

**GEORGIA BOARD OF DENTISTRY**  
**2 MLK Jr. Drive, SE, 11<sup>th</sup> Floor, East Tower, Atlanta, GA 30334**  
**October 4, 2024 – Board Meeting Minutes**

**The following Board members were present:**

Dr. Michael Knight, President  
Dr. Don Spillers Jr., Vice-President  
Dr. Greg Goggans/Virtual  
Dr. Lacey Green  
Dr. Glenn Maron  
Ms. Misty Mattingly  
Dr. Larry Miles/Virtual  
Dr. Ami Patel  
Dr. David Reznik  
Mr. Mark Scheinfeld  
Dr. Jeffrey Schultz  
Ms. Lisa Selfe  
Dr. J.C. Shirley  
Dr. Brent Stiehl

**Staff present:**

J. Clinton Joiner, II, Executive Director  
Tommy McNulty, Sr. Assistant Attorney General  
Stacy Altman, Deputy Director – Investigations  
Itovia Evans, Deputy Director – Licensing

**Visitors:**

Martin Krieger, GAPD  
Dr. Randy Kluender, GSO  
Jerry Cooper, PDS  
Pam Cushenan, GDHA  
Iris Mason, GDHA  
Richard Weinman, GDA  
John Watson, ADSO  
Elizabeth Lewis, GA DPH  
Dr. Lester G. Jackson III, Senator/ GSO  
Dr. Anthea Mazzawi, GAPD  
John Hoin, GDA

**Open Session**

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

Dr. Maron made a motion and Dr. Reznik seconded, and the Board voted to enter into Executive Session in accordance with O.C.G.A. § 43-1-19(h), § 43-11-47(h), § 43-1-2(h) and § 50-14-3(b)(2). Voting in favor of the motion were those present who included Dr. Michael Knight, Dr. Don Spillers Jr., Dr. Greg Goggans, Dr. Lacey Green, Dr. Glenn Maron, Ms. Misty Mattingly, Dr. Larry Miles, Dr. David Reznik, Mr. Mark Scheinfeld, Dr. Jeffrey Schultz, Ms. Lisa Selfe, Dr. Lisa Shilman and Dr. Brent Stiehl.

**Executive Session**

Update on general housekeeping measures.

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

**Open Session**

Dr. Knight established that a quorum was present and called the meeting to order at 10:15 a.m.

**Introduction of Visitors**

Dr. Knight welcomed the visitors and asked that they introduce themselves.

**Approval of Minutes**

Dr. Shirley advised that the minutes from the September Board meeting incorrectly have him as voting and he was not present for the meeting and requested that the minutes be corrected.

Dr. Shirley made a motion to approve the Public and Executive Session minutes from the September 6, 2024, meeting. Dr. Shilman 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. Dr. Green seconded, and the Board voted unanimously in favor of the motion.

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

None

### **Correspondence**

#### **Letter from Shaun Henderson, DMD**

The Board discussed this correspondence and concluded that Mr. Henderson's WREB examination is not sufficient to meet the criteria for Dental License by credentials. Dr. Knight directed Board staff to respond to the correspondent as discussed.

#### **General – Dr. Michael Knight**

No Report.

### **Internal Committee Reports**

#### **Infection Control Committee Report**

Dr. Reznik reported that the Infection Control Committee recently met regarding issues with dental unit water lines in the state. He advised that there has been another case of *mycobacteroides abscessus* in Georgia and that currently Georgia has the most confirmed cases of outbreaks of *mycobacteroides abscessus*. Georgia has 47 cases from 2015, 2022 and this year.

Dr. Reznik expressed that he is very concerned about this issue. The Board's addition of the requirement for infection control CEs this year is great, but he feels there are a lot of people who are not aware of the new requirements, so he is asking that everyone help to spread the word about the new requirements.

Dr. Reznik stated that in an effort to try to clarify and educate everyone on the issue, the Infection Control Committee has come up with an addendum to the current rule. He advised that the committee reviewed Washington state's rule on diluted waterlines and maintenance to create the addendum.

Dr. Reznik stated that the addendum to the rule will help but that he is concerned that there will not be a change in behavior until all of the members go through the education requirements for certifications in 2025 which would mean that the Board would not be able to measure progress until 2026. He is more interested in addressing the problems today. He believes that this issue needs to be addressed because there are too many unknowns as to why this keeps happening. The committee also reviewed the California rule but felt that was too strict and that the Washington rule was a better choice for creating the addendum for Georgia.

Dr. Reznik read the following proposed Addendum to the rule regarding waterline quality:

“(1) A licensed dentist shall use water for non-surgical procedures that meet the US Environmental Protection agencies regulatory standards for drinking water of five hundred or less colony-forming units or CFUs/.

(2) A licensed Dentist shall be responsible to ensure that staff are following dental equipment manufacturer's instructions for use when testing the water delivery system for acceptable water quality. If the manufacturer's instructions for use are unavailable, a licensed dentist shall be responsible to ensure the water delivery system is acceptable water quality quarterly. A licensed dentist shall test the water delivery system within 30 days of repair or changes to plumbing system.

- (a) Effective \_\_\_\_\_ (date), all then dental unit water lines must be tested quarterly.
  - (i) A water line for each operatory or dental unit can be pulled as one single sample.
    - (A) A pooled sample must use an equal amount of water from each water line.
    - (B) The pooled sample can have up to ten water lines included.
    - (C) The number of borderlines pulled into one sample must be documented.
  - (ii) All water lines from each operatory or dental can be tested individually.
- (b) In the event of an unacceptable level of colony forming units, the licensed dentist shall take immediate remedial action for the purposes of the section remedial action means any action necessary to reduce the CFU's to five hundred or lesser number currently recognized by the US EPA 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 reports from an independent testing entity. A licensed dentist shall maintain this documentation for a period of five years.”

