

GEORGIA BOARD OF DENTISTRY
Rules Committee Conference Call
2 Peachtree St., N.W., 6th Floor
Atlanta, GA 30303
August 13, 2021
1:00 p.m.

The following Committee members were present:

Dr. Ami Patel, Chair
Ms. Misty Mattingly
Mr. Mark Scheinfeld

Staff present:

Eric Lacefield Executive Director
Kirsten Daughdril, Sr Asst Attorney General
Max Changus, Assistant Attorney General
Kimberly Emm, Attorney
Brandi Howell, Business Support Analyst I

The following Board members were present:

Dr. Glenn Maron

Visitors:

Wanda Coleman
Miranda Emery

Open Session

Dr. Patel established that a quorum was present and called the meeting to order at 1:03 p.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.

Agenda Amendment

Ms. Mattingly requested to amend the agenda by separating the topics of local anesthesia and periodontal maintenance. The Committee agreed.

Mr. Mark Scheinfeld made a motion and Ms. Misty Mattingly seconded and the Committee 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 Ms. Misty Mattingly, Dr. Glenn Maron, Dr. Ami Patel, and Mr. Mark Scheinfeld.

Executive Session

Ms. Daughdril provided advice regarding the rule making process.

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

Open Session

Discussion Topics

Rule 150-3-.09 Continuing Education for Dentists: Ms. Mattingly inquired as to why this rule was referred to the Rules Committee. Ms. Emm responded by stating that House Bill 458 is now effective. She stated that originally GDA requested the Board add a one (1) hour requirement with regards to Law, Ethics and Professionalism. Ms. Emm explained that O.C.G.A. § 43-11-46.1(e) takes it a step further by stating, “*On and after January 1, 2022, continuing education requirements for dentists shall include legal*”

ethics and professionalism in the practice of dentistry, which shall include, but shall not be limited to, education and training regarding professional boundaries; unprofessional conduct relating to the commission of acts of sexual intimacy, abuse, misconduct, or exploitation with regard to the practice of dentistry; legislative updates and changes to the laws relating to the practice of dentistry and rules, policies, and advisory opinions and rulings issued by the board; professional conduct and ethics; proper billing practices; professional liability; and risk management.” Ms. Emm explained that the Committee now needs to take this into consideration. Ms. Mattingly inquired as to whether or not the Committee needs to specify the number of hours, such as four (4) hours. Dr. Maron commented that he believes four (4) hours is a lot and suggested one (1) hour. Dr. Patel stated that the Committee should also consider the number of hours that is already required and inquired as to what the purpose was of making this amendment to what is already required. Ms. Emm responded that there has been a change in the law, and it is now required. After further discussion, the Committee recommended amending Rule 150-3-.09(3)(e) to match what the statute requires and include one (1) hour for Law, Ethics and Professionalism effective January 2022. The Committee directed Ms. Emm to make the suggested changes and bring back to the Committee for review.

Rule 150-3-.01 Conscious Sedation Permits: The Committee recommended referring this matter to the Sedation Committee for review and consideration.

Rule 150-9-.01 General Duties of Dental Assistants and Rule 150-9-.02 Expanded Duties of Dental Assistants: Ms. Emm stated that the Committee needs to address both Rule 150-9-.01 and Rule 150-9-.02. She stated that Senate Bill 5 requires certain training by dental assistants and dental hygienists relating to the performance of phlebotomy and venipuncture procedures. Ms. Emm further stated that Rule 150-9-.01 states that a dental assistant can perform phlebotomy and venipuncture procedures after appropriate training is acquired. Ms. Mattingly commented that Senate Bill 5 specifies the training and documentation was provided on Sharepoint regarding what each state requires. Ms. Emm added that the Committee needed to address how the rules should be updated to accommodate Senate Bill 5. Ms. Emm stated that the law states, *“A dental assistant or licensed dental hygienist performing phlebotomy and venipuncture procedures shall be required to complete board approved training in phlebotomy, intravenous access, infection control, the handling of any medical or dental emergencies associated with such procedures, and any other safety related topics required by the board.”* Ms. Emm commented that it further states, *“A dental assistant or licensed dental hygienist assisting a licensed dentist during the lawful administration of conscious sedation under Code Section 43-11-21 or general anesthesia under Code Section 43-11-21.1 shall complete board approved training on the application procedures, protocols, patient monitoring techniques, equipment, and any other safety related topics required by the board.”*

Ms. Emm stated that in addition to the Senate Bill 5 matters at hand, there were some redundancies between Rule 150-9-.01 and Rule 150-9-.02. She added that some duties may seem similar or appear in both rules. She suggested the Committee take additional time to review each rule and make notes where he/she feels there needs to be changes. Ms. Mattingly agreed to table this matter to allow additional time for the Committee to review. Ms. Emm stated that she will work on bringing the sections into alignment with the requirements of Senate Bill 5.

