

GEORGIA BOARD OF DENTISTRY
2 MLK Jr. Drive, SE, 11th Floor, East Tower, Atlanta, GA 30334
Board Meeting Minutes
October 3, 2025

Board members in attendance:

Dr. David Reznik, President
Dr. Brent Stiehl, Vice-President
Dr. Lacey Green
Dr. Gregory Goggans (via Microsoft Teams)
Dr. Glenn Maron
Ms. Misty Mattingly (via Microsoft Teams)
Dr. Ami Patel
Mr. Mark Scheinfeld (via Microsoft Teams)
Dr. Jeffrey Schultz
Dr. Lisa Shilman
Dr. J.C. Shirley
Dr. Don Spillers, Jr.
Dr. Debra Wilson
Dr. Nancy Young

Staff present:

Clint Joiner, Executive Director
Itovia Evans, Deputy Director – Licensing
Stacy Altman, Deputy Director – Investigations
Tommy McNulty, Sr. Asst. Attorney General
Angela Johnson, Board Admin. Secretary
Kimberly Holland, Compliance Investigator

Board members not in attendance:

Dr. Michael Knight
Dr. Larry Miles, Jr.
Ms. Lisa Selfe

Visitors:

Luke Ray, DCG
Janelle Adams, GDA
Keonka Williams, GDHA
Richard Weinman, GDA
Iris Mason, GDHA
Elizabeth Lewis, DPH

Pam Cushenan, GDHA
Dr. Lester Jackson, GSO
Dr. Randy Kluender, GSO
John Watson, ADSO

Abbreviations:

DPH, Georgia Department of Public Health
DCG, Dental College of Georgia
GDA, Georgia Dental Association
GDHA, Georgia Dental Hygiene Association
GSO, Georgia School of Orthodontics
ADSO, Association of Dental Support Organizations

Public Hearing

Dr. Reznik established that a quorum was present and called the public meeting to order at 10:02 a.m.

Dr. Reznik announced that the purpose of this public hearing was for consideration of the adoption of the following proposed amendment to Board Rule 150-8-.05, regarding maintenance of dental unit water lines and water quality.

Rule 150-8-.05 Dental Unit Water Quality

1. A licensed dentist shall use water for nonsurgical procedures that meets United States Environmental Protection Agency regulatory standards for drinking water of five hundred or less colony-forming units or CFUs/mL.
2. A licensed dentist shall be responsible that staff are following dental equipment manufacturer's instructions for use when testing the water delivery system for acceptable water quality. If manufacturer's instructions for use are unavailable, a licensed dentist shall be responsible to ensure that the water delivery system is at acceptable water quality quarterly. A licensed dentist shall be responsible for testing the water delivery system within

30 days of repair or changes to plumbing.

- a. Effective January 1, 2025, all dental unit water lines must be tested quarterly.
 1. All water lines for each operatory or dental unit can be pooled as one single sample.
 - i. A pooled sample must use an equal amount of water from each water line.
 - ii. A pooled sample can have up to ten water lines included.
 - iii. The number of water lines pooled into one sample must be documented.
 2. All water lines for each operatory or dental unit can be tested individually.
- b. In the event of an unacceptable level of colony-forming units or CFUs, a licensed dentist shall take immediate remedial action. For the purposes of this section, remedial action means any action necessary to reduce the CFUs to five hundred or a lesser number currently recognized by the United States Environmental Protection Agency as acceptable for drinking water.
- c. A licensed dentist shall be responsible for recording the water delivery system testing and maintenance in the form of a log reflecting dates and person or persons conducting the test and/or reports from an independent testing entity. A licensed dentist shall maintain this documentation for a period of five years.

Authority: O.C.G.A. §§ 43-1-19, 43-11-7, 43-11-47, and 43-11-72.

The proposed amendment seeks to clarify the testing requirement wording by changing "and" to "and/or." This revision grants dentists the flexibility to meet the requirements through in-office testing, quarterly mail-in testing, or a combination of both, provided they perform the necessary test and maintain accurate records.

