

GEORGIA BOARD OF DENTISTRY
2 MLK Jr. Drive, SE, 11th Floor, East Tower
Atlanta, GA 30334
November 3, 2023
10:00 a.m.

The following Board members were present:

Dr. Michael Knight, President
Dr. Don Spillers, Vice-President
Dr. Greg Goggans
Dr. Lacey Green
Dr. Glenn Maron
Ms. Misty Mattingly
Dr. Larry Miles
Dr. Ami Patel
Dr. David Reznik
Mr. Mark Scheinfeld
Dr. Jeffrey Schultz
Ms. Lisa Selfe
Dr. Lisa Shilman
Dr. JC Shirley
Dr. Debra Wilson

Staff present:

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

Visitors:

Jessica Thomas, CSG
John Watson, ADSO
Emily Yona, ADSO
Dr. Darren Greenwell, IV Sedation for Dentists
Pam Cushenan, GDHA
Tatiana Matthews, GDHA
Callie Michael, Georgia School of Orthodontics
Dr. Randy Kluender, Georgia School of Orthodontics
Luke Ray, Dental College of Georgia
Dr. Alan Furness, Dental College of Georgia
Dr. Jerry Cooper, Promethean Dental Systems
Dr. Rick Callan, Promethean Dental Systems/SRTA

Open Session

Dr. Knight established that a quorum was present and called the meeting to order at 10:05 a.m.

Introduction of Visitors

Dr. Knight welcomed the visitors.

Appearance

Ms. Jessica Thomas, National Center for Interstate Compacts/The Council of State Governments, provided a presentation to the Board regarding the Dentist and Dental Hygienist Compact.

Following the presentation, Mr. Lacefield noted that CRDTS provided information to the Board regarding the AADB (American Association of Dental Boards) Compact and the CSG (The Council on State Governments) Compact. Additionally, he stated that information gathered by Dr. Shirley was also available on Sharepoint for the Board to review.

Approval of Minutes

Dr. Maron made a motion to approve the Public and Executive Session minutes from the October 6, 2023, meeting. Dr. Green 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. Hasan Salih Hasan Hasan: The Board discussed this request for a variance of Rule 150-3-.01(7). Dr. Maron 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. Hasan's family's life situation, as noted in the petition. The Board also found that Dr. Hasan provided adequate justification for the variance since he passed the ADEX manikin-based exam in 2020. Ms. Selfe seconded, and the Board voted unanimously in favor of the motion.

Correspondence

Correspondence from Brittany Ahmed: The Board considered this correspondence requesting the Board revisit the parameters of Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist. The Board directed staff to respond to Ms. Ahmed by stating that, at this time, the Board was not looking to make any changes to the rule since it recently became effective. The Board stated that dental hygienists need to be trained under the current guidelines and dentists need to be comfortable with allowing dental hygienists to provide local anesthesia.

General – Dr. Michael Knight

Dr. Knight reminded the Board and members of the public that the December meeting will be held at the Dental College of Georgia at Augusta University.

Sedation Committee Report – Dr. Glenn Maron

Dr. Maron reported that the Sedation Committee met via a conference call on October 27, 2023, to discuss Rule 150-13-.01 Conscious Sedation Permits. He stated that the Committee was shocked to see that with the number of public comments heard at the Board's October public hearing regarding this rule, there were no visitors on the Committee's conference call.

Dr. Maron stated that at its meeting, the Committee agreed that specifically naming certain drugs to limit permit use was a step too far for where things were in Georgia. He further stated that, due to the fact that drugs change over time, to name a drug specifically was not the motivating point of the rule change. He continued by stating that the Committee corrected some of the things it thought were significant for sedation permits in Georgia.

Dr. Maron read the following proposed changes to section (2) of Rule 150-13-.01:

(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.

