

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

The following Board members were present:

Dr. Glenn Maron, President
Ms. Misty Mattingly, Vice-President (via Teams)
Dr. Lacey Green
Dr. Michael Knight
Dr. Larry Miles
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. Debra Wilson

Staff present:

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

Visitors:

Kathleen Marcus, DOCS Education
Emma Paris, GDA
Elise M. Hoyle
Cresta Calzaretta
Dr. Richard Callan, Promethean Dental Systems/SRTA
Dr. Jerry Cooper, Promethean Dental Systems
Brooke Turner
Dr. Randy Kluender, Georgia School of Orthodontics
Lamara Moore, GDHA
Matthew Fry, Pacific Dental Service

Public Hearing

Dr. Maron called the public hearing to order at 10:02 a.m.

Rule 150-13-.01 Conscious Sedation Permits

Dr. Maron explained that a notice of the changes to the rule had been posted to the Board's website.

Dr. Maron stated that the written comments from Ms. Suzanne Newkirk had been noted. He explained that Ms. Newkirk's correspondence was questioning the establishment of the criteria for the board approved training. He continued by stating that one of the changes to the rule is the addition of language stating, "Any dental hygienist or dental assistant, expanded or general, performing phlebotomy or venipuncture procedures must be in compliance with O.C.G.A. § 43-11-23." He stated that this information mirrors the language in the law. Dr. Maron further stated the language is generally broad because the Board was in the process of having the Georgia Dental Association and other organizations submit courses for dental hygienists and dental assistants to use in obtaining training. He added that the Board felt that leaving these guidelines vague puts the Board in compliance with the law.

Dr. Maron noted that written comments from Dr. Carolyn Allen were received. He stated that Dr. Allen was in support of the recommendations from DOCS.

Ms. Kathleen Marcus, Regulatory Counsel for DOCS Education, was present and spoke to the Board. Due to the limited amount of time, Ms. Marcus requested each written statement submitted to the Board be read into the record. She stated that Dr. Carolyn Allen was not affiliated with DOCS and as such, the statement provided by Dr. Allen was a statement of her own. Dr. Maron responded by stating that the written

comments received were noted for the record. Mr. Lacefield added that written comments were received and noted on the agenda.

Ms. Marcus commented that she was unsure if all the board members had an opportunity to read all of the written comments since there was such a short timeframe and a holiday prior to the meeting. She stated that she could address some of the points raised by Dr. Michael Silverman's letter. Dr. Maron advised Ms. Marcus that her public comments would be limited to five (5) minutes. At this point, Ms. Marcus decided not to read the statement provided by Dr. Silverman.

Ms. Marcus stated that she wanted to raise a few points, most important of which, the proposed changes requiring additional time that already exists in the existing regulations for hands on in person learning and ACLS requirement. She further stated that within Dr. Silverman's statement, he has proposed alternative language used by the American Dental Association (ADA). Ms. Marcus continued by stating that the main points she wanted to raise were that by adopting the proposal as it is currently written would be a rejection of the ADA's definition and acceptance of "electronically mediated learning". She stated that the public hearing was taking place in the middle of the holidays when some of the effected dentists and patients in rural areas were unable to attend the hearing. Ms. Marcus asked that the Board vote to refer the proposal back to the Sedation Committee for consideration of the incorporation of the ADA's language regarding "electronically mediated learning" so that any concerns about online education and quality of online didactic education could be resolved.

Ms. Marcus commented that she hoped the Board would read Dr. Silverman's written statement as well as the written statement provided by Dr. Carolyn Allen. She stated that she had not seen the other written statements and did not know what they consisted of. She added that the people hardest hit by a lack of sedation trained dentists are low income and rural populations who tend to have higher levels of trauma and comorbidity and more often need sedation in order to get most primary of dental care done. Ms. Marcus continued by stating that the current proposal as written would make obtaining these permits far more difficult if not impossible, and more expensive. She added that any of those dentists who do this will pass the costs onto his/her patients who already cannot afford adequate care or may choose to not do sedation education. Ms. Marcus stated that there is already an issue with getting dentists to serve these populations. As such, she requested the Board refer the rule back to committee to consider electronically mediated education, as defined by the ADA, as an adequate and satisfactory way of providing didactic education. She added that the language provided is similar to that of the Academy of General Dentistry (AGD).