Mr. Scheinfeld objected to the original rule and the existing testing requirement, arguing it is overly burdensome, unnecessary, and not supported by enforceable standards from the EPA or routine sampling recommendations from the CDC. He contended that the rule was passed based on anecdotal evidence, citing a lack of documented cases over the past six years and minimal worldwide dentistry-related deaths not associated with anesthesia.

Drs. Reznik and Shirley clarified that the rule had already been approved by the Governor and the Secretary of State; the current action addressed only a wording clarification. It was also noted that the rule was supported by the EPA's 500 CFU standard and CDC guidelines from 2003. Dr. Shirley cited documented cases of *mycobacterium abscessus* in Georgia in 2022 (12 cases) and 2024 (1 case) to support the rule.

Dr. Patel and Dr. Shirley emphasized the intent to maintain patient safety and flexibility for practitioners.

Mrs. Pam Cushenan voiced support for the amendment, stating it enhances flexibility and promotes public health protection.

Dr. Green made a motion to approve the amendment. Dr. Shirley seconded, and the Board voted in favor of the motion. Mr. Scheinfeld abstained.

Open Session

Dr. Reznik established that a quorum was present and called the meeting to order at 10:27 a.m.

Introduction of Visitors

Dr. Reznik welcomed the visitors and asked them to introduce themselves.

Approval of Minutes

Dr. Maron made a motion to approve the Public and Executive Session minutes from September 5, 2025, meeting. Dr. Shilman seconded, and the Board voted unanimously in favor of the motion.

Report on Licenses Issued

Director Joiner reported that the Board has issued 76 licenses since the previous meeting. Dr. Maron made a motion to ratify the list of licenses issued. Dr. Patel seconded, and the Board voted unanimously in favor of the motion.

Petitions for Rule Waiver or Variance:

Dr. Ziaullah Haqqani – Variance of Rule 150-3-.01 Examination for Dental Licensure – Requesting the Board to accept his tyodont-based exam completed in 2020

Dr. Haqqani requested that the Board accept his tyodont-based exam for licensure. He took the exam in June 2020, before the Board began accepting manikin exams on January 1, 2021.

Dr. Haqqani states he took the manikin-based exam because traditional patient-based exams were unavailable due to the COVID-19 pandemic.

Dr. Green made a motion to approve the variance petition. Dr. Patel seconded, and the Board voted in favor of the motion.

Correspondence

Email from Craig Thomas with Smile America Partners: Mobile Dentistry – Office Address Requirements

The Board discussed a request for clarification from Smile America Partners, a mobile dental operation, regarding office address requirements.

Board members agreed that current rules require mobile dental facilities to adhere to the standards of a brick-and-mortar practice, including maintaining a physical home base within the state and within a 50-mile radius, with a Georgia-licensed dentist associated with the address.

Several Board Members emphasized the importance of patient protection, suggesting that mobile units should provide patients with a 24/7 system for emergency triage and maintain a written agreement with a Georgia dental provider for in-person emergency treatment.

Dr. Green made a motion to refer this section of the rule to the Rules Committee to evaluate the current wording and update the section on mobile dentistry to ensure it reflects 2025 standards. Dr. Maron seconded the motion, and the Board voted unanimously in favor.

General – Dr. Reznik

Dr. Reznik reminded everyone that the December Board meeting will be held at the Dental College of Georgia. A Board dinner is also scheduled for the night before the meeting.

Internal Committee Reports

Dental Hygiene Committee – Ms. Mattingly, RDH, Ms. Self, RDH, Dr. Reznik, Dr. Young and Dr. Patel

Dr. Patel presented updates to Rule 150-5-.08 (use of dental lasers) and Rule 150-5-.03 (supervision of hygienists).

The proposed change to Rule 150-5-.08 would allow hygienists, under direct supervision, to use dental diode lasers for photobiomodulation to reduce pain, inflammation, and promote tissue healing.