Dr. Maron read the following additional changes made to section (10) of Rule 150-13-.01:

(108) The training requirements of rules 150-13-.01(6)(a & b) and 150-13-.01(7)(a & b) The requirements as set forth in this rule shall apply be applicable to all new permits applicants upon its effective date issued after December 6, 2010. Current, active Conscious sedation permits holders issued on and prior to December

6, 2010 are grandfathered for relative to the training requirements of rules 150-13-.01(6)(a & b) and 150-13-.01(7)(a & b). All conscious sedation permit holders shall comply with 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.

Dr. Maron read the following additional changes made to section (14) of Rule 150-13-.01:
(14) 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.

Dr. Maron explained that the language in section (14) was added so that if a dentist was a provider of moderate sedation and they have an untoward event where the patient was in deep sedation and a morbidity occurred, the dentist would be subject to all regulations of the Board of Dentistry. He added that the Committee wants to make sure that people are on notice and understand the ramifications.

Mr. Scheinfeld suggested that the Committee tweak the language in section (14)(a) where it states, "any sedation". He stated that he remembered someone making the argument that the patient died post-sedation, but was not the result of the sedation. Dr. Maron responded by stating that the wording was appropriate. He added that it does not mean the individual's permit would be automatically suspended. Dr. Maron stated that if there is a morbidity or mortality the permit holder has to report it. Mr. Scheinfeld commented that the proposed language states, "any sedation related" and the argument would be that if the patient went to the hospital there may be the opportunity to differentiate between the cause of death and it being related to sedation. He continued by stating that he suggested the language be tweaked as such. Dr. Maron stated that O.C.G.A. § 43-11-21.2 already spells out that any dental procedure must report it. Mr. Scheinfeld inquired if the language of the law was inserted into the rule. Dr. Maron responded affirmatively.

Dr. Goggans stated that O.C.G.A. § 43-11-21.2(a) states, "All dentists licensed to practice in Georgia shall submit a complete report to the board of any 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."

Dr. Shirley commented that the intent of the change regarding section (10) of Rule 150-13-.01 that was read by Dr. Maron was to make the language clearer. He stated that the sedation rules were changed in 2010 and it was discovered that part of the rule was not clear. He further stated that the change clarifies that every permit holder must follow the facility requirements.

Dr. Schultz stated he had the chance to really focus on the logic behind what the Sedation Committee proposed following its meeting. He discussed studies and articles that looked at how accurate emergency room doctors were in providing a target level of sedation for emergency room procedures. He added that the accuracy rate was only 50%. He explained that the ramifications of going into a deeper level of sedation happened over 50% of the time. He continued by stating that he was not meaning to be hard handed on the

general dental community; however, during his year on the Board he has seen applications for conscious sedation permits that reference these types of medications, which was alarming to him when considering Propofol, Ketamine, and Dexmedetomidine were considered agents used for general anesthesia purposes by the American Society of Anesthesiologists. Dr. Schultz continued by discussing difficult airways.

Dr. Shilman commented that she understood what Dr. Schultz was stating, but it is about the safety of the patient. Dr. Knight stated there is a difference between bolus doses and titrate to effect. He added that the Board has agreed on what the approved sedation courses are for the licensees. He continued by stating that the Board has to believe the applicants will have the proper training. Dr. Knight discussed administering a reversal agent if the patient was going into a deeper level of sedation.

Dr. Schultz discussed the option of requiring the applicant to obtain a general anesthesia sedation permit or only use medications that have a reversal agent. Dr. Maron commented that he respected Dr. Schultz's desire and goals. He continued by stating that the Board's job is to protect the citizens of Georgia and to also have the Board in agreement of how it can best do that. He stated that the Board can champion in using and naming drugs or the Board can put licensees on notice that if they have had an untoward event, they could possibly lose their license or sedation privileges.

Dr. Shilman stated that she is a Medicaid provider and the population of her patients is the most vulnerable. She further stated that what she does not like is exposing vulnerable Medicaid patients to providers who are not properly trained in providing anesthesia and are not able to rescue the patient. She added that allowing doctors who are not properly trained to possibly administer general anesthesia to Medicaid patients because of reimbursement, does not lay well with her. Dr. Shilman stated that if the Board was going to allow doctors to do sedation, the Board needs to agree on the rule. She continued by stating that all patients need to be treated the same and they should all have the same safety precautions.

