

GEORGIA BOARD OF DENTISTRY
2 Peachtree St., N.W., 5th Floor
Atlanta, GA 30303
November 4, 2022
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. Larry Miles
Dr. Ami Patel
Dr. David Reznik
Mr. Mark Scheinfeld
Dr. Jeffrey Schultz
Ms. Lisa Selfe
Dr. Lisa Shilman
Dr. JC Shirley (via Teams)
Dr. Don Spillers (via Teams)
Dr. Debra Wilson

Staff present:

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

Visitors:

Dr. Jonathan Jackson, GA Academy of Pediatric Dentistry
Dr. Janice Lee, GA Academy of Pediatric Dentistry
Danna Thompson, GDA
Pam Cushenan, GDHA
Erin Boyleston, Augusta University
Alicia Hale
Cynthia Hughes
Lauren Pollow, PDS
Narhan Divo
Stacy Bailey
Ethan James, GDHA
Dr. Alan Furness, Dental College of Georgia
Taahir Alicea
Amber Mason, GDHA
Dr. Mark Edwards, CRDTS
Dr. Richard Callan, Promethean Dental Systems/SRTA
Dr. Jeril Cooper, Promethean Dental Systems
Charlotte Hall
Kimber Cobb, CDCA-WREB-CITA
John Watson, ADSO
Dr. Richard Weinman, GDA
Ashton Blackwood, Dental College of Georgia
Emily Yona, ADSO
Cody I. Abbott
Anita LaTourette, GDHA
Lamara Moore, GDHA
Dr. Wolanda Hardy, GDA member
Alexandria Martin, Dental Hygiene Student
Raven Smith, Dental Hygiene Student

Public Hearing

Dr. Maron called the public hearing to order at 10:07 a.m.

Introduction of Visitors

Dr. Maron welcomed the visitors.

Rule 150-3-.01 Examination for Dental Licensure

Dr. Maron stated that a summary of the changes to the rule had been posted to the Board's website. He further stated that the Board's recommended changes to the rule were underlined and stricken.

Dr. Maron commented that the written comments received were noted and appreciated. In regard to the written comments received from Dr. Patrick Steck, who requested a modification to the rule, Dr. Maron explained that an individual could submit a rule variance/waiver petition for consideration if his/her clinical exam scores were outside the parameters set forth in the Board's proposed amendments. Dr. Maron continued by stating that the Board did choose a start date as it has to start somewhere. He stated that, as a Board, it felt the parameters it came up with were appropriate.

Dr. Goggans stated that he could not speak on behalf of the Governor's office, but the Governor does have oversight of any proposed rules passed by the Board. He further stated that the proposed language had been worked through with the Governor's office. He added that it is the Governor's decision on whether or not to approve the proposed amendments. Dr. Maron commented that the Governor's representative was not available to come to today's hearing, but he had spoken with Ms. Doehrman, who stated that the Governor's office was in support of the recommended changes.

No public comments were received. Written responses were received from Dr. Patrick Steck, Dr. Joseph Crowley, Chair of the Coalition for Modernizing Dental Licensure, Dr. David Turpin, and Richael Cobler, CRDTS.

Dr. Goggans made a motion to adopt Rule 150-3-.01 Examination for Dental Licensure. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

Rule 150-3-.09 Continuing Education for Dentists

Dr. Maron discussed proposed changes to section (3) of the rule. He began with reading the following proposed amendment that was added to the rule based on changes made to O.C.G.A. § 43-11-46.1:

- (e) Effective on and after January 1, 2022, one (1) hour of the minimum requirement shall include legal ethics and professionalism in the practice of dentistry, which shall include, but not be limited to, education and training regarding professional boundaries; unprofessional conduct relating to the commission of acts of sexual intimacy, abuse, misconduct, or exploitation with regard to the practice of dentistry; legislative updates and changes to the laws relating to the practice of dentistry and rules, policies, and advisory opinions and rulings issued by the Board; professional conduct and ethics; proper billing practices; professional liability; and risk management.

