

GEORGIA BOARD OF DENTISTRY
Rules Committee Conference Call
2 Peachtree St., N.W., 6th Floor
Atlanta, GA 30303
March 26, 2021
10:00 a.m.

The following Committee members were present:

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

Staff present:

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

The following Board members were present:

Dr. Glenn Maron

Open Session

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

Introduction of Visitors

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

Discussion Topics

Rule 150-3-.09 Continuing Education for Dentists: Ms. Emm explained that the request from the Board is for the Committee to amend the rule and include language stating that the hours obtained through conducting sedation evaluations can be used towards the four (4) hour continuing education requirement in this rule with a maximum of eight (8) hours counting towards the required forty (40) hours. Dr. Patel stated that board-approved evaluations are definitely worth continuing education credit. Dr. Goggans agreed and stated that this rule amendment was requested in order to be an incentive for the individuals doing the evaluations.

Ms. Emm explained that the next request concerning Rule 150-3-.09 is regarding the Board accepting ACLS instead of requiring BLS and that ACLS would count towards the CPR requirement. Dr. Patel commented that ACLS encompasses all of the CPR information and believes that would be a good recommendation. Dr. Goggans agreed. Mr. Scheinfeld asked if an individual is taking ACLS, does the rule need to clarify that it needs to be taken in person. Ms. Emm answered affirmatively. Ms. Mattingly responded that both BLS and ACLS should be taken in person. Ms. Emm commented that one of the board-approved CPR organizations offers the course to be taken online and then the remainder of the course is taken in person. She asked for the Committee’s thoughts on that matter. Dr. Patel responded that she thinks the American Heart Association (AHA) does the didactic portion of the course online and then the individual must take the rest of the course in person. She suggested only allowing the in person hours to count towards continuing education. Ms. Emm responded that the issue with that is the certificates do not designate which portion was taken online and which portion was taken in person. Dr. Goggans commented that the rule needs to specify “in person”. Dr. Patel agreed. Dr. Maron suggested requiring the entire course to be in person to eliminate any confusion. After further discussion, it was recommended to modify section (3)(c) of the rule to state that ACLS or CPR would be required. The

Committee also recommended making this change to Rule 150-5-.05. Ms. Emm stated that she will make the requested changes and present them to the full Board at its next meeting.

Rule 150-13-.01 Conscious Sedation Permits and Rule 150-13-.02 Deep Sedation/General Anesthesia Permits: Ms. Emm explained that the Rules Committee has been requested to amend the language requiring in person training. Dr. Maron affirmed that was correct. He stated that during COVID and prior to COVID some of the sedation courses had only been offered online. He stated that the Sedation Committee feels strongly that a training course for any level of sedation be in person as online is not acceptable. Dr. Patel agreed.

Ms. Emm stated that the amendment to Rule 150-13-.01(4)(a)(2) would read as: “Completion of a continuing education course of a board approved organization, which consists of a minimum of twenty-four (24) hours of didactic instruction plus management of at least ten (10) adult in person case experiences which provides competency in moderate enteral conscious sedation ~~which may include simulated cases.~~”

Ms. Emm stated that the amendment to Rule 150-13-.01(4)(b) would read as: “To obtain a Moderate Enteral Conscious Sedation Permit for pediatric patients (age 12 and under) a dentist must provide certification of a continuing education course of a board approved organization in pediatric sedation including twenty-four (24) hours of pediatric-specific instruction after adult training and ten (10) in person supervised administration pediatric patient experiences ~~to include supervised administration of sedation of at least five (5) patients~~; or completion of an ADA-accredited postdoctoral training program that provides pediatric sedation experience commensurate with these guidelines.”

Ms. Emm stated the amendment to Rule 150-13-.01(5)(a)(2) would read as: “Completion of a continuing education course of a board approved organization consisting of a minimum of sixty (60) hours of didactic instruction plus in person management of at least twenty (20) patients, which provides competency in moderate parenteral conscious sedation.”