Dr. Maron inquired if Ms. Marcus knew of anywhere in the ACLS training course where it discusses management of sedation complications. Ms. Marcus answered affirmatively. She stated that she personally had not taken the course and did not have a copy of the curriculum. Dr. Maron responded by stating that he had a copy of the curriculum, which he reviewed. He stated that he has taken ACLS multiple times and there is nothing in the curriculum that talks about management of sedation complications. He continued by stating that ACLS stands for Advanced Cardiac Life Support. He added that sedation and ACLS are two (2) different matters and that is why the Board will not accept ACLS training as being a live component of the didactic portion for sedation.

Ms. Marcus commented that the ACLS course taught by DOCS does talk specifically about sedation related emergency and cardiac life support. She is more familiar with ACLS which is approved by American Heart Association (AHA). She stated that, as taught through DOCS, they make sure there are many components in the course that deal with emergencies and cardiac events that may occur from the use of sedation.

Dr. Maron stated that he has received information from multiple anesthesiologists who support the use of live training. He asked Ms. Marcus if she knew of any hospital that allowed an individual to take an online course to obtain a sedation permit. Ms. Marcus responded by stating that an individual cannot take an

ACLS or emergency training course unless it is a live course. Dr. Maron inquired as to why that was. Ms. Marcus responded by stating that she thinks it is because the individual needs a hands on clinical component, not didactic component. She stated that the Board's current and proposed language both require ACLS and require it to be live. Dr. Maron commented that he was asking in terms of sedation training. Ms. Marcus responded by stating that the rule requires the individual to take live courses already. Dr. Maron stated that was correct, but not just for ACLS, it is live training that is required beyond ACLS. He further stated that Ms. Marcus was only talking about the DOCS course. He explained that the Board has the responsibility of protecting the citizens of Georgia. He added that the Board's job was not to approve or disapprove the DOCS course. Dr. Maron stated that just because Ms. Marcus says some of the DOCS training courses offer hands on sedation as part of the training, and the reality is the Board is currently reviewing an application for oral sedation where the applicant took a DOCS course and there is nothing listed on the DOCS course regarding live sedation related complication issues. He stated that it is purely ACLS. He further stated that if DOCS is offering ACLS, there are certain ACLS training guidelines and he would be concerned if DOCS were teaching something outside the purview of the ACLS protocols.

Ms. Marcus commented that she hoped that her responses to Dr. Maron's direct questions were not counted towards the five (5) minute time limit. She explained that the ACLS course taught through DOCS is taught by people who are certified by the AHA to teach ACLS. Dr. Maron inquired if the AHA was aware that part of the DOCS ACLS certification course provided sedation related training as part of the ACLS training. Ms. Marcus responded by stating that the AHA was aware of the ACLS content being taught by someone who was certified by the AHA to teach the course.

Ms. Marcus stated that Dr. Maron was speaking about the contents of the didactic training which is separate from clinical training. She further stated that the didactic training can be taught in an online setting. She explained that she was not just speaking of DOCS, but of electronic remediated learning as defined by the ADA and AGD. Dr. Maron commented that the Board does not have issues with the online training and use of online courses as a portion of the person's training. He stated that sedation training is a different level and disagreed with Ms. Marcus in that the Board was not following the ADA's recommendation. He stated that the Board fully supports the ADA's recommendation for online training; however, there are certain components of training that cannot be achieved online and ACLS is one of those components. Dr. Maron explained that the Board felt that certain components could be taken online and that is why the Board agreed to a compromise by requiring eight (8) hours of in person training for a moderate enteral conscious sedation permit. Ms. Marcus stated that the addition of eight (8) hours in person does not mean there will be eight (8) hours for the enteral permit and does not mean there will be eight (8) hours that will have a live patient. Ms. Marcus stated that didactic training for a moderate enteral conscious sedation permit does not require a live patient, and however that training is done, whether in person or through electronic mediated learning, is not going to have a hands on live patient. She further stated that requiring a dentist from a rural part of Georgia to attend in person training and losing a day of work or more in travel time, increases expenses which are passed on to patients. She added that the dentist is not going to be touching live patients. Ms. Marcus stated that the Board is adding eight (8) hours of difficulty, time and expense.

