

GEORGIA BOARD OF DENTISTRY
2 MLK Jr. Drive, SE, 11th Floor, East Tower
Atlanta, GA 30334
May 5, 2023
10:00 a.m.

The following Board members were present:

Dr. Glenn Maron, President
Ms. Misty Mattingly, Vice-President
Dr. Greg Goggans
Dr. Lacey Green
Dr. Michael Knight
Dr. Larry Miles
Dr. Ami Patel
Dr. David Reznik (via Teams)
Dr. Jeffrey Schultz
Ms. Lisa Selfe
Dr. Lisa Shilman
Dr. JC Shirley
Dr. Nancy Young

Staff present:

Eric Lacefield, Executive Director
Kimberly Emm, Assistant Attorney General
Thomas McNulty, Assistant Attorney General
Clint Joiner, Attorney
Brandi Howell, Business Support Analyst I

Visitors:

Lamara Moore, GDHA
Dr. Alan Furness, Dental College of Georgia
Elise Hoyle
Cresta Calzaretta
Dr. James Barron, Georgia Dental Society
Matthew Frey, PDS
Dr. Randy Kluender, Georgia School of Orthodontics
John Watson, ADSO
Emily Yona, ADSO
Ethan James, GDHA

Open Session

Dr. Maron established that a quorum was present and called the meeting to order at 10:02 a.m.

Introduction of Visitors

Dr. Maron welcomed the visitors.

Approval of Minutes

Dr. Goggans made a motion to approve the Public Session minutes from the April 14, 2023, meeting. Vice-President Mattingly seconded, and the Board voted unanimously in favor of the motion.

Vice-President Mattingly made a motion to approve the Executive Session minutes from the April 14, 2023, meeting as amended. Ms. Selfe seconded, and the Board voted unanimously in favor of the motion.

Report of Licenses Issued

Vice-President Mattingly made a motion to ratify the list of licenses issued. Ms. Selfe seconded, and the Board voted in favor of the motion, with the exception of Dr. Shirley who opposed.

Petition for Rule Waiver or Variance

Rule Waiver Petition from Dr. Rachel Cantrell: The Board discussed this request for a waiver of Rule 150-3-.01(4), which requires any candidate who fails one or two sections of any clinical examination or any combination of one, two, or three sections of the clinical examination three times to take a remedial course of study designated and pre-approved by the board. Dr. Maron stated that Dr. Cantrell failed the exam three (3) times, completed remediation while she was in dental school, and then passed the exam. Dr. Goggans

made a motion to deny the request as the three (3) failures of the ADEX manikin restorative exam occurred while Dr. Cantrell was in dental school; therefore, a waiver request was not required. Vice-President Mattingly seconded, and the Board voted unanimously in favor of the motion.

General – Dr. Glenn Maron

Dr. Maron stated that he was concerned that the Board takes the time and effort to make changes to the rules and vote things through to protect the safety of patients and citizens of Georgia. He further stated that it is his understanding that, even though the Board has adopted these rules and the Governor issued the Certificate of Active Supervision, the rules are not yet effective. Dr. Maron asked for a public explanation as to why that is the case. Additionally, he stated that if the rules have been approved by the Governor he does not understand why the Board cannot enforce the new requirements for people who are applying if the requirements are going to be put in place. Mr. Joiner responded by stating that rules that have been approved by the Governor cannot become effective until the Secretary of State's office publishes them. He added that the only Certificate of Active Supervision he knows of that has not been sent to the Secretary of State's office is for Rule 150-13-.01 and that is because he is behind due to the move and he is trying to get caught up but will forward the certificate to the Secretary of State's office this afternoon. He continued by stating that he was not aware of any other rules that had been approved and a Certificate of Active Supervision issued that had not gone to the Secretary of State's office. Dr. Maron inquired if it was the rule that was amended to require every facility to have the capability for continual monitoring of end tidal CO2. Mr. Joiner answered affirmatively.

Mr. Lacefield explained that once a rule becomes effective those requirements will apply to those individuals that submit an application after the rule is effective. He added that an applicant who applied prior to those changes becoming effective would need to meet the requirements that were in effect at the time of application. Dr. Maron commented by stating that if end tidal CO2 monitoring will be required and an individual submits an application now and does not have that equipment, he has a problem approving the application if the individual is required to have it in a few weeks. He stated that from a practical standpoint, he does not find the logic in that. Mr. McNulty responded by stating that he understood Dr. Maron's concerns from a practical standpoint, but as Mr. Lacefield stated, the Board cannot enforce a rule until it has become effective. He added that until such a time it is as if the rule does not exist.