Dr. Maron continued by stating that providing uncompensated dental care at charitable dental events would be accepted as hours towards the continuing education requirement.

Lastly, Dr. Maron stated that eight (8) hours per biennium may be obtained by assisting the Board with conducting onsite sedation evaluations. He explained that this proposed amendment was included because the Board needs dentists that are willing to conduct evaluations and peer reviews for the Board.

Dr. Goggans commented that the Georgia Dental Association has already held a course regarding legal ethics and professionalism. He stated that he had taken the course and it was very well done. Dr. Wilson commented that a course is also available through the Georgia Dental Society.

Dr. Reznik inquired if individuals who volunteer for programs such as Ben Massell Dental Clinic, for example, were eligible to receive continuing education hours since they are not being compensated and were volunteering their time. Dr. Maron responded affirmatively.

No public comments or written responses were received.

Dr. Reznik made a motion to adopt Rule 150-3-.09 Continuing Education for Dentists. Dr. Patel seconded, and the Board voted unanimously in favor of the motion.

Rule 150-5-.02 Qualifications for Dental Hygienists

Dr. Maron stated that the Board has moved forward to the appropriate level where dental hygienists should be able to take a manikin-based exam. He further stated that the Governor's office was in support of the proposed rule changes. Dr. Maron explained that the data shows that testing on the haptic and manikin exams were just as good, if not better and more reliable, than the patient-based exam. He continued by stating that the proposed amendments to the rule were similar to those in Rule 150-3-.01 Examination for Dental Licensure. He directed the members of the Board and public to the proposed changes listed on the Board's website.

Dr. Mark Edwards, CRDTS, spoke to the Board. Dr. Edwards stated that the main concern CRDTS had with the dental hygiene exam administered by other agencies was the lack of an intra or extraoral exam. He further stated that CRDTS does have content of scoring. Dr. Edwards continued by stating that on the Joint Occupational Analysis done with WREB in 2018, the intra and extraoral exam, as far as being a critical component in frequency and importance in dental/dental hygiene practice, was ranked #4 out of 45 items. He stated that it is a critical item and is lacking in other exams.

Ms. Kimber Cobb, CDCA-WREB-CITA, spoke to the Board. Ms. Cobb stated that the dental hygiene ADEX exam administered by CDCA-WREB-CITA covers intra and extraoral in the patient-based exam and the CSCE OSCE covers intra and extraoral examination for a simulated patient exam. Dr. Maron inquired if CRDTS was stating the ADEX exam does not cover it, while CDCA-WREB-CITA says it does. Dr. Edwards responded by stating that it is not part of scoring within the simulated patient exam. Dr. Maron asked Ms. Cobb if it was a portion of the exam. Ms. Cobb responded affirmatively.

There being no further comments, Dr. Maron stated that he personally felt it was extremely appropriate for dental hygienists to be treated the same as dentists as far as licensure and stated the Board has made a step forward in this matter.

No public comments were received. Written responses were received from Dr. Joseph Crowley, Chair of the Coalition for Modernizing Dental Licensure, and Richael Cobler, CRDTS.

Ms. Selfe made a motion to adopt Rule 150-5-.02 Qualifications for Dental Hygienists. Vice-President Mattingly seconded, and the Board voted unanimously in favor of the motion.

Rule 150-5-.05 Requirements for Continuing Education for Dental Hygienists

Dr. Maron explained that the proposed amendments mirrored the changes made to Rule 150-3-.09 Continuing Education for Dentists concerning the requirement of a legal ethics and professionalism course. He stated that if dentists were required to take this course, dental hygienists should be required to do the same.

Vice-President Mattingly agreed that dental hygienists should be held to the same standards.

No public comments or written responses were received.

Vice-President Mattingly made a motion to adopt Rule 150-5-.05 Requirements for Continuing Education for Dental Hygienists. Ms. Selve seconded, and the Board voted unanimously in favor of the motion.