Ms. Emm stated the amendment to Rule 150-13-.01(5)(b) would read as: “To obtain a Moderate Parenteral Conscious Sedation Permit for pediatric patients (age 12 and under) a dentist must provide certification of a continuing education course of a board approved organization in pediatric sedation including not less than sixty (60) hours didactic and in person supervised administration of sedation of twenty (20) patients; or completion of an ADA-accredited postdoctoral training program that provides pediatric sedation experience commensurate with these guidelines.”

Ms. Emm stated that in reviewing Rule 150-13-.02 Deep Sedation/General Anesthesia Permits, no changes would be needed as the rule requires a completion of a one year course. Dr. Maron responded affirmatively.

Ms. Emm and Ms. Mattingly discussed Senate Bill 5. Ms. Emm stated that Senate Bill 5 passed both the House and Senate and will be sent to the Governor’s office for signature. She further stated that once the Governor has signed the bill into law, the Board will need to discuss it as it changes the requirements for phlebotomy and any dental assistant or hygienist that assists a practitioner with sedation patients. Ms. Mattingly explained that this change would affect Rules 150-9-.01, 150-9-.02 and 150-5-.03. Ms. Emm stated that the Board will need to expand upon what those requirements will be. Ms. Mattingly stated that she reviewed language in other states and what they require for dental assistants and dental hygienists. She commented that she is not sure that DAANCE (Dental Anesthesia Assistant National Certification Examination) will provide enough training according to what is in the bill because DAANCE does not provide hands on training for both phlebotomy and IV access. Dr. Maron agreed. He stated that DAANCE does not have an actual phlebotomy training program. Ms. Mattingly stated that she has done

a lot of research on the matter and when it comes time for the Committee to review and discuss, she will provide that information in advance.

Rule 150-9-.01 General Duties of Dental Assistants and Rule 150-9-.02 Expanded Duties of Dental Assistants: Dr. Patel stated the Committee needs to review these two rules to consider elimination of duplication of duties. After further discussion, the Committee recommended tabling discussion on these two rules until Senate Bill 5 becomes effective.

Rule 150-5-.03 Supervision of Dental Hygienists: Ms. Mattingly commented that the Committee needs to discuss the definition of “Experience”. She explained that some states do not require a minimum number of hours; however, for the states that do require a minimum number of hours, it is only for the first year to twenty-four (24) months. She stated the Board’s proposed version defines “Experience” as a minimum of 500 hours for each twelve (12) month period, immediately preceding the request to work under general supervision, in the hands-on treatment of patients. Ms. Mattingly explained that this really impacts teachers, instructors, retired individuals, and those who assist with nursing homes. She suggested the language be changed to read, “...a minimum of 500 hours of hands-on treatment of patients within the twenty-four (24) month period immediately post-graduation...”. She explained if someone had 15 (fifteen) years of clinical hygiene experience, had been practicing and the individual either had a baby or was hurt should not be required to go back and get 500 hours for each twelve month period. Ms. Mattingly stated that she believes that was the issue when this rule amendment was considered at the Public Hearing. Ms. Emm affirmed that Ms. Mattingly was correct. Ms. Emm stated that there was a big discussion in regards to retired dental hygienists. She stated the direction of the conversation with that was the dental hygienist would still have to have an authorizing dentist and if he/she retired, that individual would not have an authorizing dentist; therefore, the individual would not be able to work under general supervision and would have to go back to work in order to be under an authorizing dentist.

Ms. Suzanne Newkirk, who was on the call, spoke to the Committee. Ms. Newkirk stated that she holds a volunteer license in Georgia and has been practicing for forty (40) years. She explained that there are many charitable clinics that do not have a dentist onsite every day. Ms. Newkirk inquired if a volunteer dental hygienist or retired dental hygienist wanted to work at one of these clinics, would the dentist, who has always seen the patient, be able to authorize that individual to provide preventative services under general supervision. Dr. Patel responded that the rule applies to general supervision and stated the volunteer the requirement could be different.

