

GEORGIA BOARD OF DENTISTRY
Conference Call
2 Peachtree St., N.W., 6th Floor
Atlanta, GA 30303
March 4, 2022
10:00 a.m.

The following Board members were present:

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

Staff present:

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

Visitors:

Dr. Jacob Lee
Dr. Randy Kluender, GA School of Orthodontics
Dr. Carol Lefebvre, Dental College of Georgia

Open Session

Dr. Maron established that a quorum was present and called the meeting to order at 10:08 a.m.

Introduction of Visitors

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

Approval of Minutes

Dr. Knight made a motion to approve the Public and Executive Session minutes from the February 4, 2022, Conference Call and the February 18, 2022, Conference Call. Dr. Reznik 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. Stiehl seconded, and the Board voted unanimously in favor of the motion.

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

Executive Session

The Board requested legal advice.

The Board received legal advice regarding reconciling the degree of supervision required for dental hygiene education.

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

Open Session

Petitions for Rule Waiver or Variance

Rule Variance Petition from Dr. Jacob Lee: Dr. Lee was on the call and spoke to the Board regarding his request for a variance of Rule 150-3-.01(4). Dr. Lee provided information regarding his background. He stated that he is currently a fifth year oral surgery resident at Louisiana State University. He further stated that he passed the ADEX manikin-based exam and requested clarification from the Board as to whether or not those results were accepted. Dr. Lee inquired if the Board did not have a complete record concerning his clinical examinations. He provided a timeline of the examinations he had taken. He explained that he failed the endodontics portion twice and had signed up to take the exam a third time, but was unable to travel to the exam due to illness. He stated that he was excused and refunded the fee for the exam, but the unofficial report from CITA states that he was a no show, which was provided with his petition. There being no further discussion, Mr. Scheinfeld made a motion to grant the petition based on the special circumstances related to the COVID-19 pandemic, as noted in Dr. Lee's petition. Additionally, the Board also finds that Dr. Lee provided adequate justification for the variance since he passed the ADEX manikin-based exam in 2021, and is currently in a six (6) year Oral and Maxillofacial Surgery residency training program. Dr. Wilson seconded, and the Board voted unanimously in favor of the motion.

Correspondences

Correspondence from Dr. Lee Whitesides: The Board considered this correspondence from Dr. Whitesides requesting the Board's approval of the course submission titled, "*Phlebotomy and IV Access for the Dentist and Dental Auxiliary*"

Dr. Maron commented that Dr. Whitesides had been very helpful with putting together a course for dental assistants and dental hygienists. He stated that O.C.G.A. § 43-11-23 requires dental assistants and dental hygienists to have proper training for venipuncture and phlebotomy procedures. Dr. Maron stated that the course hours and curriculum appeared to be appropriate. He further stated that it was his understanding that GDA would be the one to put the course together and, as far as specifics, such as costs, that would be up to GDA.

Dr. Goggans commented that he reviewed the information submitted and felt the course seemed to be short with the number of hours compared to other courses offered that were lengthier. He inquired as to whether there was a difference. Dr. Whitesides was on the call. He responded by stating that the phlebotomy/venipuncture courses with longer hours referenced by Dr. Goggans are for a hospital phlebotomist and there is a great deal of didactic and clinical work associated with those courses. He stated the hospital phlebotomist does an apprenticeship and has to be supervised. He added that the course for a hospital phlebotomist is a much more involved type of course. Dr. Whitesides stated that, in terms of the shorter course, the goal is to teach professionals how to take blood and put it in the PRF machine to spin it around. Dr. Goggans thanked Dr. Whitesides for the information. Dr. Goggans inquired if there was a test that had to be taken upon completion of the course. Dr. Whitesides responded affirmatively. He stated that only a few states require a test. He further stated that most states only require completion of the program. Dr. Goggans commented that he felt that two (2) hours of practical experience was a short period of time. Dr. Whitesides responded by stating that, while there is no substitute for clinical experience and expertise, it would be a basic course. He added that the practical experience is the one thing they are lacking and does think they could expand on that without having a more extensive course, which would require direct supervision. Dr. Whitesides stated that the students will have to learn on each other in these courses. He stated at most, the student will receive a little bit of practical, a lot of technique, and will have to learn this on the job. He further stated that it would be a good idea for both dentists and their assistants come in so the assistants can receive more experience.

Dr. Maron commented that prior to the change in law he was not aware of evidence that any member of the public has been harmed from having his/her blood drawn for these types of procedures. Dr. Maron stated O.C.G.A. § 43-11-23 was created and the Board is trying to approach the law appropriately by creating a rule. He further stated that, prior to this law, there have been many dental assistants doing this on a regular basis without any certification and it has been on-the-job training.

