

**GEORGIA BOARD OF DENTISTRY**  
**Conference Call**  
**2 Peachtree St., N.W., 6<sup>th</sup> Floor**  
**Atlanta, GA 30303**  
**April 1, 2022**  
**10:00 a.m.**

**The following Board members were present:**

Dr. Glenn Maron, President  
Dr. Ami Patel, Vice-President  
Dr. Greg Goggans  
Dr. Michael Knight  
Ms. Misty Mattingly  
Dr. Larry Miles  
Dr. David Reznik  
Mr. Mark Scheinfeld  
Dr. Don Spillers  
Dr. Brent Stiehl  
Dr. Debra Wilson

**Staff present:**

Eric Lacefield, Executive Director  
Max Changus, Assistant Attorney General  
Thomas McNulty, Assistant Attorney General  
Brandi Howell, Business Support Analyst I

**Visitors:**

Erin Boyleston  
Dr. Randy Kluender, GA School of Orthodontics  
Dr. James Barron, GA Dental Society  
Dr. Adam Barefoot, Department of Public Health  
Dr. Naquilla Thomas, Clayton State University  
Dr. Alan Furness, Dental College of Georgia  
Lauren Pollow, PDS  
Jessica Bui, SRTA  
Pat Connolly-Atkins, CDCA  
Erin Boyleston, Dental College of Georgia  
Emma Paris, GDA

**Open Session**

Dr. Maron established that a quorum was present and called the meeting to order at 10:00 a.m.

**Introduction of Visitors**

Mr. Lacefield asked the visitors on the call to send an email via the “Contact Us” portal on the website if he/she would like his/her name reflected as being in attendance in the minutes.

**Approval of Minutes**

Dr. Knight made a motion to approve the Public and Executive Session minutes from the March 4, 2022, Conference Call. Dr. Wilson seconded, and the Board voted unanimously in favor of the motion.

**Report of Licenses Issued**

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

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

## Executive Session

The Board requested legal advice.

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

## Open Session

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

**Rule Variance Petition from Dr. Mohit Kataria:** Dr. Wilson made a motion to grant the petition based on the special circumstances noted in Dr. Kataria's petition. Additionally, the Board also finds that Dr. Kataria provided adequate justification for the variance since he passed the ADEX manikin based exam in 2021 and has been in a General Practice Residency since July 2021. Ms. Mattingly seconded, and the Board voted unanimously in favor of the motion.

### **General – Dr. Glenn Maron**

**Sleep Apnea Testing:** Dr. Maron discussed a new rule that would allow a dentist to order sleep apnea testing. He added that he thought this would be a fairly straight forward rule change and stated that he did not understand why the Board could not amend the rule. He continued by stating that the Board is only asking for a dentist to be allowed to order a sleep study, not diagnosing. Dr. Maron stated the sub-committee had done research and requested Dr. Stiehl provide an update.

Dr. Stiehl provided the Board with information about the role of dentists in the treatment of sleep related breathing disorders. Dr. Stiehl commented that he was in favor of replacing the existing rule. He stated that the dentist is the one titrating the appliances. He added that the physician will still see the results. Dr. Stiehl explained that access to care is the biggest issue. He stated that patient will see the dentist before he/she will go to his/her physician. He further stated that the dentist is more accessible to screening the patient. Dr. Stiehl stated it would be a disservice if dentists are not authorized to order a sleep study.

Dr. Goggans agreed with Dr. Stiehl. Dr. Goggans stated that the dentist is the primary gatekeeper when it comes to airways. He further stated that the dentist must screen the airway. Dr. Goggans continued by stating that the dentist will refer the patient to the physician and the physician will tell the patient he/she needs to lose weight without really studying the airway. He stated that in some states dentists are authorized to order a sleep study whereas other states say that dentists are not prohibited from ordering home sleep studies. Dr. Goggans discussed different state regulations regarding a dentist ordering a sleep study and read information from an advisory opinion from the South Dakota Board of Dentistry. Dr. Goggans stated there are 45 states that authorize a dentist to order a sleep study. He added that he was in favor of Georgia being permitted to do that as well.

