

GEORGIA BOARD OF DENTISTRY
2 Peachtree St., N.W., 5th Floor
Atlanta, GA 30303
August 5, 2022
10:00 a.m.

The following Board members were present:

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

Staff present:

Eric Lacefield, Executive Director
Kirsten Daughdril, Senior Assistant Attorney General
Max Changus, Assistant Attorney General
Eric Lacefield, Executive Director
Clint Joiner, Attorney
Brandi Howell, Business Support Analyst I

Visitors:

Dr. Jeril Cooper, Promethean Dental Systems
Dr. Richard Callan, Promethean Dental Systems/SRTA
Sheriese Ferguson, GDHA
Dr. Daniel Miler
Brooke Turner, MPA
Graham Segrest, PDS
Autumn Reid, GDHA
Nikki Diamantis, Georgia School of Orthodontics
Amy N. Smith
Danna Thompson, GDA
Pam Cushenan, GDHA
Emily Yona, ADSO
Margie Miller, AU/Dental College of Georgia
Scott Lofranco, GDA
Richael Cobbler, CRDTS
Dr. Alan Furness, Dental College of Georgia
Ethan James, GDHA
Wanda N. Hill, GDHA
Valerie Dangler

Open Session

Dr. Maron established that a quorum was present and called the meeting to order at 10:04 a.m.

Introduction of Visitors

Dr. Maron welcomed the visitors. Dr. Maron asked new members, Dr. JC Shirley, Dr. Lacey Green, Dr. Lisa Shilman, Ms. Lisa Selfe, and Dr. Jeffrey Schultz, to introduce themselves.

Approval of Minutes

Ms. Mattingly made a motion to approve the Public Session minutes from the July 1, 2022, meeting as amended. Dr. Knight seconded, and the Board voted unanimously in favor of the motion.

In the same motion, the Board voted to approve the July 1, 2022, Executive Session minutes, and the July 14, 2022, Public and Executive Session minutes.

Report of Licenses Issued

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

Ms. Mattingly made a motion and Dr. Reznik 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. Lacey Green, Dr. Michael Knight, Dr. Glenn Maron, Ms. Misty Mattingly, Dr. Ami Patel, Dr. David Reznik, Mr. Mark Scheinfeld, Dr. Jeffrey Schultz, Ms. Lisa Selfe, Dr. Lisa Shilman, Dr. JC Shirley, Dr. Don Spillers, and Dr. Brent Stiehl.

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 Gabrielle T. Short: Ms. Mattingly made a motion to grant the petition as the Board finds that Ms. Short has demonstrated evidence of a substantial hardship and provided adequate justification for the variance. The Board based its findings on the special circumstances related to Ms. Short's health issues and the health issues of her mother-in-law, as noted in the petition. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

Rule Waiver Petition from Dr. Daniel S. Miler, IV: Dr. Miler was present and spoke to the Board regarding his request for a waiver of Rule 150-3-.01(7)(f), which requires exam results to include a human subject periodontics portion. Dr. Miler explained that when he took the ADEX exam five years ago in South Carolina, he was instructed by the recruiter that the periodontics portion was not needed to practice in the Navy. He requested the Board approve his request for a waiver so he can practice and provide for his young family. Dr. Maron inquired as to where Dr. Miler would be practicing. Dr. Miler responded by stating that he is currently in a residency at Georgia School of Orthodontics.

Mr. Scheinfeld inquired if there was anything preventing Dr. Miler from taking the periodontics portion. Dr. Miler responded by stating that expenses and being away from his family were an issue. Dr. Maron inquired as to Dr. Miler's intentions on practicing in Georgia. Dr. Miler responded that his intention is to moonlight in the short term and then eventually call Georgia home. Discussion was held by the Board regarding Dr. Miler not working in the past year. Dr. Miler informed the Board he has been in a residency program.

Dr. Stiehl made a motion to deny the waiver request. Dr. Knight seconded the motion. Discussion was held. Dr. Stiehl stated that what the recruiter stated is not what is required for licensure in Georgia. Dr. Maron informed Dr. Miler he would need to take the periodontal portion of the exam. Dr. Miler inquired if the Board would accept a manikin-based periodontal portion. Dr. Maron responded affirmatively. Ms. Mattingly commented that Dr. Miler also has the option to take the haptic exam at Promethean Dental Systems in Athens. Dr. Stiehl responded to Ms. Mattingly's comment by stating that the Board has not passed a rule that would allow for acceptance of such.

Mr. Changus stated that the Board could grant a variance and allow Dr. Miler to take haptic or manikin exam. Ms. Mattingly inquired if the Board was allowing applicants to take the manikin and haptic exam. Mr. Lacefield responded by stating that the emergency rule that allows for such expires as of August 13, 2022. He stated that if the Board wanted to allow acceptance of the manikin or haptic exam that was previously approved via the emergency rule, the Board could make a motion to grant a variance; however, he stated the Board would need to deny Dr. Miler's request for a waiver of the periodontal portion.

Mr. Scheinfeld inquired as to what rule the Board would be granting a variance of. He stated it could not be Rule 150-7-.04 Dental Provisional Licensure by Credentials as Dr. Miler does not have five years of full-time clinical practice. Dr. Miler explained that he had previously applied for licensure by credentials, but was directed to apply for licensure by exam due to him passing ADEX in 2017. There being no further discussion, the Board voted unanimously in favor of the motion.

Dr. Stiehl made a motion to grant a variance of Rule 150-3-.01(7)(f) and accept the results of a manikin-based periodontics portion of an exam conducted with or without the use of virtual haptic simulation. Ms. Mattingly seconded, and the Board voted unanimously in favor of the motion.

General – Dr. Glenn Maron

Dr. Maron discussed the following updates to the Board's Committee Listing:

INVESTIGATIVE COMMITTEE

Dr. Brent Stiehl, Chair
Dr. Glenn Maron
Dr. Ami Patel
Dr. David Reznik
Dr. Jeff Schultz

Ad Hoc Members

Dr. Greg Goggans
Dr. Michael Knight
Dr. Debra Wilson

LICENSURE OVERVIEW COMMITTEE

Dr. Michael Knight, Chair
Ms. Misty Mattingly, RDH
Dr. Larry Miles
Dr. JC Shirley
Dr. Debra Wilson

CE AUDIT COMMITTEE

Dr. Ami Patel, Chair
Ms. Misty Mattingly, RDH
Mr. Mark Scheinfeld
Dr. Lisa Shilman
Dr. Don Spillers

COMMITTEE ON LICENSURE BY CREDENTIALS

Dr. Greg Goggans, Chair
Dr. David Reznik

SEDATION COMMITTEE

Dr. Glenn Maron, Chair
Dr. Michael Knight
Dr. David Reznik
Dr. Jeff Schultz
Dr. Brent Stiehl

LOCAL ANESTHESIA COMMITTEE

Ms. Misty Mattingly, Chair
Dr. Larry Miles
Dr. David Reznik
Dr. JC Shirley
Dr. Debra Wilson

SLEEP APNEA COMMITTEE

Dr. Michael Knight, Chair
Ms. Misty Mattingly
Dr. Larry Miles
Dr. David Reznik
Dr. Brent Stiehl

EXAMINATION COMMITTEE

Dr. Greg Goggans, Chair
Dr. Lacey Green
Ms. Misty Mattingly

Ms. Lisa Selfe, RDH
Mr. Mark Scheinfeld
Dr. Debra Wilson

Mr. Mark Scheinfeld
Dr. Brent Stiehl
Dr. Debra Wilson

External Committees with Board Representation

**ELECTRONIC DATA BASE REVIEW
ADVISORY COMMITTEE (PDMP)**

Dr. Michael Knight

CRDTS STEERING COMMITTEE

Dr. Brent Stiehl

CRDTS EXAMINATION COMMITTEE

Dr. Ami Patel

DENTAL COLLEGE OF GA LIAISON

Dr. Ami Patel

Examination Committee Report – Dr. Greg Goggans

Rule 150-3-.01 Examination for Dental Licensure: Dr. Goggans discussed the following suggested changes to section (6) of Rule 150-3-.01:

- (6) For purposes of this rule, failure of the completed curriculum integrated format type examination shall only be counted as one (1) examination failure. ~~The final section/sections failed with~~ Failure of Part II of the curriculum integrated format type examination will be applicable to sections (4) and (5) of this rule.

Dr. Goggans discussed the following suggested changes to (7) of Rule 150-3-.01:

- (e) Results from the American Board of Dental Examiners, Inc. (ADEX) dental examination as uniformly administered by a testing agency approved by the Board ~~beginning January 1, 2021~~ taken on or after January 1, 2015.
- (f) Results from the Central Regional Dental Testing Service (CRDTS) Manikin-based (no human subject) dental examination take on or after January 1, 2021.
- (g) Results from the American Board of Dental Examiners, Inc. (ADEX) Manikin-based (no human subject) dental examination taken on or after January 1, 2021.
- ~~(e)~~(h) Results from the Southern Regional Testing Agency dental examination taken on or after January 1, 2021.
- ~~(f)~~(i) Regional examinations must include psychomotor, patient-based or simulated patient-based (manikin) procedures performed on human subjects as part of the assessment of clinical competencies, ~~and~~ and shall have included evaluations in the following areas:
1. periodontics, ~~human subject~~ clinical abilities testing;
 2. endodontics, clinical abilities testing;
 3. posterior class II amalgam or posterior class II composite preparation and restoration, ~~human subject~~ clinical abilities testing;
 4. anterior class III composite preparation and restoration, ~~human subject~~ clinical

abilities testing;

5. crown preparation, clinical abilities testing;
6. prosthetics, written or clinical abilities testing;
7. oral diagnosis, written or clinical abilities testing; and
8. oral surgery, written or clinical abilities testing.

