

GEORGIA BOARD OF DENTISTRY
2 MLK Jr. Drive, SE, 11th Floor, East Tower
Atlanta, GA 30334
March 1, 2024
10:00 a.m.

The following Board members were present:

Dr. Michael Knight, President
Dr. Greg Goggans
Dr. Lacey Green
Dr. Glenn Maron
Ms. Misty Mattingly
Dr. David Reznik
Mr. Mark Scheinfeld
Dr. Jeffrey Schultz
Ms. Lisa Selfe
Dr. Lisa Shilman
Dr. JC Shirley
Dr. Brent Stiehl
Dr. Debra Wilson
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
Sandra Mason, Licensing Analyst

Visitors:

Pam Cushenan, GDHA
Tatiana Matthews, GDHA
John Watson, ADSO

Open Session

Dr. Knight established that a quorum was present and called the meeting to order at 10:03 a.m.

Dr. Knight noted that the Agency Review Hearing scheduled for 10:00 was withdrawn by the Respondent.

Introduction of Visitors

Dr. Knight welcomed the visitors.

Approval of Minutes

Ms. Mattingly made a motion to approve the Public and Executive Session minutes from the February 2, 2024, meeting. Ms. Selfe 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. Mattingly seconded, and the Board voted unanimously in favor of the motion.

Petitions for Rule Waiver or Variance

Rule Variance Petition from Dr. Aleena Akbar: The Board discussed this request for a variance of Rule 150-3-.01(7)(f). Ms. Mattingly made a motion to grant the petition based on the special circumstances related to the COVID-19 pandemic and the significant upcoming changes in Dr. Akbar's family's life situation, as noted in the petition. The Board also finds that Dr. Akbar provided adequate justification for the variance since she passed the CRDTS manikin-based exam in 2020, and the ADEX exam. Ms. Selfe seconded, and the Board voted in favor of the motion.

Rule Variance Petition from Dr. Cherie Ransby: The Board discussed this request for a variance of Rule 150-3-.01(7)(g). Dr. Reznik made a motion to grant the petition based on the special circumstances related

to the COVID-19 pandemic and Dr. Ransby being a military spouse, as noted in the petition. The Board also finds that Dr. Ransby provided adequate justification for the variance since she passed the ADEX manikin-based exam in 2020. Ms. Mattingly seconded, and the Board voted unanimously in favor of the motion.

Rule Variance Petition from Dr. Joe Hair, DN009636: The Board discussed this request for a variance of Rule 150-9-.02(1). Specifically, regarding the requirement that each expanded duties course must be a minimum of four (4) hours. Mr. Lacefield noted that Dr. Hair requested the variance on behalf of a board-approved EDDA course. Ms. Selfe made a motion to deny the request as Dr. Hair has not demonstrated evidence of a substantial hardship and did not provide adequate justification for the variance. Dr. Reznik seconded. Discussion was held. Dr. Schultz stated that he felt Dr. Hair had a reasonable request; however, this was not the forum to do so. Mr. Lacefield commented that Dr. Hair has a board-approved EDDA course. He inquired if the Board would want additional information from Dr. Hair regarding this matter. The Board stated it did not want any additional information. There being no further discussion, the Board voted unanimously in favor of the motion.

Rule Variance Petition from Dr. Katelyn Conley: The Board discussed this request for a variance of Rule 150-3-.01(7)(g). Dr. Reznik made a motion to grant the petition upon receipt of proof of passing the periodontics portion of a board-approved examination. Additionally, the Board finds that Dr. Conley demonstrated evidence of a substantial hardship and provided adequate justification for the variance since she is currently in her final year of an Oral & Maxillofacial Surgery residency and she passed the ADEX manikin-based exam in 2020. Dr. Shilman seconded, and the Board voted unanimously in favor of the motion.

Rule Waiver Petition from Dr. Dillon Sease: The Board discussed this request for a waiver of Rule 150-3-.04(4). Dr. Wilson stated that there was no substantial hardship demonstrated. Dr. Knight commented that Dr. Sease currently holds two (2) unrestricted licenses. Mr. Lacefield stated that Dr. Sease passed an approved exam and if the Board does not approve the request, Dr. Sease would have to retake an exam he has already passed. He further stated that it is a rule that he has often wondered why it applied in this situation. Dr. Knight commented that he felt it was meant more for someone who just graduated and had not passed the exam. Ms. Mattingly made a motion to grant the petition based on the special circumstances noted in the petition. The Board also finds that Dr. Sease provided adequate justification for the waiver since he passed the ADEX manikin-based exam in 2022 and has been practicing dentistry in North and South Carolina. Ms. Selfe seconded, and the Board voted in favor of the motion, with the exception of Dr. Young, Dr. Wilson, and Dr. Maron, who abstained.