Dr. Spillers stated that the Board has procedures and classes that have been approved by this Board. He further stated that if one does not agree with how the course is taught, then change it, but once the license is issued it is up to the doctor and how he/she practices. Dr. Shilman responded by stating that is why she supports the wording the Sedation Committee agreed upon at its meeting. Dr. Spillers agreed and stated that it becomes a slippery slope when you start focusing on individual drugs. He added that if the permit holder takes a chance and administers a drug that goes beyond that level of sedation for which he/she is qualified for and there is an issue, the individual will suffer the consequences. He continued by stating that in his field when trying to regulate technology that will be different two (2) years from now, you are chasing something you will never catch. Dr. Spillers stated that the doctor and the requirements for that doctor have to be regulated. He further stated that he understood Dr. Schultz's intentions.

After further discussion, Dr. Maron made a motion to post amendments to Rule 150-13-.01. Dr. Reznik seconded. Discussion was held by Dr. Maron who stated that Dr. Schultz can make additional comments at the public hearing. There being no further discussion, 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 training requirements of rules 150-13-.01(6)(a & b) and 150-13-.01(7)(a & b) shall apply to all new permits applicants upon its effective date issued after December 6, 2010. Current, active Conscious sedation permits holders issued on and prior to December

6, 2010 are grandfathered for relative to the training requirements of rules 150-13-.01(6)(a & b) and 150-13-.01(7)(a & b).educational requirements and will have until December 31, 2011 toAll conscious sedation permit holders shall comply with 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.

(~~9~~11) Permit fees: As shown in the schedule of fees adopted by the Board of Dentistry.

(~~40~~12) Renewal Fees: As shown in the schedule of fees adopted by the Board of Dentistry.

(~~44~~13) Late Renewal Fees: As shown in the schedule of fees adopted by the Board of Dentistry.

(14) 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.

Dr. Wilson made a motion and Dr. Reznik seconded that the formulation and adoption of the proposed rule amendment does not impose excessive regulatory cost on any licensee and any cost to comply with the proposed rule amendment 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 amendment will impact every licensee in the same manner, and each licensee is independently licensed, owned and operated and dominant in the field of dentistry.

Discussion was held by Dr. Maron who stated that he wanted it to be on record that he was disappointed that no one from the public was on the Sedation Committee's call. He went on to say that he was extremely disappointed that people found it important enough to come to the October public hearing, but not be on the call when the Committee was trying to resolve the issue.

Post Renewal Audit of Sedation Continuing Education: Dr. Maron stated that there is a committee that audits continuing education, but there has not been any audits done. Dr. Knight commented that audits have not been conducted since the pandemic. Dr. Maron made a motion to have the CE Committee audit sedation continuing education in addition to the continuing education required biennially for renewal of dental licenses. Mr. Lacefield commented that a motion was not necessary. He stated that the Board has entered into a contract with CE Broker and will need to have more discussion about a post audit renewal. Dr. Shirley inquired as to why a motion was not necessary. Mr. Lacefield responded by stating that the Board can direct staff to discuss the post audit renewal when the time comes.

Discussion was held regarding auditing a percentage of the licensee population and CE Broker. Mr. Lacefield stated that staff can discuss how CE Broker can help the process when the time comes. Dr.

Spillers inquired as to what the timeframe was for CE Broker to be implemented. Mr. Lacefield responded by stating the summer 2024 before it is fully functional. Dr. Shirley inquired if the Board could make a motion to direct the CE Committee to do an audit. Mr. Lacefield stated that it was premature to do so at this point. Dr. Knight commented that the Board should get through the renewal cycle first and can discuss the matter further post-renewal.