Teledentistry: Dr. Patel stated that the Committee previously discussed this topic and recommended drafting a statement and presenting it to the Board once finalized. She further stated that additional information had been provided by Ms. Mattingly. Ms. Mattingly stated that she previously addressed the Committee regarding the access to care issue and the health professional shortage issues in Georgia. She further stated that she would like to see teledentistry opened up in Georgia, and not just in emergency settings. Ms. Mattingly explained that teledentistry has been used for many years in public health. She stated that it is an avenue to help treat patients in rural areas that do not have access to care. Mr.

Scheinfeld inquired as to what Ms. Mattingly based her recommendation on, such as a statistical basis. Ms. Mattingly responded that teledentistry is used in emergency situations in private practice and currently, it is used in public health. She referred to the information she provided to the Committee. Ms. Mattingly stated that teledentistry has a way to increase access to care. She explained that dental monitoring, for instance, in orthodontics, the dentist can monitor patients remotely. She stated there is a huge benefit for the patient to scan at home. Mr. Scheinfeld responded by stating there is a big difference in monitoring clear aligners and diagnosing patients over the screen. He stated that he is not opposed to teledentistry, but has not heard many dentists ask for it. He further stated that he believes there needs to be more discussion and research in order to send dental hygienists into the world to take x-rays and sending those back.

Pam Cushenan was on the call and spoke to the Committee. She stated that she is a dental hygienist in Georgia and is a fellow of special care hygiene that specializes in elderly care. She stated that when she goes into a long-term care setting, the teledentistry option would be great for that authorized dentist to be able to see the area of concern pointed out by the dental hygienist. Ms. Cushenan stated that it could be something they can take more time with or do they need to go through the process of sedating the patient and bringing him/her to the office to work on safely. She further stated it would be a wonderful advent for that dental team to more effectively communicate and provide better services for the patients that are difficult to move. Ms. Cushenan continued by stating that teledentistry would also be beneficial in Title I schools when the hygienist is conducting a screening. She stated there would at least be a record of the individual. She further stated that if the hygienist could take radiographs, the dentist would have a clear picture of what is going on with the patient. Mr. Scheinfeld asked if Ms. Cushenan stated that she was advocating for a dental hygienist to sedate a patient. Ms. Mattingly responded that Ms. Cushenan did not state that. Ms. Cushenan explained that she stated a patient would need to be sedated in order to be moved to the practice in order to be better served. Ms. Cushenan stated that she has nothing to do with sedation, nor would she choose to. She further stated that it is all about assessing the communication and dental services allowed in the law. Mr. Scheinfeld inquired as to who signs the consent forms. He stated that he is confused as to how aggressive the hygienists are wanting to make teledentistry. He further stated that when going into a long term care facility, he is unsure if the patient is competent to give permission to be sedated. Ms. Mattingly responded to Mr. Scheinfeld that he was taking everything being said out of context. Ms. Emm interjected and stated that it may be best to refer this matter to the Attorney General's office to find out what the Board's exact authority would be to regulate the practice of teledentistry because she does not want to spend time and resources on the subject just for the Attorney General to say the Board regulates individuals and not practice types. The Committee agreed. Ms. Mattingly commented that the ADA has accepted teledentistry as a means of care for patients and has recommended states utilize it as a means of access to care with patients. Ms. Emm responded by stating this may be a great topic to take up with legislature, especially in the wake of COVID-19. Ms. Mattingly agreed. Dr. Maron commented that he feels Ms. Mattingly is discussing agenda items for her own personal agenda. He stated that her job as a member of the Rules Committee and the Board should be about the care of the citizens of Georgia. He further stated that he has listened to Ms. Mattingly and Mr. Scheinfeld argue and it seems like there is a personal agenda. Ms. Mattingly responded that she was very offended by Dr. Maron's comments. She stated that she has no personal agenda as this is about the care of the citizens of Georgia. She further stated that she takes her role as a board member seriously. Ms. Mattingly stated that the ADA has recommended states do teledentistry as a means of access to care.

Suzanne Newkirk, who was on the call, spoke to the Committee. She stated that she wanted to address Mr. Scheinfeld's confusion. She further stated that in promulgating the rules, the Board cannot write rules what are beyond what is in the law. Ms. Newkirk explained that teledentistry would allow a communication platform between dental hygienists and dentists to send and receive a secure patient record. She stated that this would allow the supervising dentist to see what the dental hygienist sees when evaluating the patient.

Lamara Moore, who was on the call, spoke to the Committee. Ms. Moore stated that she sees teledentistry as a benefit to the patients.