Dr. Reznik commented that he works in a hospital and understands there are different requirements; however, he stated that he was concerned that two (2) hours of practical training would not be enough. Dr. Reznik mentioned a medical procedure he had and it was a nurse that started the IV. He expressed his concerns over the course submission only offering one (1) day of training with two (2) hours of any kind of clinical training. He stated that it would take some convincing for him to say the course provided sufficient experience. Dr. Whitesides responded by stating that he understood Dr. Reznik's concerns. He stated that requiring more sticks per course would be a challenge for people who do not want to get stuck multiple times. He suggested adding a requirement for the student to complete twenty (20) supervised successful sticks that must be signed off by a dentist. Discussion was held regarding drawing blood in a hospital versus in a dental office. Dr. Whiteside commented that patients in a hospital are sick whereas patients in a dental office are healthy and are more likely to have good veins. He stated the students were not sticking patients with multiple health issues, dehydrated, etc., who do not have good veins. Dr. Reznik responded by stating not all of the patients in the hospital are sick. He stated that he understood Dr. Whitesides' point; however, if the dental assistant or dental hygienist could show proof of twenty (20) successful procedures signed off on by a dentist, that may be different as that shows documentation, but he stated he was still concerned with the course only having two (2) hours of practical training. He stated that rolling veins or other issues may come up and there could be liability concerns.

Dr. Goggans commented that he was not against this and believed the Board needed to be proactive; however, he stated that he had issues with understanding the two (2) hour requirement. He inquired as to how general dentists who want to send his/her dental assistant or hygienist for the training would be able to supervise the individual upon completion of the course, if the dentist does not have any IV experience. Dr. Goggans stated he understood oral surgeons, or a dentist that did many sedations would be different. Dr. Knight responded by stating that the dentist in charge has to have an IV sedation certificate. He stated that in order for the dentist to receive a sedation permit, he/she has to show proof of patient experiences and believes it would be a good idea to require the dental assistant/dental hygienist provide proof of "x" number of successful sticks and procedures. Dr. Knight stated that his recommendation was to approve the course with the understanding the dental assistant or dental hygienist would have to demonstrate proof of completion of "x" number of procedures.

Dr. Maron commented that since this was creating concern from board members, he suggested the course submission be referred to the Sedation Committee to review. He stated that the course was brought to the Board too soon as the Board needed to pass a rule first, and then it could move forward with considering the course. Dr. Maron stated that between now and the next full Board meeting, the Sedation Committee meeting would be scheduled.

Correspondence from Dr. Naquilla Thomas, Clayton State University: The Board previously reviewed Dr. Thomas's correspondence at its January meeting. In her correspondence, Dr. Thomas requested clarification and guidance concerning taking radiographs, developing and implementing treatment plans within an approved on campus training clinic. The Board voted to request an interpretation of O.C.G.A. § 43-11-20(b) and § 43-11-74(d) as it relates to the following:

1. *While NO prescribing of radiographs is allowed, clarity is needed as to how a licensed dental hygienist working in an approved on campus training clinic that does not require supervision by a dentist may recommend and take radiographs for the purposes of*

educational training?

2. *While NO diagnosing is allowed, clarity is needed as to how a licensed dental hygienist working in an approved on campus training clinic that does not require supervision by a dentist may develop and implement a collaborative (between the dental hygiene student and the dental hygiene faculty) treatment plan for the purposes of educational training?*

In response to Dr. Thomas's inquiry, the Board directed staff to respond by stating that, in regard to her first question, pursuant to Board Rule 150-5-.03(1)(b), the "tak[ing] and mount[ing] oral x-rays" falls within the practice of dental hygiene. Thus, dental hygiene students can take radiographs for the purposes of educational training and do not need to be under the direct supervision of a dentist.

Lastly, the second question concerns the development and implementation of a treatment plan. To the extent that the development and implementation of a treatment plan includes the evaluation, diagnosis of diseases, disorders, conditions and/or the examination of the oral cavity for the purpose of diagnosing or treating, those services fall within the practice of dentistry (O.C.G.A. §§ 43-11-1(6) and 43-11-17(5)). The development and implementation of a treatment plan does not appear to be included in either O.C.G.A. § 43-11-74(b) or Board Rule 150-5-.03 as a delegated task. Thus, those services are not included in the "practice of dental hygiene," and cannot be performed by dental hygiene students under any level of supervision.

