

GEORGIA BOARD OF DENTISTRY
Conference Call
2 Peachtree St., N.W., 6th Floor
Atlanta, GA 30303
May 6, 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. 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. Mark Edwards, CRDTS
Duke Okeke
Kama McCurley
Judith Crocker-Corbin
Pam Cushenan
Dr. Randy Kluender

Public Hearing

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

Rule 150-11-.01 Specialties

No public comments or written responses were received.

Dr. Reznik made a motion to adopt Rule 150-11-.01. Dr. Knight seconded and the Board voted unanimously in favor of the motion.

Rule 150-13-.01 Conscious Sedation Permits

Public comments were received from Dr. Alan Furness. Dr. Furness inquired if there was a timeline as to when facilities would be required to have the necessary equipment for continual monitoring of end tidal CO₂. Dr. Maron responded that it would be next calendar year.

Dr. Knight asked, in terms of oral sedation, if the Board would not be considering live stream the same as live in-person. He stated that he has attended several classes over the last few years during the pandemic and felt that he did not know if he learned more with the live stream course and felt the questions were better addressed in person.

Dr. Maron noted the written comments provided by Dr. Michael Silverman, DOCS Education. Dr. Maron stated that the letter from Dr. Silverman was well written, but The Georgia Society of Anesthesiologists also provided written comments. Dr. Maron stated that, in reality, there should only be one conscious sedation permit and there should not be a difference between oral conscious sedation and IV conscious sedation because sedation is a continuum as pointed out in the letter from The Georgia Society of Anesthesiologists. He stated those comments trump the idea of doing online training. Dr. Maron continued by stating that there have been studies by Stanford and Johns Hopkins University that for a general didactic subject, online training and the ability to have Q&A appears to be appropriate and the learning of that is just as effective;

however, for hands on training, the in-person training cannot be duplicated. Dr. Maron stated that when speaking about the level of sedation, the levels are already separate and the Board was not looking to combine them into one sedation permit; however, the Board appreciated the written comments provided by The Georgia Society of Anesthesiologists. Dr. Maron stated that he thinks holding the individual getting an oral conscious sedation permit to the same standards of those obtaining a deep sedation permit for a live in person course makes sense.

Dr. Knight commented that he does agree that sedation is a continuum, but wants to keep oral and IV sedation separate. Dr. Knight stated that he saw a healthy female patient last month who had lost her husband and son to COVID-19 and she was extremely nervous at the appointment. He stated she had a tooth taken out and he felt it was more appropriate to do oral sedation versus IV sedation on the patient. Dr. Knight further stated that the Board was here for the public good. He stated in cases where someone is nervous, he/she can be calmed by valium. He stated that he would like to keep those separate as IV sedation is a different animal.

Public comments were received from Dr. Michael Silverman, DOCS Education. Dr. Silverman stated that DOCS Education and its 124 members support of the changes to Rule 150-13-.01(6). Dr. Silverman stated that the addition of a capnography requirement for Moderate Enteral Conscious Sedation permit holders brings Georgia in line with both the Standard of Care and dental board regulations across the country.

Dr. Silverman stated that DOCS Education and its members oppose changes to Rule 150-13-.01(4)(a)(2). He further stated the addition of “in-person” to the educational requirement for the Moderate Enteral Conscious Sedation Permit requirement will not increase the quality of education required and will not further the Board’s mandate to protect the safety of Georgia’s dental patients. Dr. Silverman stated that DOCS and its members suggest that an interactive live stream course is equal to or superior to an in-person course because it increases opportunities for engagement and attentiveness. Dr. Silverman further stated that DOCS has held six interactive live stream events, since May of 2020, consisting of 36 courses and attended by 1400 dentists and their team members, 112 of whom are in Georgia. He explained that what makes the live stream course most effective is immediate faculty response to attendee questions. He stated that questions are answered immediately by a second DOCS faculty member live-monitoring the Q&A, or questions can be answered by the presenter during a break. He explained this helps to remove the barriers to seek the clarification at the time of a query.

Dr. Silverman stated that polling questions assure audience participation and attention. He further stated that questions are posed by faculty during courses that require a response from all course attendees through the platform’s polling function. He explained the questions are asked at random and unpredictable intervals and responding to polling questions is a course requirement.