In regard to the requirements for a moderate parenteral conscious sedation permit, Ms. Marcus stated there is already the requirement of twenty (20) live patient experiences that are part of the clinical portion. She stated that adding an additional number of hours and additional days where the individual would not be touching more live patients is requiring the individual to travel and spend more money.

Dr. Maron asked Ms. Marcus why DOCS was the only organization that opposed the proposed amendments. Ms. Marcus stated that she was unsure that was the case and could not speak for other organizations.

Dr. Maron inquired as to the cost of the DOCS online training course. Ms. Marcus responded by stating that the cost depends on the course. She added that if the Board passed the proposed changes for a moderate enteral conscious sedation permit, DOCS would have to increase the cost of the course. Dr. Maron commented that DOCS charges \$3000 for an online oral sedation course. He asked if that was considered an economic burden. Ms. Marcus responded by stating that it is an economic burden, but so is all training.

Dr. Reznik commented that the Board has had to deal with bad complications of sedation since his time on the Board in only minimal amounts, but having witnessed that and seeing the possibility of in person training eliminating some of the untoward outcomes, such as death, having people travel to where the course is being offered is not asking too much. He stated that the Board is talking about wanting to have the safest dental visit for all. He further stated that the Board's charge is to protect the public and requiring someone to attend in person training should be the least of the concerns.

Ms. Marcus agreed with Dr. Reznik. She stated that if there was any evidence that there was a connection between the two, she would not be standing before the Board. She further stated that deaths and bad outcomes in sedation cases have been by practitioners who are not following the rules. She explained that this is true in Georgia and all over the country. Ms. Marcus stated that when looking at the cases where there are deaths and bad outcomes, those are the people who should be sanctioned and are not following the Board's existing regulations. She continued by stating that when making the regulations harder, the bad actors will still be bad actors. She stated that she believed the best way to send a message that this Board is taking that issue seriously is to severely punish the people who are not following the existing rules.

Dr. Reznik stated that if the Board were to keep things as they are, then it risks more untoward outcomes. He added that states are changing their sedation requirements. He stated that California just recently changed their requirements and thinks part of it has to do with live in person training. He further stated that the Board asking someone to take eight (8) hours of his/her day to travel and take the required training is the least it can do to ensure the patients and public are being protected. Dr. Reznik continued by stating that it is not just bad actors not following the rules. He stated that he believes it is the knowledge one needs to have in order to provide sedation is important. With some of the things he has witnessed, he stated the training is not getting to people where they understand the medical complexities that can lead to untoward deaths or outcomes. He added that he was not speaking of DOCS training.

Ms. Marcus responded by stating that she agreed with Dr. Reznik's comments and felt there needs to be a greater effort made by all dental boards to assure that no one is practicing sedation or dentistry at all unless he/she has followed the existing rules. If the bad outcomes are linked to people who are not following the existing rules, then adding additional burdens to those following the existing rules does not seem like it will alter the rate of bad outcomes. Dr. Reznik commented that he would agree to disagree.

Ms. Marcus commented that DOCS has not had issues with the changes made in California or North Carolina. She added that the changes being proposed by the Georgia Board are not like the changes being made by other states. Dr. Reznik commented that this Board may be taking it more seriously. Ms. Marcus stated that this particular proposal is a misguided attempt to reach the result everyone agrees on. She requested the Board refer the rule back to the Sedation Committee for reconsideration of the language.

Dr. Schultz commented that he could not believe Ms. Marcus thought that this Board and other boards do not take the concept of patient safety seriously. He continued by stating that this matter has been considered by the Sedation Committee and there are minutes reflecting such. He stated that he felt Ms. Marcus did not feel this Board was taking any effort to make patient safety a priority by increasing live training, not only patient based, but by also getting in front of airway maintenance devices and open up a laryngoscope. He further stated that Ms. Marcus mentioned data, but the reporting in California of adverse events across all

aspects of anesthesia was woefully inadequate. Dr. Schultz added that the oral surgery community is collecting its own high quality data that will support the positions and the activities of the specialty. He stated that one cannot pick and choose data and say it is just the bad actors. He further stated that the efforts of this Board and others are to include more live didactic applications and opportunities for the practitioners to become advocates for patient safety in anesthesia. Dr. Schultz continued by stating that this Board is an advocate for the utmost degree of patient safety. He added that he does not care if it takes a day out of the office.