Dr. Maron expressed concern that the wording was overly specific about guaranteed outcomes (e.g., tissue healing), which could put the board in a difficult position if a patient did not see the specific results. Dr. Maron and Ms. Mattingly agreed the wording of the proposed rule was too specific (listing outcomes like “modulate immune responses”), suggesting it be simplified to just “for photobiomodulation.”

Dr. Shirley requested that future proposals include a one-page summary with supporting scientific evidence, similar to how waterline rule changes had been documented. Ms. Mattingly confirmed the Hygiene Committee had already compiled research but agreed to prepare the requested summary before the next meeting.

Dr. Maron made a motion to post the amended rule for a Public Hearing to be held during the November 7, 2025, Board meeting. The motion was seconded by Ms. Mattingly. The Board voted in favor of the motion, with Dr. Green objecting.

The proposed changes to Rule 150-5-.03 would add periodontal maintenance to the list of procedures hygienists may perform under general supervision. Discussion clarified that this addition is limited to maintenance procedures only and does not include new technologies or regenerative agents, such as Curodont.

Dr. Maron inquired if the GDA had comments on the proposed rule change. Ms. Adams reported that the Governmental Affairs Committee reviewed the matter and supports the addition of periodontal maintenance under General Supervision.

Dr. Shilman made a motion to post the amended rule for a Public Hearing to be held during the November 7, 2025, Board meeting. The motion was seconded by Ms. Mattingly. The Board voted in favor of the motion.

The following rules are approved for submission and will proceed to a Public Hearing on November 7, 2025.

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 laser for photobiomodulation. The use of a dental diode laser shall be 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
 - (d) the procedure attempted/performed, including details as to whether hard or soft tissue was removed.

Authority: O.C.G.A §§ 43-11-1, 43-11-7, 43-11-9, 43-11-73.1, 43-11-74.

Rule 150-5-.03. Supervision of Dental Hygienists

(1) Definitions.

- (a) "Authorizing dentist" shall mean a dentist licensed to practice in Georgia who permits a dental hygienist to practice under general supervision.
 - (b) "Dental hygiene duties" and "dental hygiene services" shall mean those tasks which a dental hygienist may lawfully perform under O.C.G.A. § 43-11-74 and this Rule
 - (c) "Dental hygienist" shall mean an individual licensed to practice dental hygiene in Georgia.
 - (d) "Dental screening" shall mean a visual assessment of the oral cavity without the use of x-rays, laboratory tests, or diagnostic models to determine if it appears that a more thorough clinical examination and diagnosis should be conducted by a licensed dentist.
 - (e) "Dentist" shall mean an individual licensed to practice dentistry in Georgia.
 - (f) "Direct supervision" shall mean that a licensed dentist is in the dental office or treatment facility, personally diagnoses the condition to be treated, personally authorizes the procedure and remains in the dental office or treatment facility while the procedure is being performed by the dental hygienist, and before dismissal of the patient, examines the patient.
 - (g) "General supervision" shall mean that a licensed dentist has authorized the delegable duties of a dental hygienist but does not require that a licensed dentist be present when such duties are performed.
- (2) No dentist shall be required to authorize a dental hygienist to perform dental hygiene duties under general supervision, and no part of this Rule shall be construed as to establish independent dental hygiene practice.
- (3) A dental hygienist shall perform duties only under the direct supervision of a duly licensed dentist who is licensed to practice in the State of Georgia, except where otherwise provided in O.C.G.A. § 43-11-74 and this rule.
- (4) The requirement of direct supervision shall not apply to:
- (a) The educational training of dental hygiene students at an institution approved by the Board and the Commission on Dental Accreditation of the American Dental Association, or its successor agency.
 - (b) The performance of dental hygiene duties at approved dental facilities of the Department of Public Health, county boards of health, or the Department of Corrections, or the performance of dental hygiene duties by personnel of the Department of Public Health or county boards of health at approved off-site locations.
 - (c) The performance of dental hygienists providing dental screenings in settings which include: schools; hospitals; clinics; state, county, local, and federal public health programs; federally

qualified health centers; volunteer community health settings; senior centers; family violence shelters, as defined in O.C.G.A. § 19-13-20; and free health clinics, as defined in O.C.G.A. § 51-1-29.4. Other health fair settings must be pre-approved by the board.