Ms. Pam Cushenan, who was on the call, spoke to the Committee. Ms. Cushenan stated that she has been an educator for eighteen (18) years. She further stated that as an instructor, she works in a clinical setting with hands on patient care, but is not working for a dentist. She stated this amendment would preclude her from working in a nursing home to provide services at a paid remote site. Ms. Cushenan explained volunteer services would lower the care to a miniscule amount and do a disservice to Georgia citizens.

Ms. Mattingly commented that House Bill 154 states that a dental hygienist performing dental hygiene services under general supervision shall have at least two (2) years of experience in the practice of dental hygiene. She added that was the intent when the bill was created and the proposed language in the rule restricts what was put forth in the bill. Dr. Goggans inquired as to whether or not language could be added saying 500 hours for the two (2) preceding years or five (5) years’ experience as a dental hygienist. He asked why leeway could not be given to both. Ms. Mattingly responded that she agreed with Dr. Goggans’ suggestion. She stated that the 2 years’ experience is what was intended by the bill and what was put forth is very restrictive. Ms. Emm stated that from what she recalls, the Board had concerns if there was a dental hygienist licensed for period of two (2) years, but he/she never practiced. She added that the Board was trying to define “Experience” in terms of clinical hours as it is defined in Rule 150-7-.04 Dental Provisional Licensure by Credentials. Ms. Mattingly responded by stating that the hygienist is

still working under general supervision, so the supervising dentist would have to authorize general supervision anyway. She stated that she imagines the dentist would have to inspect the dental hygienist's skill set before general supervision is authorized. Ms. Mattingly stated that she thinks the language should say "two years of clinical practice" and let it be left up to the supervising dentist as he/she is the one who would authorize general supervision. Ms. Emm commented that the practitioner may not know the dental hygienist. She continued by stating that if it is a volunteer dental hygienist coming into a clinic, the dentist does not know the person to make that assessment, but assumes it would be up to the authorizing dentist. Ms. Cushenan responded by stating that the dentist would have a copy of the hygienist's resume, license, and would know the hygienist from having met with him/her and discussing the hygienist's work ethic and expected outcome. She continued by stating that the dentist in charge of authorizing care can direct the hygienist in a way that is safe. Ms. Cushenan stated that it does not matter if the hygienist is a volunteer or paid individual, the point is to make sure the patient is receiving adequate care.

Ms. Newkirk commented that she was licensed as a dental hygiene volunteer through the Georgia Board of Dentistry and guesses that she would not have received a license if the Board did not feel she was competent as a clinician to provide services on a volunteer basis. She added that the matter of safety should be excluded for volunteer licenses. Mr. Changus commented that the requirements are mandated by the statute in O.C.G.A. § 43-11-74. He stated the Board may have difficulty in terms of excluding certain individuals from what is mandated by statute. Mr. Changus stated that O.C.G.A. § 43-11-74(k)(1) states, "*Any licensed dental hygienist performing dental hygiene services under general supervision pursuant to this Code section shall have at least two years of experience in the practice of dental hygiene...*" He further stated that, as Ms. Emm indicated, the point of the rule was to flush out what "experience" was needed. Mr. Changus stated that what that "experience" means is a question for the Rules Committee itself.

Dr. Goggans asked Ms. Mattingly if she had any language to present. Ms. Mattingly responded by stating that she suggests "Experience" means a minimum of 500 hours of hands-on treatment within the twenty-four (24) month period immediately preceding graduation. Dr. Goggans stated that he agrees with the language and suggested presenting it to the Board for consideration. Dr. Patel stated that she thinks Ms. Mattingly's proposal is reasonable. She commented that the Board would need to provide clarification because this is pertaining to general supervision as opposed to direct supervision. Dr. Patel stated that the intent was to make sure the dental hygienist would have adequate experience and could handle any dental emergencies or anything out of the ordinary that may arise. She further stated that the intent is to also protect the citizens of the Georgia. Ms. Cushenan responded by stating that hygienists graduate with an extensive background in medical emergency care. She stated the 500 hours within the first twenty-four (24) months following graduation is a "seasoning" time that will be sufficient time for the hygienists to achieve the ability to go into a general setting to provide the basic preventative care provided under the law.