Rule Waiver Petition from Ivonne C. Ratkovic, DH043380: The Board discussed this request for a waiver of Rule 150-5-.04. Discussion was held regarding the fact that Ms. Ratkovic stated in her petition that she is living overseas and is not practicing. She stated that she was unable to find a live board-approved CPR course. Dr. Maron made a motion to deny the rule petition as there was no substantial hardship demonstrated. Ms. Selfe seconded, and the Board voted unanimously in favor of the motion.

Correspondences

Correspondence from Dr. William M. Jopling, DN008129: The Board considered Dr. Jopling's second request regarding a waiver of the continuing education requirements. His first request was denied by the Board at its January meeting due to there being plenty of online courses available. Dr. Goggans commented that Dr. Jopling has been in practice for fifty (50) years and went through a hardship with his wife passing away. He added that Dr. Jopling teaches and does research at the school. He inquired if the Board would allow Dr. Jopling to keep his license with restrictions. Mr. Lacefield responded by stating that there may be a pathway for such, but that is not for discussion in Open Session. He added that this was a correspondence requesting a waiver of the continuing education requirements. Dr. Stiehl commented that it has been four

and a half months since Dr. Jopling's wife passed. He inquired if Dr. Jopling had taken any continuing education in those four and a half months. Dr. Goggans inquired as to what the proper way was to discuss the matter further. Mr. Lacefield stated that this is a correspondence requesting a waiver. He further stated that if there was an application for renewal, it would need to be discussed in Executive Session. Dr. Maron commented that Dr. Jopling is not teaching. He stated that Dr. Jopling's correspondence states that he wants to help provide standard hygiene exams. Dr. Shilman commented that his correspondence also states he is willing to obtain all required hours. She added that he should obtain them. Mr. Lacefield responded by stating that hours are not retroactive and a new biennium has started. There being no further discussion, Dr. Shilman made a motion to deny the request. Ms. Selfe seconded, and the Board voted in favor of the motion, with the exception of Dr. Goggans, who opposed.

Correspondence from Dr. John W. Stockstill, DN014928: The Board considered this request for an extension to complete the continuing education requirements for the 2022-2023 biennium. Dr. Maron commented that Dr. Stockstill teaches at the Georgia School of Orthodontics and there is zero reasons why he does not have enough continuing education. Dr. Randy Kluender spoke to the Board. He stated that he had spoken with Dr. Stockstill at length. He stated that the issue is not that he is in the clinic. He has been the director of research since the school started. He explained that they ran into some issues when the school submitted its research protocol to IMB, who sometimes require certain projects to have an active dental license. Dr. Kluender noted that the Georgia School of Orthodontics does have other research faculty. However, Dr. Stockstill is solely involved with the research and is not in the clinic and is not overseeing patients. Dr. Kluender stated that with Dr. Stockstill's illness, he was told to notify the Board because he would not be in compliance with the continuing education requirements. He added that Dr. Stockstill wanted to know if there was a mechanism for him to continue with an active license. Dr. Maron inquired if faculty doing research obtain continuing education. Dr. Kluender responded affirmatively. Dr. Goggans explained that Dr. Stockstill had a stroke. Dr. Shilman inquired as to why Dr. Stockstill had not obtained any continuing education if he comes to the clinic. Dr. Kluender noted that Dr. Stockstill had a stroke at the end of the biennium. There being no further discussion, Dr. Green made a motion to deny the request. Ms. Selfe seconded, and the Board voted in favor of the motion, with the exception of Dr. Goggans, who opposed.

General – Dr. Michael Knight

No report.

Laser Committee Report – Ms. Misty Mattingly

Rule 150-5-.08 Use of a Dental Diode Laser by a Dental Hygienist: Ms. Mattingly reported that the Committee met recently. She thanked the Committee members for reviewing all of the research material she had prepared. Ms. Mattingly stated that the Committee discussed additional edits to the proposed rule. She explained that one of the edits discussed was requiring two (2) hours of continuing education every two (2) years. She added that Dr. Maron suggested changing the language to reflect "dental diode laser". Ms. Mattingly continued by stating that there was a good amount of attendance and commentary from the public on the call.

Dr. Maron made a motion to post Rule 150-5-.08 Use of a Dental Diode Laser by a Dental Hygienist. Dr. Wilson seconded. Discussion was held. Dr. Maron commended Ms. Mattingly for the great job she did with putting the materials and research together for the Committee to review. Dr. Shirley inquired as to what other states do in terms of allowing a dental hygienist to utilize a laser. Ms. Mattingly noted that all of the documentation and research she put together was on Sharepoint for the members to review. She explained that only seven (7) states, besides Georgia, currently prohibit the use of a laser by a dental hygienist. She stated that the research she compiled consisted of dental laser research specific to tasks delegated to dental hygienists and laser use by hygienists in each state.