1. School settings.

- (i) School settings shall include only schools that are Title I schools under the federal Elementary and Secondary Education Act, schools in which at least 65% of the student population is eligible for free or reduced price lunch under federal guidelines, Head Start programs, and Georgia's Pre-K Program.
- (ii) Dental hygienists may apply topical fluoride and perform the application of sealants and oral prophylaxis under general supervision, with written permission of the student's parent or guardian. A dental hygienist may also, without prior written permission of the student's parent or guardian, provide oral hygiene instruction and counseling.
- (iii) A dental hygienist and the authorizing dentist shall maintain the confidentiality of any records related to services provided to a student under subparagraph (4)(c) in compliance with laws including without limitation the federal Family Education Rights and Privacy Act of 1974, 20 U.S.C. Section 1232g.

2. Hospitals; nursing homes; long-term care facilities; rural health clinics; federally qualified health centers, health facilities operated by federal, state, county or local governments; hospices; family violence shelters, as defined in O.C.G.A. § 19-13-20; and free health clinics, as defined in O.C.G.A. § 51-1-29.4.

- (i) Dental hygienists may apply topical fluoride ~~and~~, perform the application of sealants and oral prophylaxis, **periodontal maintenance, and assessment** under general supervision.

3. A dental hygienist performing duties under subparagraphs (4)(c)(1.) or (4)(c)(2.) shall:

- (i) Not perform any dental hygiene services on a patient that has dental pain or clearly visible evidence of widespread dental disease. The dental hygienist shall immediately refer such patient to the authorizing dentist for clinical examination and treatment. The dental hygienist shall notate such patient's file, and the patient shall not be eligible to receive dental hygiene services under subparagraphs (4)(c)(1.) or (4)(c)(2.) until a dentist provides written authorization that such services may be performed on the patient.
- (ii) Prior to providing any dental hygiene services, obtain, study, and comprehend the school's or facility's protocols and procedures regarding medical emergencies and implement and comply with such protocols and procedures if a medical emergency arises during the provision of dental hygiene services; and
- (iii) Provide to each patient receiving such services written notice containing:
 - (I) The name and license number of the dental hygienist and the authorizing dentist;
 - (II) Any dental hygiene issues that the dental hygienist identified during the performance of dental hygiene duties. If dental hygiene services are not performed on a patient under subparagraph (4)(c)(3.)(i), the written notice shall include a statement that the patient is not eligible to receive dental hygiene services until a clinical examination is performed by a dentist, and a dentist provides written authorization that services may be performed;
 - (III) A statement advising each patient who receives dental hygiene services to seek a more thorough clinical examination by a dentist within 90 days, unless the authorizing dentist performed a clinical examination of the patient.
- (iv) Make all reasonable efforts to provide such written notice as required in

subparagraph (4)(c)(3.) (iii) to parents or legal guardians of minors or incapacitated adults who receive dental hygiene services and to the long-term care facility or nursing home for residents of such facilities who receive dental hygiene services, as applicable.

(v) Not charge a fee for a dental screening provided under subparagraph (4)(c), except where provided by an employee of the Department of Public Health or county boards of health. However, these fees must be paid directly to the Department of Public Health or that county board of health and not to the dental hygienist who performed the screening.

(vi) Not require a school or facility receiving dental hygiene services under subparagraphs (4)(c)(1.) and (4)(c)(2.) to purchase any equipment.

(5) General Supervision in a Private Office Setting.

(a) A dental hygienist may perform only the following functions under general supervision:

1. Application of sealants, ~~and~~ oral prophylaxis, periodontal maintenance, and assessment;
2. Fluoride treatment;
3. Oral hygiene instruction and education; and
4. Exposure and processing of radiographs if provided for by specific, individualized standing orders of the authorizing dentist, including any protocols regarding urgent dental issues that arise.