Mr. Joiner stated that rules have to complete the entire rules process until they become effective. Ms. Emm commented that the rule has to sit at the Secretary of State's office for twenty (20) days before it can become effective.

Sedation Committee Report – Dr. Glenn Maron

Rule 150-13-.01 Conscious Sedation Permits: Dr. Maron reported that the Sedation Committee held a conference call on April 27th to discuss additional language to Rule 150-13-.01. He explained that there have been applicants applying for conscious sedation permits and requesting to use certain medications that do not have reversal agents and would be more appropriate for a general anesthesia permit. He stated that the Committee felt it was appropriate to modify the rule to note that if issued a conscious sedation permit, the dentist should not be using these specific medications.

Dr. Maron read the proposed amendment:

(12) Drug Restriction: No dentist issued a conscious sedation permit pursuant to this Rule shall administer any general anesthetic agent which has been identified by the Board of Dentistry in Rule 150-13-.01(13) as exhibiting a narrow margin for maintaining consciousness, unless such dentist simultaneously holds a permit to perform deep sedation / general anesthesia procedures in that location, pursuant to Rule 150-13-.02.

(13) The following anesthetic agents have been identified by the Board of Dentistry as exhibiting a narrow margin for maintenance of patient consciousness:

- (a) Alkylphenols – propofol (Diprivan) including precursors or derivatives;
- (b) Dissociative anesthetics - Ketamine;
- (c) Dexmedetomidine;
- (d) Any barbiturate drug classified as “ultrashort acting,” including, but not limited to:
 - 1. Sodium methohexital;
 - 2. Thiamylal; or
 - 3. Thiopental.
- (e) Etomidate; or
- (f) Volatile inhalational agents.

Dr. Maron explained that it was suggested by the Committee to further discuss this proposed language with the full Board. He added that there was extensive discussion by Dr. Knight and Dr. Shirley concerning whether or not to list specific medications. He continued by stating that he and Dr. Schultz felt that Georgia has a terrible definition of sedation. Dr. Maron stated that the three (3) levels of sedation permits are antiquated. He added that Dr. Shirley pointed out that the term “conscious sedation” is antiquated. He stated that the terms “enteral” and “parenteral” were started years ago and changing those terms involves changing the rule. He further stated that changing the language for conscious sedation involves changing the statute. Dr. Maron continued by stating that the Sedation Committee does not wish to do that; however, it is the Board’s responsibility to protect the public and the agents mentioned under general anesthetics do have a narrow window of going from light to deep sedation.

Dr. Schultz commented that this originally came to his attention during an applicant interview with the Sedation Committee. He explained that the individual applying for a conscious sedation permit had the anesthesia records for what medications were given and what time. He added that the agents propofol and ketamine were listed and it was not necessarily the medications themselves, but rather the route of administration and the speed of administration that were the concerns. Dr. Schultz stated that in the rule amendment the medications listed have a narrow margin of maintaining a level of consciousness and if one is not trained in proper airway maintenance, the Sedation Committee feels that jeopardizes the anesthetic safety of that procedure. He added that it is not necessarily just the feelings of himself and Dr. Maron. He stated that the American Association of Oral Surgeons has been identifying areas where patient safety can be improved. He further stated that the idea of patient safety has to be embraced by the entire Board. He continued by stating that the citizens of Georgia need to be aware that when they go in for a procedure for moderate enteral or parenteral conscious sedation there should be limitations on the medications themselves and the route of administration.

Dr. Schultz stated that Georgia is not unique in this type of legislation. He further stated that Florida, Iowa, Oregon, Montana and Texas have restrictions. He continued by stating that Texas has restrictions that are far more involved and specific. He added there continues to be efforts made by various boards that are improving dental patient safety. He explained they are not trying to limit the pharmacologic armamentarium, but want patients to be safe with no airway complications.

Dr. Knight commented that he feels as though the Board is trying to find a solution to a problem that does not exist currently. He stated that the rule in place has moderate enteral conscious sedation, moderate parenteral conscious sedation and deep sedation/general anesthesia. He further stated that there have not been issues with that. Dr. Knight commented that if the Board gets specific with what one can or cannot use, it will start to limit the scope and then there will be issues. He stated that he has an issue with listing specific medications when there is already a rule in place that is working well.