Dr. Maron thanked Dr. Goggans for the information. Dr. Maron asked Mr. Changus clarify what is in statute. Mr. Changus responded by stating that he was not aware of a statute that would end this discussion. He referenced a document posted to Sharepoint for the board members to review related to prior advice and information given by the Attorney General's office regarding ordering sleep apnea studies by dentists. Mr. Changus stated that sleep apnea has been a topic that has come up multiple times. He continued by stating that the Board requested advice in 2005 and 2015 about whether the prescribing of sleep apnea devices was within the scope of practice of dentistry. Mr. Changus referenced minutes from April 2015 which state in part, "...it is the position of the Board that a dentist may not order a sleep study. Home sleep studies should only be ordered and interpreted by a licensed physician." Mr. Changus added that the Board's Policy regarding this matter was adopted in 2016 and is posted on the Board's website.

He explained that this was the previous position of the Board. He stated that with the concerns that have been discussed at previous meetings, a re-evaluation of this matter may be appropriate.

Mr. Scheinfeld commented that he would presume if the Board can create a rule that prohibits, the Board can undue a rule that prohibits. Ms. Mattingly responded by stating that it is her understanding that this would be a policy change, not a rule change. She added that it would just be a modification to the policy. Dr. Maron thanked Ms. Mattingly for the clarification. Dr. Maron called for a motion to amend the policy. Discussion was held by Mr. Changus. Mr. Changus stated, to Ms. Mattingly's point, that it is a policy that is articulating what the practice of dentistry is, and that is something that is set in statute. He stated that he did not know if the Board could say it now thinks authorizing a dentist to order a sleep study is the practice of dentistry. He added that it should not even be in the policy manual. In terms of reversing the Board's previous position, he stated the Board could remove that particular item from the manual. Mr. Changus stated that he thinks the issue is that dentists are seeing these problems and want to make a referral to have a sleep study done. He added that the dentist wants to initiate that process, and inquired if that could be done via a referral, rather than an order. Dr. Maron responded that there is a distinction. He stated if a referral is made to a pulmonologist for a sleep study, the patient would go to the pulmonologist, who would first want a consult. Whereas, if the dentist refers the patient for a sleep study, the patient will go to the sleep lab. Dr. Maron explained that there are multiple categories of this. He stated the dentist would want the pulmonologist to give his/her opinion. Dr. Maron stated that the first thing a sleep medicine specialist would say is to start with a CPAP, and the patient may not want to have a CPAP. He further stated the patient may want to have an alternative.

Dr. Stiehl commented that dentists need to be able to titrate the appliance. He continued by stating that the only way a dentist can do that is to send the patient home with a home test to see if the appliance helps, which the dentist can titrate. Dr. Stiehl stated that, right now, the patient would go back to his/her sleep physician with the titrated appliance and the physician would make a diagnosis. He stated that if the dentist did that every time, it would be very expensive for the patient. He added that if the dentist could order the sleep study, this would help the patients.

Dr. Goggans asked if the 2016 statement could be removed from the policy manual and replace it with a language stating that the Georgia Board of Dentistry does not prohibit dentists from ordering sleep studies, but dentists are prohibited from diagnosing. Mr. Scheinfeld agreed. Dr. Maron commented that this Board is trying to get things accomplished. He continued by stating that it may have been the Board's position in 2016 to not authorize a dentist to order a sleep study, but in 2022 there is literature and data available from the ADA and American Academy of Dental Sleep Medicine that clearly supports the dentist is in the best position to order that referral.

Mr. Changus responded that, to Dr. Goggan's point about whether or not the Board could redact the policy, is it could. He stated that he thinks Dr. Stiehl articulated how this is involved in the practice of DN. Mr. Changus stated the Board may want to move to redact the policy and come up with language on how it wants to address it, but suggested the Board take additional time to contemplate the matter a little more. He stated that the Board could revoke the policy. After further discussion, Dr. Maron requested Dr. Goggans and Dr. Stiehl draft appropriate language and present later in the meeting.