(b) A dentist in a private dental office setting may authorize general supervision of a dental hygienist only upon meeting the following criteria:

1. A new patient of record must be clinically examined by the authorizing dentist during the initial visit;
2. A patient must be examined by the authorizing dentist at a minimum of twelve-month intervals; and
3. A patient must be notified in advance of the appointment that the patient will be treated by the dental hygienist under general supervision without the authorizing dentist being present or being examined by the authorizing dentist.

(6) A dental hygienist performing dental hygiene services under general supervision shall have at least two (2) years of experience in the practice of dental hygiene, shall be in compliance with the continuing education requirements under O.C.G.A. § 43-11-73.1 and the cardiopulmonary resuscitation certification requirements under O.C.G.A. § 43-11-73, shall be licensed in good standing, and shall maintain coverage under a professional liability occurrence or claims insurance policy with a policy limit minimum of \$1,000,000.

(a) "Experience" means a minimum of 1000 hours of hands-on treatment of patients within the twenty-four (24) month period immediately post-graduation from an accredited dental hygiene program.

(7) In schools; hospitals; clinics; state, county, local, and federal public health programs; federally qualified health centers; volunteer community health settings; senior centers; family violence shelters, as defined in O.C.G.A. § 19-13-20; and free health clinics, as defined in O.C.G.A. § 51-1-29.4, it shall be in the sole discretion of the authorizing dentist as to whether to require an initial examination of the patient prior to the performance by a dental hygienist of dental hygiene services under general supervision.

(8) A dentist may only authorize up to four dental hygienists total to provide dental hygiene services in any setting or number of settings at any one time. A dentist authorizing one or more dental hygienists to provide dental hygiene services under (4)(c)(1.) and (4)(c)(2.) shall practice dentistry and treat patients in a physical and operational dental office located in this State within 50 miles of the setting in which the dental hygiene services are to be provided under general

supervision.

- (9) Dental hygiene services provided by dental hygienists in mobile dental vans shall always be provided under direct supervision.
- (10) In addition to routine duties and the procedures of any of the operations or procedures authorized in O.C.G.A. § 43-11-74, the following activities may be performed by a dental hygienist working under the direct supervision of a dentist:
- (a) All the duties that are usually performed by a dental assistant pursuant to Title 43, Chapter 11, Article 4 of the Official Code of Georgia Annotated and Chapter 150-9 of the Rules of the Georgia Board of Dentistry, under the limitations and stipulations set forth in Title 43, Chapter 11, Article 3 of the Official Code of Georgia Annotated and Chapter 150-5 of the Rules of the Georgia Board of Dentistry.
 - (b) Take and mount oral x-rays;
 - (c) Apply medications and/or solutions approved by the Board and prescribed by the dentist that can be applied by methods approved by the Board, be that by irrigation, tray, or insertion of bioresorbable materials;
 - (d) Remove calcareous deposits, secretions, and stains from the surfaces of teeth. Ultrasonic technologies are authorized for use by dental hygienists;
 - (e) Utilize techniques and materials necessary for the application of sealant(s) to pits of and fissures of teeth;
 - (f) Perform root planning and curettage with hand instruments; and
 - (g) Perform periodontal probing.
- (11) Nothing in these rules shall be construed as authorizing dental hygienists to utilize other techniques in the course of the performance of their duties, otherwise authorized by these rules. Only dentists licensed by the Georgia Board of Dentistry shall be authorized to perform procedures involving laser technology which alters tissue, creates thermal effect, or is intended to cut, coagulate, photocoagulate, vaporize, or ablate essentially any soft or hard tissues of the body. Additionally, only dentists licensed by the Board shall be authorized to perform procedures utilizing air abrasive technology, which is normally intended for cavity preparation or enamel removal. This is to be distinguished from "micro etching" and "air polishing" technologies which are intended for stain removal and roughening the surfaces of enamel to enhance bonding, similar to acid etching, (i.e., Micro etching and air polishing are technologies authorized for use by dental hygienists).