Rule 150-8-.01 Unprofessional Conduct Defined

Dr. Maron commented that it was pointed out by the Georgia Dental Association that the proposed amendment to section (5) was not the language intended. He stated that the rule change is so that the Board could monitor sterilization technique and sterilization records; however, there was language included that needed to be removed.

No public comments were received. A written response was received from the Georgia Dental Association.

Dr. Goggans made a motion to table the rule and refer it to the Infection Control Committee to make the appropriate changes. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

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

Dr. Maron inquired if an individual wanted to make comments on behalf of the Georgia Dental Hygienists' Association (GDHA). Ms. Pam Cushenan spoke to the Board. Ms. Cushenan spoke in favor of the rule; however, she spoke in opposition of the amendments made within the rule that restrict the administration of local anesthesia by the dental hygienist to patients scheduled for dental hygiene services only. Ms. Cushenan also spoke in opposition of the amendment to raise the age of eligible patients receiving dental hygiene administered local anesthesia from 12 to 18 years of age. Additionally, Ms. Cushenan stated that the rule needs to define requirements separately for student dental hygienists and licensed dental hygienists. She stated that the way the language reads makes it a requirement for Georgia dental hygienists to be under direct supervision of a Georgia licensed dentist during the laboratory and clinical segments of the certification process; however, the Board has stated that the Florida local anesthesia course is an acceptable certification pathway for licensed Georgia dental hygienists prior to application for local anesthesia certification in Georgia. Dr. Maron asked Ms. Cushenan if she was saying the language was vague and seems as if the intent is that only a course in Georgia would be used to certify a dental hygienist for local anesthesia. Ms. Cushenan responded affirmatively and stated that was how she interpreted the language.

Vice-President Mattingly commented that the language in section (2)(a)(1)(i) states, "Shall be taught using lecture and laboratory/clinical formats by a dental education 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." She stated that the language was amended based on a recommendation made by the Georgia Dental Association. Ms. Cushenan thanked the Board for the information regarding the language in section (2)(a)(1)(i) and stated that she will stand on the opposition to the amendments made by the Board at its August 2022 meeting concerning the age requirement and the restriction of the administration of local anesthesia by the dental hygienist to patients scheduled for dental hygiene services only. Vice-President Mattingly commented that the language in section (2)(a)(1)(iii) was correct in stating that the laboratory and clinical instruction shall be provided under the direct supervision of a dentist licensed in this state.

Dr. Maron asked Ms. Cushenan why GDHA was opposed to the age limitation. Ms. Cushenan responded by stating that it gets down to the discretionary delivery of a dentist in the practice determining the use of his/her dental team based on the skills/certifications of the dental hygienist. She added that it is very limiting to only have it as the dental hygiene patient. Dr. Maron commented that he was referencing the age restriction. Ms. Cushenan stated that if the dental hygienist works in a pediatrics practice, which is up to age 18 and sometimes further, then the dentist is also being restricted from having the dental hygienist provide anesthesia as needed to the patient that is under the age of 18.

Dr. Janice Lee, Georgia Academy of Pediatric Dentistry, spoke to the Board. Dr. Lee stated that she has had a lot of discussion with colleagues regarding this matter. She commented that the need for root scaling and planing on patients under the age of 18 has not occurred often in her practice. She continued by stating that when it does occur, it is typically with a child that has a deeper medical condition such as Down's Syndrome. She added that in that type of scenario, the administration of anesthesia would happen in an operating room setting. Dr. Lee stated that it is not something that is needed in her day to day practice.

Ms. Cushenan commented that the same type of patients that are seen in a brick and mortar practice are not seen in a public health setting on a regular basis. She stated that she has seen children with high levels of calculus on all of their teeth where even removing calculus was removing the patient's baby teeth as well. She continued by stating that it is not the typical "fluff and buff" dental hygiene patient that is seen every six (6) months. Ms. Cushenan added that it is those who truly need hygiene care.