Mr. Scheinfeld inquired if the use of a laser would be in lieu of scaling and root planing. Ms. Mattingly responded by stating that it would be in addition to scaling and root planing. She explained that the laser is used to sterilize the pocket. She added that in speaking with clinicians and doctors, doctors have been more of an advocate for dental hygienists to use a laser as part of their skillset. She stated that Dr. Miles utilizes it in his practice. Dr. Green commented that she also utilizes it in her practice. She explained that currently, she has to come in and do the laser therapy portion. She added that her dental hygienists would love to be able to use the laser to sterilize the pocket. She stated that it cost the patient less money than Arestin. Dr. Maron commented that he was told there was no additional charge for using the laser. Ms. Mattingly stated that it is supposed to be inclusive of treatment versus antibiotics. Dr. Green responded by stating that she heard the treatment plan cost less and that she may have misunderstood that.

Dr. Shirley inquired if the Committee could put together a one (1) page summary for the Board to review. Ms. Mattingly responded by stating that all of the information was available on Sharepoint; however, she would be happy to put together a summary if that was the will of the Board. Dr. Maron commented that Ms. Mattingly could provide that information, but he did not want the Board to delay moving the rule forward. He added that Dr. Shirley could review the research prior to the public hearing. Mr. Joiner stated that there could also be additional discussion at the public hearing. There being no further discussion, the Board voted unanimously in favor of the motion.

Rule 150-5-.08 Use of a Dental Diode Laser by a Dental Hygienist

- (1) A dental hygienist, under the direct supervision of a Georgia licensed dentist may use a dental diode laser limited to the use of bacterial reduction/disinfection of the gingival sulcus at settings that preclude hard and soft tissue removal except for incidental gingival curettage, provided:
 - (a) Prior to utilizing a dental diode laser, the dental hygienist must successfully complete interactive didactic and clinical training which includes laser safety, infection control, patient management and the operation of the specific laser(s) utilized in the dental practice. Training must consist of not less than 8 hours of instruction, and must be obtained through a course provided or recognized by any of the following organizations, a successor organization thereof, or approved by the Board:
 1. The Commission on Dental Accreditation of the American Dental Association;
 2. The American Dental Association Continuing Education Recognition Program; or
 3. The Academy of General Dentistry Program Approval for Continuing Education.
 - (b) A dental hygienist utilizing a dental diode laser shall maintain evidence of required training which shall be prominently displayed at the location where the dental hygienist is authorized to utilize a dental diode laser.
 - (c) A dental hygienist utilizing a dental diode laser shall complete two (2) hours of continuing education every two (2) years in the use of dental diode lasers in the practice of dental hygiene.
 - (d) All lasers shall be used in accordance with accepted safety guidelines.
- (2) When utilizing a dental diode laser pursuant to this Section, a dental hygienist shall document the following information in the patient's record:
 - (a) the type of laser utilized, including the wavelength of the laser;
 - (b) the settings used, such as pulse or continuous wave, and the power setting;
 - (c) local anesthesia used, if any; and the procedure attempted/performed, including details as to whether hard or soft tissue was removed.

External Committee Reports

Electronic Database Review Advisory Committee (PDMP) Report – Dr. Lisa Shilman: Dr. Shilman did not have anything to report. Dr. Maron inquired if there was anything on the Board’s website relative to the requirements for reporting PDMP. He added that he did not think people understand the requirements. Mr. Lacefield responded by stating that there is a question on the renewal application that asks, “Are you in compliance with the Prescription Drug Monitoring Program (PDMP) requirements of O.C.G.A. §§ 16-13-57-65? If you do not hold a DEA license, please mark Yes to this question as you are not required to

participate in PDMP.” He added that if the dentist holds a DEA permit, they must attest they have registered for PDMP and a link to the PDMP’s website is sent with the requirements. He added that the requirements are listed on the Department of Public Health’s website. Dr. Goggans commented that there is a FAQ on the Board’s website relative to PDMP.

CRDTS Steering Committee Report – Dr. Brent Stiehl: Dr. Stiehl reported that there was recently an exam in Augusta. He encouraged all members to become examiners. He noted that he enjoys it and found it to be very rewarding. He stated that it is good to see the students starting out and the process. He added that you see the stressors the students are going through.

Dr. Shirley commented that members can be examiners for ADEX as well. The Board discussed the calibration process.

CRDTS Examination Committee Report – Dr. Ami Patel: No report.

Dental College of Georgia Liaison Report – Dr. Michael Knight: Dr. Knight had no report. Dr. Shirley inquired as to whether or not there was an update concerning the faculty shortage that was previously discussed by the Board at the January meeting. He stated that in the last two (2) months the state has authorized funds to build another dental school. He further stated that it was his understanding that it would be a Dental College of Georgia facility and he wondered how that would impact the faculty shortage issue. Dr. Young responded by stating that it would hit them hard because the new facility will have to have faculty as well. She stated she was unaware as to what would happen at this point. She further stated that the Dental College of Georgia at Augusta University was currently hiring.