Authority: O.C.G.A. §§ 43-11-1, 43-11-7, 43-11-9, 43-11-17, 43-11-74.

Investigative Committee – Dr. Stiehl, Dr. Maron, Dr. Green, Dr. Knight and Dr. Shirley
No Report

License Overview Committee – Dr. Shilman, Dr. Miles., Ms. Mattingly, Dr. Patel and Dr. Wilson
No Report

Sedation Committee – Dr. Maron, Dr. Knight, Dr. Schultz, Dr. Shilman and Dr. Shirley
Dr. Maron advised that the Sedation Committee will meet on October 14, 2025 to review and update the list of required medications and modify the current sedation forms to reflect 2025 standards.

External Committee Reports

Electronic Database Review Advisory Committee (PDMP) Report – Dr. Shilman

Dr. Shilman advised opioid and benzodiazepine prescriptions are down from the previous year. The Georgia Composite Medical Board accepted the DEA extension of COVID-19 telemedicine

flexibilities for prescribing controlled substances through the end of 2025. Dr. Shilman further advised that the new Fentanyl Eradication and Removal Act increases criminal penalties for fentanyl trafficking.

CRDTS Steering Committee Report – Dr. Stiehl

No Report.

CRDTS Examination Committee Report - Dr. Patel

No Report.

Dental College of Georgia Liaison Report (DCG)– Dr. Young

No Report.

ADEX Examination Committee Report– Dr. Patel, Dr. Shirley, Ms. Mattingly, RDH

Dr. Shirley moved to change this agenda item from "ADEX Steering Committee Report" to "ADEX Examination Committee Report."

GDHEA Liaison Report – Dr. Knight, Ms. Selfe, RDH

No Report.

Attorney General’s Report – Mr. Tommy McNulty

No Report

Executive Director’s Report – Mr. Clint Joiner

The proposed 2026 meeting dates were presented, with a suggestion to review them further next month due to potential conflicts with spring break in April.

The proposed meeting dates are:

January 9, 2026	July 10, 2026
February 6, 2026	August 7, 2026
March 6, 2026	September 4, 2026
April 10, 2026	October 2, 2026
May 1, 2026	November 6, 2026
June 5, 2026	December 4, 2026

Legal Services – Mr. Clint Joiner

Agency Legislation

Director Joiner reported that two pieces of proposed agency legislation were submitted by the September 12, 2025, deadline. This action was necessary to hold the Board's place in the submission process, as failing to submit anything would prevent the Board from utilizing the agency legislation process entirely. The Board must now either ratify these submitted amendments or vote to formally rescind the submission.

Sedation Evaluations – Virtual Inspections -Proposed Amendment to O.C.G.A. §§ 43-11-21 and 43-11-21.1. (Legislative Proposal)

The purpose of this amendment is to remove the requirement that site inspections requisite to obtaining a Conscious Sedation permit (O.C.G.A. § 43-11-21) or a General Anesthesia permit (O.C.G.A. § 43-11-21.1) be conducted as on-site inspections. By this amendment, the Board seeks to allow such inspections to occur remotely by live video communication. This is consistent with

the manner in which similar such inspections are conducted by CODA.

Dr. Maron reported that the Sedation Committee discussed potential legislative changes to the evaluation processes for sedation permit holders and updates on inspection scheduling. The proposed changes will authorize remote sedation site evaluations to reduce backlog and enhance objectivity.

Dr. Schultz concurred with Dr. Maron, confirming that office anesthesia evaluations are moving toward digitalization. He noted that AMOS has invested significantly to develop a new 5-year evaluation app. This app will ensure all evaluation documentation is digital, stored perpetually, and owned by the permit holder, representing the clear future of these assessments.