Dr. Silverman stated that all pre-course material is mandatory and confirmed with tests followed by live, two-way video technology with faculty to review the content to ensure preparation through the live streaming sessions. He stated that course attendance is recorded throughout the entire course. Dr. Silverman explained that a minute by minute log is recorded and attendees that are absent for more than the de minimis amount of time will not receive CE for permit qualifying courses. He stated that attendance and engagement (measured via polling) is mandatory.

Dr. Silverman stated that an in-person requirement for courses would drastically increase the course cost to the dentist as he/she must pay the costs of travel, food, and lodging for themselves and often team members. He further stated this increased cost is inevitably passed on to patients and will drastically decrease the access to care.

Dr. Silverman stated that DOCS suggests altering the proposed regulatory language from “an in-person” to “a live interactive continuing education course where attentiveness is measured”. This would provide a better way to ensure the quality of a presentation needed to qualify for a permit.

Dr. Maron thanked Dr. Silverman for his comments. Dr. Maron asked if there were any further comments. Ms. Mattingly asked Dr. Silverman what the length of time is the individual would be considered as inactive or not participating in the course. Dr. Silverman stated that he could not hear and asked if the question could be repeated. Dr. Maron asked what interval of time the presenter asks questions of the audience so they know he/she is online. Dr. Silverman responded that DOCS requires the presenter to do a polling question once every 15 minutes, but does not make it exactly on the 15 minute mark so that it is not a predictable amount of time. He stated that the polling questions may not be designed as a test, but rather a chance to see if the individual has learned what has been taught to them.

Dr. Reznik inquired how does the presenter know the individual on the other end of the call was not distracted by being on the phone or computer. He stated that he was not convinced that doing a polling question was a way to check to see if someone was paying attention. Dr. Silverman stated he did not hear the last part of Dr. Reznik’s question. Dr. Maron responded by stating that it was just a comment from Dr. Reznik.

Dr. Maron inquired if the Board was ready to vote. Public comments were received from Ms. Kathleen Marcus, General Counsel, Strategic Dentistry. She stated that the audio quality of the call was poor. She introduced herself to the Board and commented on the question regarding how the presenter would have the individual’s attention. She stated that she has spent a great deal of time in a ballroom listening to a presentation and at the same time been on her computer writing a brief. Ms. Marcus stated that was not possible in the interactive live stream setting. She explained that if the individual is engaged in something else, he/she will not catch the polling question. Ms. Marcus stated if the two were compared, the interactive live streaming course demands attention and interaction whereas being in a room in-person does not. Dr. Maron thanked Ms. Marcus for her opinion on the matter.

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

Written responses were received from Dr. Michael Silverman, DOCS Education, and Dr. Julius Hamilton, The Georgia Society of Anesthesiologists.

Rule 150-13-.02 Deep Sedation Permits

No public comments were received.

Dr. Reznik made a motion to adopt Rule 150-13-.02 Deep Sedation Permits. Dr. Wilson seconded and the Board voted unanimously in favor of the motion.

A written response was received from Dr. Julius Hamilton, The Georgia Society of Anesthesiologists.

The public hearing concluded at 10:26 a.m. Dr. Maron commented that it is the goal of this Board to be moving forward and getting things resolved. He stated that the Board appreciates the members of the public who provided comments and/or opinions.

Ms. Marcus commented that the Board has a legal obligation to allow public comments on pending regulatory changes. She stated that the mode the Board has chosen or the hearing does not comply. She further stated that it is difficult to get into the meeting, and it is difficult to hear what others are saying. Mr. Lacefield asked Ms. Marcus to hold her comment for a moment while he tried to resolve the technical

difficulties. Ms. Marcus responded that this proved her point that she was trying to make by stating that the Board is not complying with its regulatory obligations to elicit public comment pending regulation changes. Dr. Maron responded that the Board allowed her and Dr. Silverman to speak and at the time, asked if there was any further public comment. Ms. Marcus stated that she understood, but for record purposes, the Board has chosen a system that does not allow entry into the room and for people to be heard, and obviously from a technological standpoint, it is not an accurate measure of the public's comments. She stated you cannot hear public comments when you cannot hear each other speak. Dr. Maron asked if the Attorney General's office had any input regarding Ms. Marcus's comments. Mr. Changus stated the Board received written comments and allowed for public comments on the rules being considered, and the Board inquired if there were any further comments. He continued by stating that COVID-19 has impacted all of the agencies. Mr. Changus explained that sufficient notice was provided for public comments. He added that the Board listened to public comments and desired to move forward with the rules. Ms. Marcus inquired if that was counsel speaking. Mr. Changus introduced himself as being with the Attorney General's office. Ms. Marcus responded by stating that he should understand why she was voicing her concerns for the record. She continued by stating that there are many virtual platforms and she has been in a number of virtual board meetings. She stated this is by far the worst platform. Ms. Marcus stated that the Board was utilizing a platform where no one can hear each other. Mr. Changus responded that the Board was able to hear her comments and her objection was noted.