Dr. Reznik commented that the committee was not sure if it was appropriate to add consequences to the proposed rule. The committee agrees that the offices need to be held accountable, and that offices should already be taking precautions to meet the CDC guidelines for water quality. Since the CDC guidelines are not enforceable the committee has come up with consequences to add to make them enforceable. It was suggested to add “failure to comply with the requirements will result in the public consent order \$500 fine per violation, “X” number of continuing education units on dental unit waterline maintenance and two facility inspections for a period of four years.

Director Joiner advised that the consequences section should be adopted by the Board as a policy for a guideline preserving the Board’s ability to exercise discretion and should not be added to the rule.

Dr. Reznik asked Dr. Weinman if he had anything to add to the discussion. Dr. Weinman asked if an office is trying to comply with the rules and guidelines, taking the necessary steps to correct the issue, if there would be any leniency for the office while it was going through the process of cleaning the waterlines. Dr. Reznik responded that for the enforcement of the rule/policy, an investigation would be looking for documentation of the steps taken and would not be doing the testing.

Dr. Spillers asked who would have the burden of conducting the facility inspections to enforce the rules and policies. Dr. Reznik responded that it would be the Board’s current investigation team as part of their job, and this is another reason why there is a need for additional workforce in the investigation team. Dr. Reznik emphasized the need for the accountability of this issue is critical for public safety.

Discussion was had about the possible consequences, who should be doing the inspections and who would be paying for the resources necessary to conduct the inspections.

Dr. Shirley offered his perspective on what Children’s Health of Atlanta (CHOA) experienced with the past outbreaks in treating these patients after they had the infection. The patients experienced loss of permanent teeth, loss of an extensive amount of bone from the surgery and the morbidity of 40 to 50% had hearing loss from the antibiotics that were used for treatment. He agreed that it does take time to take the necessary steps to identify and correct the problem, but he believes that the facilities should already be taking steps necessary to ensure the water quality is acceptable. He mentioned that the Association for Dental Safety created a white paper after the 2015 outbreak that outlines exactly what Dr. Reznik is saying and trying to accomplish. He advised that the CDC has an ongoing work group that he is participating in and that he believes that having this as a state regulation shows that the Board recognizes that there is an issue in our state and that the Board is taking the necessary steps to try to mitigate and/or prevent the problem.

The Board discussed the next steps to have this addendum to the rule ratified. Director Joiner asked Dr. Reznik for a copy of the proposed amendment to begin the process. Dr. Knight asked Dr. Weinman to make the members of GDA aware of the new requirements and changes that will occur. Dr. Weinman advised that the new requirements are in the new syllabus for the course.

Pam Cushenan informed everyone that the Georgia Dental Hygienist Association has also posted the changes in their required courses. GDHA also covers the entire state with all four courses that are required in each region of Georgia to help every hygienist, whether they are members or not, be in touch and be up to date with everything that the Board requires.

Dr. Knight asked Ms. Cushenan of the estimated 7,200 licensed, how many are members in GDHA. Ms. Cushenan advised that it was about 500 members but that they try to provide information to all hygienists in Georgia.

### **External Committee Reports**

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

No report.

#### **CRDTS Steering Committee Report – Dr. Brent Stiehl**

No report.

#### **Dental College of Georgia Liaison Report – Dr. Michael Knight**

Dr. Knight reported that the school was hit hard during hurricane Helene and that Dr. Young was not present for this meeting because she's trying to help students get back to school. He advised that the December Board meeting will still be held at the college.

Dr. Knight acknowledged Dr. Weinman for comment. Dr. Weinman advised that the GDA along with the dental school, through the Georgia Dental Society Foundation, has set up a fund where that anyone can send a direct contribution to help dental students that were impacted by the hurricane. The fund was created to help make sure that the impacted students get what they need to continue their education for the rest of the year.

#### **CDCA-WREB-CITA Steering Committee Report – Dr. Ami Patel, Dr. JC Shirley, Ms. Misty Mattingly, RDH**

Dr. Shirley reported that CDCA-WREB-CITA, which has now been shortened to CWC, had its meeting in September as part of the dental testing and regulatory summit. The meeting had a large number of representatives from each state, and he attended it on behalf of Georgia. He will be preparing a report but wanted to give the Board a couple of highlights from the event.

He advised that the ADEX exam was given in every dental school in the country along with the addition of Canada, Mexico, Puerto Rico, several territories and the Virgin Island. The exam will be given in Saudi Arabia in June. ADEX is being administrated in every school. He will provide statistics regarding the graduation rates and retakes of the exam along with statistics about the reliability of the exam and examiners.

He advised that one of the issues that was mentioned consistently during the roundtable discussions was the issues with the two dental compacts. The Council of State Governments (CSG) compact is in about ten states and is now supported by the American Dental Association (ADA) and other organizations. The roundtables went around to every state and asked where each stand on compacts. Some states were added to the CSG were added by the state legislature with no involvement of the Boards. One of the concerns about

the CSG compact is that the individuals have privileges to practice in an additional state but not a licensure, so that restricts the ability for disciplinary action and the obligation of the State Board. Dr. Shirley stated that he would like to see the Board review the issue of compacts further.

After having attended the meeting, Dr. Shirley believes that a review of other board processes and structures would benefit Georgia. He feels that looking at the number of complaints, staff support and the lack of budgetary support is a critical thing that needs to be addressed along with the problem of substance disorders among licensees. There is currently a movement to decrease the stigma regarding substance disorders to encourage those in need of treatment to seek the necessary treatment. He noted that Georgia is among the states that has a network in place to aid in the recovery of substance abuse.