There being no further discussion, the Committee recommended referring the matter to the Attorney General's office for an opinion.

O.C.G.A. § 43-11-53 Charitable dental events temporary licenses for dentists and dental hygienists in good standing in other states; procedures: Dr. Patel stated that the Committee previously discussed this matter and recommended a draft rule be created and reviewed. Ms. Emm responded that the rule has not been drafted at this time. Ms. Mattingly inquired as to what needed to be changed. Ms. Emm responded that a new rule needed to be incorporated as the law is currently active. Dr. Patel commented that she did not think the Board had the authority to create a temporary license. Ms. Emm explained that this is different as it is specific to attending a charitable event in the state of Georgia. Ms. Emm stated that the Committee needs to have discussion on what language should be included in the rule.

Rule 150-7-.05 Dental Hygiene Provisional Licensure by Credentials: Discussion was held regarding O.C.G.A § 43-11-71.1(a)(1), which states in part, "*Applicants must also provide proof of full-time clinical practice, as defined by the board; full-time faculty practice, as defined by the board; or a combination of both for the last two preceding years and hold an active dental hygiene license in good standing from another state.*" Ms. Emm stated Rule 150-7-.05 requires 1,000 hours for each twelve (12) month period. Ms. Mattingly commented that the Credentials Committee have seen applicants that were not able to acquire the required number of hours due to COVID-19. Ms. Emm stated that the Board could entertain rule waiver petitions for unique situations, or the applicant would have the option to apply for licensure by examination. She stated that the Committee does not necessarily need to make any changes to the rule. Dr. Patel agreed and stated that the current situation may not be applicable in the future.

Correspondence from Laney Kay: The Committee discussed this correspondence requesting the Board consider making the Temporary Continuing Education Policy for 2020-2021 permanent. Ms. Emm stated that this would fall into whether or not the Committee would want to change the current rule based on a pandemic. The Committee agreed that the rule does not need to be permanently changed at this time.

Local Anesthesia: Ms. Mattingly stated that she would like to thank former dental hygiene board members, Tunde Anday, Pam Bush, and Becky Bynum, for previously bringing up this topic. She stated that it has been brought up 35 times throughout the years. She further stated the Board has had the authority to write rules for local anesthesia since July 1, 1992. Ms. Mattingly explained that she has previously brought up this topic and feels it is time the Committee drafts rules regarding such. She stated that 47 states allow a dental hygienist to administer local anesthesia. She stated her fellow board members and educators of the state have brought up this topic previously. Ms. Mattingly stated that she would like to see the Committee draft rules that would allow a dental hygienist to administer local anesthesia under the direct supervision of a dentist.

Autumn Reid, President Elect of GDHA, was on the call and spoke to the Committee. She stated that dental hygienists believe that a dental hygienist in Georgia should be allowed to administer local anesthesia for pain management during scaling and root planning. She stated this has been the standard of care for non-surgical periodontal therapy for trained dental hygienists since 1971.

Dr. Maron responded that he is not in favor or against this topic. He asked, if approved, how would training of dental hygienists that have never given an injection be verified? Ms. Mattingly responded that Florida, for example, requires a CRDH certification. She explained that the dental hygienist would have to obtain certification on anesthesia, take a clinical exam, and do coursework that is similar to what a dentist has to take for sedation courses. She stated the dental hygienist would then submit the proof of

certification and passing the exam to the Board in order to obtain the license. She added that the dentist would have to be the one to approve administration under his/her supervision. Dr. Maron responded by stating that if the Committee drafts a rule, he suggests including language stating, “after achieving certification of local anesthesia”. Dr. Patel commented that the course would need to cover anatomy, and if a reaction were to occur, knowing how to locate the nerves would be required. Dr. Maron inquired as to whether this would be infiltration only or for blocks. Ms. Mattingly responded that her hope is that the Board would be open for either and would like to see Georgia offer it as a service under direct supervision.

Ms. Cushenan stated that Georgia State University already teaches a course to the hygienists about the nerves. She added that if the Board were to move forward with local anesthesia, it could easily be added to the dental hygiene curriculum.

Kathryn Zotter, who was on the call, spoke to the Committee. Ms. Zotter commented that all of the dental hygiene programs teach anesthesia right up to the point of insertion.

Jayne Spencer, who was on the call, spoke to the Committee. Ms. Spencer stated that she is a licensed dental hygienist in Georgia, as well as Tennessee and Michigan. She further stated that she is licensed to administer local anesthesia in Tennessee and Michigan. Ms. Spencer commented that if local anesthesia was implemented into the hygiene curriculum, hygienists practice on each other under supervision of the dentist and then take a written and clinical exam to become certified.