Open Session

Dr. Maron established that a quorum was present and called the meeting to order at 10:33 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. Patel made a motion to approve the Public and Executive Session minutes from the April 1, 2022, meeting. Ms. Mattingly seconded, and the Board voted unanimously in favor of the motion.

Dr. Reznik made a motion to approve the October 29, 2021, Local Anesthesia Committee Conference Call minutes. Dr. Stiehl seconded, and the Board voted unanimously in favor of the motion.

Report of Licenses Issued

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

Dr. Goggans made a motion and Ms. Mattingly seconded and the Board voted to enter into **Executive Session** 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. Brent Stiehl, and Dr. Debra Wilson.

Executive Session

The Board requested legal advice.

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

Petitions for Rule Waiver or Variance

Rule Variance Petition from Dr. Steven Bunker: The Board considered this request for a variance of Rule 150-3-.01(7)(d) and (7)(f)(4). Dr. Stiehl made a motion to deny the petition as there was no substantial hardship demonstrated. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

Rule Waiver Petition from Dr. Fadi Masoud: The Board considered this request for a waiver of Rule 150-7-.04(2). Dr. Knight made a motion to deny the petition as there was no substantial hardship demonstrated. Dr. Wilson seconded, and the Board voted unanimously in favor of the motion.

General – Dr. Glenn Maron

July Meeting: Dr. Maron discussed rescheduling the July 8th meeting to July 1st. He stated that further information would be provided at the June meeting as to whether members of the public could attend the July meeting in person. There being no further discussion, Dr. Reznik made a motion to reschedule the July meeting from the 8th to the 1st. Dr. Patel seconded, and the Board voted unanimously in favor of the motion.

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

INVESTIGATIVE COMMITTEE

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

Ad Hoc Members

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

LICENSURE OVERVIEW COMMITTEE

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

CE AUDIT COMMITTEE

Dr. Ami Patel, Chair
Ms. Misty Mattingly
Mr. Mark Scheinfeld
Dr. J. Don Spillers

COMMITTEE ON LICENSURE BY CREDENTIALS

Dr. Greg Goggans, Chair
Ms. Misty Mattingly
Dr. David Reznik
Mr. Mark Scheinfeld
Dr. Debra Wilson

SEDATION COMMITTEE

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

LOCAL ANESTHESIA COMMITTEE

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

SLEEP APNEA COMMITTEE

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

EXAMINATION COMMITTEE

Dr. Greg Goggans, Chair
Ms. Misty Mattingly
Dr. Brent Stiehl
Dr. Debra Wilson

External Committees with Board Representation

ELECTRONIC DATA BASE REVIEW ADVISORY COMMITTEE (PDMP)

Dr. Michael Knight

CRDTS EXAMINATION COMMITTEE

Dr. Ami Patel

Attorney General's Report – Mr. Max Changus

No report.

Executive Director's Report – Mr. Eric Lacefield

No report.

Rules Discussion

Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist Designation: Ms. Mattingly discussed changes that were made to the proposed rule. She stated that "Designation" was eliminated as well as the section concerning reciprocity. Ms. Mattingly stated that one concern is that the Board is requiring a 60 hour course consisting of 30 didactic hours, 15 laboratory hours, and 15 clinical hours, which is the most restrictive in the country, except for Florida. She further stated that without reciprocity, this would hinder those individuals wanting to come into Georgia. Ms. Mattingly recommended reducing those hours. She discussed other states that allow administration of local anesthesia by a dental hygienist, and the medium average is 30 hours. She continued by stating that North Carolina is the most recent state to allow local anesthesia and the North Carolina course is a 30 hour course comprised of 16 didactic hours and 14 clinical hours, and clinical instruction is provided by a dentist that holds a DDS or DMD degree. Ms. Mattingly stated that students must achieve a minimum score of 80%, which is the same requirement in the proposed rule. She further stated that she recommends reducing the hours, but if the Board wanted to keep it at 60 hours, she would go along with that; however, she explained that she would like for the Board to be aware that it would hinder the individuals coming in by reciprocity. She stated that someone coming from another state that has done anesthesia for 20 years would have to take a 60 hour course.