He reminded the Board that ADEX is a separate organization, and that Georgia is one of the six states that are not a member of ADEX. The members of ADEX have a board member the represents each state that are involved in creating the exam.

### **GDHEA Liaison Report – Dr. David Reznik, Ms. Lisa Selfe, RDH**

Ms. Selfe reported that she has an email from Dr. Thomas at Clayton State asking if the Board was discussing specific education training for direct supervision on anesthesia. More specifically, she wanted to confirm that the rule regarding supervision does not apply to them.

Ms. Mattingly mentioned that this topic is often asked amongst notable schools because they do not have enough dentists present in clinics all the time to teach because there's a shortage of dentists that are willing to teach. This is an issue that several schools are struggling with. She noted that according to the Commission of Dental Accreditation (CODA) guidelines, it states the five to one ratio with dentist present is necessary. This is not something that the Board could change.

Ms. Mattingly commented that she attended the GDHA annual session. She advised that Director Joiner provided a great synopsis of everything that the board has done for over the last two years. She was able to give an update on the Board's actions including all the continuing education changes that have been made.

Dr. Knight asked Ms. Mattingly how many schools were without enough dentists to teach. She advised that she has heard from Lanier Technical College and Clayton State College that they are having issues. Georgia Perimeter College seems to have enough support. Wiregrass Georgia Technical College has been able to have enough support and have established a good program that will be the first class to graduate with education on local anesthesia.

Dr. Knight asked Ms. Mattingly to elaborate on what Dr. Thomas was requesting. Ms. Mattingly advised that Dr. Thomas is referencing Rule 150-5-.03(4)(a) and that according to this rule, it says that in educational settings they don't necessarily have a dentist present for all things but that there is another rule on the docket that supersedes it. Ms. Selfe read Rule 150-5-.03(4)(a) aloud.

**Rule 150-5-.03(4)(a)** The requirement of direct supervision shall not apply to:

“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.”

Ms. Mattingly added that because of this rule a majority of the schools, from her understanding, teach hygiene without the dentist present.

Dr. Knight recognized Dr. Reznik for comment. Dr. Reznik advised the rule on anesthesia for hygienist is separate and is actually under 150-5-.07 which states that a dentist must be present during testing.

### **Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist**

“(iii) Laboratory and clinical instruction shall be provided with a facility to student ratio of no greater than 1:5 under the direct supervision of a dentist licensed in this state.”

The Board agreed that the schools need to work on having a dentist present for training and direct supervision on anesthesia. The schools must follow the CODA guidelines.

Dr. Maron made a motion to have either the President or Executive Director send out a statement to clarify that for local anesthesia education the schools must adhere to the local anesthesia rules applying the 1:5 ratio of direct supervision of a dentist licensed in this state. Ms. Mattingly seconded, and the Board voted unanimously in favor of the motion.

Dr. Knight advised that he would get with Director Joiner on the statement.

#### **Attorney General’s Report – Mr. Tommy McNulty**

No report.

#### **Executive Director’s Report – Director J. Clinton Joiner, II**

No report

#### **Legal Services – Director J. Clinton Joiner, II**

No report.

### **Discussion**

#### **Sedation License Requirements**

Dr. Maron advised that the Sedation Committee reviewed the evaluation form for the office visits and the requirements for some medications. Some of the committee members were surprised that the requirements of certain medications, that are listed on the form are not listed as necessary in all settings based on technique, based on medications used and a wide variety of items that were present. The evaluators and committee agreed that the current method for evaluating dentists, for the sedation permits, was not clear on what is required and that there needs to be more clarification as to the standards that need to be evaluated and what is required to have for a sedation permit. Dr. Maron stated that the Sedation Committee is currently evaluating the sedation permit requirements and medications to create standard requirements across the board as required by PALS requirements, which would be required for all levels of sedation for patients. The goal is to better define what evaluators need to be looking for and anyone who is providing sedation would know what medications they would be required to have.

Dr. Maron advised that over the course of the next year the Sedation Committee will be working on modifications to make changes to the sedation categories to get Georgia up to date with 21<sup>st</sup> century levels of sedation as the current levels are antiquated. The goal is to bring Georgia’s standard up with the rest of the nation for dental practice. The committee has completed research and has decided that this change is necessary. Dr. Maron stated that there were 44 deaths, over the past 10 years, and that 21 out of 44 were between two- and five-year-old patients. 21 out of 44 were in an office setting. 17 to 25 deaths were linked with sedation and aesthetic. The problem is that the morbidity of dental sedation, whereas ER visits etc., are not included in the data or information. The consensus is that the data is actually much broader. Just looking at the information that has been provided by pediatric dental society, and others, as well as requirements of training, of monitoring management of pediatric patients before, during, after for diagnostic and therapeutic procedures that the medications that are currently listed as being required and recommended, the concept of optional medications did not make sense based on the parameters of information that is available.

The Sedation Committee recommendation is to look at the recommendations that PALS requires for the pediatric dentist to maintain their sedation permits. All dentists are required to complete four hours of CE on anesthesia every two years for their licenses. Dr. Maron stated that most of the complaints that he hears are that the dentists take the course but are not trained and that they are not comfortable using sedation.

Dr. Knight recognized Dr. Shirley for comment. Dr. Shirley thanked Dr. Maron for his summary. Dr. Shirley advised that he wanted to add that during the discussions of the Sedation Committee it was mentioned that PALS is not a license or certification, but they are educational courses that cover a broad range of sedation. Several types of professionals take the courses. He stated it was never the intent of the courses to teach everything there is to know about sedation or that the methods taught would be used by everyone taking the course. The course was chosen because it was the best course to educate on how to deal with emergencies.