Ms. Margaret Conrad, who was on the call, spoke to the Committee. She stated that almost every office she has worked in has a set of procedures that has to be run through daily with all staff and the dental hygienists are the lead. She added that dental hygienists are very comfortable in emergency situations.

Without any further discussion, Ms. Emm stated that she will draft a proposal for 500 hours of hands-on treatment of patients within twenty-four (24) months post-graduation to the Board for consideration.

Rule 150-11-.01 Specialties: Dr. Patel stated that the Rules Committee has been tasked with updating the rule to include Oral Medicine, Orofacial Pain, and Dental Anesthesiology. The Committee agreed to update the rule and present a draft to the Board for consideration at its next meeting.

Teledentistry: Ms. Emm stated that this subject has been brought up numerous times. She stated that, in regards to the public health emergency, the Board's position has been that teledentistry is used to triage and is not used for a comprehensive exam or anything required in person. Ms. Emm explained that prior to the public health emergency, the Board had not accepted teledentistry as an authorized form of practice. Dr. Patel commented that it may be possible to do a limited evaluation, but utilizing it to conduct a comprehensive evaluation on a patient would pose as an issue.

Ms. Mattingly commented that the ADA changed the bylaws on teledentistry. She agreed with Dr. Patel in that doing a comprehensive evaluation would be difficult; however, she stated that teledentistry is currently used in Georgia by the Department of Public Health (DPH) and has seen it being used. Ms. Mattingly stated that there is value in it. Ms. Emm commented that, in regards to the Department of Public Health utilizing teledentistry, there is specific language for DPH in O.C.G.A. § 43-11-74 that allows DPH to engage in remote supervision of its dental hygienists where that does not apply anywhere else. She added that DPH using teledentistry as a way for its dentists to remotely supervise their dental hygienists would not apply in any other setting.

Dr. Maron commented that in regards to teledentistry, it was started during the pandemic, but the Board does not have any further clarification moving forward. Dr. Maron suggested the Committee draft a statement to provide the Board stating, "Teledentistry is authorized for consultation and initial screening only, but is not a substitute or replacement for an active examination and would not be accepted as a substitute or replacement of an active exam".

Dr. Goggans commented that the American Association of Orthodontics (AAO) believes there are certain diagnostic evaluations that can only be performed in person, such as x-rays. He continued by stating that teledentistry treatment should not occur before an initial evaluation has been completed. Dr. Goggans commented that, while he agrees with Dr. Maron, the Board should not make it so strict. In regards to dental monitoring and in the instance of using clear aligners, Dr. Goggans stated the patient takes a scan of his/her teeth once a week using the camera light. He explained that the scan shows the fit of the plastic against the teeth and picks up problems before the human eye can see. He stated that the data is sent to the office and tells the patient to go to the next aligner or if there is a problem with the fit of the aligner. Dr. Goggans stated that teledentistry can be used as an adjunct to in office treatment. He added that with technology and convenience, and as long as patient safety is maintained, there is no reason it should not be permitted.

Ms. Cushenan commented on patients in a geriatric setting. She stated that these are patients that are not going to be transported to a dentist office and may not have an initial exam. She explained that this is where teledentistry is most important. Ms. Cushenan stated that this way services can be provided before an initial dental assessment is done. She continued by stating that the dentist can continue to see regular patients during the day and in the evening he/she can review a geriatric patient's information and make a decision as to whether or not the patient can be managed where he/she is at or if the patient has to spend money to be transported to that location. Dr. Patel asked if there was any further discussion. Ms. Mattingly inquired as to whether or not the Rules Committee could put together a statement to present to the Board. Dr. Patel suggested the Rules Committee draft a statement and discuss it further at its next scheduled meeting and then present it to the Board once finalized. Dr. Goggans stated that if any members of the public had any comments or suggested language and how it would benefit patients, to submit that information to the Board office. The Committee agreed.