Dr. Shirley supported the use of remote site evaluations, citing the Sedation Committee's successful experience with video inspections during COVID-19 restrictions. He suggested that the policy document should clearly list the consequences of not adopting this change (e.g., increased backlog, delay in issuing sedation permits, and negative impact on access to care).

Legislative Process Discussion

Dr. Shirley questioned how the current two legislative issues were chosen and advocated for a standardized, proactive process for future agency legislation: issues should originate in a committee, move to the Board for approval, and then be submitted to the agency.

Members of the board expressed concern that the proposal had been sent to the governor's office for legislative consideration prior to a vote of the full board or public discussion. Significant discussion occurred surrounding this matter. Director Joiner explained that the decision to submit the proposal ahead of a board vote was made due to the submission deadline, and that submission was necessary to retain access to the process. He explained that the Board is free to withdraw the proposal after submission but conversely would not have had the option to submit after the deadline. He explained that an executive decision was made to avoid potentially being locked out of the process.

Dr. Reznik acknowledged the concerns expressed by members of the board and stated that the Legislative Committee, which was newly formed at the start of his term, exists to address issues of this nature in the future. He promised that the Board will proactively work on legislative issues throughout the year to be ready for upcoming deadlines.

Dr. Maron explained that the lack of a formal system was due to the Board of Dentistry historically deferring legislative issues to GDA and GDHA. He acknowledged that the Board now realizes some issues require their direct involvement, which is why they are not fully prepared this year.

Director Joiner confirmed that while the agency legislation process has existed for years, this is the Board's first year engaging with it, contributing to the current lack of a structured system.

Dr. Reznik explained that the Legislative Committee will serve as the proper channel to bring these issues forward, ensuring public input from groups like the GDA, GDHA, and the Georgia Dental Society, and creating a place to prepare legislative changes for submission.

Pathways for Foreign-Trained Dentists (Legislative Proposal)

A legislative proposal [Amendment to O.C.G.A. § 43-11-40(a) to add (2); (2)(A); (2)(B); and (2)(C)] was discussed that would create a new pathway for foreign-trained dentists to become

licensed in Georgia after completing a two-year GPR or AGD program in Georgia and passing the required national and clinical boards.

This amendment aims to address the dentist shortage in the state, particularly in rural areas, and expand access to care.

Dr. Shilman and other board members expressed concern about the training standards and potential risk to vulnerable populations.

Dr. Shilman questioned the necessity of the new rule, arguing that international dentists can already gain licensure by completing a two-year advanced standing program at a CODA-accredited dental school (like BU or NYU). Dr. Reznik commented that many states use the GPR/AEGD model as an alternative.

Dr. Maron questioned if foreign-trained specialists (like oral surgeons or orthodontists) who complete long residencies in Georgia would also be eligible, suggesting the focus should be broadened beyond just general dentistry programs. Dr. Reznik stated his proposal was based on what other states have done.

Dr. Shirley questioned if there was enough capacity in the state's 2-year AEGD/GPR programs. Dr. Young expressed concern that if licensed, these dentists would leave teaching/faculty positions, lowering the dental school's faculty numbers.

Dr. Shirley moved to withdraw the proposed legislation from the Governor's office and refer it to the Legislative Committee. Dr. Shilman seconded the motion, and the Board voted in favor.

Miscellaneous

Acadia Dental request for approval of Coronal Polishing Certification Course for Dental Assistants

Dr. Maron moved to approve the request. Dr. Young seconded, and the Board voted in favor of the motion.

Modern Dental Career Training of Cuming, LLC request for approval of EDDA program for Dental Assistants

Dr. Patel moved to approve the request. Dr. Shilman seconded, and the Board voted in favor of the motion.

Modern Dental Career Center Johns Creek request for approval of EDDA program

Dr. Patel moved to approve the request. Dr. Green seconded, and the Board voted in favor of the motion.

Discussion

Policy on online participation

Dr. Reznik opened the discussion by stating his preference that Board members attending meetings virtually must keep their cameras on throughout the entire meeting, emphasizing that this is a matter of professionalism and responsibility to the citizens they serve.