Ms. Marcus responded by apologizing if she said anything that was interpreted as questioning the Board's seriousness and dedication to the safety of Georgia patients. She stated that she did not mean to imply that was not the Board's goal. She further stated that DOCS was not making any statements about the changes to the requirements for pediatric patients. Ms. Marcus added that in regard to the specifics mentioned on live in person training concerning touching a laryngoscope, that is not in the Board's proposal. Dr. Schultz responded by asking if DOCS could design the course for how it deems fit for a live exercise. Ms. Marcus responded affirmatively. Dr. Schultz asked if that would not advance the concept of patient safety. Ms. Marcus responded by stating that would be included in the ACLS course. Dr. Schultz stated that ACLS is not meant as a device to help rescue patients from other levels of anesthesia for which someone is not trained to do. He stated that in regard to medications that are used for both enteral and parenteral conscious sedation, the individual may get into trouble and asked what would be the method by which he/she gets out of trouble. Dr. Schultz commented that he does not think high quality systematic data is available to say that electronic mediated learning is equivalent to in person training. He stated that he was not aware of that data or what it means. In the face of unsure data and the Board's take on trying to improve patient safety, Dr. Schultz stated that he could not think of a reason to not to endorse it.

Dr. Maron asked Ms. Marcus if she had given lectures in person or online. She responded that she had given both in person and online lectures. He asked what her experience was with the two as a lecturer. Ms. Marcus responded by stating that the people she is staring at in the audience are writing briefs or reading the Wall Street Journal. Dr. Maron commented that he just returned from lecturing at the Greater New York Dental Meeting, which is one of the largest dental meetings in the world. He stated that over 30,000 dentists attended, which means 30,000 people felt it was important enough to attend the meeting in person and that they should be there. He further stated that he does not agree with the statement that a rural dentist cannot afford to go to a live meeting. Dr. Maron added that The Hinman Dental Society meets in person annually. Dr. Maron stated that he spent sixteen (16) hours in person lecturing. He further stated that the speaker can see if someone is paying attention and understand what is being said. He continued by stating that could not be done online as he is unable to see who he is talking to as a lecturer. He stated that interaction is critical when talking about sedation. Dr. Maron stated that whether the individual is holding onto the device or not, that communication is huge and is why the Board feels requiring eight (8) hours in person is necessary.

Ms. Marcus commented that the Board wants to require the individual attend an eight (8) hour course, but has not specified what kind of interactivity, or what they will be touching. Dr. Maron responded by stating that Ms. Marcus brings up a really good point and the Board should consider taking a closer look at what DOCS is teaching. Ms. Marcus responded by inviting the members to attend any DOCS courses and see what is in the curriculum. Dr. Spillers asked if the Board required eight (8) hours of in person training, should it specify the training needs to be patient contact. Ms. Marcus responded by stating if the Board requires the individual be in person, then it may need to specify. She discussed documenting online interactivity, which a live presence does not have. She stated that in an electronically remediated context, the individual is forced to have interaction. Dr. Maron inquired if the individual was forced to use an LMA (laryngeal mask airway). Ms. Marcus responded by stating that the individual is not forced to use an LMA for moderate enteral training, but is with moderate parenteral training.

Dr. Maron inquired if there were any further comments. There were none.

Dr. Reznik made a motion to adopt Rule 150-13-.01 Conscious Sedation Permits. Dr. Schultz seconded, and the Board voted unanimously in favor of the motion.

Written responses were received from Suzanne Newkirk, Dr. Carolyn Allen, Dr. Michael Silverman, DOCS Education, Dr. George Childress, and Dr. Hugh Jordan.

The public hearing concluded at 10:40 a.m.

Open Session

Dr. Maron established that a quorum was present and called the meeting to order at 10:40 a.m.

Introduction of Visitors

Dr. Maron welcomed the visitors.

Approval of Minutes

Dr. Wilson made a motion to approve the Public Session minutes from the November 4, 2022, meeting. Dr. Patel seconded, and the Board voted unanimously in favor of the motion.

Ms. Selfe made a motion to approve the Executive Session minutes from the November 4, 2022, meeting. Dr. Patel seconded, and the Board voted unanimously in favor of the motion.

