stated that she read it to mean that it was only dental hygiene programs. She further stated that if the intent is to allow all other programs, the language may need to be tweaked. Dr. Goggans asked if the language stating, "*...a similar organization approved by the United States Department of Education, or the Board*" covered all other programs? Ms. Daughdril responded that with the way it is worded, it sounds like it can only be a dental hygiene approved program.

Dr. Maron inquired as to what should happen next since there was a motion and it was seconded. Mr. Lacefield explained that the Board can withdraw the motion and send the rule back for revisions. The Board withdrew the motion.

Dr. Maron recommended allowing GDA time to provide the data prior to the next meeting. Additionally, he stated the Board should make the appropriate recommendations made about the training and then bring the matter back to the Board for discussion in August. He further stated that he promised this rule was not being pushed down the road. He explained that it was very important for the Board to make sure it is done right. Dr. Reznik commented that he wants to see published peer review data on the issues raised and nothing that is considered hearsay.

Mr. Lofranco commented that he was not monitoring the Boards meetings when this proposed rule came out at the Committee level. He stated that this language did not get sent out to anyone until last month. He added that GDA's input should have been handled at Committee level, but it did not see the draft until the end of May and that is why GDA representatives were speaking on it at today's meeting.

Ms. Mattingly asked Ms. Daughdril if the Board makes a minor change to the language, does the rule need to be sent back to the Attorney General's office. Ms. Daughdril responded that the modification is concerning subsection (2)(a)(1)(i). She stated that the Board has already been given authority from the Attorney General's office to move forward with the rule; however, she explained that the version of the rule that is posted must be the final form of the rule. She explained that the Board cannot change it here on the fly and post it. Dr. Stiehl made a motion to table Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist until the Board's August meeting to allow time for GDA to provide the requested data and for the Board to make the appropriate revisions to subsection (2)(a)(1)(i). Dr. Knight seconded, and the Board voted in favor of the motion, with the exception of Dr. Goggans, Dr. Reznik, and Ms. Mattingly, who opposed.

**Examination for Licensure:** Dr. Maron commented that Emergency Rule 150-3-0.3-.11 is in place for a period of no more than 120 days from the expiration of the Governor's Executive Order. He further commented on a new law allowing manikin exam for dentists. Mr. Lacefield commented that the Board must decide on whether or not it will allow the manikin-based exam as there is no new law. He explained that the Governor's Executive Order allowed for the acceptance of the CRDTS or ADEX manikin exam taken on or after January 1, 2021. Mr. Lacefield stated that Dr. Goggans and Dr. Maron submitted changes and staff incorporated those changes into one document.

Dr. Goggans discussed amended language he submitted regarding section (7) of Rule 150-3-.01:

(f) Results from Southern Regional Testing Agency dental examination beginning \_\_\_\_\_, 2022.

(f) (g) Regional examinations must include psychomotor patient-based or simulated patient (manikin) procedures performed ~~on human subjects~~ as part of the assessment of clinical competencies, and shall ~~have included~~ evaluations in the following areas:

1. periodontics, ~~human subject~~ clinical abilities testing;
2. endodontics, clinical abilities testing;
3. posterior class II amalgam or posterior class II composite preparation and restoration, ~~human subject~~ clinical abilities testing;
4. anterior class III composite preparation and restoration, ~~human subject~~ clinical abilities testing;
5. crown preparation, clinical abilities testing;
6. prosthetics, written or clinical abilities testing;
7. oral diagnosis, written or clinical abilities testing; and
8. oral surgery, written or clinical abilities testing.

Dr. Goggans commented that, at this point, CDCA, WREB and CITA have merged and will administer the ADEX examination. He stated the Board would accept SRTA. He explained that he added the word "psychomotor" because that means "hands-on". Dr. Jacoby, CRDTS, stated he did not hear CRDTS was accepted. Dr. Goggans responded that CRDTS is already in the rule.

Dr. Goggans went over the history of the different examinations and consolidation of organizations. He stated the rule will allow individuals to take exams from CDCA/WREB/CITA (administer the ADEX), SRTA, or CRDTS.

Dr. Jacoby commented that CRDTS has a psychometric analysis on simulated patient versus patient based the Board may be interested in. Dr. Goggans stated that would be included as the language states, “Regional examinations must include psychomotor patient-based or simulated patient (manikin) procedures...”

Dr. Richard Callan spoke to the Board. He inquired if this would include the virtual haptic simulation that has already been used as a licensure exam in Georgia. Dr. Goggans responded that the virtual haptic is not part of the language introduced; however, he stated he was not opposed to that being added. Dr. Stiehl commented that he thought the virtual haptic would fall under “psychomotor”, but it may be best to spell it out in the rule in more detail. Dr. Stiehl encouraged the board members to visit Promethean Dental Systems and see the haptic system. He stated that Promethean Dental Systems has invited the members several times.