Correspondence from Lesha Priest: The Board discussed Ms. Priest's request for consideration of being a dental hygiene examiner for CRDTS. Dr. Knight made a motion to approve her request and forward her information to CRDTS. Ms. Mattingly seconded, and the Board voted unanimously in favor of the motion.

Correspondence from Dr. Rhea Haugseth, Atlanta Pediatric Dental Assistant School: The Board considered this request for approval of the expanded duties course offered by Atlanta Pediatric Dental Assistant School. Ms. Mattingly made a motion to approve the course. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

General – Dr. Glenn Maron

April Meeting: Dr. Maron stated that he was happy to report that that the Board members would meet in person in April.

Emergency Rule – Regional Examination for Dentists: Dr. Maron stated that, based on discussions with the Governor's office, and the Board's adoption of Rule 150-3-0.3-.11 Regional Examination for Dentists, the Board needed to move forward with a formal development of rules for the manikin exam. He inquired if a committee had been appointed. Mr. Lacefield responded that the Rules Committee was disbanded, and as such, the full Board could discuss the matter. Dr. Maron asked if the Board wanted to further discuss acceptance of the CRDTS and ADEX manikin-based exam and rule changes at its April meeting. Mr. Lacefield responded that staff could add this topic to the April agenda. Mr. Lacefield stated that the current Executive Order was extended an additional thirty (30) days and would expire as of March 27, 2022. Dr. Maron agreed to adding discussion of the CRDTS and ADEX manikin-based exam to the April agenda and stated that he would like board members to consider approving this for both dentists and dental hygienists. Ms. Mattingly requested the Board also consider the acceptance of the ADEX live patient exam for dental hygienists as currently it is only accepted for dentists. Dr. Maron asked if that would be an additional rule. Mr. Lacefield affirmed it would be separate and require an amendment to Rule 150-5-.02 Qualification for Dental Hygienists.

Dentist Authorization to Order Sleep Study: Dr. Maron stated that Dr. Stiehl and Ms. Mattingly did a good job gathering data for the Board. He stated that in some states dentists are authorized to order a sleep study whereas other states say that dentists are not prohibited from ordering home sleep studies. He stated

he was unsure of the reasoning for saying “not prohibited from” as opposed to “are authorized”. He further stated he felt the Board should consider promulgating a rule as there is appropriate data that shows how important dentists are in the management of sleep apnea; however, the diagnosis needs to be done by an authorized physician. Dr. Maron recommended changing the rule to allow a dentist to order a sleep study. Mr. Lacefield commented that Dr. Maron had appointed a committee to review and bring this matter back to the full Board for consideration. Ms. Mattingly stated that a committee meeting had not been held. Dr. Stiehl inquired if there was anyone opposed to allowing a dentist to order a sleep study. There were no comments. Ms. Mattingly asked if this would be a new rule, or more of a policy change. Dr. Maron stated the rule would need to be amended. Mr. Lacefield commented that it would be a policy change. Mr. Changus suggested the Board add this topic to its April agenda to allow additional time for consideration and discussion.

Attorney General’s Report – Mr. Max Changus

No report.

Executive Director’s Report – Mr. Eric Lacefield

No report.

Rules Discussion

Rule 150-8-.01 Unprofessional Conduct Defined: Dr. Goggans made a motion to post Rule 150-8-.01 Unprofessional Conduct Defined. Dr. Knight seconded, and 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, 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 via certified mail. 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.

A motion was made by Dr. Goggans, seconded by Dr. Knight, and the Board voted that the formulation and adoption of this proposed rule amendment does not impose excessive regulatory cost on any licensee and any cost to comply with the rule amendment cannot be reduced by a less expensive alternative that fully accomplishes the objectives of the relevant code sections.

In the same motion, Board also 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 this proposed rule amendment will impact every licensee in the same manner, and each licensee is independently licensed, owned and operated and dominant in the field of dentistry.

Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist Designation: Ms. Mattingly inquired about the status of this rule. Ms. Daughdril responded by stating that the Board would receive legal advice regarding this matter in Executive Session.

Miscellaneous

Dr. Maron asked if a representative from the Dental College of Georgia had any comment for the Board. Dr. Lefebvre responded that there were no comments. Dr. Kevin Frazier stated that Dr. Maron previously commented that board members would resume meeting in person next month. He inquired if the conference call option would be available to the public. Dr. Maron responded by stating that, at this time, only

members of the Board were permitted to meet in person; however, the public would be able to call in to the Open Session portion of the meeting.

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

Executive Session

Appearances

- A.A.
- S.B.M.

Licensure Overview Committee Appointments/Discussion Cases

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

Applications

- J.A.L.
- T.A.F.
- K.S.L.
- E.P.H.
- A.H.
- K.S.G.
- C.J.C.T.
- J.V.B.
- W.K.S.