Dr. Jonathan Jackson, Executive Director of Georgia Academy of Pediatric Dentistry, spoke to the Board. Dr. Jackson stated that he and Mr. Scott Lofranco, Georgia Dental Association, scoured the literature trying to find studies that have shown children under the age of 18 needing hygiene procedures, i.e. scaling and root planing, that require local anesthesia and could not find any. He stated that the literature does not support it. In regard to his brick and mortar dental practice, Dr. Jackson stated that he does not see the need for it. Dr. Jackson continued by stating that in his 26 years of practice, he has not delivered local anesthesia to a patient between the age of 12-18 for a dental hygiene procedure. He stated that it is the Georgia Academy of Pediatric Dentistry's stance to keep the age at 18 for a dental hygienist to administer local anesthesia for a dental hygiene procedure.

Ms. Anita LaTourette spoke to the Board. Ms. LaTourette explained that she is a public health dental hygienist. She stated that she previously practiced in a private practice and it is not the same standard. She further stated that in public health, there are kids that go 4-5 years without a cleaning and there are also kids who are getting their first cleaning by the time they are a teenager. Ms. LaTourette continued by stating that, due to poor reimbursement fees by Medicaid that have not been increased since 1993, she does three (3) prophylaxis on those types of kids to get them healthy. She stated that they do not do scaling and root planing because they do not get paid for it. Dr. Maron questioned Ms. LaTourette about not doing scaling and root planing due to not getting paid for it. Ms. LaTourette responded by stating that it is not paid for by Georgia Medicaid. Additionally, she stated that they do not call it that. They call it a prophylaxis. She explained that one time is paid whereas the other three to four times are free. Ms. LaTourette stated that she does not know how public health is surviving at this time. She continued by stating that the Board needs to address the public health situation in the state for the kids. She stated that the kids deserve local anesthesia so that they are not cringing and ripping the chair in order to get the calculus off their teeth. Dr. Maron inquired if a dentist was available. Ms. LaTourette responded by stating that a dentist is available, but when the dentist is seeing a patient, she has to go interrupt the dentist. She continued by stating that it is not an ideal schedule to set. Dr. Maron asked Ms. LaTourette if she would rather interrupt the dentist or would she rather the patient be in pain. Ms. LaTourette responded by stating that, personally, she would rather be able to give the patient local anesthesia as a dental hygienist of 40 years. Dr. Maron inquired as to what the psychosocial components are with a patient that age that have problems with dental hygiene. He also inquired if Ms. LaTourette was trained to assess other needs such as why the patient has issues with dental neglect. He commented that a pediatric dentist who has the educational background and is used to studying this knows to look for other things and has some level of indication and support in those types of setting. Ms. LaTourette responded by stating that there are general dentists who work in public health. Dr. Maron asked Ms. LaTourette if she thought a public health dentist who has training and understanding of some of the psychosocial issues and economic impact of some of the patients might have indication into that. Ms. LaTourette responded by stating that being in a public health setting, they listen to stories every day about what the patient's needs are.

Dr. Wilson inquired as to what age Ms. LaTourette felt would be appropriate for a patient to be administered local anesthesia since Ms. LaTourette has so much experience working in public health. Ms. LaTourette responded by stating that the Board originally proposed 12 years of age or older. She continued by stating that periodontal disease was present in the majority of patients by the age of 16. She added that Georgia does not have a periodontist that takes Medicaid as a provider. Ms. LaTourette stated that she has spent days trying to find a periodontist and has tried calling the Georgia Dental Association for assistance. Dr. Maron asked if 16 year old patients had periodontal disease. Ms. LaTourette responded that they do and they also have recession. She asked the Board to consider helping the public health system in order to help patients.