~~(g)~~(j) Examination scores from slot preparations of restorative dentistry shall neither be accepted or recognized by the Board.

Dr. Goggans explained that there have been issues with portability. He stated that the Examination Committee met and received information from CITA, CRDTS, ADEX, CDCA, SRTA and Promethean Dental Systems. Dr. Goggans further stated that after the presentations, the Committee was very satisfied these were a good representation of exams as long as the exam includes the components listed.

Dr. Stiehl asked if there was a periodontal diagnosis component. He stated that some exams offer clinical abilities testing, but not periodontal diagnosis. Ms. Richael Cobbler, CRDTS, stated that the CRDTS exam assesses intra oral examination, calculus detection, periodontal measurements, diagnosis and scaling and root planning. She added that the ADEX exam does not have a psychomotor diagnosis as part of its periodontal exam. Ms. Cobbler stated that this was her understanding from reviewing the manuals that they do not require it. Dr. Rick Callan commented that the SRTA exam also has diagnosis and treatment.

Dr. Stiehl commented that he was just looking for consistency for each exam. Dr. Goggans commented that the Board will consider a vote to post the rule and at the public hearing, the Board may receive input and recommendations from the public. After further discussion, the Board recommended amending the language to include periodontics, diagnosis and clinical abilities testing.

Mr. Scheinfeld inquired if Rule 150-7-.04 would be addressed to mirror the changes discussed in Rule 150-3-.01. Dr. Maron responded by stating that once the Board has worked out the language the way it wants for Rule 150-3-.01 and the rule has been approved, the Board would review Rule 150-7-.04. Mr. Lacefield inquired if the Board should address the credentials rules at the same time it addresses the rules for licensure by exam. Dr. Maron responded by stating that the Board needed to work through the exam rules first. Mr. Changus agreed on the Board waiting to make changes to the rules pertaining to licensure by credentials at this time. He commented that with licensure by credentials the applicant is someone who has established a track record of practicing. He stated that, as Dr. Goggans indicated, a public hearing would be held and the Board may receive comments. Mr. Joiner commented that he would work on the suggested changes to Rule 150-3-.01 now and have it ready for the Board to consider when it discusses the additional rules under the Rules Discussion section of the agenda.

Rule 150-5-.02 Qualifications for Dental Hygienists: Dr. Goggans discussed the following suggested changes to Rule 150-5-.02:

- (2) All applicants must show passage of all sections with a score of 75 or higher on a psychomotor, patient-based or simulated patient-based clinical examination administered by the board or a testing agency designated and approved by the board. Regional examinations must include evaluations in the following areas:

- (a) Pocket depth detection;
 - (b) Calculus detection and removal;
 - (c) Intra oral and extra oral assessment.
- (3) The board will only ~~consider~~consider exam results from: examination
- (a) ~~results from~~The Southern Regional Testing Agency (SRTA) that were attained between February 22, 1993 and December 31, 2005. SRTA retake examination results will be accepted until December 31, 2006.
 - (b) ~~After December 31, 2005, the board will only consider~~ the dental hygiene examinations as uniformly administered by the Central Regional Dental Testing Service, Inc. (CRDTS), or any other testing agency designated and approved by the board.
 - (c) After January 1, 2021, the American Board of Dental Examiners (ADEX) dental hygiene examinations as uniformly administered by the Commission on Dental Competency Assessments (CDCA), the Western Regional Examining Board (WREB), or the Council of Interstate Testing Agencies (CITA).
 - (d) After January 1, 2021, the dental hygiene examinations as uniformly administered by Southern Regional Testing Agency (SRTA).
 - (e) The Board may hold other examinations as may be required and necessary.

Ms. Mattingly requested to add the suggested language from Rule 150-3-.01(7)(e) to Rule 150-5-.02. Dr. Goggans responded that the ADEX dental exam changed in 2015. He inquired if the exam for dental hygiene changed at that time as well. Ms. Mattingly responded by stating that she was unsure. She added that the exam would have been patient-based, not manikin. Ms. Cobbler stated that there were specific reasons why CRDTS was the only exam accepted for hygiene many years ago. She further stated that she did not know the reasons why, but encouraged the Board to investigate.

Dr. Furness commented on the proposed changes to Rule 150-3-.01. He stated that Dental College of Georgia (DCG) students were in the middle of taking the dental ADEX examination. He stated that he wanted to make the Board aware that if the proposed changes pass, it would require a change in the exam. Dr. Goggans inquired as to what the differences were. Dr. Furness responded by stating that it sounded like the Board wanted ADEX to make a change to its exam as it relates to periodontal diagnosis. Dr. Maron commented that what the students take should be based on where he/she will practice. He added that a student should not take the ADEX exam if it does not include that portion. Dr. Stiehl inquired if other exams were being offered by DCG. Dr. Furness responded by stating that other exams were not currently being offered. Dr. Stiehl inquired as to the reason why. Dr. Furness stated that it is very disruptive to host an exam. He added that DCG tries to find an exam that will give the student the most opportunity and portability.

Dr. Goggans stated that the comments made would be good information for the public hearing. Dr. Maron suggested tabling Ms. Mattingly's suggested amendment to Rule 150-5-.02 concerning the ADEX exam based on lack of information. As such, Ms. Mattingly withdrew her request to add the suggested language from Rule 150-3-.01(7)(e) to Rule 150-5-.02.

Dr. Maron discussed extending Emergency Rule 150-3-0.3-.11 Regional Examination for Dentists for 60 days because he felt the suggested amendments to Rule 150-3-.01 would not be posted and approved in time as the emergency rule expires August 13th. Mr. Lacefield commented that the Board does not have the legal authority to extend the emergency rule. He explained that the rule was put in place for the duration of the Governor's State of Emergency and would be effective for no more than 120 days thereafter. He added that if a dentist wants to take the manikin exam after August 13th, the individual will have to submit a rule petition to the Board for consideration. Dr. Maron thanked Mr. Lacefield for the clarification.

Attorney General's Report – Mr. Max Changus

No report.

Executive Director's Report – Mr. Eric Lacefield

Mr. Lacefield welcomed the new board members. He reminded the members of the Board and public that the October meeting will be held in person at the Dental College of Georgia.

Legal Services – Mr. Clint Joiner

Correspondence from Karen Irvin: The Board considered this correspondence regarding Ms. Irvin working for a Federally Qualified Health Center (FQHC). Her correspondence states that the dentist is leaving and Ms. Irvin is inquiring if she can perform screenings without a dentist on staff. After discussion, the Board directed staff to respond to Ms. Irvin by stating that O.C.G.A. § 43-11-74(f)(2) and Board Rule 150-5-.03(4)(c) both provide that the requirement of direct supervision does not apply to dental hygienists providing dental screenings in the setting of a federally qualified health center. These regulations however remove only the requirement of direct supervision, thus the hygienist in that setting must still operate under general supervision. Pursuant to Rule 150-5-.03(8), general supervision requires an authorizing dentist with a primary location of practice within 50 miles of the location where the hygienist will perform any service under general supervision. Additionally, for Ms. Irvin to perform screenings she must have an authorizing dentist within 50 miles. This dentist need not necessarily be on staff but the facility must have a formalized arrangement with the dentist such that he/she is capable of authorizing services under general supervision.

Rules Discussion

Rule 150-3-.01 Examination for Dental Licensure: The Board reviewed the revised draft posted to Sharepoint. Dr. Stiehl made a motion to post Rule 150-3-.01 Examination for Dental Licensure as amended. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

Rule 150-3-.01 Examination for Dental Licensure

- (1) Each candidate submitting an application for a dental license must have passed all sections of the National Board Theory Examinations - Part I and Part II with a score of 75 or higher or have a passing score on the Integrated National Board Dental Exam. The President of the Georgia Board of Dentistry may appoint one or more members of the Board to proctor the National Dental Board Examinations held in Georgia.
- (2) Each candidate for a license to practice dentistry must pass with a score of 75 or higher a jurisprudence examination on the laws and rules governing the practice of dentistry in the State of Georgia. Such examination shall be in the English language. The score will be valid for one year.
- (3) Each candidate for a license to practice dentistry must pass all sections with a score of 75 or higher on any clinical examination administered by the Georgia Board of Dentistry, or a testing agency designated and approved by the Board. Such examination shall be in the English language.