Several board members discussed attendance flexibility via Teams for future meetings. Some members raised technical and procedural issues, such as voting rights and ensuring quorum when joining remotely.

It was confirmed that virtual participation is permitted under current state rules, but the board must ensure that camera visibility and identification are maintained for record integrity. Dr. Reznik reminded members that on-camera participation is required for those attending virtually, and that

consistent engagement is necessary for motions and votes to be valid.

Dr. Shirley and Dr. Shilman supported the need for visible attendance and then raised a related concern: whether there should be a limit on the number of times a member could attend virtually versus in person, suggesting a possible cap (e.g., three times per year) to ensure fairness to members who consistently attend in person.

Dr. Maron commented that formal rules on attendance limits would be burdensome and difficult to enforce. Instead, he stressed that all members are appointed adults and should be expected to meet their responsibilities professionally. He noted that if a member cannot meet the responsibility of attendance, they should submit their resignation to the Governor's office.

Dr. Reznik and the Board concurred with Dr. Maron's position to rely on professional responsibility rather than establishing a formal rule limiting the number of virtual attendances.

Dr. Reznik thanked everyone in attendance for coming to the meeting.

Dr. Maron made a motion to enter into Executive Session and Dr. Green 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). Voting in favor of the motion were those present who included Dr. Gregory Goggans, Dr. Glenn Maron, Ms. Misty Mattingly, Dr. Ami Patel, Dr. David Reznik, Mr. Mark Scheinfeld, Dr. Lisa Shilman, Dr. Jeffrey S. Shultz, Dr. J.C. Shirley, Dr. Don Spillers Jr., Dr. Brent Stiehl, Dr. Debra Wilson and Dr. Nancy Young.

Executive Session

Appearances: None

LOC Recommendations

MHS	MP	CN
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Applications

KK	AP	BH	EJ	KH	MP	UH	CY	OP	RC	SZ	RM	WS
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Correspondence: CR & EGA

Investigative Committee’s Referral Case List:

No Recommendations

Attorney General’s Report – Mr. Tommy McNulty

Open Cases

KGP	SM	KB	JH	MK	AN	LA	SA	FM
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Investigations & Compliance Report – Mr. Stacy Altman

Deputy Director Altman updated the Board on ongoing cases.

No votes were taken in Executive Session. Dr. Reznik 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:

LOC Recommendations

Name	Type of License	Recommendation
MHS	Dental Hygiene Application	Approved with Consent Order
MP	Dental Reinstatement	Approved
CN	Dental Hygiene Licensure by Examination	Request applicant to appear

Applications

Name	Type of License/Permit	Recommendation
KK	Dentist	Approved
AP	Dentist	Referred to LOC for Interview
BH	Dental Hygiene	Approved
EJ	Sedation Evaluation	Approved
HK	Sedation Evaluation & Extension Request	Deny with Cease & Desist – Terminate Provisional Permit
MP	Parenteral Conscious Sedation Permit	Schedule Interview with Committee
UH	Parenteral Conscious Sedation Permit	Tabled to obtain more information on sedation course taken.
OP	Sedation Evaluation	Approved
RC	Sedation Evaluation	Approved
SZ	Reinstatement	Approved
RM	Faculty	Tabled
WS	IP Application	Denied. Not enough hours.

Correspondence

CR	Remediation Plan Review	Approved
EGA	Requesting permission to take ADEX exam for the 6 th time	Denied

Investigations & Compliance

DC	Violated 2023 Private Consent Order	Referred to AG's Office
JJ	Violated 2020 Public Impairment Consent Order	Referred to AG's Office

Dr. Patel 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 1:33 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held on Friday, November 7, 2025, at 10:00 a.m. at the Georgia Board of Dentistry, 2 MLK Jr. Drive SE, 11th Floor, East Tower, Atlanta, GA 30334.

Minutes recorded by Angela C. Johnson, Board Administrative Secretary
 Edited by J. Clinton Joiner, II, Executive Director