Dr. Maron suggested appointing an exam committee to finalize the changes proposed by Dr. Goggans. Mr. Lacefield responded that there is already an Examination Committee. Dr. Goggans suggested having a committee meeting and invite the organizations to come give a presentation.

Dr. Maron inquired if the Board could extend its emergency rule. Mr. Lacefield responded that it could not. He added that applicants would have the option to submit a rule petition to the Board for consideration until a permanent rule was in place. Ms. Cobbler asked when the emergency rule expires. Mr. Lacefield responded that it expires mid-August.

Dr. Callan commented that the Governor’s Executive Order did include the use of dental virtual-haptic machine simulation. He extended an invitation to the board members to come see the system.

Ms. Mattingly stated that the members of the Examination Committee are Dr. Goggans, Ms. Mattingly, Dr. Stiehl and Dr. Wilson. Dr. Maron appointed Mr. Scheinfeld to serve on the committee since he is the Consumer Member.

Mr. Lacefield commented that staff did combine Dr. Goggans and Dr. Maron’s suggested language into one document that is available for viewing on Sharepoint. Additionally, he stated that the Board has a policy that it will accept the results of the ADEX exam taken in 2015 and after. He suggested specifying that language in the rule. Mr. Lacefield stated that if the Board is discussing accepting manikin based exams, the Board should clarify the date of acceptance. He stated the Board would also need to specify an acceptance date for SRTA. Mr. Lacefield commented that he would contact Dr. Goggans to set up a committee meeting.

Dr. Maron discussed Rule 150-5-.02 Qualifications for Dental Hygienists. He stated that the Board is considering allowing dentists to take manikin-based exams, and accepting results from all three regional testing centers. He inquired if the Board should allow the same opportunities for dental hygienists.

Dr. Goggans discussed the following suggested language to section (2) of Rule 150-5-.02:

(2) All applicants must show passage of all sections with a score of 75 or higher on a psychomotor patient-based or simulated patient (manikin) clinical examination administered by the board or a testing agency designated and approved by the board. Regional examinations must include evaluations in the following areas:

1. Pocket depth detection
2. Calculus detection and removal
3. An intra oral and extra oral assessment

- a. The board will only consider examination results from the Southern Regional Testing Agency (SRTA) that were attained between February 22, 1993 and December 31, 2005. SRTA retake examination results will be accepted until December 31, 2006.
- b. After December 31, 2005, the board will ~~only consider~~ accept the dental hygiene examinations as Uniformly administered by the Central Regional Dental Testing Service, Inc. (CRDTS), ~~or any other testing agency designated and approved by the board.~~
- c. After 2022, the board will accept the ADEX dental hygiene examinations as uniformly administered by CDCA-WREB-CITA.
- d. After 2022, the board will accept the dental hygiene examinations as uniformly administered by the Southern Regional Testing Agency (SRTA).
- e. Applicants must also pass a jurisprudence examination on the laws and rules governing the practice of dental hygiene in the State of Georgia. Such examinations shall be administered in the English language.
- f. The Board may hold other examinations as may be required and necessary.

Dr. Maron asked if GDA had any comments. There were none. Dr. Maron asked if any hygiene members of the public had any comments. Ms. Cushenan commented that this would be a wonderful change and thanked the Board for its forward thinking.

Ms. Cobbler stated that CRDTS wants to compliment the Board on its progress, but asked the Board to carefully exam the typodonts for all agencies and do its due diligence to make sure they are comparable and acceptable. Dr. Stiehl asked if there were differences. Ms. Cobbler responded that other states have compared the dental hygiene typodont and not accepted the ADEX examination. Dr. Maron inquired if this was just for hygiene. Ms. Cobbler responded affirmatively. She added that CRDTS would be more than happy to provide the Board with its typodonts. Dr. Goggans commented that the Board wants the system to work. Additionally, he stated the Board wants to listen, get the public's input, and make the best decision it can. Dr. Stiehl inquired as to why states were rejecting the hygiene ADEX exam. Ms. Mattingly responded by stating Ms. Cobbler was correct about there being an issue, but that she thought it had to do with calculus originally, and knows ADEX has made modifications just this year. There being no further discussion, Dr. Reznik made a motion to have the Examination Committee further discuss the proposed changes to Rules 150-3-.01 Examination for Licensure and 150-5-.02 Qualifications for Dental Hygienists. Ms. Mattingly seconded, and the Board voted unanimously in favor of the motion.