- (4) Any candidate who fails one or two sections of any clinical examination or any combination of one, two, or three sections of the clinical examination, three times must take a remedial course of study designated and pre-approved by the board.
- (a) Once the candidate shows written proof of successful completion of the approved course of study, the Board will grant the candidate one additional attempt at successful passage of a clinical licensing examination approved by the board.
 - (b) After a fourth failure of one or more sections of any clinical examination, no further attempts will be authorized or scores recognized by the board for licensure in Georgia.
- (5) Any candidate who fails three or more sections of any clinical examination three times must successfully complete a one-year American Dental Association-accredited course of study pre-approved by the board.
- (a) Once the candidate provides written proof of successful completion of this one- year course of study, the board will grant the candidate one additional attempt at successful passage of a clinical licensing examination approved by the Georgia Board.
 - (b) After a fourth failure of one or more sections of any clinical examination, no further attempts will be authorized or scores recognized by the board for licensure in Georgia.
- (6) For purposes of this rule, failure of the completed curriculum integrated format type examination shall only be counted as one (1) examination failure. ~~The final section/sections failed with~~ Failure of Part II of the curriculum integrated format type examination will be applicable to sections (4) and (5) of this rule.
- (7) In determining whether an applicant has met the requirements for licensure, the board will only consider:
- (a) The examination given by the Georgia Board of Dentistry prior to February 22, 1993.
 - (b) Results from the Southern Regional Testing Agency (SRTA) that were attained between February 22, 1993 and December 31, 2005; to include SRTA retake examination results until December 31, 2006.
 - (c) Results from the American Board of Dental Examiners (ADEX) examination as uniformly administered by the Central Regional Dental Testing Service (CRDTS) and the Northeast Regional Board of Dental Examiners (NERB) that were attained between January 1, 2006 and June 30, 2009.
 - (d) Results from the Central Regional Dental Testing Service (CRDTS) examination or any other testing agency designated and approved by the Board attained subsequent to June 30, 2009. Results from the retake examinations administered by the Northeast Regional Board of Dental Examiners (NERB) or the Central Regional Dental Testing Service (CRDTS) are accepted through June 30, 2010. Such retakes must be from initial

examinations taken prior to June 30, 2009 and must include at least one successful score from Parts II, III, IV or V.

- (e) Results from the American Board of Dental Examiners, Inc. (ADEX) dental examination as uniformly administered by a testing agency approved by the Board ~~beginning January 1, 2021~~ taken on or after January 1, 2015.
 - (f) Results from the Central Regional Dental Testing Service (CRDTS) Manikin-based (no human subject) dental examination taken on or after January 1, 2021.
 - (g) Results from the American Board of Dental Examiners, Inc. (ADEX) Manikin-based (no human subject) dental examination taken on or after January 1, 2021.
 - ~~(e)~~(h) Results from the Southern Regional Testing Agency dental examination taken on or after January 1, 2021.
 - ~~(f)~~(i) Regional examinations must include psychomotor, patient-based or simulated patient-based (manikin) procedures performed on human subjects as part of the assessment of clinical competencies, ~~and~~ and shall have included evaluations in the following areas:
 - 1. periodontics, ~~human subject~~ diagnosis and clinical abilities testing;
 - 2. endodontics, clinical abilities testing;
 - 3. posterior class II amalgam or posterior class II composite preparation and restoration, ~~human subject~~ clinical abilities testing;
 - 4. anterior class III composite preparation and restoration, ~~human subject~~ clinical abilities testing;
 - 5. crown preparation, clinical abilities testing;
 - 6. prosthetics, written or clinical abilities testing;
 - 7. oral diagnosis, written or clinical abilities testing; and
 - 8. oral surgery, written or clinical abilities testing.
 - ~~(g)~~(j) Examination scores from slot preparations of restorative dentistry shall neither be accepted nor recognized by the Board.
- (8) Each candidate for Georgia licensure must furnish a background check. The applicant shall be responsible for all fees associated with the performance of a background check.
- (9) The Board may hold other examinations as may be required and necessary.

Rule 150-5-.02 Qualifications for Dental Hygienists: Ms. Mattingly commented that she heard back from Ms. Kimber Cobb, Director of Dental Hygiene Exams, CDCA/WREB/CITA. Ms. Mattingly stated that Ms. Cobb confirmed there have been no changes to the content of the dental hygiene ADEX examination since 2015.

Discussion was held by the Board. Dr. Shilman inquired if the acceptance of the manikin exam was due to the pandemic. Dr. Maron answered affirmatively. Dr. Shilman asked why the Board was not going back to accept a patient-based exam only. Dr. Maron commented that the subject has been a huge debate amongst the board members. He explained that it was felt by the members that the quality of the new exams, the testing on the haptic and manikin exams were just as good, if not better and more reliable, than the patient-based exam. Dr. Maron added that Dr. Shilman's opinion on such was appreciated. Dr. Shilman inquired that since there is no longer an emergency, would a manikin-based exam be allowed going forward. Ms. Mattingly responded by stating that the Examination Committee did discuss the patient-based exam versus a manikin-based exam. She stated that more individuals seem to fail a manikin-based exam rather than the patient-based exam. Dr. Goggans commented that things have changed recently, and as Ms. Mattingly stated, research has shown there are more failures with a manikin-based exam versus the patient-based exam. Dr. Goggans stated that he has been tough on this issue and previously wanted to keep it as a patient-based exam only. He continued by stating that the state of Florida just passed legislation that requires individuals to take a manikin-based exam.

Dr. Shirley requested the new board members have access to the data on this topic. Dr. Goggans stated he would provide Dr. Shirley with information. He further stated the representatives from the testing agencies were welcome to educate the new members.

Dr. Schultz commented that he was not up to date on the manikin-based exam for general dental use, but does have experience with simulation. He stated that the technology companies are developing with simulation and manikin is quite impressive. He added that he was hesitant at first like Dr. Shilman; however, he has been impressed with how technology is improving.

Mr. Joiner commented that he would work on the suggested changes to Rule 150-5-.02 now and have it ready for the Board to consider at the end of the Rules Discussion on the agenda.

Rule 150-3-.09 Continuing Education for Dentists: Dr. Maron explained that the proposed amendments to this rule are based on requirements in O.C.G.A. § 43-11-46.1. He discussed the following suggested changes in section (3) of Rule 150-3-.09:

- (c) Four (4) credit hours for successful completion of the in-person CPR course required by Georgia law may be used to satisfy continuing education requirements per renewal period. This requirement may be satisfied by successful completion of an in-person Basic Life Support (BLS) or Advanced Cardiovascular Life Support (ACLS) course;
- (d) ~~Effective for the 2019 renewal year, o~~One (1) hour of the minimum requirement shall include the impact of opioid abuse, ~~and/or the proper prescription writing, and/or the use of opioids in dental practice;~~
- (e) Effective on and after January 1, 2022, one (1) hour of the minimum requirement shall include legal ethics and professionalism in the practice of dentistry, which shall include, but 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.

(~~h~~i) Up to ten (10) hours of continuing education per biennium may be obtained by providing, uncompensated dental care at a charitable dental event as defined by O.C.G.A § 43-11-53 ~~public agency or institution, not for profit agency, not for profit institution,~~

(k) Eight (8) hours per biennium may be obtained by assisting the Board with conducting onsite sedation evaluations. This shall be limited to a maximum of four (4) hours per evaluation. These hours shall be approved by the Continuing Education Committee of the Georgia Board of Dentistry and need not be sponsored by any agency listed in 150-3-.09 (2).

Dr. Maron discussed the following suggested changes in section (6) of Rule 150-3-.09:

(a) Up to ten (10) hours of continuing education per biennium may be obtained by providing, uncompensated dental care at a charitable dental event as defined by O.C.G.A § 43-11-53 ~~public agency or institution, not for profit agency, not for profit institution, nonprofit corporation, or not for profit association which provides dentistry services to indigent patients.~~

Dr. Reznik made a motion to post Rule 150-3-.09 Continuing Education for Dentists. Ms. Mattingly seconded, and the Board voted unanimously in favor of the motion.

Rule 150-3-.09. Continuing Education for Dentists

- (1) Dentists licensed to practice in the state of Georgia shall maintain and furnish to the Board, upon request, official documentation of having completed a minimum of forty (40) hours of continuing education during each biennium. Official documentation shall be defined as documentation from an approved provider that verifies a licensee's attendance at a particular continuing education course. Official documentation of course attendance must be maintained by a dentist for at least three (3) years following the end of the biennium during which the course as taken.
 - (a) Compliance with all continuing education requirements is a condition for license renewal. Failure to complete all hours of mandatory continuing education shall serve as grounds to deny the renewal of a license and may also result in disciplinary action being taken against a licensee.
 - (b) Upon its own motion, the Board may at any time randomly select a percentage of actively licenses dentists for the purpose of auditing their compliance with the continuing education requirements of the Board. Those licensees selected for an audit shall submit official documentation of their compliance within thirty (30) days of receipt of the audit letter. Failure to respond to an audit request in a timely manner shall be grounds for disciplinary action against a licensee.
 - (c) The continuing education requirements shall not apply to dentists whose licenses are on inactive status.
 - (d) The continuing education requirements shall apply within the first biennium that a dentist is licensed in Georgia. However, in order to meet the continuing education requirements during the first biennium, a newly licensed dentist may submit as their continuing education hours proof of dental coursework taken within the previous two (2) years of the date of the renewal application from a university or other institution accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor agency. Following the first biennium that a dentist is

licensed in Georgia such licensees shall comply with the continuing education requirements set forth in Rule 150-3-.09(2) and (3).