Dr. Shirley stated that in November 2022, the Dental College of Georgia commissioned a study to look at the feasibility of a new dental school and the result was the state needed more dentists and another dental school. He further stated that the next step was to determine where the site would be. He inquired as to who implemented it and how was the decision determined on the school being in Savannah. Dr. Young stated that she was not aware. Dr. Shirley stated that it was previously brought up that the Dental College of Georgia at Augusta University had a faculty shortage. He inquired as to what the situation was currently. Dr. Young responded by stating that she did not have any new answers other than the school still has a faculty shortage issue.

Dr. Maron commented that the University of Alabama at Birmingham just opened a new satellite dental clinic for the purpose of helping the underserved population. He added that it may be helpful to reach out to them to see how they have done that. He added that this was not the purview of the Board of Dentistry.

CDCA-WREB-CITA Steering Committee Report – Dr. Ami Patel, Dr. JC Shirley, Ms. Misty Mattingly, RDH: No report.

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

Mr. Lacefield introduced Sandra Mason, Licensing Analyst, for the Georgia Board of Pharmacy. He noted that staff were currently cross training.

Mr. Lacefield thanked the Board for all the kind words regarding his departure. He stated that it had been a pleasure working with them. Dr. Knight stated that the Board appreciated everything Mr. Lacefield had done for the Board.

Legal Services – Mr. Clint Joiner

Dr. Schultz inquired if Mr. Joiner had an update regarding House Bill 441. Mr. Joiner stated he had nothing to report at this time.

Miscellaneous

Rule 150-13-.01 Conscious Sedation Permits: Dr. Maron stated that Mr. Joiner had done an excellent job finalizing the wording of the amendments. Dr. Maron made a motion to post Rule 150-13-.01 Conscious Sedation Permits. Ms. Selfe seconded, and the Board voted unanimously in favor of the motion.

Rule 150-13-.01 Conscious Sedation Permits

- (1) When the intent is minimal sedation (anxiolysis), which is defined as a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway with unaffected ventilatory and cardiovascular function and respond normally to tactile and verbal stimulation, a permit for conscious sedation is not required.
 - (a) When the intent is minimal sedation for adults, the initial dosing is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation. For adults, supplemental dosing that may be necessary for prolonged procedures should not exceed one-half of the initial drug dose and should not be administered until the dentist has determined that the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.
 - (b) The use of preoperative sedatives for children (age 12 and under) except in extraordinary situations must be avoided due to the risk of unobserved respiratory obstruction during transport by untrained individuals. Children can become moderately sedated despite the intended level of minimal sedation. Should this occur, the guidelines for moderate sedation apply. For children, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentists Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.

(2) Understanding The Anesthesia Continuum

(a) The anesthesia continuum represents a spectrum encompassing analgesia, local anesthesia, sedation, and general anesthesia along which no single part can be simply distinguished from neighboring parts. It is not the route of administration that determines or defines the level of anesthesia administered. The location on the continuum defines the level of anesthesia administered.

(b) The level of anesthesia on the continuum is determined by the definitions listed below.

(3) Elements used to determine the level of anesthesia include the level of consciousness and the likelihood of anesthesia provider intervention(s), based upon the following patient parameters:

(a) Responsiveness;

(b) Airway;

(c) Respiratory;

(d) Cardiovascular.

- (24) No dentist shall administer conscious sedation at the moderate level in Georgia in accordance with the definition of conscious sedation as defined by ~~O.C.G.A. §O.C.G.A.~~ 43-11-1 unless such dentist possesses a permit based on a credentials review. The permits issued are Moderate Enteral Conscious Sedation or Moderate Parenteral Conscious Sedation.