Dr. Shirley mentioned the Academy of Pediatrics and the Academy of Pediatric Dentistry guidelines that Mr. Maron referenced have a similar statement when it lists the medications that the Board has on the sedation checklist. Statements like all of these medications may not be needed depending on technique. The guidelines are written such that someone could give minimal sedation, moderate sedation, deep sedation and general anesthesia so it covers a broad range.

Dr. Maron stated that he be remiss to not read what the AAPD guidelines say, which applies not just to dental procedures but to sedation for all procedures. The AAPD notes that children under the age of 6, especially those under the age of 6 months, but under the age of 6 are particularly likely to suffer adverse events during sedation. It emphasizes that there is a narrow margin in children between the intended level of sedation and a much deeper sedation or anesthesia. Dr. Maron mentioned that this was the background information that he was looking at to modify the existing rules and that these guidelines call for a practitioner to be trained in moderate sedation and have the skills to rescue patients from deeper levels. This includes the skills needed to rescue a patient with apnea laryngospasm airway, bradycardia, etc. Dr. Maron stated that there is a whole list of medications that are in AAPD guidelines that a practitioner should have in their office.

Dr. Maron stated that he has amiodarone available in his office and that he hopes he will never have to use it. He stated that he does not understand the reticence of the APD, or the Georgia Society of Pediatric Dentistry, or members that are on the committee to agree that, for the safety of the patients, having these medications that are used to rescue patients should be mandatory.

Dr. Schultz thanked Dr. Maron for his summary of the recent Sedation Committee Meetings and stated that he agreed that this should be about patient safety and not a turf war. He further added the discussions should not necessarily be about the inadequacy of particular courses but more focused on covering the fact that there are some medications that require certain protocols for medications that goes beyond basic techniques and that if dentists are not comfortable with certain levels of sedation, then the dentist should attend courses that will make them proficient in rescuing patients from deeper levels of sedation. Dr. Schultz stated that he believes the board needs to have a more thorough discussion about sedation in general and to get more up to date on medications, requirements and protocols.

Dr. Shilman added that the use of mild, or moderate sedation and how to rescue patients in case there is an overdose are covered in the APD guidelines. The guidelines cover what is necessary to have to administer the sedation.

Dr. Knight recognized Dr. Martin Krieger for comment. Dr. Krieger stated that he is a pediatric dentist that has been practicing in Georgia since 1976. He also is a consultant to the board for psych visits for moderate

internal conscious sedation and is on the peer review committee. Dr. Krieger provided a history of his involvement doing site visits for moderate internal conscious sedation, which he has been doing for many years.

Dr. Krieger commented that he has been reviewing the new concept of mandating certain medications for sedation. He mentioned in the past, during his site visits, he did not require the two drugs succinylcholine and atropine for sedation permits. He stated there was no question that succinylcholine and atropine have a place in treating certain types of emergencies that might occur during sedation but that statistics show that is extremely rare to have a laryngospasm, which is the main reason that you would use succinylcholine and atropine.

He added that in his literature review he found a study that looked at 267,000 sedations. The sedations were not dental specific, but it showed that of those 267,000 only 3.3% has laryngospasms and of that only 5% of those required a patient to be intubated. He stated that looking at the training of the residency programs in pediatric dentistry and GPR residencies, they have very little experience in using succinylcholine and atropine.

He stated that he believes that this is an issue that has very little significance. He stated his concerned that if certain guidelines are mandated it would prevent some dentists being able to provide care for many patients in Georgia and it would restrict those dentists so that there would be less options for treatment for many of these patients.

He added that there are general dentists and other specialties that do internal conscious sedation. Dr. Krieger believes that the issue is whether or not the dentist has proficiency to be able to use succinylcholine and atropine. He believes that having a drug emergency kit and not being able to use them is of little benefit to the patients. He advised that even with EMTs, who are trained in intubation, there is only a 40 to 60% success rate of intubations that are outside of a hospital.

Dr. Krieger advised that he had a conversation with his son-in-law, who is an emergency room physician at Montefiore Hospital in New York, about intubation. His son-in-law told him that even in the ER, the residents oftentimes can't intubate a patient at first pass, which is the first attempt at intubation of a patient. Dr. Krieger asked how it can be expected for a dentist, who has normally only taken PALS which is not certification, to be able to perform intubation successfully. He feels that to require dentists to have these medications for sedation permits, it would require things that are not currently in place. It would require courses, that need to be developed, that would be required to be taken periodically to help dentists become more proficient and keep them current on new techniques.

Dr. Krieger believes that mandating having these drugs for moderate sedation permits would be restricting the opportunity of patients in Georgia to get treatment. He feels that having those drugs in a kit does not make the patients any safer unless the dentist actually has proficiency in the use of those drugs. He admitted that most dentist do not have the proficiency. He wants to know how this issue could be addressed. He feels that some discretion should be used as to when these drugs are required or when they may be more optional.

Dr. Maron asked to respond to Dr. Krieger's statements and commented that he and Dr. Krieger go way back and that they could have this argument for hours. Dr. Maron pointed out that is the Georgia Society pediatric dentist, was absolutely, positively against CO2 monitors.

Mr. Krieger commented that Dr. Maron's statement was not true and that he was sorry to interrupt Dr. Maron. He advised that when that issue came before the Board it was developed by Dr. Anton Treadway and that Dr. Treadway had written a rule that said that capnography was required and mandated for moderate sedation, but for general anesthesia and deep sedation it was optional. Dr. Krieger said that he

recognized that particular word was not appropriate, and the board tabled the motion, and they changed it to the requirements that the American Association of Oral and Maxillofacial Surgeons (AAMOS) had in their wording. He is not opposed to capnography but wanted to see the wording correct in the rules.