- (e) The continuing education requirements for dentists holding volunteer licenses may be satisfied by compliance with this rule, or they may alternatively be satisfied by compliance with Rule 150-3-.10.
- (2) Coursework, including home study courses, sponsored or approved by the following recognized organizations will be accepted:
- (a) American Dental Association/American Dental Hygienists association, and their affiliate associations and societies;
 - (b) Academy of General Dentistry;
 - (c) National Dental Association and its affiliate societies;
 - (d) Colleges, and universities and institutions with programs in dentistry and dental hygiene that are accredited by the Commission on Dental Accreditation of the American Dental Association when the professional continuing education course is held under the auspices of the school of dentistry or school of dental hygiene;
 - (e) CPR courses offered in-person by the American Red Cross, the American Heart Association, the American Safety and Health Institute, the National Safety Council, EMS Safety Services, or other such agencies approved by the Board.
 - (f) National and State Associations and/or societies of all specialties in dentistry recognized under Georgia law;
 - (g) Veterans Administration Dental Department;
 - (h) Armed Forces Dental Department;
 - (i) Georgia Department of Public Health;
 - (j) American Medical Association, the National Medical Association and its affiliate associations and societies;
 - (k) Hospitals accredited by the Joint Commission on Accreditation of Hospital Organizations (JCAHO).
- (3) Course content:
- (a) All courses must reflect the professional needs of the dentist in providing quality dental health care to the public;
 - (b) At least thirty (30) hours of the minimum requirement shall be clinical courses in the actual delivery of dental services to the patient or to the community;
 - (c) Four (4) credit hours for successful completion of the in-person CPR course required by Georgia law may be used to satisfy continuing education requirements per renewal period. This requirement may

be satisfied by successful completion of an in-person Basic Life Support (BLS) or Advanced Cardiovascular Life Support (ACLS) course;

- (d) ~~Effective for the 2019 renewal year, one (1) hour of the minimum requirement shall include the impact of opioid abuse, and/or the proper prescription writing, and/or the use of opioids in dental practice;~~
- (e) Effective on and after January 1, 2022, one (1) hour of the minimum requirement shall include legal ethics and professionalism in the practice of dentistry, which shall include, but 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.
- (ef) Up to fifteen (15) hours of continuing education per year may be obtained by assisting the Board with administering the clinical licensing examination. These hours shall be approved by the Continuing Education Committee of the Georgia Board of Dentistry and need not be sponsored by any agency listed in 150-3-.09 (2);
- (fg) Eight (8) hours per biennium may be obtained by assisting the board with investigations of licensees. This may include consultant review on behalf of the Georgia Board of Dentistry and peer reviews completed by committees of the Georgia Dental Association but shall be limited to two (2) hours for each case reviewed. These hours shall be approved by the Continuing Education Committee of the Georgia Board of Dentistry and need not be sponsored by any agency listed in 150-3-.09 (2);
- (gh) Up to ten (10) hours of continuing education per year may be obtained by teaching clinical dentistry or dental hygiene at any ADA-approved educational facility. These hours shall be awarded in writing by the course director at the facility and approved by the Continuing Education Committee of the Georgia Board of Dentistry;
- (hi) Up to ten (10) hours of continuing education per biennium may be obtained by providing, uncompensated dental care at a charitable dental event as defined by O.C.G.A § 43-11-53 public agency or institution, not for profit agency, not for profit institution, nonprofit corporation, or not for profit association which provides dentistry services to indigent patients;
- (ij) Up to twenty (20) hours of continuing education per biennium may be obtained by members of the Georgia Board of Dentistry for member service, where one continuing education hour is credited for each five hours of Board service provided;:
- (k) Eight (8) hours per biennium may be obtained by assisting the Board with conducting onsite sedation evaluations. This shall be limited to a maximum of four (4) hours per evaluation. These hours shall be approved by the Continuing Education Committee of the Georgia Board of Dentistry and need not be sponsored by any agency listed in 150-3-.09 (2).

(4) Criteria for receiving credit for attending an approved continuing education course:

- (a) Credit hours are not retroactive or cumulative. All credit hours must be received during the two (2) year period to which they are applied;

- (b) One credit hour for each hour of course attendance will be allowed;
 - (c) Only twelve hours of credit will be accepted per calendar day;
 - (d) Effective January 1, 2008, at least twenty (20) of the required forty (40) hours of credit must be acquired in person at an on-site course or seminar; you are not allowed to acquire all CE hours through on-line courses, electronic means, journal studies, etc.
- (5) Criteria for receiving credit for teaching an approved continuing education course:
- (a) Credit hours for teaching an approved course must be obtained and used during the biennium that the approved course is taught;
 - (b) A dentist who teaches an approved continuing education course is eligible to receive two (2) credit hours for each hour of course work that he or she presents at a particular course. Credit will be given for teaching a particular course on one occasion. A maximum of ten (10) credit hours per biennium may be obtained by a dentist by whom an approved continuing education course is taught;
 - (c) Only continuing education courses sponsored by organizations designated in Rule 150-3.09(2) will be considered for credit pursuant to this subsection of the rule.
 - (d) In the event that an audit is conducted of the continuing education hours of a dentist who has taught a course approved by a recognized organization, the following information shall be required to document the dentist's role in presenting a continuing education course:
 - (i) Documentation from an approved provider verifying that the dentist presented an approved continuing education course;
 - (ii) Documentation from an approved provider reflecting the content of the course;
 - (iii) Documentation from an approved provider specifying the list of materials used as a part of the course; and
 - (iv) Documentation from an approved provider verifying the hours earned and the dates and times that the course in question was given.
 - (e) In the event that an approved continuing education course is taught by more than one dentist, continuing education credit will be given for those portions of coursework for which the dentist is directly involved and primarily responsible for the preparation and presentation thereof. Continuing education credit will not be available to a dentist whose participation in preparing and presenting an approved course is not readily identifiable.
- (6) Criteria for receiving credit for providing uncompensated indigent dental care.
- (a) Up to ten (10) hours of continuing education per biennium may be obtained by providing, uncompensated dental care at a charitable dental event as defined by O.C.G.A § 43-11-53 ~~public agency or institution, not for profit agency, not for profit institution, nonprofit corporation, or not for profit association which provides dentistry services to indigent patients.~~

(b) Dentists may receive one hour of continuing education for every four hours of indigent dental care the dentist provides, up to ten (10) hours. Such continuing education credits will be applied toward the dentist's clinical courses.

(c) All credit hours must be received during the two (2) year renewal period;

(d) All appropriate medical/dental records must be kept;

(e) Dentists shall at all times be required to meet the minimal standards of acceptable and prevailing dental practice in Georgia;

(f) The Board shall have the right to request the following:

1. Documentation from the organization indicating that the dentist provided the dental services;
2. Documentation from the organization that it provided medical and/or dental services to the indigent and/or those making up the underserved populations;
3. Notarized verifications from the organization documenting the dentist's agreement not to receive compensation for the services provided;
4. Documentation from the organization detailing the actual number of hours spent providing said services; and
5. Documentation from the dentist and/or organization verifying the services provided.

(7) Effective January 1, 2012, dentists may receive continuing education credit for dental coursework taken during a residency program from a university or other institution accredited by the Commission on Dental Accreditation of the American Dental Association. Such coursework must have been taken during the current license renewal period.

(1) Submission of a copy of the certificate of completion of program showing dates of completion is sufficient proof of coursework.

(2) One (1) credit hour equals one (1) continuing education credit.

Rule 150-5-.05 Requirements for Continuing Education for Dental Hygienists: Dr. Maron stated that he felt dental hygienists should be held to the same standards as dentist. He explained that the amendment mirrors the language in Rule 150-3-.09 concerning requirements for legal, ethics and sexual harassment coursework. Dr. Reznik made a motion to post Rule 150-5-.05 Requirements for Continuing Education for Dental Hygienists. Ms. Mattingly seconded, and the Board voted unanimously in favor of the motion.

Rule 150-5-.05. Requirements for Continuing Education for Dental Hygienists

(1) Dental hygienists licensed to practice in the state of Georgia shall maintain and furnish to the Board, upon request, official documentation of having completed a minimum of twenty-two (22) hours of continuing education during each biennium. Official documentation shall be defined as documentation from an approved provider that verifies a licensee's attendance at a particular continuing education course. Official documentation of course attendance must be maintained by a dental hygienist for at least three (3) years following the end of the biennium during which the course was taken.