- (35) Moderate Conscious Sedation is defined as a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- (64) Moderate Enteral Conscious Sedation is any technique of administration in which the drugs are absorbed through the gastrointestinal tract or oral mucosa, i.e. oral, rectal, and sublingual.
- (a) To obtain a Moderate Enteral Conscious Sedation Permit for adults, a dentist must provide certification of the following:
1. Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training necessary to administer and manage moderate enteral conscious sedation; or
 2. Completion of a continuing education course approved by the board from a board approved organization, which consists of a minimum of twenty-four (24) hours of didactic instruction, of which eight (8) hours must be in-person, plus management of at least ten (10) adult patient experiences which provides competency in moderate enteral conscious sedation which may include simulated cases.
- (b) To obtain a Moderate Enteral Conscious Sedation Permit for pediatric patients (age 12 and under), a dentist must provide certification of the following:
1. Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training and experience in pediatric sedation commensurate with the requirements of Rule 150-13-.01(46)(b)(2), and necessary to administer and manage moderate enteral conscious sedation of pediatric patients; or
 2. Completion of a continuing education course approved by the board from a board approved organization, which consists of a minimum of twenty-four (24) hours of pediatric-specific didactic instruction, of which eight (8) hours must be in-person, after adult training and ten (10) pediatric patient experiences, which include supervised administration of sedation to at least five (5) patients.
- (57) Moderate Parenteral Conscious Sedation is any technique utilizing multiple sedation modalities, including intravenous, enteral, parenteral, and inhalation.
- (a) To obtain a Moderate Parenteral Conscious Sedation Permit for adults, a dentist must provide certification of the following:
1. Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training to administer and manage moderate parenteral conscious sedation; or
 2. Completion of a continuing education course approved by the board from a board approved organization which consists of a minimum of sixty (60) hours of didactic instruction, of which twenty (20) hours must be in-person, plus management of at least twenty (20) adult patient experiences which provides competency in moderate parenteral conscious sedation.
- (b) To obtain a Moderate Parenteral Conscious Sedation Permit for pediatric patients (age 12 and under), a dentist must provide certification of the following:
1. Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training and experience in pediatric sedation commensurate with requirements of Rule 150-13-.01(57)(b)(2) and necessary to administer and manage moderate parenteral conscious sedation of pediatric patients; or
 2. Completion of a continuing education course approved by the board from a board approved organization, which consists of a minimum of sixty (60) hours of pediatric-specific didactic instruction, of which twenty (20) hours must be in person, after adult training and twenty (20) pediatric patient experiences to include supervised administration of sedation to at least ten (10) patients.

(86) The dentist issued a permit in either Moderate Enteral Conscious Sedation or Moderate Parenteral Conscious Sedation shall maintain a properly equipped facility for the administration of such sedation, staffed with appropriately trained and supervised personnel. The facility must have equipment capable of delivering positive pressure oxygen ventilation, a pulse oximeter, suction equipment that allows aspiration of the oral and pharyngeal cavities, an operating table or chair that allows for the patient to be positioned to maintain an airway, a firm platform for cardiopulmonary resuscitation, a fail-safe inhalation system if nitrous oxide/oxygen is used, equipment necessary to establish intravascular access, equipment to continuously monitor blood pressure and heart rate, appropriate emergency drugs per ACLS or PALS protocol, a manual or automatic external defibrillator, and a recovery area with available oxygen and suction. The facility shall have continual monitoring of end tidal CO₂ (expired carbon dioxide) unless invalidated by the nature of the patient, procedure, or equipment. "Continual" shall mean "repeated regularly and frequently in steady rapid succession." All of the aforementioned equipment, drugs, and supplies must be stationary and not subject to transfer from one facility to another. The applicant must submit verification that the facility meets the above requirements and shall be subject to an on-site inspection. The dentist and all support personnel must be certified in cardiopulmonary resuscitation at the basic life support healthcare provider level given by a board approved sponsor with update not to exceed two years per board rules 150-3-.08, 150-3-.09, 150-5-.04, 150-5-.05. Additionally, the dentist must have current certification in advanced cardiovascular life support (ACLS) for adult permits or pediatric advanced life support (PALS) for pediatric permits or an appropriate dental sedation/anesthesia emergency management course as approved by the board. Any dental hygienist or dental assistant, expanded or general, performing phlebotomy or venipuncture procedures must be in compliance with O.C.G.A. § 43-11-23.

- (a) The dentist must take four (4) hours of continuing education every two (2) years in pharmacology, anesthesia, emergency medicine or sedation, as part of the 40 hour requirement for license renewal, to maintain certification for the Enteral and/or Parenteral Conscious Sedation Permits. Certification of this continuing education must be submitted at renewal.
- (b) The Georgia Board of Dentistry shall be given a written, thirty (30) day advance notification of the relocation of a facility, the addition of a facility or significant change to the facility.
- (c) When a Certified Registered Nurse Anesthetist (CRNA) is permitted to function under the direction and responsibility of a dentist for the administration of conscious sedation, the operating dentist must have completed training and hold a valid conscious sedation permit issued by the board that incorporates the level and mode of sedation administered by the CRNA.
- (d) The dentist must be certified in cardiopulmonary resuscitation at the basic and advanced levels and all support personnel who provide direct hands-on patient care must be certified in cardiopulmonary resuscitation at the basic life support level given by a board approved provider with an update not to exceed two years. While any conscious sedation procedure is underway, a minimum of two support personnel certified in basic cardiopulmonary resuscitation must be present.

(97) A licensed dentist shall not delegate to a dental assistant or a dental hygienist the administration of any medication or drugs given to a patient through phlebotomy and venipuncture procedures.