Report of Licenses Issued

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

Petitions for Rule Waiver or Variance

Rule Waiver Petition from Dr. Patrick Steck: Dr. Wilson made a motion to grant the petition based on the special circumstances related to the COVID-19 pandemic. The Board also finds that Dr. Steck provided adequate justification for the waiver since he passed the ADEX manikin-based exam in 2020. Mr. Scheinfeld seconded, and the Board voted unanimously in favor of the motion.

Rule Waiver Petition from Dr. Do Young Chung: Dr. Reznik made a motion to grant the petition as the Board finds that Dr. Chung has demonstrated evidence of a substantial hardship and provided adequate justification for the waiver since she passed the ADEX manikin-based exam in 2022. Ms. Selfe seconded, and the Board voted unanimously in favor of the motion.

Rule Variance Petition from Dr. Elizabeth K. Floodeen: Ms. Mattingly made a motion to deny the petition as there was no substantial hardship demonstrated. Dr. Knight seconded, and the Board voted unanimously in favor of the motion.

Rule Waiver Petition from Alexandra C. Johnson: Dr. Wilson made a motion to grant the petition based on the special circumstances related to the COVID-19 pandemic. The Board also finds that Ms. Johnson provided adequate justification for the waiver since she passed the CITA manikin-based exam in 2021. Dr. Reznik seconded. Discussion was held. Dr. Shirley inquired if Ms. Johnson would have applied during the pandemic, would the Board have accepted her scores. Dr. Maron responded by stating that during the pandemic the Board's Emergency Rule only applied to dental applicants. He added that it did not apply to dental hygienists because the Board felt there were more dental hygiene exams available. Dr. Maron continued by stating that at the November Public Hearing on Rules 150-3-.01 and 150-5-.02 the Board felt it

was appropriate for dental hygienists to be treated the same as dentists as far as licensure. Dr. Wilson commented that Ms. Johnson has demonstrated a hardship in her petition. Dr. Spillers noted that Ms. Johnson's dental hygiene school only offered the CITA manikin-based exam due to the pandemic. There being no further discussion, the motion passed.

Rule Waiver Petition from Cresta Calzaretta: Ms. Calzaretta was present with her attorney, Ms. Elise Hoyle, and spoke to the Board regarding her request for a waiver of Rule 150-5-.02(2) and (3). Ms. Calzaretta stated that she previously worked with Dr. Shilman and had been practicing as a dental assistant. She explained that she has attempted the CRDTS exam four times. She stated that she made a 74 on the first attempt. Ms. Calzaretta added that through it all she has remained in the dentistry field for almost 11 years. She stated that many hygienists did not come back to his/her job after the pandemic. She explained that there is currently a shortage of dental hygienists. Dr. Maron inquired if Ms. Calzaretta passed the CRDTS exam on the fourth attempt. Ms. Calzaretta responded that she did not pass. Dr. Maron explained that the Board's rules state that after a fourth failure, no further attempts would be authorized or scores recognized.

Ms. Mattingly inquired if Ms. Calzaretta had taken a remedial course. She added that the Rule 150-5-.02 requires a remediation course after three failures. Ms. Hoyle responded by stating that the requirement of the remediation course was not in effect at the time and as such, the Board granted Ms. Calzaretta's request to take the CRDTS exam a fourth time.

Discussion was held regarding the timeframe of the failures. Ms. Calzaretta stated that her last attempt at the exam was in 2014. Ms. Mattingly expressed her concern regarding the amount of time that has passed and stated that her recommendation would be for Ms. Calzaretta to go back to dental hygiene school.

Ms. Calzaretta explained that she does have a dental hygiene degree and passed the National Board Dental Hygiene Examination. She stated that she would be willing to take a remediation course. Dr. Maron asked Ms. Calzaretta when she last cleaned a patient's teeth. Ms. Calzaretta responded by stating that the last time was in 2014. Ms. Mattingly discussed her concerns over someone that has not practiced hygiene in such a long time and added that the Board is charged with protecting the public.

Mr. Lacefield inquired if Ms. Calzaretta's request was to be allowed to take the examination a fifth time with remediation or was she requesting to be licensed without meeting the exam requirements. Ms. Calzaretta responded by stating that she could have completely left dentistry; however, she chose to be a dental assistant. She continued by stating that she would like to obtain her dental hygiene license and is willing to do what the Board deems necessary.