O.C.G.A. § 43-1-34.1 Expedited license by endorsement for military spouses and O.C.G.A. § 43-11-53 Charitable dental events; temporary licenses for dentists and dental hygienists in good standing in other states; procedures: Ms. Emm reported that these two (2) laws were passed during the last legislative session. Ms. Emm suggested the Committee review the bills that were passed and discuss how

they may impact the Board's current licensing requirements and discuss what changes may need to be made. Dr. Patel asked if there was any discussion. In regards to O.C.G.A. § 43-1-34.1, Mr. Scheinfeld inquired as to whether or not there were any time constraints or a definition for what constitutes "Expedited". Mr. Lacefield responded that the Board currently has Rule 150-7-.06 Expedited Licenses for Military Spouses, Service Members, and Transitioning Service Members. He stated that the review of the completed application must be done within fourteen (14) business days of submission. Mr. Scheinfeld commented that the Credentials Committee has been reviewing credentials applications from applicants that qualify for expedited review. He inquired as to what the Rules Committee needs to do at this point. Mr. Changus responded by stating that the statute tells the Board what it needs to do and a rule for such would be necessary if the Board feels there needs to be any clarifications.

Ms. Emm inquired as to whether or not the Committee sees any difference between license by endorsement and license by credentials. She explained that dental licensure by credentials requires the applicant to have been in full time clinical practice for five years immediately preceding the date of application, whereas endorsement does not require such. Mr. Scheinfeld inquired as to whether or not this law requires the individual to automatically be issued a license based on his/her status. Ms. Emm responded that would be up to the Board to interpret. Dr. Patel commented that the Rules Committee will review its rules and can amend the applications to include a section where the applicant can designate that he/she is current military, military spouse or transitioning service member.

In regards to O.C.G.A. § 43-11-53, Dr. Patel inquired as to how this law affects the Board's current rules that are in place. Ms. Emm explained that this is a brand new law that defines what is considered a "Charitable dental event" and what a "Hosting entity" means. Dr. Patel inquired as to whether or not there was a temporary license for dentists and dental hygienists. Ms. Emm responded the Board did not have such for this process. She explained that this would require a new application and new rule. Dr. Patel asked if there were any comments on what the application and rule should include. There were none. Dr. Patel suggested a draft of the application and rule be created for the Committee to review at its next scheduled meeting. Ms. Mattingly agreed.

Mr. Lacefield requested the Committee go back to the discussion on O.C.G.A. § 43-1-34.1 Expedited license by endorsement for military spouses. Mr. Lacefield explained that there is currently an application for licensure by credentials and an application for licensure by exam that is expedited if the applicant meets the requirements of Rule 150-7-.06. He stated that he wanted to ensure that the Committee understands that O.C.G.A. § 43-1-34.1 pertains to a license by endorsement. He further stated that as such, the Board would not be considering whether or not the applicant meets the five (5) year requirement that is required by O.C.G.A. § 43-11-41. Ms. Emm commented that O.C.G.A. § 43-1-34.1 requires the individual to hold a current license to practice in another state for which the training, experience, and testing are substantially similar in qualifications and scope to the requirements under this state to obtain a license. She explained that whatever examination he/she passed would have to be substantially similar to Georgia's requirements. Ms. Emm added that the individual would need to pass the jurisprudence examination.

Mr. Lacefield commented that he just wanted there to be some discussion that this law states the exam needs to be substantially similar and that it would be up to the Board to decide what "substantially similar" means. Mr. Scheinfeld stated that the applicant would be completing an application for either licensure by examination or licensure by credentials. Ms. Emm responded that this law creates a third category, which would be licensure by endorsement. Dr. Patel asked if there could be a way for the applicant to specify if he/she has an endorsement from the military rather than creating a whole new category. Mr. Changus commented that language could be added to the application that states the individual is looking for endorsement under O.C.G.A. § 43-1-34.1 and the application would then be

reviewed to see if the person meets the requirements. He stated that he is not sure if that can be added to the current applications.