- (a) Compliance with all continuing education requirements is a condition for license renewal. Failure to complete all hours of mandatory continuing education shall serve as grounds to deny the renewal of a license and may also result in disciplinary action being taken against a licensee.
 - (b) Upon its own motion, the Board may at any time randomly select a percentage of actively licensed dental hygienists for the purpose of auditing their compliance with the continuing education requirements of the Board. Those licensees selected for an audit shall submit official documentation of their compliance within thirty (30) days of receipt of the audit letter. Failure to respond to an audit request in a timely manner shall be grounds for disciplinary action against a licensee.
 - (c) The continuing education requirements shall apply within the first biennium that a dental hygienist is licensed in Georgia. However, in order to meet the continuing education requirements during the first biennium, a newly licensed dental hygienist may submit as their continuing education hours proof of dental hygiene coursework taken within the previous two (2) years of the date of the renewal application from a university or other institution accredited by the Commission on Dental Accreditation of the American Dental Association. Following the first biennium that a dental hygienist is licensed in Georgia such licensees shall comply with the continuing education requirements set forth in Rule 150-5-.05(2) and (3).
 - (d) The continuing education requirements shall not apply to dental hygienists who are on inactive status.
 - (e) The continuing education requirements for dental hygienists holding volunteer licenses may be satisfied by compliance with this rule, or they may alternatively be satisfied by compliance with Rule 150-3-.10.
- (2) Coursework, including home study courses, sponsored or approved by any organization recognized under Rule 150-3-.09(2) will be accepted.
- (3) Course content:
- (a) All courses must reflect the professional needs of the hygienist providing quality dental health care to the public;
 - (b) At least fifteen (15) hours of the minimum requirement must be scientific courses in the actual delivery of dental services to the patient or to the community;
 - (c) Four (4) credit hours for successful completion of the in-person CPR course required by Georgia law offered by the American Heart Association, the American Red Cross, the American Safety and Health Institute, the National Safety Council, EMS Safety Services, or other such agencies approved by the Board may be used to satisfy continuing education requirements per renewal period. This requirement may be satisfied by successful completion of an in-person Basic Life Support (BLS) or Advanced Cardiovascular Life Support (ACLS) course.
 - (d) Up to eight (8) hours of continuing education per year may be obtained by assisting the Board with administering the clinical licensing examination or by assisting the Board with investigations of licensees. These hours shall be approved by the Continuing Education Committee of the Georgia Board of Dentistry and need not be sponsored by any agency or organization listed in 150-3-.09(2).

- (e) Up to five (5) hours of continuing education per biennium may be obtained by teaching dental hygiene at any ADA-approved educational facility. These hours shall be awarded, in writing, by the course director at the facility and approved by the Continuing Education Committee of the Georgia Board of Dentistry.
 - (f) Up to five (5) hours of continuing education per biennium may be obtained by providing, uncompensated dental hygiene care at a charitable dental event as defined by O.C.G.A § 43-11-53 ~~public agency or institution, not for profit agency, not for profit institution, nonprofit corporation or not for profit association which provides dental hygiene services to indigent patients.~~
 - (g) Up to ten (10) hours of continuing education per biennium may be obtained by members of the Georgia Board of Dentistry for member service, where one continuing education hour is credited for each five hours of Board service provided.
 - (h) Effective on and after January 1, 2022, one (1) hour of the minimum requirement shall include legal ethics and professionalism in the practice of dental hygiene, which shall include but 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 dental hygiene; legislative updates and changes to the laws relating to the practice of dental hygiene and rules, policies, and advisory opinions and rulings issued by the Board; professional conduct and ethics; proper billing practices; professional liability; and risk management.
- (4) Criteria for receiving credit for attending an approved continuing education course:
- (a) Credit hours are not retroactive or cumulative. All credit hours must be received during the two (2) year period to which they are applied; and
 - (b) One credit hour for each hour of course attendance will be allowed;
 - (c) Only twelve hours of credit will be accepted per calendar day;
 - (d) Effective January 1, 2008, at least eleven (11) of the required twenty-two (22) hours of credit must be acquired in person at an on-site course or seminar; you are not allowed to acquire all CE hours through on-line courses, electronic means, journal studies, etc.
- (5) Criteria for receiving credit for teaching an approved continuing education course:
- (a) Credit hours for teaching an approved course must be obtained and used during the biennium that the approved course is taught;
 - (b) A dental hygienist that teaches an approved continuing education course is eligible to receive two (2) credit hours for each hour of coursework that he or she presents at a particular course. Credit will be given for teaching a particular course on one occasion only. A maximum of five (5) credit hours per biennium may be obtained by a dental hygienist by whom an approved continuing education course is taught;
 - (c) Only continuing education course designated in Rule 150-5.05(2) as being sponsored or approved by recognized organizations will be considered for credit pursuant to this subsection of the rule. Courses taught by a dental hygienist prior to or a part of the process of obtaining his or her R.D.H. shall not be eligible for consideration pursuant to this provision of the rule;

- (d) In the event that an audit is conducted of the continuing education hours of a dental hygienist who has taught a course approved by a recognized organization, the following shall be required to document the dental hygienist's role in presenting a continuing education course:
1. Documentation from an approved provider verifying that the dental hygienist presented an approved continuing education course;
 2. Documentation from an approved provider reflecting the content of the course;
 3. Documentation from an approved provider specifying the list of materials used as part of the course; and
 4. Documentation from an approved provider verifying the hours earned and the dates and times that the course in question was given.
- (e) In the event that an approved continuing education course is taught by more than one dental hygienist, continuing education credit will be given for those portions of course work in which the dental hygienist is directly involved and primarily responsible for the preparation and presentation thereof. Continuing education credit will not be available to a dental hygienist whose participation in preparing and presenting an approved course is not readily identifiable.
- (6) Criteria for receiving credit for providing uncompensated indigent dental hygiene care.
- (a) Up to five (5) hours of continuing education per biennium may be obtained by providing uncompensated dental hygiene care at a charitable dental event as defined by O.C.G.A § 43-11-53 ~~public agency or institution, not for profit agency, not for profit institution, nonprofit corporation or not for profit association which provides dental hygiene services to indigent patients.~~
- (b) Dental hygienists may receive one hour of continuing education for every four hours of indigent dental hygiene care the dental hygienist provides, up to five (5) hours. Such continuing education credits will be applied toward the dental hygienist's clinical courses.
- (c) All credit hours must be received during the two (2) year renewal period;
- (d) Dental hygienists shall at all times be required to meet the minimal standards of acceptable and prevailing practice in Georgia;
- (e) The Board shall have the right to request the following:
1. Documentation from the organization indicating that the dental hygienist provided the services;
 2. Documentation from the organization that it provided medical and/or dental hygiene services to the indigent and/or those making up the underserved populations;
 3. Notarized verifications from the organization documenting the dental hygienist's agreement not to receive compensation for the services provided;
 4. Documentation from the organization detailing the actual number of hours spent providing said services; and

5. Documentation from the dental hygienist and/or organization verifying the services provided.

Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist: Ms. Mattingly stated that at the Board's July meeting there were comments made by GDA regarding the proposed rule limiting the training to CODA approved dental hygiene programs. Ms. Mattingly explained that changes have been made to the proposed rule that would allow GDA and others to provide the coursework for local anesthesia. She explained to the new members that hygienists have been providing anesthesia in the United States for 50 years. She added that there are only a few states that do not permit such. Ms. Mattingly continued by stating that the Board has had the authority to write the rules for local anesthesia for 30 years. She stated that it would be monumental if it could be moved to a public hearing.

Ms. Mattingly discussed the following information provided to the Board at the July meeting:

- *Georgia requires all hygienists to graduate from a CODA-approved program that teaches anesthesia up until insertion.*
- *All hygienists are trained in medical emergencies, bi-annually.*
- *No state has ever rescinded local anesthesia for hygienists.*
- *Providing anesthesia is under direct supervision; therefore, the dentist is in control and can choose to allow their hygienist to do so or not.*

Dr. Maron stated that the Board does need to address the GDA's suggestion of changing the age of the patient from 12 to 18. Dr. Maron continued by stating that after reflection, the question he would raise is if a patient under the age of 18 needed anesthesia for cleaning purposes or hygiene purposes, would that be an indication there is something going on with that child. Ms. Mattingly commented that she initially wrote the rule to require the patient be 18 years of age and older, but the committee moved it to age 12 based on the need they saw as dentists. She asked the new board members for his/her input on the subject.

Dr. Shilman asked if the rule passes, is the dental hygienist only able to inject for hygiene purposes or would the dental hygienist be able to assist the dentist in anesthetizing for a dental procedure. Dr. Stiehl responded by stating that was the fear. He added that he was worried this would be turned into a production type issue. Dr. Shilman inquired if there were limitations to a dental hygienist administering local anesthesia. Ms. Mattingly responded by stating that the rule does not specify it can only be done for a hygiene patient, but that was the intent. Dr. Reznik commented that the language needs to match the intent.