Ms. Newkirk stated that if delegating dental hygiene administration of local anesthesia was a concern for board members, she suggested the Board include language stating that the hygienist may only provide local anesthesia for the patient only under direct supervision of the dentist.

Ms. Mattingly stated that it was her understanding rules were drafted in 2010. She asked if Ms. Emm had access to that information. Ms. Emm responded by stating she would look, but knows nothing has been drafted since the end of 2017. Ms. Mattingly asked if the Committee would be okay with her putting together a draft for consideration. Dr. Patel responded affirmatively and requested Ms. Mattingly review the guidelines provided by the Attorney General’s office pertaining to the rule making process. Dr. Maron commented that Ms. Mattingly did a good job compiling the information for the Committee to consider. He stated that he recently attended the GDA House of Delegates meeting and this topic was discussed. Dr. Maron stated the reality is that dentists care about objective data and whether or not it is beneficial for patients of this state.

Wendy Blond, who was on the call, spoke to the Committee. Ms. Blond stated that she has been a dental hygienist in Georgia for 16 years. She stated that with the SRPs, the dentist seems to always do blocks for those patients. She encouraged the Board to consider what it would do for his/her patients when deciding between infiltration and blocks.

Periodontal Maintenance: Dr. Patel stated that general supervision is not allowed for periodontal maintenance procedures. She added that this topic was previously brought before the Board. Ms. Mattingly commented that this matter had been sitting since 2019. Ms. Emm stated the full Board previously considered multiple questions and ultimately decided that periodontal maintenance would not be allowed under general supervision. She further stated if the Committee would like to review the minutes on that discussion and correspondences reviewed, that information could be provided. Ms. Emm stated that, at this point, it is up to the Committee to determine if the topic needs to be brought up again with the Board. Ms. Mattingly responded by stating that many states that have general supervision allow hygienists to do periodontal maintenance. She added that dentist would have to authorize the hygienist to

provide this service to the patient. Ms. Mattingly stated that she was in favor of the Committee bringing it back to the Board.

Ms. Emm inquired as to what the difference was between what is performed in a normal prophylaxis versus what is done in periodontal maintenance. Ms. Mattingly responded that the patient is probed every single time. She added that one is doing the same exact thing between a prophylaxis, and periodontal maintenance and the patient is being checked for loss or change in his/her periodontal status. Ms. Mattingly stated that the patient is periodontal maintenance because the individual has had an active disease in the past. She explained that a prophylaxis does not have clinical attachment loss, or bone loss. She further stated that when it comes to what you are performing, you are scaling, polishing, flossing, and utilizing similar instruments. Ms. Mattingly stated there is not much difference between the two except for the clinical attachment loss. She continued by stating that a prophylaxis patient is probed once a year whereas a periodontal patient is probed every single visit. Dr. Patel agreed regarding the difference. She added that one difference is with periodontal maintenance is they do not see clinical attachment loss and stated that the reason the patient is seen more frequently is because some areas do become actively infected again at which time the dentist would present more treatment options. Dr. Patel added that the patient may be referred to a specialist. She stated that it is important the patient receives an evaluation by the dentist so that treatment options could be provided.

Mr. Scheinfeld asked if it was true that a dental hygienist could not diagnose. Ms. Emm responded affirmatively. Ms. Mattingly added that the hygienist cannot diagnose, but can assess. Mr. Scheinfeld stated that from the information Dr. Patel provided, you may have a dental hygienist engaged in doing scaling and root planning, and if there is an issue, the hygienist does not have the qualifications to diagnose the patient. After further discussion, Ms. Mattingly stated that if a prophylaxis patient comes in and presents with bleeding pockets, she would do an assessment, but would not diagnose. She added that she would discuss the concerns with the dentist. Ms. Mattingly stated that she basically collects data, and the dentist gives the diagnosis.

Ms. Reid stated that GDHA is in support of periodontal maintenance as a delegated duty under dental hygiene. She stated that no dentist is required to authorize his/her dental hygienist to work under supervision, but if the practicing dentist approves of it, GDHA believes it should be allowed. She added that it would increase access to care for an underserved population.

Ms. Mattingly inquired if the Committee would like to periodontal maintenance forward to the Board for consideration. Discussion was held regarding the rule making process and the previous Board choosing to not move forward with allowing periodontal maintenance under general supervision. After discussion, Ms. Mattingly was in favor of discussing this topic with the full Board. Dr. Patel and Mr. Scheinfeld recommended not bringing this matter back before the full Board.

Due to time constraints, the Committee stated discussion on the remaining topics on the agenda would be postponed until the next scheduled meeting.

Mr. Scheinfeld made a motion for the Committee to move forward with the recommendations made. Ms. Mattingly seconded, and the Committee voted unanimously in favor of the motion.

With no further business, the Committee meeting adjourned at 3:12 p.m.

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