Dr. Knight stated that the applicant interview Dr. Schultz was speaking of involved an individual who was applying for a moderate parenteral conscious sedation permit, but the training was done through the dental school and through the oral surgery program. He explained that the training was how the faculty member at

that time was doing it. He stated that the course the individual took was a course that was approved by the Board. Dr. Knight further stated that it seems that the Board is now penalizing those individuals for something that was previously approved by the Board. He added that if there is an issue with the course, the Board should deal with it; however, he believes the school has already dealt with that particular issue. He continued by stating that with the individual that was interviewed, he took a board-approved course and the faculty member went to a deeper level as well as the oral surgery residents.

Dr. Knight stated that if the Board is talking about the care of patients in Georgia, his biggest concern is access to care, which is something the Board should think about. He further stated that there is a major problem with hiring dental hygienists and certain specialists, but there are counties that do not even have a dentist. He added that the nearest oral surgeon from his office is forty-five (45) minutes away. Dr. Knight recommended tabling consideration of the rule amendment until the Board received information on the number of issues relative to sedation and where those issues occurred whether it be rural areas or hospitals.

Dr. Maron stated that the first point made by Dr. Knight was there were not any issues. Dr. Maron explained that there is currently a patient in the ICU due to issues with IM ketamine. In regards to access to care, Dr. Maron stated that the Committee is not saying patients should not have access and are not saying the dentist should not be doing sedation. He stated that what the Committee is talking about is the narrow avenue of efficacy for these drugs in particular. He added that the Committee is not saying these individuals should not have permits or that it should only be done by an oral surgeon. He explained that there are all sorts of doctors that have IV/deep sedation permits. Dr. Maron continued by stating that saying it is an access to care issue is a misinterpretation of the rule. Dr. Knight commented that the rule should not be changed if there is not a problem. Dr. Maron responded by stating that it was just mentioned there is currently a child in the hospital due to complications. Dr. Knight commented that does happen whenever there is an extreme procedure beyond cleaning the teeth and is unfortunate, but that is one of thousands.

Dr. Maron stated that he has mentioned in the past that one (1) death on his watch is more than what he wants. He further stated that what Dr. Knight is describing is being reactive and what Dr. Schultz has proposed is being proactive. After further discussion, Dr. Knight suggested the full Board make a determination regarding the proposed amendment.

Dr. Shirley stated that the case mentioned is under investigation and there is stuff the Board cannot talk about; however, he stated that it is consistent with the issue of someone sedating outside the realm of the permit they were issued. He added that he thinks there is a connection. In terms of patient safety, Dr. Shirley stated that the proactive approach is a better way to go than looking at how many errors were made. He continued by stating that he does not think the Board's rules do not conform to contemporary definitions of sedation. Dr. Shirley stated that when considering the rules and laws that are in place, adding these particular drugs makes sense. He clarified that the intent of the proposed rule is for the dentist who has a conscious permit and it is not for a situation where the dentist has an anesthesiologist onsite to provide deep sedation/general anesthesia and is not to limit that option as there are a whole set of parameters the individual would need to follow in that situation.

Dr. Maron commented that no one on the Board has an interest in denying a sedation permit to someone who is properly trained. He stated that the applicant that was interviewed by the Sedation Committee attended a deep sedation course, and if that was an approved course the individual could have applied for a general anesthesia permit. He further stated that the Board is not trying to restrict anyone from applying; however, the individual needs to apply for the appropriate level of sedation to use the drugs in 2023 based on the rules. Dr. Knight commented that the course was a conscious sedation course approved by a prior board.

Dr. Shilman stated that the drugs listed in the proposed rule amendment in the pediatric population cause a level of deep sedation where the doctor needs to be able to rescue the patient when they have been deeply sedated. She further stated that, in keeping the pediatric population safe, she thinks the more restrictions there are and the more drugs that are listed, the safer the children are.

Dr. Reznik commented that he disagreed with the access to care issue. He stated that he just attended a sedation safety course. He further stated that for the patient to have the safest visit, there needs to be a quick reversible agent. He added that he thinks ketamine could cause problems and is in favor of moving forward with the suggested changes.