Mr. Lacefield requested the Board go back to Rule 150-8-.01. Unprofessional Conduct Defined. He stated the Board voted to post the proposed amendments to the rule, but since Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist was tabled, the Board may also wish to table Rule 150-8-.01. Dr. Knight made a motion to table Rule 150-8-.01 Unprofessional Conduct Defined. Dr. Stiehl seconded, and the Board voted in favor of the motion, with the exception of Ms. Mattingly, who opposed.

### **Miscellaneous**

**Request from Karen Skinner, Athens Addiction Counseling:** Dr. Stiehl made a motion to approve the request for Athens Addiction Counseling to be a board-approved treatment facility. Ms. Mattingly seconded, and the Board voted unanimously in favor of the motion.

**Atlanta Academy of Dental Assisting Expanded Duties Program Submission:** Ms. Mattingly made a motion to approve the course submission. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

**Officer Elections:** Mr. Scheinfeld made a motion to elect Dr. Maron as President for a second term due to the new changes with the Board. Dr. Stiehl seconded. Discussion was held. Dr. Maron stated that this was

supposed to be Dr. Patel's year as President, but she is currently on maternity leave. He further stated that he would be honored to continue as President for another year.

Dr. Reznik recommended nominating Ms. Mattingly as Vice-President. Dr. Stiehl recommended Dr. Knight as Vice-President.

Ms. Mattingly agreed on the recommendation of Dr. Maron as President. She stated that Dr. Maron has led the Board through so much during the pandemic. She added that she would like for Dr. Maron to continue to lead the Board forward. Dr. Reznik agreed and stated that Dr. Maron has done a remarkable job as President.

Dr. Maron stated there are two individuals nominated as Vice-President. He asked Ms. Mattingly and Dr. Knight to step out so that the Board could further discuss the matter. Ms. Mattingly and Dr. Knight voluntarily stepped out of the room at this time.

Dr. Maron stated the role of Vice-President is customarily the person who would be President the next year, and as such, he felt that Dr. Patel would be next in line. He added that he wanted to give her time to not worry about anything since she just had a baby. Dr. Maron stated that either Dr. Knight or Ms. Mattingly could serve as Vice-President; however, he recommended the Board reconsider Dr. Patel as President for next year. He asked for comments from the board members. Dr. Reznik commented that both Dr. Knight and Ms. Mattingly are excellent recommendations. He explained that he nominated Ms. Mattingly based on the effort she has put into dealing with board matters and also, her knowledge base is extraordinary. He stated that, at this point, the Board is predominantly male oriented. Dr. Maron explained that as a dental hygienist, there are certain matters Ms. Mattingly may not vote on, such as the examination for dentists. He inquired if that invalidated her ability to serve as Vice-President. Ms. Daughdril responded by stating that by statute, any member of the Board can be President, but as the dental hygiene member, she would be limited on what she could vote on.

At this time, Ms. Mattingly and Dr. Knight rejoined the meeting.

Regarding the position of Vice-President, Dr. Maron stated that it is not an automatic ascension from Vice-President to President. The Board voted for Vice -President, those in favor of Dr. Knight were Dr. Stiehl and Dr. Miles. Those in favor of Ms. Mattingly were Dr. Goggans, Mr. Scheinfeld, Dr. Maron, and Dr. Reznik. By majority vote, Ms. Mattingly was elected Vice-President.

Dr. Goggans made a motion to close nominations as President. Dr. Stiehl seconded, and the Board voted unanimously in favor of the motion.

There being no further discussion on the nomination of Dr. Maron for President, the Board voted unanimously in favor of the motion.

**Teledentistry:** Ms. Cushenan requested clarification regarding teledentistry. She stated that she was aware there was an Executive Order that allowed teledentistry; however, she could not find where that Executive Order had expired and teledentistry is no longer allowed in Georgia. Ms. Cushenan further stated that she did a Google search and found several practices advertising teledentistry and needed clarification from the Board regarding this matter. Dr. Maron responded that the Board has not addressed moving forward with teledentistry. He explained that anything that was allowed through the Executive Order would have expired and would no longer be in existence; therefore, the practice of teledentistry is not approved. Ms. Cushenan asked when the Emergency Order expired. Ms. Mattingly responded that it expired at the end of March.

Ms. Mattingly commented that she has had a number of dental hygienists and dentists reach out to her regarding teledentistry. She requested a statement be put on the Board's website stating the order expired as there are a lot of people still advertising teledentistry services. Mr. Lacefield responded that with the Board's permission, he would put together a statement.