Dr. Maron asked Dr. Krieger about having LMAs in the office and does his office have them. Dr. Krieger responded that most offices do and that his does. Dr. Maron then asked what Dr. Krieger's proficiency was in placing a LMA and has asked if he had training. Dr. Krieger responded that applying the LMA was not the same as intubating. Dr. Maron told Dr. Krieger that he answered his own question that the address is that there should be increased training. Dr. Maron stated that now AAMOS now requires office-based Emergency airway management (OBEAM) training and that it is required to be kept up to date with techniques. Dr. Maron feels that it is important to hold each other accountable by having increased and improved training. He believes that just because someone has never had to use these drugs does not mean that they shouldn't have it and be trained on it for patient safety.

Dr. Maron stated that he does not believe that mandating these drugs for sedation is an access to care issue. He added that dentists can continue to do exactly what they have been doing and that if the margin of safety is so great then why would dentists fight having these drugs there that could potentially be used in case of that emergency.

Dr. Krieger responded that equating LMAs to using ID succinylcholine intubation was not a proper comparison. Dr. Maron agreed and asked Dr. Krieger if he had endotracheal tubes in his office. Dr. Krieger advised that he did have them in his office. Dr. Maron asked Krieger if he has endotracheal tubes in his office how he is going to use them if he does not have succinylcholine.

Dr. Krieger responded that if needed, he would be able handle it but that the general population of pediatric dentists, general dentists and specialists lack the experience and the ability to do so. He added that if you require a drug or a procedure, that no one or very few people have a proficiency to administer, you're not benefiting the patient, and you are restricting the access to care.

Dr. Krieger stated that Dr. Maron has lectured with Dr. David Rothman, who is a pediatric dentist with a degree in dental anesthesia, at the Hinman meeting. He added that Dr. Rothman does not believe that teaching intubation in his courses is appropriate. Dr. Maron stated that he did not agree with most of what Dr. Rothman thinks and that it is not his job to worry about what Dr. Rothman thinks.

Dr. Maron stressed that it is the Board of Dentistry's job is to worry about the public safety in the state of Georgia. Dr. Maron stated that the problem with the people making the negative comments about this issue are looking at this issue from a personal standpoint are not seeing the big picture and that it is the Board's job to cover everybody in the state and to standardize techniques and procedures. Dr. Krieger responded that he was looking at this also as an access to care issue.

Dr. Maron advised that he had this discussion with Dr. Rhonda Hogan, who is a pediatric dentist, and that she said that if we require dentists have atropine, then she will stop doing pediatric sedations in her office. Dr. Maron stated that he didn't understand this and asked if it has never been a problem and it's never been an issue then why would dentists change what they are currently doing.

Dr. Krieger asked that if he had those in his drug kit for emergencies, and other people did, but really was not proficient in knowing how to use them, then what is the benefit of having those drugs his kit. Dr. Maron said because someone might come in who is going to help you. Dr. Krieger responded that an EMT will have those drugs with them already when they are called. Dr. Maron responded that the average response time in the city of Atlanta is over ten minutes and in South Georgia it is even worse because it is harder to get an EMT response. Dr. Krieger responded that there are dentists in South Georgia that do not have that same access but there is still a population of patients that need care. For example, if there is a patient that

either has autism or an elderly patient, that's anxious and needs some sedation just to relax them in order to be able provide treatment, he'd use that level of moderate sedation. But if it was required that an office had to have succinylcholine, atropine, or adenosine for that level of moderate sedation then they would not be able to treat those patients and therefore the access to those patients and the ability to treat them would go to whoever has a permit to do deep sedation, general anesthesia and has those skills. He believes that this does affect the access to care of patients, not necessarily here in Metropolitan Atlanta but in more rural areas, where these patients can be safely treated but not be able to have access. Dr. Maron responded that the access to care argument is not a good argument for this situation. He commented that if there is no neurosurgeon within 100 miles of a patient that you wouldn't let an intern do the neurosurgery because there is no access to care. He added that Dr. Krieger is giving examples of patient that have special needs that actually have a higher incidence of complications and would therefor need more competent people to treat them.

Dr. Krieger asked that if this was to be mandated will it be retroactive? He stated that he has had his permit for 35 or 40 years. He asked if he will, and everyone else that had a permit for several years, be required to have the drugs and be proficient in using them before this is mandated. Dr. Maron answered yes, when you renew your permit. Dr. Krieger thanked the Board for the opportunity to discuss this issue and asked anyone if they had any questions for him.

Dr. Schultz introduced himself to Dr. Krieger and advised that he was an oral surgeon. He stated that Georgia's current anesthesia model has been under great scrutiny, and that Georgia has been criticized nationally and in published journals. He stated that this criticism caused the Board to review the existing model. He added that it was noticed that Georgia's model has great deficiencies in the way that anesthesia is provided. Even oral surgeons that go through a residency, and spend up to a year doing anesthetic, need to stay up to date with anesthetic courses. Many offices are now training assistants. It's costing oral surgeons money to take simulation courses to train their assistants, to certify their assistance, to get beyond the idea that oral surgeons only employ high school educated dental assistants. He stated that the criticism was significant and the ramifications of that were so significant that the organization has really dove headfirst into focusing on patient safety. We need to be at a point where we are not going to allow anyone to criticize our model because we have taken the steps to get everyone thoroughly educated.

Dr. Schultz advised that he teaches office-based emergency airway management courses. He stated that there are a few oral surgeons that had difficulty intubating a patient. He stressed that his point is wouldn't it be more appropriate for National Pediatric organizations to take that to heart rather than balk at trying to improve patient safety. He believes that these dentists and surgeons need to be more proficient in these drugs.