Ms. Emm explained that the intent of this law is to assist military spouses that are relocated with his/her spouse and be able obtain a license in an expedited manner. Mr. Changus agreed and commented that he believes that is the intent of the General Assembly. Mr. Scheinfeld responded by stating that it seems a short application for endorsement would need to be created. Dr. Patel stated that she does not think a whole new application would be needed. Discussion ensued.

Mr. Lacefield discussed administrative concerns. He stated that the requirements for endorsement are different and would therefore require a different review by the Board. He further stated that a separate license by endorsement would be the simplest way to address it. Mr. Lacefield explained that it would require a new application and fee. Dr. Patel inquired as to what the Rules Committee could do to assist with that process. Dr. Patel responded that the law that is in place does encompass all of that information; however, if a rule that would reiterate what is required by law is necessary she would support such. She stated that she was hoping to reduce any complications in getting this started and asked Mr. Changus for his thoughts. Mr. Changus responded that he does not think a rule is necessary. He stated that in order to address administrative concerns an application could be created, which would make it easier to track and the Board would also need to determine a fee for the application. He further stated that the Board would need to determine what states have requirements that are substantially similar to Georgia's requirements. After further discussion was held, the Committee recommended staff drafting the application to present to the Board for consideration.

Rule 150-7-.04 Dental Provisional Licensure by Credentials: Mr. Scheinfeld commented that O.C.G.A. 43-11-41 requires the applicant to have been in full time clinical practice for five years immediately preceding the date of application. Ms. Howell explained that the Board previously discussed amending section (5)(c)(3) of Rule 150-7-.04 from ten (10) years to five (5) if the applicant had been practicing in that specialty for that amount of time. Dr. Patel agreed that the rule should be amended to five (5) years. Ms. Emm explained that the Board has the discretion to waive a human subject test if the practitioner has been a specialist in that area for ten (10) years. She further explained that if the applicant applied for licensure by credentials and the applicant had not taken a live-patient periodontics component, the Board could waive that particular portion of the rule if the individual had been practicing in that particular specialty for ten (10) years. Ms. Emm stated that the applicant would have needed to complete the other required sections of the exam.

Dr. Maron expressed his concerns regarding this matter. He stated that there is no live oral surgery section or live orthodontic section on a clinical examination. Dr. Maron stated that if the Board is supposed to recognize a specialist for his/her credentials, he does not understand how opting someone out as a periodontist for a periodontics section is helping. He suggested the Committee change the wording to something that would be appropriate for those who have practiced in his/her specialties. Ms. Mattingly and Mr. Scheinfeld agreed. Dr. Patel stated that additional amendments would be necessary as it would not just be an amendment to section (5)(c)(3). Dr. Patel asked Dr. Maron if he would assist the Committee by drafting language for the Rules Committee to review. Dr. Maron agreed and stated he would provide language that could be reviewed by the Committee at its next meeting.

Ms. Mattingly made a motion for the Rules Committee to direct Ms. Emm to make the recommended changes to the items discussed and for Dr. Patel to present those changes to the Board for consideration at its next meeting. Mr. Scheinfeld seconded and the Committee voted unanimously in favor of the motion.

Miscellaneous

Mr. Lacefield commented that Dr. Patel had requested the Rules Committee meet the same day as the full Board meets; however, she would not be available on April 9th. Dr. Patel suggested the next Rules Committee meeting be scheduled for May 7th following the full Board meeting. The Committee agreed.

With no further business, the Committee meeting adjourned at 12:37 p.m.

Minutes recorded by Brandi Howell, Business Support Analyst I

Minutes edited by Eric R. Lacefield, Executive Director