Dr. Schultz made a motion to post Rule 150-13-.01 Conscious Sedation Permits. Dr. Reznik seconded, and the Board voted in favor of the motion, with the exception of Dr. Knight who opposed.

Rule 150-13-.01 Conscious Sedation Permits

- (1) When the intent is minimal sedation (anxiolysis), which is defined as a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway with unaffected ventilatory and cardiovascular function and respond normally to tactile and verbal stimulation, a permit for conscious sedation is not required.
 - (a) When the intent is minimal sedation for adults, the initial dosing is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation. For adults, supplemental dosing that may be necessary for prolonged procedures should not exceed one-half of the initial drug dose and should not be administered until the dentist has determined that the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.
 - (b) The use of preoperative sedatives for children (age 12 and under) except in extraordinary situations must be avoided due to the risk of unobserved respiratory obstruction during transport by untrained individuals. Children can become moderately sedated despite the intended level of minimal sedation. Should this occur, the guidelines for moderate sedation apply. For children, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentists Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.
- (2) No dentist shall administer conscious sedation at the moderate level in Georgia in accordance with the definition of conscious sedation as defined by O.C.G.A. 43-11-1 unless such dentist possesses a permit based on a credentials review. The permits issued are Moderate Enteral Conscious Sedation or Moderate Parenteral Conscious Sedation.
- (3) Moderate Conscious Sedation is defined as a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- (4) Moderate Enteral Conscious Sedation is any technique of administration in which the drugs are absorbed through the gastrointestinal tract or oral mucosa, i.e. oral, rectal, and sublingual.
 - (a) To obtain a Moderate Enteral Conscious Sedation Permit for adults, a dentist must provide certification of the following:
 1. Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training necessary to administer and manage moderate enteral conscious sedation; or
 2. Completion of a continuing education course approved by the board from a board approved organization, which consists of a minimum of twenty-four (24) hours of didactic instruction, of which eight (8) hours must be in-person, plus management of at

least ten (10) adult patient experiences which provides competency in moderate enteral conscious sedation which may include simulated cases.

- (b) To obtain a Moderate Enteral Conscious Sedation Permit for pediatric patients (age 12 and under), a dentist must provide certification of the following:
 - 1. Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training and experience in pediatric sedation commensurate with the requirements of Rule 150-13-.01(4)(b)(2), and necessary to administer and manage moderate enteral conscious sedation of pediatric patients; or
 - 2. Completion of a continuing education course approved by the board from a board approved organization, which consists of a minimum of twenty-four (24) hours of pediatric-specific didactic instruction, of which eight (8) hours must be in-person, after adult training and ten (10) pediatric patient experiences, which include supervised administration of sedation to at least five (5) patients.
- (5) Moderate Parenteral Conscious Sedation is any technique utilizing multiple sedation modalities, including intravenous, enteral, parenteral, and inhalation.
 - (a) To obtain a Moderate Parenteral Conscious Sedation Permit for adults, a dentist must provide certification of the following:
 - 1. Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training to administer and manage moderate parenteral conscious sedation; or
 - 2. Completion of a continuing education course approved by the board from a board approved organization which consists of a minimum of sixty (60) hours of didactic instruction, of which twenty (20) hours must be in-person, plus management of at least twenty (20) adult patient experiences which provides competency in moderate parenteral conscious sedation.
 - (b) To obtain a Moderate Parenteral Conscious Sedation Permit for pediatric patients (age 12 and under), a dentist must provide certification of the following:
 - 1. Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training and experience in pediatric sedation commensurate with requirements of Rule 150-13-.01(5)(b)(2) and necessary to administer and manage moderate parenteral conscious sedation of pediatric patients; or
 - 2. Completion of a continuing education course approved by the board from a board approved organization, which consists of a minimum of sixty (60) hours of pediatric-specific didactic instruction, of which twenty (20) hours must be in person, after adult training and twenty (20) pediatric patient experiences to include supervised administration of sedation to at least ten (10) patients.
- (6) The dentist issued a permit in either Moderate Enteral Conscious Sedation or Moderate Parenteral Conscious Sedation shall maintain a properly equipped facility for the administration of such sedation, staffed with appropriately trained and supervised personnel. The facility must have equipment capable of delivering positive pressure oxygen ventilation, a pulse oximeter, suction equipment that allows aspiration of the oral and pharyngeal cavities, an operating table or chair that allows for the patient to be positioned to maintain an airway, a firm platform for cardiopulmonary resuscitation, a fail-safe inhalation system if nitrous oxide/oxygen is used, equipment necessary to establish intravascular access, equipment to continuously monitor blood pressure and heart rate, appropriate emergency drugs per ACLS or PALS protocol, a manual or automatic external defibrillator, and a recovery area with available oxygen and suction. The facility shall have continual monitoring of end tidal CO₂ (expired carbon dioxide) unless invalidated by the nature of the patient, procedure, or equipment. "Continual" shall mean "repeated regularly and frequently in steady rapid succession." All of the aforementioned equipment, drugs, and supplies must be stationary and not subject to transfer from one facility to another. The applicant must submit verification that the facility meets the above requirements and shall be subject to an on-site inspection. The dentist and all support