**Examination for Dental Licensure:** Dr. Maron stated the Board would be moving forward with amending its rule to allow for a manikin exam for dentists. He further stated that he was asked if this should also be allowed for dental hygienists as well. Dr. Maron stated that, in the past, the argument for not allowing it for dental hygiene was there are plenty of testing centers available. He explained that the manikin is considered as good as a live patient. Ms. Mattingly commented that not only the manikin based exam be made available for hygienists, but also acceptance of ADEX for dental hygiene. She explained that it is not fair to allow for dentists and not hygienists. Dr. Maron stated that the Board has the potential over the next four months to modify the rule to allow acceptance of a manikin-based exam for dentists and dental hygienists.

He added that Emergency Rule 150-3-0.3-.11 Regional Examination for Dentists is in place now. Dr. Maron stated that the Board has to go through the formality of making the rule permanent.

### **Sedation Committee Report – Dr. Glenn Maron**

Dr. Maron reported that the Sedation Committee met on March 25, 2022. He stated that the Committee researched rules from all 50 states related to sedation and determined there is not a single state that has limited the number of permits a person can apply for. He further stated that from an ethics standpoint he finds it a little distasteful that the Board does not have the power to limit the number of permits issued and asked where does the Board draw the line.

Dr. Maron read the following information from the American Association of Oral and Maxillofacial Surgeons Code of Professional Conduct:

- C.5 Itinerant Surgery:** Defined as elective oral and maxillofacial surgery performed in non-accredited surgical facilities other than the facility or facilities owned and/or leased by the oral and maxillofacial surgical practice employing the oral and maxillofacial surgeon.
- a. Fellows and members are strongly discouraged from participating in itinerant surgery.
  - b. It is unethical if the patient is unfamiliar with the surgeon who performs their surgery. Therefore, if an oral and maxillofacial surgeon performs itinerant surgery, the patient must be provided, in writing, the full name of the surgeon, their state license number, their primary address or main office address, their office telephone number, and their after-hours number prior to their surgical appointment.
  - c. It is unethical for the surgeon to delegate their primary patient responsibility. Therefore, if an oral and maxillofacial surgeon performs itinerant surgery, they shall comply with the current published AAOMS Parameters of Care for patient assessment and the Office Anesthesia Evaluation Manual for outpatient anesthesia.
    - 1) The surgeon shall perform a patient assessment including a medical history and a physical examination prior to performing surgery.
    - 2) The surgeon shall document the patient's physical status in their record using the American Society of Anesthesiology physical status classification prior to surgery, and
    - 3) The surgeon shall document a diagnosis justifying surgical care.
  - d. It is unethical for the surgeon to perform surgery in an unsafe or unsuitably equipped facility. The AAOMS Office Anesthesia Evaluation program establishes the required vital sign monitors for the safe delivery of office based anesthesia. Therefore, if an oral and maxillofacial surgeon performs itinerant surgery, they shall comply with the current published AAOMS Office Evaluation Manual for facility and anesthesia team requirements for each office utilized for itinerant surgery. To further comply with required vital sign monitoring; each office where the surgeon operates should have its own vital sign monitoring equipment which undergoes regularly scheduled maintenance to ensure the equipment is properly calibrated and in working order. Required monitoring includes ECG, Blood Pressure, Pulse Oximetry, and End Tidal CO<sub>2</sub>. In addition, the Oral & Maxillofacial Surgeon is required to comply with State laws pertaining to permitting and

licensing of any office facility utilizing and providing intravenous sedation and/or general anesthesia. All facilities utilized for such patient care must therefore, comply with State and Federal permitting and licensing requirements. As a minimum requirement, each surgeon shall provide their state component an affidavit confirming their compliance with the above standards of care including a list of each facility in which they perform itinerant surgery. Furthermore, an oral and maxillofacial surgeon must comply with the Drug Enforcement Agency (DEA) requirement to have and maintain a current and separate DEA registration for each office where the surgeon performs itinerant surgery. Appropriate storage of medications in a secured location must comply with requirements outlined in the DEA Practitioner's Manual. The manual is available at [www.deadiversion.usdoj.gov/pubs/manuals](http://www.deadiversion.usdoj.gov/pubs/manuals).