Dr. Krieger stated that he was not talking about the deeper levels of sedation and that he was referring to moderate enteral sedation only. Moderate enteral sedation that is not just used by pediatric dentistry but general dentistry, periodontists and other specialists that may be using these medications. He pointed to an article that he has that is about closed malpractice insurance claims from pediatric dental patients. He stated that he was unable to find cases in his review of malpractice claims that had anything to do with laryngospasm. He was able to find one case that required intubation, and it was because of an aspiration due to a cotton roll. He found more cases of laryngospasm in oral surgeries where propofol was used. He believes that these incidences are not the kinds of things that dentists do but he agrees that sometimes in rare incidents it does happen. He feels that the rare incidents do not justify restricting the dentist's ability to treat patients. Dr. Maron responded to Dr. Krieger by pointing out articles from the AADP volume 143 from June 2019, that suggested the management of laryngospasm in pediatric patient population after deepen sedation or unable to ventilate that you give succinylcholine plus atropine unless contraindicated.

Dr. Knight apologized for interrupting the discussion and thanked everyone for the input but that the

meeting needed to move on. Dr. Krieger stated that he didn't mean to be so contentious, but that he is an advocate for this particular issue. Dr. Knight thanked Dr. Krieger and recognized Dr. Anthea Mazzawi for comment.

Dr. Anthea Mazzawi introduced herself to the Board and stated that it makes her very happy to see so many people so passionate about taking care of our citizens here in Georgia. She is board-certified pediatric dentist who has had a private practice in Canton, GA with her husband since 2007. She has been licensed to have a conscious sedation permit since 2006. She is currently the President of the Georgia Academy of Pediatric Dentistry, and she is also on the Board of trustees for the American Academy of Pediatric Dentistry (AAPD). She commented that ultimately, we all want the same thing. We want our patients to be safe. We want everybody to be healthy. We want everybody to have positive experiences in dentistry. She advised that she wanted to comment on the discussion about promoting safety and what the AADP is currently doing. She advised that the AADP has been doing a great deal of work to promote safety, particularly in sedation but safety in general. The AADP has developed a sedation safety committee and several sedation subcommittees. There are in-person sedation courses with manikins and simulators. There is also an assistant course to get assistants certified to do sedations.

Dr. Maron asked Dr. Mazzawi if the in-person course was mandatory. She advised that it was not mandatory by the state board, so the AAPD does not mandate that members have these courses. She added that some states do have regulation that mandates these classes but that every state was different. She advised that every year at the annual AAPD session that there is a full day of lecture dedicated to sedation and that the AAPD has done a great deal of work to promote safety within sedation.

Dr. Mazzawi mentioned that at first, she had the same opinion as Dr. Maron, and that she didn't see the big deal about mandating the need for succinylcholine and atropine in emergency kits. She advised that her office does have succinylcholine and atropine but has never had to use them. She added that she is trained in how to intubate patients. She said that even in residency she never had to use these drugs and that she hopes to never have to use them. She does not believe it should be necessary for her to have those medications because of the kind of sedations that she does daily in her practice.

Dr. Mazzawi stated that she feels that this issue is an access to care issue because the concern right now is that so many pediatric dentists are scared of sedation that they're not doing it. She added that because of this there are more IV sedations occurring. Parents should have alternatives to IV sedation and be able to request conscious sedation for their children. IV sedation is often expensive, and some patients cannot afford it. Dr. Mazzawi feels that if more restrictions and limitations are added that it will ultimately influence access to care for not just people living in rural areas or people with lower socioeconomic means but for everybody.

Dr. Mazzawi stated that she sees two possible solutions for this issue. That the Board could stay the course and require that succinylcholine and atropine be in emergency kits, or the Board could come up with different sedation classifications based on what type of sedation or what type of medications people are administering. She reiterated that she is speaking on behalf of the pediatric dentists but that she knows many other general dentists who have conscious permits as well. She concluded that she would hate to see more government regulation and asked if anyone had questions for her. Dr. Knight thanked her for her comments.

Dr. Knight recognized Dr. Weinman for comment. Dr. Weinman commented that in this discussion we are leaving the decision of the dentists out of the discussion. He feels that the dentist should decide whether they are proficient enough to provide levels of sedation and that they should only provide sedation at the levels they are proficient in. He added that he does believe that this is an access to care issue because many children are going to have infections that go untreated because they can't be treated without sedation, and we don't have enough dentists in South Georgia, or we don't have affordable dentists or the cost of is so great that we can't do it. He stated that when something is mandated it takes the doctor's decision away

from how they can treat their patient. He does not believe that you can make someone proficient in something that they are not comfortable doing.

Dr. Knight asked if there were any other public comments. Dr. Knight recognized Dr. Maron for comment.

Dr. Maron commented that he didn't know the last time anyone had read through the actual rules of unconscious sedation. He stated that he would like to read the current rule as it reads now to have it into the record and so that everyone can understand.

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

“(1) When that the intent for minimal sedation (anxiolysis), which is defined as 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 or verbal stimulation a permit for conscious sedation is not required.”

Dr. Maron stated that he believes what most of the pediatric dentists are tending to do is more anxiolysis than moderate sedation. He added that the reality is, doctors need to be able to manage to get to the next level and that there are different parameters for this. Dr. Maron believes that this is not an access to care issue like what Dr. Weinman, Dr. Mazzawi and Dr. Krieger are talking about. Dr. Maron said that the Board isn't saying that the dentists cannot be giving medications. He stated that the sedation Committee is looking to update the rules, but that he wanted to thank everyone for their input, because it's the Board's job to protect the public from the bad acts and the public should play a part in the discussion. He stated that if the reality of this change requires more people to take more training, then the Board did their job. He also thinks that the Board should look at requiring the permit applicants to attend the AADP sedation safety courses or other courses on safety in sedation and that AMOS is already mandating it for oral surgeons. He opined that he does not understand what the reluctance is about making things safer.