Ms. Amy Smith spoke to the Board. Ms. Smith explained that she is licensed in two other states and worked for a pediatric dentist. She continued by stating that she would often anesthetize patients and it would not be for a production purposes. Ms. Smith stated that if the hygienist has a patient making a disturbance, the hygienist wants to get the patient numb as quickly as possible. She added that the patient cannot be left on nitrous oxide for a long period of time. She further stated that it is not about money, but rather what is best for patient. She added that she does not understand why the Board would want to limit the hygienist administering local anesthesia to just hygiene services.

Ms. Valerie Dangler spoke to the board. Ms. Dangler stated she is licensed in two states. She explained that she has been administering local anesthesia since 2003. She continued by stating that she does travel to other states to maintain her skillset. Ms. Dangler stated that when she works with her general dentist as a hygienist it does benefit patients. Dr. Maron inquired as to how it benefited patients. Ms. Dangler responded by stating that at times patients are with her for scaling and then see the dentist afterwards for a filling, for example. She added that in some states endodontists employ dental hygienists just to provide anesthesia. Ms. Dangler stated she wanted to provide some insight because from what she was hearing, there is an ethical concern. She stated that decisions should be made on what is best for the profession and the public. She further stated that it was not fair for patients to wait on the dentist to come in.

Ms. Mattingly suggested amending the language to specify that a dental hygienist, under the direction supervision of a Georgia licensed dentist, may administer local anesthesia “for their patient”. She added that she would like to see this proposed rule move forward and if there are other issues, that is something the Board can discuss down the road. Dr. Spillers commented that, in his opinion, it is not a dental hygiene issue, but rather a scope issue. Discussion was held regarding changing “for their patient” to “for hygiene purposes”.

Dr. Maron inquired if there were any comments from pediatric dentists about the age of 12 versus 18. Dr. Shirley commented that he read the minutes from the Board’s July meeting. He stated that if the patient is under six years of age, that is a big deal. He further stated that the differences with ages 12-18 were variable with weight and body mass index. Dr. Shirley continued by stating that there may be individual situations with the patient, but that he did not have a strong opinion about the age of 12 versus 18.

Mr. Ethan James spoke to the Board. Mr. James inquired if it would it be more appropriate to gather information to provide for public hearing purposes since the rule would be advancing to a hearing for a final vote instead of making changes and having to go backwards. Dr. Maron agreed.

Dr. Shilman stated that if the Board were to allow a dental hygienist to inject without the direct involvement of a dentist, she recommended the rule be amended to state that the patient be age be 18 years of age or older. She further stated that she has had many patients under the age of 18 that needed to be anesthetized for a hygiene appointment. The Board agreed on the change.

Ms. Mattingly made a motion to post Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist as amended. Discussion was held by the Board. Dr. Knight expressed his concerns with the rule. He stated that he spoke to several dentists, hygienists, and patients regarding the proposed rule and no one that he spoke with was in support of it. He continued by stating the concern was allowing a hygienist to administer anesthesia was not within the scope of practice. Dr. Knight stated that he felt the Board should reconsider the matter. He discussed his concerns over safety issues. Dr. Shilman commented that there are dental hygienists in Georgia that have never injected. She inquired if the Board was saying a hygienist could start injecting patients tomorrow. Ms. Mattingly responded that a hygienist must complete the required training that is listed in the rule. Dr. Maron commented that the opinions expressed have been noted.

Comments were provided by Ms. Dangler. Ms. Dangler spoke of her ability to practice in other states. She also discussed the training she received and how well prepared she was to give injections. Dr. Knight asked Ms. Dangler how many injections she gives a day. She responded by stating that she does not give injections in Georgia. Dr. Knight asked about other states. Ms. Dangler responded by stating that she may do two a day if she has to do scaling and root planing on periodontal patients. She encouraged the members to review the curriculum that is out there.

After further discussion, Ms. Selfe seconded, and the Board voted in favor of the motion, with the exception of Dr. Knight, who opposed.

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

(1) A dental hygienist, under the direct supervision of a Georgia licensed dentist, may administer local anesthesia for hygiene purposes, including intraoral block anesthesia, soft tissue infiltration anesthesia, or both, to a non-sedated patient that requires local anesthesia for pain management and who is 18 years of age or older if the following criteria are met.

(2) Educational and Practical Experience Requirements:

(a) Graduate of an approved curriculum program.

1. Dental hygiene anesthesia courses or programs required for dental hygienists licensed in Georgia to qualify to administer local anesthesia:

(i) Shall be taught using lecture and laboratory/clinical formats by a dental education program accredited by the Commission on Dental Accreditation of the American Dental Association (ADA) or its successor agency, a similar organization approved by the United States Department of Education, or the Board.

(ii) The requirements shall include, at a minimum, sixty (60) hours of coursework comprised of thirty (30) didactic hours, fifteen (15) laboratory hours, and fifteen (15) clinical hours which shall include, but not be limited to, the following:

(I) Theory of pain control,

(II) Selection-of-pain-control modalities,

(III) Anatomy,

(IV) Neurophysiology,

(V) Pharmacology of local anesthetics,

(VI) Pharmacology of vasoconstrictors,

(VII) Psychological aspects of pain control,

(VIII) Systemic complications,

(IX) Techniques of maxillary anesthesia,

(X) Techniques of mandibular anesthesia,

(XI) Infection control,

(XII) Safety Injection practices, and

(XIII) Medical emergencies involving local anesthesia.

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

(iv) Courses must be taught to a minimum score of eighty percent (80%) in the parenteral administration of local anesthesia, and successful students shall be awarded a certificate of completion.

(3) Continuing Education: Dental hygienists administering local anesthesia pursuant to this rule, must complete two (2) hours of approved continuing education per biennium, which shall include a review of local anesthetic techniques, contraindications, systemic complications, medical emergencies related to local anesthesia, and a general overview of dental office emergencies. These

hours may be used as part of the twenty-two (22) hours of continuing education required each biennium.

Rule 150-8-.01 Unprofessional Conduct: Mr. Lacefield explained this rule had been tabled due to revisions made to Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist.

Dr. Maron read the following suggested change to Rule 150-5-.07:

(s) Authorizing a dental hygienist who has not met the requirements of Rule 150-5-.07(2) to administer local anesthesia.

Dr. Goggans made a motion to post Rule 150-5-.07 Unprofessional Conduct as amended. Dr. Reznik seconded. Discussion was held. Dr. Reznik requested to strike the language regarding “Human Immunodeficiency Virus, Hepatitis B Virus” and replace it with “bloodborne pathogens” The Board agreed on the requested change. There being no further discussion, the Board voted unanimously in favor of the motion.

Rule 150-8-.01. Unprofessional Conduct Defined

The Board has the authority to refuse to grant a license to an applicant or to discipline a dentist or dental hygienist licensed in Georgia if that individual has engaged in unprofessional conduct. For the purpose of the implementation and enforcement of this rule, unprofessional conduct is defined to include, but not be limited to, the following:

- (a) Failing to conform to current recommendations of the Centers for Disease Control and Prevention (C.D.C.) for preventing transmission of ~~Human Immunodeficiency Virus, Hepatitis B Virus~~ bloodborne pathogens, and all other communicable diseases to patients. It is the responsibility of all currently licensed dentists and dental hygienists to maintain familiarity with these recommendations, which are considered by the Board to be minimum standards of acceptable and prevailing dental practice.
- (b) Violating any lawful order of the Board;
- (c) Violating any Consent Agreement entered into with the Georgia Board of Dentistry or any other licensing board;
- (d) Violating statutes and rules relating to or regulating the practice of dentistry, including, but not limited to, the following:
 - 1. The Georgia Dental Practice Act (O.C.G.A. T. 43, Ch. 11);
 - 2. The Georgia Controlled Substances Act (O.C.G.A. T. 16, Ch. 13, Art. 2);
 - 3. The Georgia Dangerous Drug Act (O.C.G.A. T. 16, Ch. 23, Art. 3);
 - 4. The Federal Controlled Substances Act (21 U.S.C.A., Ch. 13);
 - 5. Rules and Regulations of the Georgia Board of Dentistry;
 - 6. Rules of the Georgia State Board of Pharmacy, Ch. 480, Rules and Regulations of the State of Georgia, in particular those relating to the prescribing and dispensing of drugs, Ch. 480-28;
 - 7. Code of Federal Regulations Relating to Controlled Substances (21 C.F.R. Par. 1306);

8. O.C.G.A. T. 31-33 Health Records. A dentist must send a patient a copy of his/her records upon request where the request complies with O.C.G.A. Title 31-33, et. seq., even if the patient has an outstanding balance with the dentist, but the patient may be required to pay costs of copying and mailing records and for search, retrieval, certification, and other direct administrative costs related to compliance with the request.
 9. The Health Insurance Portability and Accountability Act (Pub. L. 104-191).
- (e) Failing to maintain appropriate records whenever controlled drugs are prescribed. Appropriate records, at a minimum, shall contain the following:
1. The patient's name and address;
 2. The date, drug name, drug quantity, and diagnosis for all controlled drugs;
 3. Records concerning the patient's history.
- (f) Prescribing controlled substances for a habitual drug user in the absence of substantial dental justification;
- (g) Prescribing drugs for other than legitimate dental purposes;
- (h) Any departure from, or failure to conform to, the minimum standards of acceptable and prevailing dental practice. Guidelines to be used by the Board in defining such standards may include, but are not restricted to:
1. **Diagnosis.** Evaluation of a dental problem using means such as history, oral examination, laboratory, and radiographic studies, when applicable.
 2. **Treatment.** Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.
 3. **Emergency Service.** Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record. For purposes of this rule, a "patient of record" is defined as a patient who has received dental treatment on at least one occasion within the preceding year.
 4. **Records.** Maintenance of records to furnish documentary evidence of the course of the patient's medical/dental evaluation, treatment and response. A dentist shall be required to maintain a patient's complete dental record, which may include, but is not limited to, the following: treatment notes, evaluations, diagnoses, prognoses, x-rays, photographs, diagnostic models, laboratory reports, laboratory prescriptions (slips), drug prescriptions, insurance claim forms, billing records, and other technical information used in assessing a patient's condition. Notwithstanding any other provision of law, a dentist shall be required to maintain a patient's complete treatment record for no less than a period of ten (10) years from the date of the patient's last office visit.
 5. **Sterilization Records.** All sterilization records must be maintained for a period of not less than three (3) years. Such records shall include, but not be limited to, the following: type of sterilizer and cycle used; the load identification number; the load contents; the exposure parameters (e.g., time and temperature); the operator's name; and the results of mechanical, chemical, and biological monitoring.