~~(108) — The requirements as set forth in this rule apply to all new permit applicants upon its effective date. Current, active sedation permit holders are grandfathered for educational requirements and will have until December 31, 2014 to~~ All conscious sedation permit holders shall comply with the facility requirements of this rule, including but not limited to monitoring and emergency equipment, drugs, and supplies, and periodic emergency training requirements for the dentist and all support personnel.

(11) Whereas there is widespread agreement that sedation is a continuum and there is a range of training for those applicants for permits, all applicants for permits for conscious sedation shall be required to provide the Board documentation of training on the use of those drugs requested in their permit application. Upon subsequent addition of new or different medications to the dentist's pharmaceutical

armamentarium, and prior to beginning the use of such medications, the dentist shall submit evidence of completion of a continuing education course in the use of such medications. Such continuing education course shall comply with the requirements of Rule 150-3-.09.

(a) Nothing in this Rule is intended to restrict the pharmaceutical armamentarium of a Certified Registered Nurse Anesthetist (CRNA) when anesthesia is administered and monitored by a CRNA in conjunction with a dental procedure.

~~(913)~~ Permit fees: As shown in the schedule of fees adopted by the Board of Dentistry.

~~(1014)~~ Renewal Fees: As shown in the schedule of fees adopted by the Board of Dentistry.

~~(1115)~~ Late Renewal Fees: As shown in the schedule of fees adopted by the Board of Dentistry.

(16) Mandatory Report of Morbidity or Mortality

(a) All dentists issued a permit under this rule shall submit a complete report to the board of any sedation related morbidity or mortality occurring in the course of such dentist's practice or other injury which results in temporary or permanent physical injury requiring any period of hospitalization. This report shall be filed with the board no later than 30 days following such incident and shall contain such information as the board shall deem necessary to investigate the circumstances of the incident.

(b) Any report received by the board pursuant to this rule shall be subject to the limitations on disclosure set forth in paragraph (2) of subsection (h) of O.C.G.A. § 43-11-47.

In regards to Rule 150-5-.08 Use of a Dental Diode Laser by a Dental Hygienist and Rule 150-13-.01 Conscious Sedation Permits, Dr. Maron made a motion and Dr. Reznik seconded that the formulation and adoption of the proposed rule amendments does not impose excessive regulatory cost on any licensee and any cost to comply with the proposed rule amendments cannot be reduced by a less expensive alternative that fully accomplishes the objectives of the relevant code sections.

In the same motion, the Board voted that it is not legal or feasible to meet the objectives of the relevant code sections to adopt or implement differing actions for businesses as listed at O.C.G.A § 50-13-4(a)(3)(A), (B), (C) and (D). The formulation and adoption of the proposed rule amendments will impact every licensee in the same manner, and each licensee is independently licensed, owned and operated and dominant in the field of dentistry.

Peer Reviewer: Dr. Goggans made a motion to approve Dr. Jeffrey O. Capes as a peer reviewer for the Investigative Committee. Dr. Wilson seconded, and the Board voted unanimously in favor of the motion.

Dental Hygiene Refresher Course Submission: Ms. Mattingly made a motion to approve Professional Learning Services LLC/St. Petersburg College Dental Hygiene Refresher Program as an acceptable dental hygiene refresher/remedial program. Ms. Selfe seconded, and the Board voted unanimously in favor of the motion.

Local Anesthesia Course Submission: Ms. Mattingly made a motion to approve the course titled, "Local Anesthesia for the Dental Hygienist" provided by Dent-Ed-Online. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

House Bill 441: In regards to House Bill 441, Mr. Joiner stated that Dr. Schultz had inquired if that would allow dental hygienists to administer local anesthesia in a teledentistry environment. He further stated that it was determined that the Board's rules and law requires direct supervision. Mr. Joiner further stated that House Bill 441 states, "(11) 'Synchronous, real-time communication' means a live, two-way interaction between the authorizing dentist and a dental hygienist or patient permitted under this Code section using audiovisual telecommunications technology but shall not constitute direct supervision for the purposes of Code Section 43-11-74 and the practice of dentistry in this state."

Mr. Joiner noted that the other issues in the bill seem to give expanded duties dental assistants some ability to do something in the teledentistry process, but does not discuss what. He stated the bill states that it does not constitute direct supervision, which is allowing dental assistants to act outside of direct supervision, which is contrary to the Board's law and rules. He added that the bill also requires an experiential requirement, but for expanded duties dental assistants, even though they are not licensed or have a continuing education requirement, are allowed to be utilized in teledentistry. Mr. Joiner stated that there were a number of issues with the bill. Dr. Goggans commented that anything passed by the General Assembly will supersede what is currently in place by the Board. He added that this was heading more into the scanning/digital territory of what can be done without a dentist present.