- G.M.B.
- A.F.K.
- D.M.H.
- R.E.H.
- J.P.
- J.B.L.

Correspondence

- N.B.

Investigative Committee Report – Dr. Brent Stiehl

Report presented:

- DENT210264
- DENT210286
- DENT210337
- DENT210338
- DENT210369
- DENT210370
- DENT210386
- DENT210388
- DENT210393
- DENT210405
- DENT210426
- DENT210498
- DENT220008
- DENT220009
- DENT220024
- DENT220111
- DENT220218
- DENT220219
- DENT220239
- DENT220250
- DENT220259
- DENT210087
- DENT210407
- DENT220186
- DENT220201
- DENT220206
- DENT220289
- DENT220302
- DENT190273
- DENT200331
- DENT200347
- DENT200374
- DENT200401
- DENT200409
- DENT200416

- DENT220171

Attorney General’s Report – Mr. Max Changus

Mr. Changus presented the following consent order for acceptance:

- V.K.

Mr. Changus discussed the following licensee:

- S.H.

The Board received legal advice regarding Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist Designation, Rule 150-13-.01 Conscious Sedation Permits and Rule 150-13-.02 Deep Sedation/General Anesthesia Permits.

Executive Director’s Report – Mr. Eric Lacefield

- M.M.M.
- B.P.C.
- J.A.T.

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:

Appearances

- | | | |
|--|---------------------------------------|--|
| <ul style="list-style-type: none"> • A.A. | <p>Denied Credentials Applicant</p> | <p>Table pending receipt of additional information</p> |
| <ul style="list-style-type: none"> • S.B.M. | <p>Denied Reinstatement Applicant</p> | <p>Table pending receipt of additional information</p> |

Licensure Overview Committee Appointments/Discussion Cases

- | | | |
|--|---------------------------------------|---|
| <ul style="list-style-type: none"> • J.G.S. | <p>Dental Licensee</p> | <p>Close with no action</p> |
| <ul style="list-style-type: none"> • J.H.V. | <p>Request to terminate probation</p> | <p>Approved request</p> |
| <ul style="list-style-type: none"> • R.D. | <p>Renewal Pending</p> | <p>Renew with letter stating the Board has not concluded its consideration of the matter.</p> |
| <ul style="list-style-type: none"> • N.Z.R.B. | <p>Renewal Pending</p> | <p>Renew with letter stating the Board has not concluded its consideration of the matter.</p> |
| <ul style="list-style-type: none"> • A.T.W. | <p>Renewal Pending</p> | <p>Renew with letter stating the Board has not concluded its consideration of the matter.</p> |
| <ul style="list-style-type: none"> • R.S.S. | <p>Renewal Pending</p> | <p>Renew with letter stating the Board has not concluded its consideration of the matter.</p> |
| <ul style="list-style-type: none"> • K.P. | <p>Renewal Pending</p> | <p>Renew with letter stating the Board has not concluded its consideration of the matter.</p> |

- A.S.H. Renewal Pending Renew with letter stating the Board has not concluded its consideration of the matter.
- J.D.K. Renewal Pending Approved for renewal
- P.W. Renewal Pending Renew with letter stating the Board has not concluded its consideration of the matter.
- N.A.W. Renewal Pending Renew with letter stating the Board has not concluded its consideration of the matter.
- S.S.P. Renewal Pending Renew with letter stating the Board has not concluded its consideration of the matter.
- M.K.P. Renewal Pending Renew with letter stating the Board has not concluded its consideration of the matter.
- R.C.O. Renewal Pending Approved for renewal
- G.S. Renewal Pending Approved for renewal
- N.P. Renewal Pending Refer to the Department of Law
- L.P.U. Renewal Pending Approved for renewal
- D.C.W. Dental Hygiene Licensee Correspondence tabled pending receipt of additional information
- A.S.Z. Renewal Pending Table pending receipt of additional information
- M.A.E.N. Dental Faculty Applicant Approved application
- J.C.C. Dental Hygiene Licensee Approved request to place license on Inactive Status

Applications

- J.A.L. Dental Exam Applicant Approved application
- T.A.F. Dental Credentials Applicant Tabled pending receipt of additional information
- K.S.L. Dental Hygiene Credentials Denied application
- E.P.H. Initial General Anesthesia Approved evaluation
- A.H. Initial Moderate Parenteral CS Approved evaluation
- K.S.G. Initial Moderate Enteral CS Approved for provisional permit
- C.J.C.T. Initial Moderate Parenteral CS Approved for provisional permit
- J.V.B. Initial Moderate Parenteral CS Approved for provisional permit
- W.K.S. General Anesthesia Additional Site Schedule to meet with the Sedation Committee
- G.M.B. Dental Reinstatement Applicant Approved application
- A.F.K. Dental Hygiene Reinstatement Approved application
- D.M.H. Dental Hygiene Reinstatement Approved application
- R.E.H. Dental Reinstatement Applicant Approved application
- J.P. Dental Hygiene Reinstatement Tabled pending receipt of additional information
- J.B.L. Dental Hygiene Reinstatement Approved application

Correspondence

- N.B.