Dr. Maron inquired as to where did the requirement of 60 hours come from. Dr. Reznik responded by stating that it was his suggestion as Georgia is one of the last states to do this and he felt that Georgia should have tough requirements. He stated that would give more time in the clinic doing injections. He continued by stating that he was not worried about reciprocity or hygienists coming in. He was more concerned with getting the program up and running. Dr. Reznik stated that if the 60 hours is a hinderance or barrier, he suggest re-visiting it after a period of time. He further stated that he wants Georgia to be on top of the ballgame. He added that there are many dental hygienists in the state, and he wants them to have this right, but also wants them to be as well trained as possible.

Dr. Maron commented that since the Board does not have statutory authority to issue a license or separate certification, it would be up to the dentist and dental hygienist to show proof of the proper certification. He stated that he does not understand how it affects reciprocity as it would just be a matter of showing the proper documentation. Ms. Mattingly responded by stating that the original draft posted by the Board had a section for reciprocity, but it has since been removed. She explained that the new draft does not have that section due to the recommendation of the Attorney General's office. She stated that she just wanted the Board to be aware. Dr. Maron stated he would be fine with the 60 hours, but did not understand the opposition concerning reciprocity. Mr. Changus responded by stating that the Board is setting a standard for what it thinks the qualifications should be for someone to make this administration. He discussed an individual who may have taken an out of state course, which may have been a five hour course, for example, and wants to come to Georgia and ask for reciprocity. Mr. Changus stated that it is not about certification standards anymore. He stated the question is why would the Board accept a lower standard from someone coming in from out of state. Dr. Maron stated that since this is not separate certification, then there is no such thing as reciprocity. Mr. Changus agreed. Dr. Maron further stated that the individual could obtain the 60 hours in any state, and it would not matter where from. Ms. Mattingly commented that

if the individual does not have the 60 hours, then he/he would have to retake the course and she was fine with that.

Dr. Goggans commented that the Board is outlining what is required, and in the long run, it is the dentist's responsibility to ensure the dental hygienist has the proper certification. Ms. Daughdril responded by stating that the Attorney General's office did recommend the Board consider a rule to put the dentist on notice that it may be considered unprofessional conduct for the dentist to allow someone to do these things if the individual did not have the proper credentials; however, she stated that rule has not been promulgated. Ms. Mattingly commented that she did send proposed language to Mr. Lacefield. Dr. Maron stated that the Board needs to have that in a rule.

Discussion was held. Dr. Maron stated that the Board could not issue a separate license or certification because it does not have statutory authority to do so as it is a legislative issue. He continued by stating that the only way it could be done is to create a law that allows for such, and at this time, this is what the Board can do. He stated that the answer is the individual does not have to take 60 hours in Georgia. He further stated that if the person obtained 40 in another state, he/she could take the 20 remaining hours in Georgia. Ms. Mattingly disagreed. She stated that could not be done with the way the rule is written. Dr. Maron stated that the requirement should be a total of 60 hours. Ms. Mattingly responded by stating that the language could be amended to state that if the individual is from another state and did not have the 60 hours, he/she would need to take additional hours to meet the Board's 60 hour requirement.

Dr. Maron commented if the individual completed 30 hours of training in another state, and then completed 30 hours in Georgia, that would be a total of 60 hours and would be acceptable in his opinion. Dr. Reznik responded that this was the Committee's intent when drafting the rule. Ms. Mattingly stated that language could be added to state if the individual came from another state, he/she would need to meet the total of 60 hours of training. Mr. Changus responded that the individual just has to meet the requirements in the rule and that is it. Dr. Knight inquired as to how the Board would know how many hours the individual was short of. Ms. Mattingly responded by stating that it would be up to the supervising dentist to ensure the dental hygienist that is administering the local anesthesia has the appropriate certification to do so. She added that it is the same as general supervision. She explained that the dentist is responsible for ensuring that a dental hygienist performing dental hygiene services under general supervision has the appropriate training. Ms. Daughdril commented that the only thing that may be tricky is the way it is written it clearly envisions one training program that has all 60 hours.