Dr. Maron inquired as to why Ms. Calzaretta waited so long to request another attempt. Ms. Calzaretta responded by stating that she has test anxiety and the fear of not passing the exam was difficult. She stated that each time she attempted the exam, her score went down. She explained that her test anxiety has nothing to do with how she cares for patients and that is why it took her so long to get the courage to try again.

The Board discussed Ms. Calzaretta completing a remediation course. Dr. Rick Callan commented that Promethean Dental Systems does offer a remediation course.

After further discussion was held, Dr. Reznik made a motion to grant a variance to Rule 150-5-.02(3) contingent upon Ms. Calzaretta submitting a remedial course of study to the Board for consideration within 30 days. Once she shows written proof of successful completion of the remedial course (if approved by the Board), the Board will grant one additional attempt at successful passage of a clinical licensing examination

approved by the Board. Dr. Wilson seconded, and the Board voted in favor of the motion, with the exception of Dr. Shilman, who abstained.

Correspondence

Correspondence from Dr. Joe Hair: Dr. Maron noted receipt of Dr. Hair's correspondence regarding sleep appliances.

Dr. Maron stated that the Board had been good with moving forward on changes and adjustments regarding certain matters. He further stated that the matter regarding sleep apnea had not been resolved. He suggested the Sleep Apnea Committee meet and put together a proposal to bring back to the full Board for consideration.

General – Dr. Glenn Maron

No report.

Attorney General's Report – Mr. Max Changus

No report.

Executive Director's Report – Mr. Eric Lacefield

No report.

Legal Services – Mr. Clint Joiner

No report.

Miscellaneous

Coronal Polishing and Expanded Duties Course Submission: Dr. Wilson made a motion to approve both the coronal polishing and expanded duties course submission from Pediatric Dental Assistant School. Ms. Selfe seconded, and the Board voted unanimously in favor of the motion.

CPR Course Submission: The Board discussed the course submission from Pacific Medical Training that was denied by the Board at its November meeting because it appeared the course was online only. At the time of the meeting, the Board stated it would reconsider the request if documentation could be provided showing the course was a live in-person course. Dr. Maron noted that additional documentation from Pacific Medical Training had been received. He explained that Pacific Medical Training offers a blended or hybrid course. With this option, the student receives online instruction and testing and is then examined in person. Dr. Maron stated that he was unsure how this process worked. Dr. Shirley commented that he could not tell if the course was an American Heart Association or American Red Cross course, but explained that there is a component online for recertification and then the individual comes in person for a skills evaluation. After further discussion, the Board recommended requesting Pacific Medical Training provide information regarding whether the course is for initial certification or recertification, and if the course is affiliated with or sponsored by the American Heart Association or American Red Cross.

Phlebotomy/Venipuncture Course Submission: Dr. Reznik made a motion to approve the Becksford Health Services – Fundamentals of Phlebotomy course submission. Dr. Wilson seconded, and the Board voted unanimously in favor of the motion.

Ms. Selfe made a motion and Dr. Wilson 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. Lacey Green, Dr. Michael Knight, Dr. Glenn

Executive Session

Appearance

- J.R.

Licensure Overview Committee Discussion Case

- A.K.

Applications

- D.Y.C.
- E.K.F.
- C.C.M.
- N.M.
- A.A.
- S.S.
- C.O.C.
- T.R.B.
- A.F.M.
- P.T.H.
- A.D.A.
- H.M.V.
- O.L.L.
- J.C.Z.
- K.K.P.
- D.O.L.

Investigative Committee Report – Dr. Glenn Maron

Report presented:

- DENT190323
- DENT190325
- DENT190328
- DENT190395
- DENT190439
- DENT190462
- DENT200097
- DENT200098
- DENT200107
- DENT200257
- DENT200301
- DENT210213

Attorney General's Report – Mr. Max Changus

Mr. Changus discussed the following individual:

- G.Z.

Mr. Changus discussed the following:

- Pending litigation

Executive Director’s Report – Mr. Eric Lacefield

No report.

Legal Services – Mr. Clint Joiner

- N.A.I.