Request regarding remediation

Denied request

Investigative Committee Report – Dr. Brent Stiehl

Report presented:

Complaint Number	Allegations	Recommendation
DENT210264	Quality of Care/Substandard Practice	Cancel
DENT210286	Billing	Cancel
DENT210337	Unprofessional conduct	Cancel
DENT210338	Quality of Care/Substandard Practice	Cancel
DENT210369	Quality of Care/Substandard Practice	Cancel
DENT210370	Unsanitary Conditions	Cancel
DENT210386	Other	Cancel
DENT210388	Other	Cancel
DENT210393	Quality of Care/Substandard Practice	Cancel
DENT210405	Quality of Care/Substandard Practice	Cancel
DENT210426	Billing	Cancel
DENT210498	Unprofessional conduct	Cancel
DENT220008	Quality of Care	Cancel
DENT220009	Quality of Care/Substandard Practice	Cancel
DENT220024	Quality of Care/Substandard Practice	Cancel
DENT220111	Quality of Care/Substandard Practice	Cancel
DENT220218	Quality of Care/Substandard Practice	Cancel
DENT220219	Quality of Care/Substandard Practice	Cancel
DENT220239	Other	Cancel
DENT220250	Billing	Cancel
DENT220259	Quality of Care/Substandard Practice	Cancel
DENT210087	Quality of Care/Substandard Practice	Close with No action
DENT210407	Unsanitary Conditions	Close with No Action
DENT220186	Billing	Close with No Action
DENT220201	Billing	Close with Letter of Concern
DENT220206	Billing	Close with No Action
DENT220289	Billing	Close with No Action
DENT220302	Unlicensed Practice	Close with Letter of Concern
DENT190273	Quality of Care/Substandard Practice	Close with Letter of Concern
DENT200331	Billing	Close with No Action
DENT200347	Quality of Care/Substandard Practice	Close with No Action
DENT200374	Quality of Care/Substandard Practice	Close with No Action
DENT200401	Quality of Care/Substandard Practice	Close with No Action
DENT200409	Quality of Care/Substandard Practice	Close with Letter of Concern
DENT200416	Quality of Care/Substandard Practice	Close with Letter of Concern
DENT220171	Quality of Care/Substandard Practice	Deny acceptance of information submitted. Must comply with Board's recommendations outlined in order.

Attorney General’s Report – Mr. Max Changus

Mr. Changus presented the following consent order for acceptance:

- V.K. Public Consent Order accepted

Mr. Changus discussed the following licensee:

- S.H. Accept Application for Inactive Status

The Board received legal advice regarding Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist Designation, Rule 150-13-.01 Conscious Sedation Permits and Rule 150-13-.02 Deep Sedation/General Anesthesia Permits.

Executive Director’s Report – Mr. Eric Lacefield

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|----------|---|---|
| • M.M.M. | Open records request | Denied request |
| • B.P.C. | Open records request | Denied request |
| • J.A.T. | Regarding course required per Consent Order | The Board directed staff to respond by stating that licensee needs to complete the course required per the consent agreement. |

Dr. Stiehl seconded, and the Board voted in favor of the motion, with the exception of Dr. Wilson, who abstained from the votes regarding S.B.M. and J.B.L.

Miscellaneous

Mr. Lacefield reported that the Commissioner of the Department of Community Health had confirmed the office would be moving from 2 Peachtree Street. Mr. Lacefield stated that he is not aware of where the office would be moving to at this time. Dr. Maron asked that Mr. Lacefield notify the Board if the move occurs before April meeting.

Dr. Maron commented that he appreciated everyone’s effort and would see the board members in person at the April meeting.

With no further business, the Board meeting adjourned at 2:07 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held via conference call on Friday, April 1, at 10:00 a.m. at the Department of Community Health’s office located at 2 Peachtree Street, N.W., 6th Floor, Atlanta, GA 30303.

Minutes recorded by Brandi Howell, Business Support Analyst I

Minutes edited by Eric R. Lacefield, Executive Director