Discussion was held regarding eliminating reciprocity. Ms. Suzanne Newkirk inquired if there was no reciprocity, then how would dental hygienists have the authority from the Board to administer local anesthesia. Dr. Maron responded by stating that the hygienist would have to show proof of completion of a 60 hour course. Ms. Newkirk asked if an individual took a 60 course in Florida, would that individual submit proof of completion of the course to the Board. Dr. Maron responded that the individual would keep proof of completion of the course in his/her possession and provide it to his/her supervising dentist. Dr. Goggans added that the dental hygienist is working under the direct supervision of the licensed dentist, and the Board is working on language that will allow the hygienist to do so. He continued by stating that the dentist must ensure the dental hygienist meets the training requirements before allowing the hygienist to administer local anesthesia. Ms. Newkirk thanked the Board for the information.

Dr. Maron stated that the reciprocity wording in the proposed draft had been eliminated. Additionally, he discussed amendments to section (2)(a)(1)(ii) of the proposed draft. He continued by stating that the Board did not have statutory authority to require proof of insurance for dental hygienists working under direct supervision who administer local anesthesia. Ms. Daughdril explained that Georgia law requires dental hygienists practicing under general supervision to maintain professional liability insurance, but it is not required for practicing under direct supervision. She added that it would take a statutory change in order for

the Board to require such. Ms. Newkirk stated that from what she understood the Board is saying it could not require a dental hygienist to have malpractice insurance to administer local anesthesia because the hygienist would be administering under direct supervision. Dr. Maron affirmed that was correct. He stated that the dentist needs to understand that this will be under his/her malpractice insurance, and if there is an untoward event, the supervising dentist would be held responsible. Ms. Newkirk responded by stating that it is like that with any delegated duty that a hygienist provides under direct supervision. She stated that she would recommend everyone have malpractice insurance regardless.

Discussion was held about voting on the proposed changes. Ms. Daughdril explained the process of posting the rule, the rule being posted for 30 days, and the scheduling of the hearing for public comments. Mr. Changus commented that what is most important is knowing what the exact wording of the requested changes would be. He added that the Board could vote to post the rule today; however, it was important that the Board and especially Ms. Howell understands exactly what is being voted on so it can be properly posted.

Ms. Mattingly made a motion for the Board to repost Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist with the suggested amendments. Dr. Wilson seconded, and the Board voted unanimously in favor of the motion.

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

- (1) A dental hygienist, under the direct supervision of a Georgia licensed dentist, may administer local anesthesia, including intraoral block anesthesia, soft tissue infiltration anesthesia, or both, to a non sedated patient that requires local anesthesia for pain management and who is 12 years of age or older if the following criteria are met.
- (2) Educational and Practical Experience Requirements:
 - (a) Graduate of a Commission on Dental Accreditation (CODA) approved curriculum program.
 1. Dental hygiene anesthesia courses or programs required for dental hygienists licensed in Georgia to qualify to administer local anesthetics:
 - (i) Shall be taught using lecture and laboratory/clinical formats from by a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association (ADA) or its successor agency, a similar organization approved by the United States Department of Education, or the Board.
 - (ii) The requirements shall include, at a minimum, sixty (60) hours of coursework comprised of thirty (30) didactic hours, fifteen (15) laboratory hours, and fifteen (15) clinical hours which shall include, but not be limited to, the following:
 - (I) Theory of pain control,
 - (II) Selection-of-pain-control modalities,
 - (III) Anatomy,
 - (IV) Neurophysiology,
 - (V) Pharmacology of local anesthetics,
 - (VI) Pharmacology of vasoconstrictors,

- (VII) Psychological aspects of pain control,
 - (VIII) Systemic complications,
 - (IX) Techniques of maxillary anesthesia,
 - (X) Techniques of mandibular anesthesia,
 - (XI) Infection control,
 - (XII) Safety Injection practices, and
 - (XIII) Medical emergencies involving local anesthesia
- (iii) Laboratory and clinical instruction shall be provided with a faculty to student ratio of no greater than 1:5 under the direct supervision of a dentist licensed in this state.
 - (iv) Courses must be taught to a minimum score of eighty percent (80%) in the parenteral administration of local anesthesia, and successful students shall be awarded a certificate of completion.
- (3) Effective for the graduating class of 2024 and after, students that graduate from a CODA- approved dental hygiene program in Georgia will not require additional local anesthesia courses provided such school or college conducts dental hygiene anesthesia courses meeting the above standards.
 - (4) Continuing Education: Dental hygienists who hold the administration of local anesthetic designation must complete two (2) hours of approved continuing education per biennium, which shall include a review of local anesthetic techniques, contraindications, systemic complications, medical emergencies related to local anesthesia, and a general overview of dental office emergencies. These hours may be used as part of the twenty-two (22) hours of continuing education required each biennium.