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

Open Session

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

Appearance

- J.R. Denied Credentials Applicant Denial upheld

Licensure Overview Committee Discussion Case

- A.K. Dental Faculty Applicant Approved application

Applications

- D.Y.C. Dental Exam Applicant Approved application
- E.K.F. Dental Exam Applicant Denied application
- C.C.M. Dental Exam Applicant Table pending receipt of additional information
- N.M. Denied Credentials Applicant Table pending receipt of additional information
- A.A. Denied Credentials Applicant Table pending receipt of additional information
- S.S. Initial General Anesthesia Applicant Table pending receipt of additional information
- C.O.C. Initial Moderate Enteral CS Approved request for extension of provisional permit
- T.R.B. Initial Moderate Parenteral CS Approved request for extension of provisional permit
- A.F.M. Initial Moderate Parenteral CS Table pending receipt of additional information
- P.T.H. Initial Moderate Enteral CS Approved for provisional permit
- A.D.A. Dental Hygiene Reinstatement Table pending receipt of additional information
- H.M.V. Dental Hygiene Reinstatement Table pending receipt of additional information
- O.L.L. Dental Hygiene Reinstatement Schedule to meet with the Licensure Overview Committee
- J.C.Z. Dental Faculty Applicant Approved application
- K.K.P. Dental Faculty Applicant Approved application
- D.O.L. Injectable Pharmacologics Denied application

Investigative Committee Report – Dr. Glenn Maron

Report presented:

- DENT190323 Refer to the Department of Law for Revocation
- DENT190325 Refer to the Department of Law for Revocation
- DENT190328 Refer to the Department of Law for Revocation
- DENT190395 Refer to the Department of Law for Revocation
- DENT190439 Refer to the Department of Law for Revocation
- DENT190462 Refer to the Department of Law for Revocation
- DENT200097 Refer to the Department of Law for Revocation
- DENT200098 Refer to the Department of Law for Revocation
- DENT200107 Refer to the Department of Law for Revocation
- DENT200257 Refer to the Department of Law for Revocation
- DENT200301 Refer to the Department of Law for Revocation
- DENT210213 Refer to the Department of Law for Revocation

Attorney General’s Report – Mr. Max Changus

Mr. Changus discussed the following individual:

- G.Z. Accept counterproposal

Mr. Changus discussed the following:

- Pending litigation Update provided

Executive Director’s Report – Mr. Eric Lacefield

No report.

Legal Services – Mr. Clint Joiner

- N.A.I. Request for extension to take LEAP and Risk Management courses Approved request pending receipt of additional information

Dr. Knight seconded, and the Board voted unanimously in favor of the motion.

In the same motion, the Board directed Mr. Joiner to draft a rule regarding reinstatement of a hygiene license that would be similar to the requirements for licensure by credentials.

Miscellaneous

Dr. Shirley commented that he attended the American Association of Dental Boards (AADB) meeting in October. He stated there is a composite report that can be purchased, but each dental board is provided a free copy. He further stated that it is a very comprehensive report that details the structure, licensure, and disciplinary activities of all state dental boards. He inquired if a copy of the report could be placed on Sharepoint. Mr. Lacefield responded by stating that he was not familiar with the report; however, if a copy could be forwarded to him it would be placed on Sharepoint.

Dr. Shirley stated that one of the items discussed at the AADB meeting was concerning a review of the compacts that will happen amongst states for dental licenses. He further stated that he believed this would be an area the Board needed to learn more about. Dr. Shirley suggested the Board be provided a presentation regarding this matter. Dr. Maron responded by stating that Dr. Goggans was familiar with the topic. He stated that with the compact, instead of having different examinations, they are trying to just have a regional examination that the ADA will oversee.

Dr. Shirley commented that the compact would not only effect dentistry, but all professions. He stated that there is discussion about there needing to be better ability for military spouses to be able to move from state to state to obtain licensure. He explained that there are compacts in many professions such as nursing and physical therapy. He continued by stating that it will be decided at the state level. Dr. Shirley stated that there is a lot of information that the Board needs to be aware of. He inquired if the subject matter experts could be contacted to provide a presentation to the Board regarding the compact. Dr. Maron responded by stating that he would ask Dr. Goggans to provide an update and if Dr. Goggans did not have information on the matter, Dr. Goggans could let the Board know who to contact. Dr. Shirley asked if the presentation could be provided to the Board at its January meeting. Dr. Maron responded by stating that it would not happen in January, but he would speak with Dr. Goggans regarding the matter.

With no further business, the Board meeting adjourned at 1:57 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held on Friday, January 6, 2023, 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