- (i) Practicing fraud, forgery, deception or conspiracy in connection with an examination for licensure or an application;
- (j) Knowingly submitting any misleading, deceptive, untrue, or fraudulent misrepresentation on a claim form, bill or statement to a third party;
- (k) Knowingly submitting a claim form, bill or statement asserting a fee for any given dental appliance, procedure or service rendered to a patient covered by a dental insurance plan, which fee is greater than the fee the dentist usually accepts as payment in full for any given dental appliance, procedure or service;
- (l) Abrogating or waiving the co-payment provisions of a third party contract by accepting the payment received from a third party as payment in full, unless the abrogation or waiver of such co-payment or the intent to abrogate or waive such copayment is fully disclosed, in writing, to the third party at the time the claim is submitted for payment. For the purpose of this rule, a "third party" is any party to a dental prepayment contract that may collect premiums, assume financial risks, pay claims, and/or provide administrative service.
- (m) Falsifying, altering or destroying treatment records in contemplation of an investigation by the Board or a lawsuit being filed by a patient;
- (n) Committing any act of sexual intimacy, abuse, misconduct or exploitation related to the licensee's practice of dentistry or dental hygiene;
- (o) Delegating to unlicensed or otherwise unqualified personnel duties that may only be lawfully performed by a dentist or dental hygienist;
- (p) Using improper, unfair or unethical measures to draw dental patronage from the practice of another licensee;
- (q) Terminating a dentist/patient relationship by a dentist, unless notice of the termination is provided to the patient viacertifiedmail. A "dentist/patient relationship" exists where a dentist has provided dental treatment to a patient on at least one occasion within the preceding year.
 1. "Termination of a dentist/patient relationship by the dentist" means that the dentist is unavailable to provide dental treatment to a patient, under the following circumstances:
 - (i) The office where the patient has received dental care has been closed permanently or for a period in excess of (30) days;
 - (ii) The dentist discontinues treatment of a particular patient for any reason, including non-payment of fees for dental services, although the dentist continues to provide treatment to other patients at the office location;
 2. The dentist who is the owner or custodian of the patient's dental records shall mail notice of the termination of the dentist's relationship to patient, via certified mail, which notice shall provide the following:
 - (i) The date that the termination becomes effective, and the date on which the dentist/patient relationship may resume, if applicable;
 - (ii) A means for the patient to obtain a copy of his or her dental records. The notice shall be mailed at least fourteen (14) days prior to the date of termination of the

dentist/patient relationship, unless the termination results from an unforeseen emergency (such as sudden injury or illness), in which case the notice shall be mailed as soon as practicable under the circumstances.

- (r) Knowingly certifying falsely to the accuracy or completeness of dental records provided to the Board.
- (s) Authorizing a dental hygienist who has not met the requirements of Rule 150-5-.07(2) to administer local anesthesia.

Rule 150-5-.02 Qualifications for Dental Hygienists: At this time, the Board returned to its discussion of this rule. Dr. Stiehl commented there were conflicting opinions. Ms. Mattingly responded by stating that Ms. Cobb, who previously spoke to the Examination Committee, messaged her and confirmed that the 2015 hygiene exam has the same components as the exam being administered now. Ms. Mattingly stated that Ms. Shayna Overfelt, also with CDCA/WREB/CITA, confirmed this information as well. Ms. Mattingly further stated that she wanted there to be consistency.

Ms. Cobbler inquired about the legality of accepting the ADEX exam retroactively. Ms. Mattingly responded by stating the Board determined there have been no changes to the content of the ADEX examination since 2015, and as such, it would consider live patient ADEX examinations taken in 2015 or later for dentists. She added that hygienists have previously not been allowed to submit results from 2015.

Ms. Cobbler inquired about the legality of accepting the ADEX exam retroactively for both dentists and dental hygienists. Mr. Changus responded by stating that the issue concerns treating individuals taking the same exam differently. He added that if the exam from 2017 and 2021 are the same, then it looked as though the Board was treating individuals with the same credentials differently. Ms. Cobbler asked if the Board voted to post the rule, would there be a public hearing. Ms. Mattingly answered affirmatively.

Dr. Shirley inquired as to who it was that texted Ms. Mattingly regarding the hygiene exam. Dr. Goggans responded by stating that it was Ms. Kimber Cobb, Director of Dental Hygiene Exams, CDCA/WREB/CITA. He added that Ms. Cobb was formerly with CRDTS. He continued by stating that CDCA/WREB/CITA is now one group and there are no longer three separate exams.

Ms. Cobbler inquired as to why the Board would accept the ADEX hygiene exam, but not the WREB exam. Ms. Mattingly responded by stating CDCA/WREB/CITA have merged into one. Discussion was held. Dr. Goggans responded by stating there was a lot of conjecture and comments being made. He stated that once the Board votes to post the amendments, a public hearing will be scheduled for members of the public to provide comments. Ms. Cobbler encouraged the members to observe both exams before making a decision. Dr. Goggans responded by stating that Dr. Stiehl had observed.

There being no further discussion, Ms. Mattingly made a motion to add the suggested language from Rule 150-3-.01(7)(e) to Rule 150-5-.02. Dr. Goggans seconded, and the Board voted unanimously in favor of the motion.

Rule 150-5-.02 Qualifications for Dental Hygienists

- (1) No persons shall be issued a license to practice as a dental hygienist unless such person is a graduate of a school or college for dental hygienists recognized by the board and accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency. Such school or college must conduct a course consisting of not less than two (2) academic years for dental hygiene graduation.

- (2) All applicants must show passage of all sections with a score of 75 or higher on a psychomotor, patient-based or simulated patient-based clinical examination administered by the board or a testing agency designated and approved by the board. Regional examinations must include evaluations in the following areas:
- (a) Pocket depth detection;
 - (b) Calculus detection and removal;
 - (c) Intra oral and extra oral assessment.
- (3) The board will only ~~consider~~consider exam results from: examination
- (a) ~~results from~~The Southern Regional Testing Agency (SRTA) that were attained between February 22, 1993 and December 31, 2005. SRTA retake examination results will be accepted until December 31, 2006.
 - (b) After December 31, 2005, ~~the board will only consider~~ the dental hygiene examinations as uniformly administered by the Central Regional Dental Testing Service, Inc. (CRDTS), or any other testing agency designated and approved by the board.
 - (c) Notwithstanding the acceptance of simulated patient-based examinations provided in Rule 150-5-.02(2), after January 1, 2015 the American Board of Dental Examiners (ADEX) dental hygiene examinations as uniformly administered by the Commission on Dental Competency Assessments (CDCA), the Western Regional Examining Board (WREB), or the Council of Interstate Testing Agencies (CITA), provided such examination was taken with a human patient.
 - (d) After January 1, 2021, the American Board of Dental Examiners (ADEX) dental hygiene examinations as uniformly administered by the Commission on Dental Competency Assessments (CDCA), the Western Regional Examining Board (WREB), or the Council of Interstate Testing Agencies (CITA).
 - (e) After January 1, 2021, the dental hygiene examinations as uniformly administered by Southern Regional Testing Agency (SRTA).
 - (f) The Board may hold other examinations as may be required and necessary.
- (4) ~~All~~ Applicants must also pass a jurisprudence examination on the laws and rules governing the practice of dental hygiene in the State of Georgia. Such examinations shall be administered in the English language.
- ~~(2)~~ The Board may hold other examinations as may be required and necessary.
- ~~(3)~~(5) Any candidate who fails any clinical examination three times must take a remedial course of study designated and pre-approved by the board.