Dr. Knight asked if anyone else had comments, and recognized Dr. Shilman for comment. Dr. Shilman commented that if the requirements are changed and if the Board requires more training, if we look at CODA requirements for pediatric dental residency and we change requirements and we focus more on training then yes, what Dr. Maron is saying about changing the rules makes sense. She believes that the rule in its current state does not make sense because just having those drugs and not being proficient in using them does not make sense and it does not work.

Dr. Knight asked what the will of the board was. Dr. Maron made a motion that across the board, no matter what the level of sedation permit that a dentist applying for sedation permit should have those drugs that are listed in the recommendation currently on our current evaluation form be required for all levels of sedation permits for those who are being evaluated and for those who are getting renewed.

Dr. Knight asked Director Joiner would the changes suggested need to be posted for public comment. Director Joiner advised that it would require a rule change.

Dr. Reznik seconded the motion.

Dr. Reznik asked Dr. Maron for clarification on who all will be impacted by this change. Dr. Shilman and Dr. Maron advised that this will impact anyone who has a sedation permit. Dr. Maron stated that this issue was brought up because some pediatric dentists did not have atropine. Dr. Maron stated that this change is for consistency and will make it so that any evaluator going to any location, will know all of the drugs that are required and it's not going to be up to the evaluators to independently decide what drugs should be available. He feels that this change will ensure that everybody plays by the same rules.

Dr. Knight asked to move forward on the motion and asked for second, Dr. Reznik advised that he seconded the motion earlier. The Board voted nine to four to deny the motion.

### **Use of Silver Diamine Fluoride by Dental Hygienists (SDF)**

Dr. Knight recognized Ms. Self for comment. She introduced information for an amendment to Rule 150-5-.03 with references. This amendment would allow dental hygienists, especially the ones in public health, to apply the initial dose of silver diamine fluoride (SDF) to slow the progression of tooth decay.

The reasons given for the amendment to the rule are:

- There are 120 rural counties
- 22 counties do not have a dentist
- 124 dental health professional shortage areas
- 109 counties have high HPSA scores
- These areas do not have fluoridated water
- Over 500,000 children live in rural Georgia
- Less than 1 in 3 dentists in Georgia participate in Medicaid
- 279 pediatric dentists are practicing in Georgia with only 15 serving in rural areas

Dr. Knight asked the Board for comments. Dr. Knight recognized Dr. Shirley for comment. Dr. Shirley asked what the Board needed to do to make this change. He asked if it was a rule change or some kind of clarification to the rule. Director Joiner was asked to clarify pathways for this change. Director Joiner advised that the Board could do both, make it a clarifying statement for the short term and then a rule change later.

Dr. Knight recognized Ms. Mattingly for comment. Ms. Mattingly commented that she would prefer not to do a rule change because the rules state that dental hygienists may apply the fluoride, but it does not specify which type of fluoride. She feels that naming a specific type of fluoride would be restrictive and that a rule change is necessary. She added that she felt that if the Board would be willing to make a statement that the use of SDF is authorized for dental hygienist under this rule.

Dr. Knight recognized Dr. Reznik for comment. Dr. Reznik commented that this is an access to care issue, and it will help a lot of children and adults in the rural areas and some urban areas, that do not have access to dental care. He stated that he is 100% behind this to help slow the progression of the disease until these individuals can be seen by a dentist. Ms. Self seconded his comment.

Director Joiner advised that he suggests that in addition to the Minutes, that the Board may also want to put a public statement on the website because it would be more visible to everyone.

Dr. Knight asked for the Board's vote. Dr. Shirley asked to verify that this vote would be regarding making a clarifying statement on the website. Dr. Knight confirmed it was. Dr. Schultz asked what the clarifying statement would be. Ms. Self responded that it would be that dental hygienists are authorized to be able to use it because the rule just says fluoride. Dr. Schultz advised that he had conflicting data and asked if this particular compound was FDA approved for carious lesions or has the FDA approved it for only tooth sensitivity? He added that if the hygienists are using the substance off label, then he thinks that this needs to be fully discussed by the Board. Dr. Reznik and Ms. Mattingly responded that the dentists are actually using it off label for decay and tooth sensitivity.

Dr. Schultz asked if SDF is being used off label, then wouldn't a dentist need to diagnose that incipient

decay before the compound is supplied. Ms. Mattingly responded that in October of 2016, the FDA designated SDF as a breakthrough therapy, based on its arrest of decay, for treating dental decay in children and adults as a first oral health therapy. She advised that the FDA recommended that dentists and dental hygienists to utilize SDF to help with access to care for rural areas and places like Indian reservations. She commented that she has used it personally in public health settings and that it was often the only thing available at the time to help the individuals. She advised that one of the number one reasons that a child misses school is because of toothache and that this capability helps to prevent that. She thanked Ms. Selfe for raising awareness to this because hygienists are hesitant to use SDF because they would like clarification from the Board that they are allowed to use SDF.

Dr. Knight asked Dr. Shirley if this helped clarify the position. Dr. Shirley advised that he supports making a clarifying statement. The Board voted to add a clarifying statement to the website regarding the use of SDF by hygienists.

### **Miscellaneous**

#### **Approval of New Treatment Provider - Recovering Professionals in Healthcare (Mark Clayton)**

The Board had discussion about the request for approval of new treatment provider Mark Clayton with Recovering Professionals in Healthcare. Dr. Knight stated that he didn't see any problems with approving Mr. Clayton and that he already does a lot of work with the Board of Pharmacy. Director Joiner also advised that Mr. Clayton does do a lot of work with the Board of Pharmacy. Dr. Knight asked the Board if they had any questions, comments or concerns. The Board approved Mr. Clayton to be added to the Board's provider list.