Ms. Pam Cushenan requested the Board to refer to the House Bill 441 substitute. She stated that all references to expanded duties dental assistants have been completely removed because it is outside the law to increase the scope of a dental assistant. Mr. Joiner thanked Ms. Cushenan for the update. He stated that he was looking at an older version of the bill.

Dr. Shirley inquired as to the status of the bill. Ms. Cushenan responded by stating that it passed the House Committee and will go to the Senate Committee.

State Dental Director: Dr. Reznik commented that the Office of Oral Health had been eliminated. He explained that people have been fired that were over sealants and that were over fluoridation in the water. He noted that there is a position open for a State Dental Director, but that has remained unfilled for some time. He stated that it is a significant issue with development in the state. He added that he heard they wanted the money to go to direct care, but the state still has an obligation to have someone or an office who works with the board or with the state to make sure sealant programs are working with the CDC. Dr. Reznik stated that he emailed Dr. Knight and Dr. Maron, past President, regarding the matter. He further stated that he was not sure if anything could be done at this point, but as someone who has been working in public health, he was very concerned. Ms. Mattingly stated that dental hygienists were able to work under different rules underneath the Department of Public Health. She further stated that their full scope had been allowed, but now that means those patients are not getting any care. Dr. Reznik stated that he was unsure what the Board could do. He added that it would impact patients in great need. Dr. Maron responded by stating that he received Dr. Reznik's email and inquired if there was a candidate in mind for State Dental Director. He stated that the information needs to be passed on to the Governor's office. Ms. Cushenan stated that she was not aware of the person's first name, but Dr. Lewis from Canton was hired with the Department of Public Health.

American Academy of Dental Hygiene: Ms. Mattingly stated that the American Academy of Dental Hygiene was not listed as an approved continuing education provider in the rules. She further stated that Rule 150-3-.09(2)(a) states, "American Dental Association/American Dental Hygienists association, and their affiliate associations and societies;". She inquired if the American Academy of Dental Hygiene could be added or was it considered as an affiliate. The Board agreed that it was considered an affiliate as mentioned under section (2)(a) of Rule 150-3-.09.

DEA: Dr. Maron stated that a representative from the DEA was present. Dr. Maron inquired if dentistry in Georgia had been better about having issues with the DEA. The representative responded by stating that one of the biggest resources was being able to view the public orders that were posted to the Board's website. He stated that the orders were being posted either semi-annually or every couple of months whereas other boards post them on a monthly basis. He added that the DEA has been made aware of certain instances and they have been able to act on them.

Dr. Goggans made a motion and Ms. Mattingly 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), § 43-1-2(h) and § 50-14-3(b)(2), to

deliberate and receive information on applications. Voting in favor of the motion were those present who included Dr. Greg Goggans, Dr. Lacey Green, Dr. Michael Knight, Dr. Glenn Maron, Ms. Misty Mattingly, Dr. David Reznik, Mr. Mark Scheinfeld, Dr. Jeffrey Schultz, Ms. Lisa Selfe, Dr. Lisa Shilman, Dr. JC Shirley, Dr. Brent Stiehl, Dr. Debra Wilson, and Dr. Nancy Young.

Executive Session

Licensure Overview Committee Discussion Cases

- J.G.J.
- E.C.
- G.A.B.
- V.K.
- J.B.S.
- C.O.R.
- L.S.G.
- M.E.R.
- R.C.O.
- T.M.F.
- T.R.J.
- J.J.H.
- H.L.D.
- L.A.H.
- E.M.F.
- T.R.
- M.M.D.

Applications

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

Correspondence

- R.L.C.

Investigative Committee Report – Dr. Brent Stiehl

Report presented:

- DENT220377
- DENT230013

- DENT230024
- DENT230026
- DENT230027
- DENT230035
- DENT230141
- DENT230042
- DENT230046
- DENT230063
- DENT230065
- DENT230180
- DENT230188
- DENT230222
- DENT230293
- DENT230355
- DENT230388
- DENT230432
- DENT230449
- DENT230463
- DENT230472
- DENT230476
- DENT230482
- DENT230489
- DENT140307
- DENT230516
- DENT240164

Attorney General’s Report – Mr. Max Changus

Mr. Changus discussed the following:

- L.B.W.

Mr. McNulty discussed the following:

- M.P.

Executive Director’s Report – Mr. Eric Lacefield

- W.M.J.
- J.W.S.

Legal Services – Mr. Clint Joiner

- S.M.H.

Miscellaneous

The Board discussed staffing matters.