personnel must be certified in cardiopulmonary resuscitation at the basic life support healthcare provider level given by a board approved sponsor with update not to exceed two years per board rules 150-3-.08, 150-3-.09, 150-5-.04, 150-5-.05. Additionally, the dentist must have current certification in advanced cardiovascular life support (ACLS) for adult permits or pediatric advanced life support (PALS) for pediatric permits or an appropriate dental sedation/anesthesia emergency management course as approved by the board. 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.

- (a) The dentist must take four (4) hours of continuing education every two (2) years in pharmacology, anesthesia, emergency medicine or sedation, as part of the 40 hour requirement for license renewal, to maintain certification for the Enteral and/or Parenteral Conscious Sedation Permits. Certification of this continuing education must be submitted at renewal.
 - (b) The Georgia Board of Dentistry shall be given a written, thirty (30) day advance notification of the relocation of a facility, the addition of a facility or significant change to the facility.
 - (c) When a Certified Registered Nurse Anesthetist (CRNA) is permitted to function under the direction and responsibility of a dentist for the administration of conscious sedation, the operating dentist must have completed training and hold a valid conscious sedation permit issued by the board that incorporates the level and mode of sedation administered by the CRNA.
 - (d) The dentist must be certified in cardiopulmonary resuscitation at the basic and advanced levels and all support personnel who provide direct hands-on patient care must be certified in cardiopulmonary resuscitation at the basic life support level given by a board approved provider with an update not to exceed two years. While any conscious sedation procedure is underway, a minimum of two support personnel certified in basic cardiopulmonary resuscitation must be present.
- (7) A licensed dentist shall not delegate to a dental assistant or a dental hygienist the administration of any medication or drugs given to a patient through phlebotomy and venipuncture procedures.
- (8) The requirements as set forth in this rule apply to all new permit applicants upon its effective date. Current, active sedation permit holders are grandfathered for educational requirements and will have until December 31, 2011 to comply with facility requirements including monitoring and emergency equipment, drugs, and supplies, and periodic emergency training requirements for the dentist and all support personnel.
- (9) Permit fees: As shown in the schedule of fees adopted by the Board of Dentistry.
- (10) Renewal Fees: As shown in the schedule of fees adopted by the Board of Dentistry.
- (11) Late Renewal Fees: As shown in the schedule of fees adopted by the Board of Dentistry.
- (12) Drug Restriction: No dentist issued a conscious sedation permit pursuant to this Rule shall administer any general anesthetic agent which has been identified by the Board of Dentistry in Rule 150-13-.01(13) as exhibiting a narrow margin for maintaining consciousness, unless such dentist simultaneously holds a permit to perform deep sedation / general anesthesia procedures in that location, pursuant to Rule 150-13-.02.
- (13) The following anesthetic agents have been identified by the Board of Dentistry as exhibiting a narrow margin for maintenance of patient consciousness:
- (a) Alkylphenols – propofol (Diprivan) including precursors or derivatives;
 - (b) Dissociative anesthetics - Ketamine;
 - (c) Dexmedetomidine;
 - (d) Any barbiturate drug classified as “ultrashort acting,” including, but not limited to:
 1. Sodium methohexital;
 2. Thiamylal; or
 3. Thiopental.
 - (e) Etomidate; or
 - (f) Volatile inhalational agents.

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

In the same motion, the Board voted that it is not legal or feasible to meet the objectives of the relevant code sections to adopt or implement differing actions for businesses as listed at O.C.G.A § 50-13-4(a)(3)(A), (B), (C) and (D). The formulation and adoption of the proposed rule 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.