- e. It is unethical for the surgeon to perform surgery in an unsafe or unsuitably staffed facility. Therefore, if an oral and maxillofacial surgeon performs itinerant surgery, they shall comply with the state laws, rules and regulations for dental office based anesthesia/sedation procedures regarding staffing requirements. As a minimum requirement, each surgeon shall personally utilize a minimum of two operating room assistants properly trained to assist during itinerant procedures, anesthesia and patient recovery and be trained in emergency management.
- f. It is unethical for a surgeon to delegate post-operative care to a person who is not similarly qualified to recognize, treat, and manage all surgical complications. This includes the ability and privilege to admit patients to an extended care hospital for surgical care and/or other management. Therefore, if an oral and maxillofacial surgeon performs itinerant surgery, they shall be responsible for the outcome of the post-surgical care and shall maintain communication to ensure the patient receives proper continuity of care.

Dr. Maron continued by stating that this should be considered fair warning for any itinerant surgeon practicing at multiple locations that if a complication was to occur it would be viewed strongly and stringently by the Board as being below the standard of care. He stated that if that occurs, the dentist could potentially lose his/her license.

Dr. Knight commented that there was a lot of backlash on this. He stated it is not the Board's intent to penalize any group of individuals. He explained there were complaints that have come before the Board where the individuals had multiple locations and the Sedation Committee felt it needed to be addressed. He added that right now it is not appropriate to limit the number of locations and the Committee would be reviewing requests for multiple locations on a case by case basis.

**Sleep Apnea Testing:** At this point in the meeting, the Board resumed its discussion regarding sleep apnea testing. Ms. Mattingly read the following statement:

The Georgia State Board of Dentistry met on April 1<sup>st</sup>, 2022, and addressed the ability of dentists to order a sleep study.

The Board's opinion has changed since 2016 and recommends the adoption of the following to be updated in the Georgia Board of Dentistry Policy Manual.

- Georgia dentists are not prohibited from ordering sleep apnea tests. Diagnosis of sleep apnea is solely in the purview of the patient's physician and the practice of medicine.

- Dentists are allowed to dispense portable monitors for patients at risk for sleep apnea
- Dentists are allowed to order portable monitors for patients identified by the dentist as being at risk for sleep apnea
- Dentists are allowed to use a portable monitor to help determine the optimal effective position of a patient's oral appliance.
- Dentists are allowed to order a portable monitor to verify the effectiveness of an oral appliance.

Dr. Maron stated that the Board has to ensure that it is not misleading people and they take the results of a home sleep study and are diagnosing. He further stated that he agreed with Mr. Changus' comment about it needing to state it is not to be used for diagnosing and the patient must be diagnosed by a physician. Mr. Changus commented that in making the point about not diagnosing is an important way to deal with the concerns leading into the practice of medicine. After further discussion was held regarding changing the language in certain areas of the statement, Dr. Knight made a motion for the Board to table this matter and directed Dr. Stiehl to draft a statement to include on the May agenda.

#### **Attorney General's Report – Mr. Max Changus**

No report.

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

**Emergency Rule 150-3-0.3-.11 Regional Examination for Dentists:** Mr. Lacefield reported that the emergency rule has been approved and signed by the Governor. He added that it is currently posted on the Board's website and will be effective for the duration of the emergency and for a period of not more than 120 days thereafter. Ms. Mattingly asked if the Board would be doing the same for dental hygienists. Dr. Maron stated that the Board would not as the emergency rule has already been written, signed and on the website. He stated that dental hygiene exam updates would be included in the permanent rule. Ms. Mattingly stated she understood.

**Board Approved Treatment Facilities List:** Mr. Lacefield reported there is a facility on the approved list, COPAC in Mississippi, that is no longer in the business of substance abuse treatment. He stated that staff have tried to contact the facility and have been unable to reach anyone. Mr. Lacefield explained when going to their website, it takes you to another site called "Recovery Unplugged" and they do not have a location in Mississippi. Dr. Goggans made a motion to remove COPAC, Incorporated from the Board's approved treatment facilities listing. Dr. Reznik seconded and the Board voted unanimously in favor of the motion.