External Committee Reports

Electronic Database Review Advisory Committee (PDMP) Report – Dr. Lisa Shilman: Dr. Shilman reported that the Committee’s next meeting will be in December.

CRDTS Steering Committee Report – Dr. Brent Stiehl: No report.

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

Dental College of Georgia Liaison Report – Dr. Michael Knight: Dr. Knight reminded the board members and members of the public that the Board’s December meeting will be held at the Dental College of Georgia at Augusta University.

CDCA-WREB-CITA Steering Committee Report – Dr. Ami Patel, Dr. JC Shirley, Ms. Misty Mattingly, RDH: Ms. Mattingly reported that she attended an event regarding the two (2) compacts and the differences between both compacts.

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

Attorney General’s Report – Mr. Max Changus

Mr. Changus introduced Ms. Michelle Sawyer to the Board.

Executive Director’s Report – Mr. Eric Lacefield

No report.

Legal Services – Mr. Clint Joiner

No report.

Miscellaneous

Treatment Facility Request: The Board reconsidered the request from Caron Treatment Center-Atlanta to be a board-approved treatment facility. This request was tabled from the Board’s October meeting to allow additional time for the Board to review the information provided. Ms. Mattingly made a motion to approve the facility. Dr. Maron seconded, and the Board voted unanimously in favor of the motion.

Coronal Polishing Course Submission: Ms. Mattingly made a motion to approve the course submission from Central Georgia Technical College. Ms. Selfe seconded, and the Board voted unanimously in favor of the motion.

Sedation Evaluators: Dr. Maron made a motion to approve Dr. Larry Parworth and Dr. Hari Digumarthi as a evaluators for the Sedation Committee.

Sedation Course Submission: The Board discussed the IV Sedation Training for Dentists, LLC, course submitted by Dr. William Moorhead. Dr. Darren Greenwell was present on behalf of IV Sedation Training for Dentists, LLC, and spoke to the Board regarding the request. Dr. Greenwell explained the live online portions. He added that they have made certain requirements for certain states and if the course has to be in person, they can do that for the state. He explained that there are three (3) days of ACLS and airway

management training. Dr. Greenwell stated that they teach moderate sedation and use medications that have reversal agents such as Versed and Fentanyl.

Dr. Maron stated that the confusion with the course is live versus in-person. He further stated that Georgia requires it to be in person. He explained that it may be misconstrued that live is appropriate. He added that there needs to be more clarification that Georgia requires in-person. Dr. Knight commented that two (2) separate proposals were sent for the Board's consideration. Dr. Maron stated that the course needs to state that it is "live in person". Dr. Greenwell responded by stating they will advertise the course as being in person.

Dr. Maron inquired as to how the venipuncture portion was taught online. Dr. Greenwell responded by stating venipuncture is not taught online. He stated that they go through the didactic portion online and a full day of training in person in the clinic. Dr. Maron stated that he did not see that in the syllabus. Dr. Greenwell stated that he would clarify that information. Dr. Maron discussed additional content from the syllabus.

Dr. Maron requested the Board delay its consideration of the course until the syllabus differentiates online versus in-person and clarification regarding the venipuncture portion is received. Ms. Selfe requested a breakdown of the clinical hours. Dr. Knight responded by stating that information was provided in one (1) of the two (2) proposals submitted.

Dr. Greenwell commented that the DOCS course was approved for Georgia. He added that the DOCS course didactic portion is online via webinar and not live. He stated he did not understand how the DOCS course was appropriate and theirs was not. Dr. Maron responded by stating that there has to be a live portion. Additionally, he inquired as to how do they train for venipuncture without it being live. Dr. Greenwell responded by stating that it is live and he can clarify that for the Board. He stated that DOCS specifically allows the individual to do the webinar portion before doing the clinicals. Dr. Maron stated that the Board was not denying the webinar portion of the course. He added that what was provided did not make it clear as to what was in person. Dr. Greenwell inquired if every aspect of the course had to be live in person. Dr. Maron responded by stating no and suggested he read the rules to see what the Board required.