Attorney General's Report – Mr. Thomas McNulty

No report.

Executive Director's Report – Mr. Eric Lacefield

Mr. Lacefield congratulated Dr. Stiehl, Dr. Spillers, and Dr. Wilson on being reappointed to the Board.

Mr. Lacefield reported that he received a request from a special agent of the FBI who would like to provide a presentation to the Board concerning healthcare fraud. The Board approved the request and recommended scheduling the presentation for its June 2nd meeting.

Legal Services – Mr. Clint Joiner

No report.

Miscellaneous

Sedation Course Submission: The Board discussed the IV Sedation Training for Dentists LLC course submitted by Dr. William Moorhead. The Board requested Dr. Moorhead clearly clarify which portions of the course are held online versus in person. Additionally, under "Implementation" it states, "Kentucky regulations". The Board requested this information be clarified to state "Georgia regulations".

CE Broker and CE Zoom: Dr. Maron commented that in his assessment, he found CE Broker was more business oriented as far as being a broker for individuals to monitor and maintain their continuing education whereas CE Zoom appeared to be a business entity for marketing continuing education courses themselves. He stated that the goal is to make things easier for licensees to maintain their continuing education. He further stated that CE Broker had more dental boards that utilize their services. He continued by stating that CE Zoom seems to have more businesses and entities on their list. Vice-President Mattingly made a motion for the Board to utilize CE Broker for electronic tracking and compliance system for continuing education. Dr. Goggans seconded and the Board voted unanimously in favor of the motion. Dr. Maron requested Mr. Lacefield begin discussions with CE Broker and to keep the Board posted on such.

Dr. Maron informed the members of the public that were present that it is the Board's goal to make it easier for dentists and dental hygienists to maintain and track their continuing education. He stated that it is not mandatory, but will be available to the licensee to utilize. Dr. Shirley inquired about the cost. Mr. Lacefield responded by stating that there is no cost to the Board. Dr. Maron commented that there are three (3) levels a licensee can choose from with the basic account having no cost.

Dr. Goggans made a motion and Vice-President Mattingly seconded and the Board voted to enter into **Executive Session** in accordance with O.C.G.A. § 43-1-19(h), § 43-11-47(h), and § 43-1-2(h), to deliberate and receive information on applications, investigative reports, and the Assistant Attorney General's report. Voting in favor of the motion were those present who included Dr. Greg Goggans, Dr. Lacey Green, Dr.

Executive Session

Miscellaneous

- G.S.O.

Appearances

- A.A.
- G.J.K.

Licensure Overview Committee Appointments/Discussion Cases

- R.F.M.
- J.S.B.
- I.E.
- M.K.R.
- K.M.P.

Applications

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

Correspondence

- C.C.

Investigative Committee Report – Dr. Glenn Maron

Report presented:

- DENT230189
- DENT230442

Attorney General’s Report – Mr. Thomas McNulty

Mr. McNulty presented the following consent orders for acceptance:

- P.H.F.
- C.C.C.
- T.C.

The Board received legal advice regarding Rule 150-5-.03 Supervision of Dental Hygienists.

Executive Director’s Report – Mr. Eric Lacefield

- L.P.A.

Legal Services – Mr. Clint Joiner

No report.

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

Open Session

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

Miscellaneous

- G.S.O. Letter to CODA

Appearances

- A.A. Denied Credentials Applicant Denial upheld
- G.J.K. Denied Credentials Applicant Overturn denial and refer to the Department of Law

Licensure Overview Committee Appointments/Discussion Cases

- R.F.M. Dental Hygiene Reinstatement Refer to Legal Services
- J.S.B. Request to Terminate Consent Order Approved request
- I.E. Request to Terminate Probation Table pending receipt of additional information
- M.K.R. Dental Credentials Applicant Approved application
- K.M.P. Counterproposal Accept counterproposal and send amended referral to Legal Services