#### **Rules Discussion**

**Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist Designation:** Dr. Maron stated that it is his understanding that the Board does not have statutory authority to create a license/certification for dental hygienists who administer local anesthesia. He further stated that if the Board adopts the rule, the dental hygienist would be able to administer local anesthesia, but it will be up to the supervising dentist and the hygienist to maintain appropriate documentation, which needs to be available at any time the Board requests it. Dr. Maron stated that it is also the dentist's responsibility to ensure that the dental hygienist administering local anesthesia has the appropriate training. Mr. Lacefield commented that amendments to the rule have been made; however, this matter needs to be tabled until May to allow for further discussion with Ms. Mattingly, Dr. Maron and Mr. Changus.

**Examination for Licensure:** Dr. Maron stated that there is the potential for the manikin-based exam to be available. He stated that he would like for the Board to proceed with moving forward on this matter. He added that other items/rules on the list for consideration need to be postponed for now.

### **Miscellaneous**

Dr. Maron asked if there were any comments from the public members on the call. Dr. Lefebvre, Dental College of Georgia, stated that during the February 18, 2022, Conference Call, a board member requested data on the location of graduates throughout the state. She commented that, because it issues the licenses, the Board would probably have the best database of anyone in the state that could provide the information. Dr. Reznik responded by stating that the inquiry was concerning where the students were coming from in the state. Dr. Lefebvre stated that the school could provide that information and thanked the Board for the clarification.

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

## **Executive Session**

### **Appearance**

- K.S.L.

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

- M.M.D.
- D.C.W.
- A.S.Z.

### **Applications**

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

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

Report presented:

- DENT220171
- DENT220262
- DENT220276
- DENT220302
- DENT220358

- DENT200366
- DENT210274

**Attorney General’s Report – Mr. Max Changus**

The Board received legal advice regarding ordering of sleep apnea studies by dentists.

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

Mr. Lacefield discussed staffing matters.

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

**Open Session**

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

**Appearance**

- K.S.L. Denied Hygiene Credentials Overturn denial and approve

**Licensure Overview Committee Appointments/Discussion Cases**

- M.M.D. Correspondence Table pending receipt of additional information
- D.C.W. Dental Hygiene Licensee Schedule to meet with the Licensure Overview Committee
- A.S.Z. Renewal Pending Schedule to meet with the Licensure Overview Committee

**Applications**

- M.K. Dental Examination Approved application
- S.L.T. Dental Hygiene Exam Approved application
- J.S.P. Dental Examination Table pending receipt of additional information
- A.E.S. Dental Credentials Denied application
- T.A.F. Dental Credentials Denied application
- R.D. Dental Credentials Denied application
- M.B.S. Moderate Enteral CS Additional Site Table pending receipt of additional information
- R.C.D. General Anesthesia Additional Sites Schedule to meet with the Sedation Committee
- G.M. General Anesthesia Additional Site Approved application
- W.K.S. General Anesthesia Additional Sites Approved application
- O.B.A. Dental Reinstatement Denied application
- S.T.H. Dental Reinstatement Approved pending receipt of additional information
- E.M.D. Dental Faculty Ratification of approval



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

Report presented:

<b>Complaint Number</b>	<b>Allegations</b>	<b>Recommendation</b>
DENT220171	Other	Refer to the Department of Law
DENT220262	Unprofessional Conduct	Close with Letter of Concern
DENT220276	Unprofessional Conduct	Close with No Action
DENT220302	Unlicensed Practice	C&D Accepted
DENT220358	Quality of Care/Substandard Practice	Close with No Action
DENT200366	Quality of Care/Substandard Practice	Close with Letter of Concern
DENT210274	Unprofessional Conduct	Refer to the Department of Law

**Attorney General’s Report – Mr. Max Changus**

The Board received legal advice regarding ordering of sleep apnea studies by dentists.

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

Mr. Lacefield discussed staffing matters.

Dr. Stiehl seconded, and the Board voted in favor of the motion, with the exception of Dr. Maron, who abstained from the vote regarding G.M.

With no further business, the Board meeting adjourned at 12:49 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held via conference call on Friday, May 6, at 10:00 a.m. at the Department of Community Health’s office located at 2 Peachtree Street, N.W., 6th Floor, Atlanta, GA 30303.

Minutes recorded by Brandi Howell, Business Support Analyst I  
Minutes edited by Eric R. Lacefield, Executive Director