#### **Approval of New Sedation Course - Dr. Pruett's/ Athens Regional Hospital Syllabus for proposed Intravenous Moderate Sedation Course.**

The Board had discussion about the request for approval of new GPR program in Athens (Dr. Pruett's/ Athens Regional Hospital Syllabus for proposed Intravenous Moderate Sedation Course). Dr. Knight asked the Board if they had any questions, comments or concerns.

Dr. Reznik asked if there was already an approved GPR in Athens and advised that he did not believe there was. He commented that they submitted to get a sedation program before they actually had CODA approval for the GPR. Dr. Shirley advised that he agreed with Dr. Reznik that he does not have a problem with the course necessarily, but he is concerned that the GPR program has no status with CODA. He added that there is a need for more GPR programs and that he commends them for offering a new program, but that CODA has very specific guidelines that if a program enrolls students without first having been granted initial accreditation status that the Commission of Dental Accreditation will not accept the application for accreditation.

Dr. Maron made a motion to table this conversation until the Board can get verification of this program situation.

Dr. Maron commented that he had a point of order question for the attorney and that he is not asking this to offend the two hygiene members of the board, but that he would like to go back to the vote regarding his motion for sedation. He added that according to the rules and his interpretation of them, that the dental hygienist members of the Board may vote only on matters relating to hygiene administration policy, which do not directly relate to practical and scientific examination of dentists for licensing in the state. Dr. Maron opined that the two votes from the hygienists on the Board's earlier discussion on sedation should be null and void, and that he thinks the Board should have a reevaluation of the vote. Dr. Knight asked for the vote

count and was advised that it was five in favor and nine opposed. Dr. Knight stated that even minus the two votes from the hygienist members, the result would have been the same.

**Approval of New Diode Laser Certification Course - Dr. Donald Woods/ Excel Dental Educators Syllabus for Proposed course**

The Board had discussion about the request for approval of new diode laser certification course provided by Dr. Donald Woods with Excel Dental Educators. Dr. Knight asked the Board if they had any questions, comments or concerns. The Board approved the proposed course.

**Approval for Health Fair Dental Screening - Templo Bautista Hispano is requesting approval for October 19, 2024, Health Fair Dental Screening.**

The Board had discussion about the request for approval of health fair for dental screening in Warner Robins, GA. Dr. Knight asked the Board if they had any questions, comments or concerns. The Board approved the health fair.

Dr. Knight asked the Board if there were any more questions or concerns.

Dr. Knight recognized Dr. Reznik for comment. Dr. Reznik stated that he wanted to bring the Board’s attention that CMS has approved, after the request from the state of Georgia, adult Medicaid dental expansion. He wanted everyone to know that services are available to recipients 21 and older and that these are covered services that include basically all medically necessary dental services to recipients when these services are provided at reasonable integrals. He has provided a copy of the acceptance letter to Director Joiner and Dr. Knight. He read a portion of the acceptance letter. The letter was approved August 8, 2024, with the effective date of July 1, 2024.

With no further discussion, Dr. Shirley made a motion and Dr. Shilman 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. Michael Knight, Dr. Don Spillers Jr., Dr. Greg Goggans, Dr. Lacey Green, Dr. Glenn Maron, Ms. Misty Mattingly, Dr. Larry Miles, Dr. David Reznik, Mr. Mark Scheinfeld, Dr. Jeffrey Schultz, Ms. Lisa Selfe, Dr. Lisa Shilman and Dr. Brent Stiehl.

**Executive Session**

At the close of Open Session, but before the Board formally entered into Executive Session, Mr. Russell Carlson, Commissioner of the Department of Community Health, spoke briefly to the Board.

**Appearance:**

None

**LOC Recommendations**

None

**Applications**

B.M.	G.J.	A.D.	C.L.	C.W.
D.S.	I.A.	M.E.	R.B.	Y.W.
B.B.	S.H.	L.H.	A.B.	

**Correspondence**

None

**Investigative Committee’s Referral Case List:**

DENT250010	DENT250073	DENT2500103	Correspondence
DENT250003	DENT230495	DENT240249	DENT220435
DENT240149	DENT180235	DENT230285	

**Attorney General’s Report** – Mr. Tommy McNulty

- H.H.
- P.K.

**Executive Director’s Report** – Director J. Clinton Joiner

Budget update

**Legal Services** – Director J. Clinton 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:

**Applications**

B.M.	Dental Exam Applicant	Denied
G.J.	General Anesthesia/Additional Sites	Schedule to meet with Sedation Committee
A.D.	Request for Extension of PC Sedation Permit	Approved
C.L.	Parenteral Conscious Sedation Application	Approved
C.W.	Parenteral Conscious Sedation Application	Approved
D.S.	Sedation Evaluation	Approved
M.E.	Request for Extension of CS Sedation Permit	Approved
R.B.	Sedation/ Change of Location	Approved
Y.W.	Enteral Conscious Sedation Permit	Approved
B.B.	Parental Conscious Sedation	Approved
S.H.	Dental Reinstatement	Approved
L.H.	Dental Hygienist Reinstatement	Approved
A.B.	Volunteer Dentist	Approved

**Investigative Committee - Deputy Director’s Report**

<b>Licensee</b>
B.P.
R.S. / M.V.D.
T.R.
J.T.
E.C.
K.K.
D.J.

C.H.
C.H.

Dr. Shilman 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 1:23 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held on Friday, November 1, 2024, at 10:00 a.m. at 2 MLK Jr. Drive, SE, 11<sup>th</sup> Floor, East Tower, Atlanta, GA 30334.

Minutes recorded by Angela C. Johnson, Board Administrative Secretary

Edited J. Clinton Joiner, II, Executive Director