A motion was made by Dr. Wilson, seconded by Dr. Stiehl, and the Board voted that the formulation and adoption of this proposed rule does not impose excessive regulatory cost on any licensee and any cost to comply with the proposed rule 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 will impact every licensee in the same manner, and each licensee is independently licensed, owned and operated and dominant in the field of dentistry.

At this point in the meeting, the Board took a brief recess.

The meeting resumed at 11:35 a.m.

Examination for Licensure: Dr. Maron stated that Emergency Rule 150-3-0.3-.11 Regional Examination for Dentists was currently in effect, but was only temporary. He added that the Board must amend its rules to allow for the acceptance of the manikin exam permanently. Mr. Lacefield commented that the emergency rule is effective for 120 days following the end of the State of Emergency.

Dr. Maron stated he would like for the Exam Committee, which consists of Dr. Goggans, Ms. Mattingly, Dr. Stiehl and Dr. Wilson, to bring back a draft for the Board's consideration in June. He further stated that the Board needed to consider if it would only accept CRTDS and ADEX, or also SRTA and other

examinations. He asked if there were any comments from the Board members. Dr. Stiehl responded by stating that if it is about access, then he sees no reason to not accept SRТА. He continued by stating that if it can help more students be able to take an acceptable examination and then be able to practice, he is in favor of accepting SRТА. Dr. Stiehl stated that he does not care for the idea of condensing it to one body that administers the exam.

Ms. Mattingly suggested the Board accept the ADEX exam for dental hygienists. Dr. Maron requested the Exam Committee review Rule 150-3-.01 Examination for Dental Licensure as well as Rule 150-5-.02 Qualifications for Dental Hygienists. Mr. Scheinfeld requested clarification as to whether or not acceptance of the manikin would be taken into consideration for applicants applying for licensure by credentials. Dr. Maron responded by stating the applicant would need to meet the requirements of the rule. Mr. Scheinfeld commented that he just wanted to make sure the Exam Committee would be taking that into consideration when reviewing the rules.

Ms. Pam Cushenan was on the call and spoke to the Board. She requested the Board review and consider all of the accepted regional boards across the country so that no one is excluded. Dr. Maron responded by stating that the Exam Committee would take that into consideration. There being no further discussion, Dr. Knight made a motion to direct the Exam Committee to review and work on suggested language for the mentioned rules. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

Miscellaneous

Chattahoochee Technical College Expanded Duties Program Submission: Dr. Goggans made a motion to approve the course submission. Ms. Mattingly seconded, and the Board voted unanimously in favor of the motion.

Excel Dental Assistant School Expanded Duties Program Submission: Ms. Mattingly made a motion to approve the course submission. Dr. Goggans seconded, and the Board voted unanimously in favor of the motion.

Expanded Duties Assistant Program Assisting 101 Expanded Duties Program Submission: Ms. Mattingly made a motion to approve the course submission. Dr. Wilson seconded, and the Board voted unanimously in favor of the motion.

Sleep Apnea Testing: Dr. Maron stated that he would like the Sleep Apnea Committee to meet and discuss this matter further and report back to the Board in June.

Dr. Goggans 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. Brent Stiehl, and Dr. Debra Wilson.

Executive Session

Appearances

- A.E.S.
- O.B.A.

Licensure Overview Committee Appointments/Discussion Cases

- H.M.

- M.M.D.
- A.J.D.
- C.H.
- J.R.
- G.C.M.
- N.A.I.
- A.S.Z.
- D.C.W.
- S.L.N.

Applications

- G.B.M.
- C.O.C.
- R.C.
- A.E.
- H.T.F.
- A.S.M.
- S.R.B.
- E.F.D.
- A.J.H.
- S.B.M.
- F.D.L.

Correspondences

- N.A.W.
- D.C.L.
- N.B.
- M.T.F.

Investigative Committee Report – Dr. Brent Stiehl

Report presented:

- DENT220396
- DENT220464
- DENT220185
- DENT220196

Attorney General’s Report – Mr. Max Changus

Mr. Changus discussed the following case:

- DENT010946

The Board received legal advice regarding Rule 150-10-.01 Fraudulent, Misleading or Deceptive Advertising.