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

Open Session

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

Licensure Overview Committee Discussion Cases

- | | | |
|----------|-------------------------------|--|
| • J.G.J. | Renewal Pending | Renew with letter stating the Board has not concluded its consideration of the matter. |
| • E.C. | Renewal Pending | Renew with letter stating the Board has not concluded its consideration of the matter. |
| • G.A.B. | Renewal Pending | Approved for renewal |
| • V.K. | Renewal Pending | Approved for renewal |
| • J.B.S. | Renewal Pending | Approved for renewal |
| • C.O.R. | Renewal Pending | Renew with letter stating the Board has not concluded its consideration of the matter. |
| • L.S.G. | Renewal Pending | Approved for renewal |
| • M.E.R. | Renewal Pending | Approved for renewal |
| • R.C.O. | Renewal Pending | Approved for renewal |
| • T.M.F. | Renewal Pending | Approved for renewal |
| • T.R.J. | Renewal Pending | Table pending receipt of additional information |
| • J.J.H. | Renewal Pending | Refer to the Department of Law |
| • H.L.D. | Renewal Pending | Schedule to meet with the Licensure Overview Committee |
| • L.A.H. | Renewal Pending | Table pending receipt of additional information |
| • E.M.F. | Dental Hygiene Reinstatement | Denied application |
| • T.R. | Renewal Pending | Refer to the Department of Law |
| • M.M.D. | Dental Hygiene Exam Applicant | Approved application |

Applications

- | | | |
|----------|---------------------------------------|--|
| • D.W.S. | Dental Exam Applicant | Approved application |
| • S.J.O. | Dental Credentials Applicant | Table pending receipt of additional information |
| • F.J.H. | Notification of Change in Location | Approved application |
| • M.M.C. | Initial Moderate Parenteral CS | Table pending receipt of additional information |
| • L.S.B. | Initial Moderate Enteral CS | Approved for provisional permit |
| • R.M.B. | Denied Initial Moderate Parenteral CS | Overtake denial and approve for provisional permit |
| • J.P.M. | Initial General Anesthesia | Approve for provisional permit |
| • J.P.D. | Dental Reinstatement | Approved application |
| • N.E.B. | Dental Hygiene Reinstatement | Table pending receipt of additional information |
| • S.B.E. | Dental Hygiene Reinstatement | Refer to Legal Services |
| • S.E.M. | Dental Hygiene Reinstatement | Denied application |
| • J.L.T. | Dental Hygiene Reinstatement | Denied application |
| • K.B.B. | Dental Hygiene Reinstatement | Approved application |
| • A.M.S. | Dental Hygiene Reinstatement | Refer to Legal Services |

Correspondence

- R.L.C. Request for waiver of late renewal fee Denied request

Investigative Committee Report – Dr. Brent Stiehl

Complaint Number	Complaint	Recommendation
DENT220377	Quality of Care	Investigative Letter (Completed) Rec Close
DENT230013	Quality of Care	Close No Action
DENT230024	Quality of Care	Close No Action
DENT230026	Quality of Care	Close No Action
DENT230027	Quality of Care	Close No Action
DENT230035	Quality of Care	Close No Action
DENT230141	Quality of Care	Close No Action
DENT230042	Quality of Care	Close No Action
DENT230046	Quality of Care	Close No Action
DENT230063	Quality of Care	Close No Action
DENT230065	Quality of Care	Close No Action
DENT230180	Quality of Care	Close No Action
DENT230188	Quality of Care	Close No Action
DENT230222	Quality of Care	Close No Action
DENT230293	Quality of Care	Close No Action
DENT230355	Quality of Care	Close No Action
DENT230388	Quality of Care	Close No Action
DENT230432	Quality of Care	Close No Action
DENT230449	Quality of Care	Close No Action
DENT230463	Quality of Care	Close No Action
DENT230472	Quality of Care	Close No Action
DENT230476	Quality of Care	Close No Action
DENT230482	Quality of Care	Close No Action
DENT230489	Quality of Care	Close No Action
DENT140307	Quality of Care	Keep original action by the board (CNA)
DENT230516	Quality of Care	Refer to OSAH for Cease and Desist Hearing
DENT240164	Quality of Care	Close with signed Voluntary C&D and Refer to Local Law Enforcement

Attorney General’s Report – Mr. Max Changus

Mr. Changus discussed the following:

- L.B.W. Update provided

Mr. McNulty discussed the following:

- M.P. Update provided

Executive Director’s Report – Mr. Eric Lacefield

- W.M.J. Renewal Pending Refer to Legal Services
- J.W.S. Correspondence No action taken

Legal Services – Mr. Clint Joiner

- S.M.H. Open Records Request Approved request

Miscellaneous

The Board discussed staffing matters. The Board appointed Mr. Clint Joiner as Executive Director of the Georgia Board of Dentistry.

Dr. Green 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 12:46 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held on Friday, April 5, 2024, at 10:00 a.m. at 2 MLK Jr. Drive, SE, 11th Floor, East Tower, Atlanta, GA 30334.

Minutes recorded by Brandi Howell, Business Support Analyst I

Minutes edited by Eric R. Lacefield, Executive Director