Dr. Reznik made a motion and Dr. Knight seconded and the Board voted to enter into **Executive Session** in accordance with O.C.G.A. § 43-1-19(h), § 43-11-47(h), and § 43-1-2(h), to deliberate and receive information on applications, investigative reports, and the Assistant Attorney General's report. Voting in favor of the motion were those present who included Dr. Greg Goggans, Dr. Michael Knight, Dr. Glenn Maron, Ms. Misty Mattingly, Dr. Larry Miles, Dr. David Reznik, Mr. Mark Scheinfeld, and Dr. Brent Stiehl.

## **Executive Session**

### **Licensure Overview Committee Appointments/Discussion Cases**

- J.J.B.
- M.T.F.
- J.L.L.
- A.D.
- H.M.
- A.M.G.
- J.S.J.

### **Applications**

- C.S.G.
- R.R.
- J.A.S.
- M.Y.
- S.B.M.
- C.C.C.
- A.J.H.
- J.P.
- J.G.J.
- N.R.S.
- R.D.
- A.S.

### **Correspondences**

- D.C.L.
- A.B.
- M.L.
- C.L.H.

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

Dr. Maron reported the Committee would meet during the month to discuss cases and also use the mornings prior to the full Board meeting to conduct interviews.



**Attorney General’s Report – Ms. Kirsten Daughdril**

Ms. Daughdril presented the following consent orders for acceptance:

- W.B.F.
- D.W.P.

Ms. Daughdril discussed the following:

- Pending litigation

**Miscellaneous**

The Board received an update from Chief Investigator Stacy Altman regarding the status of investigative cases.

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

No report.

**Legal Services – Mr. Clint Joiner**

No report.

No votes were taken in Executive Session. Dr. Maron 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 Appointments/Discussion Cases**

- |          |                                  |                              |
|----------|----------------------------------|------------------------------|
| • J.J.B. | Request to Terminate Probation   | Approved request             |
| • M.T.F. | Request for Letter of Compliance | Approved request             |
| • J.L.L. | Renewal Pending                  | Renew with letter of concern |
| • A.D.   | Pending Credentials Applicant    | Approved application         |
| • H.M.   | Request to Terminate Probation   | Approved request             |
| • A.M.G. | Request to Terminate Monitoring  | Approved request             |
| • J.S.J. | Request to Terminate Probation   | Approved request             |

**Applications**

- |          |                                |  |
|----------|--------------------------------|--|
| • C.S.G. | Dental Hygiene Exam Applicant  | Approved application                               |
| • R.R.   | Dental Credentials Applicant   | Denied application                                 |
| • J.A.S. | Dental Credentials Applicant   | Approved application                               |
| • M.Y.   | Initial Moderate Parenteral CS | Approved pending receipt of additional information |
| • S.B.M. | Denied Dental Reinstatement    | Upheld denial                                      |
| • C.C.C. | Dental Reinstatement Applicant | Table pending receipt of additional information    |
| • A.J.H. | Dental Hygiene Reinstatement   | Approved application                               |
| • J.P.   | Dental Hygiene Reinstatement   | Refer to the Department of Law                     |
| • J.G.J. | Dental Reinstatement Applicant | Approved application                               |
| • N.R.S. | Dental Reinstatement Applicant | Approved application                               |
| • R.D.   | Denied Credentials Applicant   | Overturn denial and approved                       |
| • A.S.   | Denied Credentials Applicant   | Overturn denial and approved                       |

### **Correspondences**

- |          |   |                                |
|----------|---|--------------------------------|
| • D.C.L. | Correspondence regarding course required for Consent Order      | Refer to the Department of Law |
| • A.B.   | Request for refund  | Denied request                 |
| • M.L.   | Request for 4 <sup>th</sup> attempt to take board approved exam | Approved request               |
| • C.L.H. | Request regarding late renewal fee                              | Denied request                 |

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

Dr. Maron reported the Committee would meet during the month to discuss cases and also use the mornings prior to the full Board meeting to conduct interviews.

### **Attorney General’s Report – Ms. Kirsten Daughdril**

Ms. Daughdril presented the following consent orders for acceptance:

- W.B.F. Public Consent Order accepted
- D.W.P. Private Consent Order accepted

Ms. Daughdril discussed the following:

- Pending litigation Update provided

### **Miscellaneous**

The Board received an update from Chief Investigator Stacy Altman regarding the status of investigative cases.

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

No report.

### **Legal Services – Mr. Clint Joiner**

No report.

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

With no further business, the Board meeting adjourned at 1:40 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held on Friday, August 5, 2022, at 10:00 a.m. at the Department of Community Health’s office located at 2 Peachtree Street, N.W., 5th Floor, Atlanta, GA 30303.

Minutes recorded by Brandi Howell, Business Support Analyst I

Minutes edited by Eric R. Lacefield, Executive Director