Executive Director’s Report – Mr. Eric Lacefield

Mr. Lacefield discussed staffing matters.

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

Open Session

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

Appearances

- | | | |
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| <ul style="list-style-type: none"> • A.E.S. • O.B.A. | <p>Denied Credentials Applicant</p> <p>Denied Reinstatement Applicant</p> | <p>Denial Upheld</p> <p>Denial Upheld</p> |
|--|---|---|

Licensure Overview Committee Appointments/Discussion Cases

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • H.M. • M.M.D. • A.J.D. • C.H. • J.R.
 • G.C.M. • N.A.I. • A.S.Z. • D.C.W.
 • S.L.N. | <p>Request for Early Termination of Consent Order</p> <p>Correspondence</p> <p>Correspondence</p> <p>Renewal Pending</p> <p>Renewal Pending</p>
<p>Renewal Pending</p> <p>Renewal Pending</p> <p>Renewal Pending</p> <p>Dental Hygiene Licensee</p>
<p>Renewal Pending</p> | <p>Schedule to meet with the Licensure Overview Committee</p> <p>No action</p> <p>Refer to Legal Services</p> <p>Refer to the Department of Law</p> <p>Approved for renewal and waiver of CE requirements</p> <p>Renew with letter of concern</p> <p>Renew with letter of concern</p> <p>Renew with letter of concern</p> <p>Schedule to meet with the Licensure Overview Committee</p> <p>Approved for renewal</p> |
|--|--|---|

Applications

- | | | |
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| <ul style="list-style-type: none"> • G.B.M. • C.O.C. • R.C. • A.E. • H.T.F. • A.S.M. • S.R.B. • E.F.D. • A.J.H.
 • S.B.M.
 • F.D.L. | <p>Dental Hygiene Credentials Applicant</p> <p>Initial Moderate Enteral CS</p> <p>Initial General Anesthesia</p> <p>Initial Moderate Parenteral CS</p> <p>Initial Moderate Parenteral CS</p> <p>General Anesthesia Change in Location</p> <p>Dental Hygiene Reinstatement</p> <p>Dental Reinstatement</p> <p>Dental Hygiene Reinstatement</p>
<p>Denied Dental Reinstatement</p>
<p>Dental Faculty</p> | <p>Denied application</p> <p>Approved for provisional permits</p> <p>Approved evaluation</p> <p>Approved evaluation</p> <p>Approved evaluation</p> <p>Denied application</p> <p>Refer to the Department of Law</p> <p>Approved application</p> <p>Approved request for extension of application date</p> <p>Tabled until June meeting to allow for additional time to review</p> <p>Ratification of approval</p> |
|--|--|--|

Correspondences

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • N.A.W. • D.C.L.
 • N.B. • M.T.F. | <p>Request for information</p> <p>Request for extension to complete remaining hours for Consent Order</p> <p>Request regarding remediation course</p> <p>Request for extension to complete remaining hours for Consent Order</p> | <p>Denied request</p> <p>Granted 30 day extension</p>
<p>Approved request</p> <p>Granted 60 day extension</p> |
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Investigative Committee Report – Dr. Brent Stiehl

Report presented:

Complaint Number	Allegations	Recommendation
DENT220396	Billing	Close No action
DENT220464	Unprofessional Conduct	Not within Boards jurisdiction
DENT220185	Billing	Close No Action
DENT220196	Quality of Care/Substandard Practice	Close No Action

Attorney General’s Report – Mr. Max Changus

Mr. Changus discussed the following case:

- DENT010946 Schedule to meet with the Licensure Overview Committee

The Board received legal advice regarding Rule 150-10-.01 Fraudulent, Misleading or Deceptive Advertising.

Executive Director’s Report – Mr. Eric Lacefield

Mr. Lacefield discussed staffing matters.

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

Miscellaneous

June Meeting: Discussion was held regarding quorum issues for the June meeting. The meeting was originally scheduled to take place at the Dental College of Georgia; however, the Board recommended moving the location to the Department of Community Health (DCH). The Board requested Ms. Howell send an email to all members following the meeting to confirm who would be able to attend the June meeting at DCH.

With no further business, the Board meeting adjourned at 1:52 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held via conference call on Friday, June 3, 2022, 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