Applications

- R.A.C. Dental Exam Applicant Approved application
- M.G.D. Dental Exam Applicant Approved application
- M.P.S.G. Dental Credentials Applicant Approved application
- V.S.Y. Dental Credentials Applicant Denied application
- C.E.H. Initial Moderate Parenteral CS Approved for provisional permit
- C.D.S. Initial General Anesthesia Approved evaluation
- K.M.F. Dental Hygiene Reinstatement Table pending receipt of additional information
- S.H.B. Dental Hygiene Reinstatement Refer to Legal Services
- T.M.G. Dental Hygiene Reinstatement Refer to Legal Services
- S.R.E. Dental Reinstatement Applicant Refer to Legal Services
- O.B.A. Dental Reinstatement Applicant Denied application
- A.J.R. Volunteer Applicant Approved application
- A.A. Volunteer Applicant Approved application
- G.T. Volunteer Applicant Approved application

Correspondence

- C.C. Request regarding additional attempt to retake dental hygiene exam Approved request

Investigative Committee Report – Dr. Glenn Maron

Report presented:

Complaint Number	Allegations	Recommendation
DENT230189	Fraud	Refer to Law Enforcement
DENT230442	Unlicensed Practice	Refer to Law Enforcement and Georgia Composite Medical Board

Attorney General’s Report – Mr. Thomas McNulty

Mr. McNulty presented the following consent orders for acceptance:

- P.H.F. Private Consent Order accepted
- C.C.C. Private Consent Order to be accepted and signed with express permission upon receipt of the original
- T.C. Public Consent Order to be accepted and signed with express permission upon receipt of the original

The Board received legal advice regarding Rule 150-5-.03 Supervision of Dental Hygienists.

Executive Director’s Report – Mr. Eric Lacefield

- L.P.A. Records request Request denied as it is information protected by law

Legal Services – Mr. Clint Joiner

No report.

Dr. Green seconded, and the Board voted in favor of the motion, with the exception of Dr. Miles and Dr. Goggans, who recused themselves from the vote regarding G.J.K.

New Board Business

SRTA Exam: Dr. Shirley commented that he understood the Board made changes to its rules regarding what clinical examinations are accepted. He stated that there are students that completed the 2020 SRTA manikin exam, which is not accepted per Rule 150-3-.01. He added that the rule states that the SRTA manikin exam taken on or after January 1, 2021, will be accepted. He inquired if the Board was still accepting variances or waivers from individuals in this situation. Mr. Lacefield responded by stating that the Board now accepts CRDTS, ADEX, and SRTA manikin results taken on or after January 1, 2021. He added that someone who took SRTA in 2020 was not planning to be licensed in Georgia. Mr. Lacefield stated that anyone can submit a rule petition and it will be considered by the Board, but the individual must demonstrate a unique substantial hardship. Dr. Goggans commented that the Board has been very progressive of where it is regarding licensure. He stated that the Board set dates and there are those that are not going to fall into those particular dates accepted, but for the first time ever, the Board has the ability to be consistent.

Dental Exam Applications: The Board discussed changing its policy of requiring only one (1) board member review dental exam applications. Dr. Shilman inquired if the Attorney General’s office could first review the application to help determine if an applicant meets the requirements and then the application come to the Board for approval or denial. Ms. Emm responded by stating that the Board can request

guidance from the Attorney General's office, but it could not review applications. After further discussion, the Board suggested staff obtain two (2) board member recommendations of approval prior to a dental license by exam being issued.

Office Anesthesia Application: Dr. Schultz commented that the paper office anesthesia evaluation form is beyond archaic. He added that there is currently a backlog of individuals waiting to be evaluated. He stated that himself, along with Dr. Maron, recently spoke with an individual who designed the AAMOS anesthesia app. He added that they discussed parameters on what they did with AAMOS and what could be done for a statewide app. Dr. Schultz explained that cost would be an issue. He stated that the original cost from development is \$40,000, but it would not cost the states that amount because most of the software development had already been accomplished. He explained that members can use the application and upload documentation, take pictures of the operatory and crash carts. He stated that the Board would own the data and no one else would have access to the data. Dr. Schultz stated that the app could make things more efficient and easier for evaluators.

Dr. Maron stated that none of the funds stay with the Board. He requested Mr. Lacefield make a budget request. Mr. Lacefield responded by stating that a budget request could be done later in the year and it would have to go through the proper channels and the Board would have to be awarded the money.

June Meeting: Dr. Maron informed the members that he would not be present for the June meeting.

With no further business, the Board meeting adjourned at 1:37 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held on Friday, June 2, 2023, at 10:00 a.m. at 2 MLK Jr. Drive, SE, 11th Floor, East Tower, Atlanta, GA 30334.

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