- (a) Once the candidate shows written proof of successful completion of the approved course of study, the Board will grant the candidate one additional attempt at successful passage of a clinical licensing examination approved by the board.
 - (b) After a fourth failure of any clinical examination, no further attempts will be authorized or scores recognized by the board for licensure in Georgia.
- ~~(4)~~(6) The applicant must provide the board with a copy of his or her score showing passage of all sections with a score of 75 or higher on the National Board Examination.
- ~~(5)~~(7) An applicant for dental hygiene licensure must provide the board with the following items:
- (a) An official transcript under seal showing the date of graduation and degree awarded from an accredited dental hygiene school certified by the appropriate officials;
 - (b) A certified copy of the results of the clinical examination given by the board or a testing agency designated and approved by the board;
 - (c) Copies of score of the National Board Examination;
 - (d) Proof of current CPR certification;
 - (e) Copies of any and all National Practitioner's Data Bank reports pertaining to the applicant;
 - (f) Furnish a criminal background check. The applicant shall be responsible for all fees associated with the performance of a background check; ~~and~~
 - (g) Verification of licensure from all states where the applicant has ever held or currently holds a license to practice dental hygiene. All such licenses shall be unencumbered by any past or present disciplinary action; ~~and~~
 - (h) In accordance with O.C.G.A. § 50-36-1, all applicants applying for licensure must submit an Affidavit Regarding Citizenship and submit a copy of secure and verifiable documentation supporting the Affidavit with his or her application.

Dr. Reznik made a motion and Dr. Stiehl seconded that the formulation and adoption of the proposed rule amendments does not impose excessive regulatory cost on any licensee and any cost to comply with the proposed rule amendments cannot be reduced by a less expensive alternative that fully accomplishes the objectives of the relevant code sections.

In the same motion, Board voted that it is not legal or feasible to meet the objectives of the relevant code sections to adopt or implement differing actions for businesses as listed at O.C.G.A § 50-13-4(a)(3)(A), (B), (C) and (D). The formulation and adoption of the proposed rule amendments will impact every licensee in the same manner, and each licensee is independently licensed, owned and operated and dominant in the field of dentistry.

Miscellaneous

Coronal Polishing Course Submissions: Dr. Reznik made a motion to approve the course submissions from Albany Technical College and Athens Technical College. Ms. Mattingly seconded and the Board voted unanimously in favor of the motion.

Dr. Goggans 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. Lacey Green, Dr. Michael Knight, Dr. Glenn Maron, Ms. Misty Mattingly, Dr. Ami Patel, Dr. David Reznik, Mr. Mark Scheinfeld, Dr. Jeffrey Schultz, Ms. Lisa Selfe, Dr. Lisa Shilman, Dr. JC Shirley, Dr. Don Spillers, and Dr. Brent Stiehl.

Executive Session

Licensure Overview Committee Appointments/Discussion Cases

- D.C.W.
- T.E.K.

Applications

- D.S.M.
- H.S.R.
- C.M.S.
- R.J.M.
- S.A.A.
- A.L.G.
- N.P.P.

Correspondence

- C.C.

Investigative Committee Report – Dr. Brent Stiehl

Report presented:

- DENT200489
- DENT210332
- DENT220497
- DENT220536
- DENT220542
- DENT200429
- DENT210133
- DENT210145
- DENT210289
- DENT210310
- DENT220208
- DENT220211
- DENT220229
- DENT220272

- DENT220304
- DENT220310
- DENT220315
- DENT210380
- DENT210398
- DENT210410
- DENT210441
- DENT210461
- DENT210462
- DENT210473
- DENT210480
- DENT210490
- DENT210507
- DENT220002
- DENT220161
- DENT220266
- DENT220301
- DENT190295

Attorney General’s Report – Mr. Max Changus

Mr. Changus presented the following consent order for acceptance:

- J.P.

Mr. Changus discussed the following:

- Pending litigation

Executive Director’s Report – Mr. Eric Lacefield

Mr. Lacefield discussed staffing matters.

Legal Services – Mr. Clint Joiner

No report.

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

Open Session

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

Licensure Overview Committee Appointments/Discussion Cases

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • D.C.W. • T.E.K. | <p>Correspondence</p> <p>Dental Exam Applicant</p> | <p>The Board viewed this correspondence for informational purposes only.</p> <p>Approved application</p> |
|--|--|--|

Applications

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • D.S.M. • H.S.R. | <p>Dental Exam Applicant</p> <p>Dental Exam Applicant</p> | <p>Tabled pending receipt of additional information</p> <p>Approved application</p> |
|--|---|---|

- C.M.S. Dental Credentials Applicant Tabled pending receipt of additional information
- R.J.M. Initial Moderate Parenteral CS Approved extension of provisional permit
- S.A.A. Initial Moderate Enteral CS Approved extension of provisional permit
- A.L.G. Dental Hygiene Reinstatement Approved application/denied request for refund
- N.P.P. Dental Reinstatement Approved application

Correspondence

- C.C. Appearance request Approved request

Investigative Committee Report – Dr. Brent Stiehl

Report presented:

Complaint Number	Allegations	Recommendation
DENT200489	Quality of Care/Billing	Close No Action
DENT210332	Unprofessional Conduct	Close No Action
DENT220497	Billing	Close No Action
DENT220536	Unethical Conduct	Close No Action
DENT220542	Sexual Misconduct	Close No Action/Release case file to local police department
DENT200429	Billing	Close No Action
DENT210133	Quality of Care/Billing	Close No Action
DENT210145	Quality of Care	Close No Action
DENT210289	MMPR	Close with Letter of Concern
DENT210310	Quality of Care/Substandard Practice	Close No Action
DENT220208	Quality of Care/Substandard Practice	Close with Letter of Concern
DENT220211	Practicing beyond scope of practice	Close with Letter of Concern
DENT220229	Billing	Close No Action
DENT220272	Quality of Care/Substandard Practice	Close with Letter of Concern
DENT220304	Quality of Care/Substandard Practice	Close No Action
DENT220310	Quality of Care/Substandard Practice	Close No Action
DENT220315	Unprofessional Conduct	Close No Action
DENT210380	Quality of Care/Unprofessional Conduct	Close No Action
DENT210398	Billing	Close No Action
DENT210410	Quality of Care/Unprofessional Conduct	Close with Letter of Concern
DENT210441	Billing	Close No Action
DENT210461	Quality of Care/Substandard Practice	Close No Action
DENT210462	Billing	Close No Action
DENT210473	Quality of Care/Substandard Practice	Close No action
DENT210480	Quality of Care/Substandard Practice	Close No action
DENT210490	Unprofessional Conduct	Close No Action
DENT210507	Unprofessional Conduct	Close No Action
DENT220002	Quality of Care/Substandard Practice	Close No Action
DENT220161	Quality of Care/Substandard Practice	Close with Letter of Concern
DENT220266	Quality of Care/Substandard Practice	Close No Action

DENT220301
DENT190295

Billing
Quality of Care/Substandard Practice

Close No Action
Close with Letter of Concern

Attorney General's Report – Mr. Max Changus

Mr. Changus presented the following consent order for acceptance:

- J.P. Private Consent Order accepted

Mr. Changus discussed the following:

- Pending litigation Update provided

Executive Director's Report – Mr. Eric Lacefield

Mr. Lacefield discussed staffing matters.

Legal Services – Mr. Clint Joiner

No report.

Ms. Mattingly seconded, and the Board voted unanimously in favor of the motion.

Miscellaneous

Dr. Reznik expressed his concerns over the lack of information in the Board's rules pertaining to sterilization, infection control, and meeting CDC recommended guidelines. He stated that there is not a tool for the Chief Investigator to utilize when conducting inspections. Dr. Maron inquired if there were any other states that have rules regarding such. Dr. Reznik answered affirmatively and stated that he has provided Chief Investigator Altman with information from California and Massachusetts. Dr. Shilman inquired about OSHA requirements. Dr. Reznik responded that OSHA requirements have to be met, but it is not specified in the rule. After further discussion, Dr. Maron appointed Dr. Shirley and Dr. Reznik to a committee assigned to investigate how to improve infection control measures in Georgia.

Discussion was held by Dr. Maron concerning licensure by credentials for someone who is an oral pathologist. Dr. Maron inquired if the practice of oral pathology was considered clinical practice. He stated that while the oral pathologist is not touching patients, the individual is practicing his/her specialty. Mr. Changus asked if the Board would consider that to fall within the practice of dentistry. Dr. Maron stated that an oral pathologist would be looking at slides. Mr. Changus responded by stating that it involves the diagnosis of tissue related to the mouth and would be considered clinical practice. After further discussion, the Board determined that someone actively practicing oral pathology was considered to be practicing dentistry and may qualify for a license by credentials, as long as the remainder of the requirements of the law and rule have been met. The Board agreed to refer any questions regarding such to the board office.

Dr. Reznik made a motion to grant consent to the withdrawal of Kirsten Daughdril as counsel for pending litigation. Dr. Goggans seconded, and the Board voted unanimously in favor of the motion.

With no further business, the Board meeting adjourned at 1:11 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held on Friday, September 8, 2022, at 10:00 a.m. at the Department of Community Health's office located at 2 Peachtree Street, N.W., 5th Floor, Atlanta, GA 30303.

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