Use of a Dental Laser by Dental Hygienists: Ms. Mattingly discussed information concerning lasers that she provided to Dr. Maron during his time as President. She requested the Board appoint a committee to discuss this matter. Dr. Knight appointed Ms. Mattingly, Dr. Reznik, Dr. Wilson, Dr. Maron, and Dr. Miles to the Committee, with Ms. Mattingly serving as Chair. Dr. Shirley requested clarification as to the purpose of the committee. Ms. Mattingly explained that the purpose would be to discuss laser use by dental hygienists. She added that it would be another modality to help take care of the patient and it is something that is delegable for hygienists. Dr. Reznik stated that close to 18 states allow dental hygienists to use lasers.

Dr. Maron made a motion and Dr. Spillers 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. 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. Larry Miles, Dr. Ami Patel, Dr. David Reznik, Mr. Mark Scheinfeld, Dr. Jeffrey Schultz, Ms. Lisa Selfe, Dr. Lisa Shilman, Dr. JC Shirley, Dr. Don Spillers, and Dr. Debra Wilson.

Executive Session

Appearance

- D.G.C.

Applications

- N.J.C.
- A.K.G.
- A.F.R.
- A.K.M.
- B.J.H.
- B.L.I.
- D.H.P.
- E.A.S.
- R.P.F.

Investigative Committee Report – Dr. Glenn Maron

Dr. Maron provided the Board with an update regarding the cases discussed by the Investigative Committee earlier that morning.

Attorney General’s Report – Mr. Max Changus

Mr. Changus discussed the following cases:

- L.B.W.
- M.P.

Mr. Changus presented the following consent orders for acceptance:

- I.E.
- T.C.

Executive Director’s Report – Mr. Eric Lacefield

- H.S.H.H.
- Post-Renewal Audits

Legal Services – Mr. Clint Joiner

No report.

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

Open Session

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

Appearance

- | | | |
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| • D.G.C. | Denied Examination Applicant | Overturn denial and Refer to the Department of Law |
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Applications

- | | | |
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| • N.J.C. | Dental Examination Applicant | Denied application |
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| • A.K.G. | Dental Hygiene Examination Applicant | Schedule to meet with the Licensure Overview Committee |
| • A.F.R. | Initial Moderate Enteral CS | Overturn denial and ratify approval for provisional permit |
| • A.K.M. | Initial Moderate Enteral CS | Approved for provisional permit |
| • B.J.H. | General Anesthesia/Change in Location | Table pending receipt of additional information |
| • B.L.I. | Dental Reinstatement Applicant | Denied application |
| • D.H.P. | Dental Reinstatement Applicant | Approved application |
| • E.A.S. | Injectable Pharmacologics | Denied application |
| • R.P.F. | Dental Credentials Applicant | Approved application |

Investigative Committee Report – Dr. Glenn Maron

Dr. Maron provided the Board with an update regarding the cases discussed by the Investigative Committee earlier that morning.

Attorney General’s Report – Mr. Max Changus

Mr. Changus discussed the following cases:

- L.B.W. Update provided
- M.P. Update provided

Mr. Changus presented the following consent orders for acceptance:

- I.E. Public Consent Order accepted
- T.C. Public Consent Order accepted

Executive Director’s Report – Mr. Eric Lacefield

- | | | |
|-----------------------|------------------------------|--------------------------------------|
| • H.S.H.H. | Denied Examination Applicant | Overturn denial and approve |
| • Post-Renewal Audits | | Table pending additional information |

Legal Services – Mr. Clint Joiner

No report.

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 1:12 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held on Friday, December 1, 2023, at 10:00 a.m. at The Dental College of Georgia at Augusta University, 1430 John Wesley Gilbert Drive, Augusta, GA 30912.

Minutes recorded by Brandi Howell, Business Support Analyst I

Minutes edited by Eric R. Lacefield, Executive Director