Ms. Cynthia Hughes, Professor Emerita, recently retired from the dental hygiene program at the Dental College of Georgia Augusta University, spoke to the Board. Ms. Hughes stated that prior to becoming an educator, she practiced for 18 years in rural Warren County, Georgia, where individual patients are the poorest of the poor. She stated that in private practice there were many 14 to 15 year old patients with juvenile periodontitis. She further stated that these patients desperately needed local anesthesia prior to having their roots scaled. Ms. Hughes stated that she agreed with Ms. LaTourette in that it is not just the 18 year old patients that need this service. Dr. Maron inquired if there was a dentist available. Ms. Hughes responded by stating that a dentist was available. Dr. Maron commented that each time this issue was brought up by Ms. LaTourette and Ms. Hughes it is not as though a dentist was not available. Dr. Maron stated that when speaking about access to care and the best possible scenario for the patient and citizens of Georgia, there are dentists available as a safety net in that particular scenario. He continued by stating that he realizes that those in rural areas are in a different situation; however, there are dentists there to provide local anesthesia. He added that there is not a single member of the Board that does not feel for those children and feels they need local anesthesia. Dr. Maron stated that in those special circumstances, there is a dentist on site who can give the patient local anesthesia. Dr. Shilman commented that juvenile periodontist effects less than 1% of the population. She added that there will be cases, but those cases are rare. She continued by stating that when those rare cases occur, the dentist, pediatric dentist, or periodontist should be contacted for assisting with the diagnosis and treatment of such.

Ms. Hughes commented that she was speaking in opposition of the amendment to raise the age of eligible patients receiving dental hygiene administered local anesthesia from 12 to 18 years of age.

Dr. Richard Weinman, Georgia Dental Association, spoke to the Board. He stated that while there are situations in any kind of practice that can arise, the rules and regulations the Board makes have to take the general public into consideration. He further stated there are instances where there will be children above those ages that have low weight, are small, malnourished and need to be given care by a dentist doing this on a routine basis. Dr. Weinman continued by stating that block anesthesia is not a simple thing. He stated that when a complication arises the most qualified, trained person is the one who should be providing the care.

Ms. Danna Thompson, Georgia Dental Association (GDA), spoke to the Board. Ms. Thompson stated that the GDA supports the language as written.

Dr. Maron stated that he was disappointed in that this should be a huge win for dental hygienists, dentists, and the citizens of Georgia. He further stated that the scenario described occurred in less than 1% cases. He continued by stating that the dentist is the fail safe and is still there. Dr. Maron stated that he felt it would be remis to not mention the amount of time and effort put in by Vice-President Mattingly, the Board, and working with the other associations in trying to get this rule passed. He added that he was personally disappointed that some people were not willing to accept something that is a win. Dr. Maron stated that this

was a win for Georgia, dentists and dental hygienists. He further stated that he felt the rule should be adopted and move forward.

Dr. Schultz commented that he is relatively new to the Board and much of the legwork on this matter was done by previous board members. He stated that many years ago the oral surgery specialty was attempting to integrate into the cosmetic surgery realm. He further stated that it was a natural, evolutionary process for the specialty. He continued by stating that a group of oral surgeons decided that oral surgery being permitted to perform cosmetic maxillofacial surgery was a natural, evolutionary process for the specialty. Dr. Schultz stated that when he looked at this matter from a distance, he thought the Board, prior to him becoming a member, viewed it as a natural, evolutionary process. He stated that going beyond that and allowing a dental hygienist to administer local anesthesia for any patients for expediency and efficiency sake does not fall into the evolutionary pathway of what is trying to be achieved. Dr. Schultz added that he thinks what the Board has done prior to his arrival has been an evolutionary process that will benefit the citizens of Georgia, dental offices in the private and public areas of the state, and the dental hygienists.

Dr. Reznik commented that he was a member of the Local Anesthesia Committee, along with Vice-President Mattingly and Dr. Wilson, that worked to get the rule to this point. He stated that today should be a day of celebration. He further stated that 67 written comments were received. He added that it was concerning to him that 66 of the comments appeared to be a form letter. Dr. Reznik stated that he does not want to see this turned into something that is not a victory. He continued by stating that it has been a long, hard road to get to this point and suggested passing the rule and moving on. He stated that the Board can revisit the rule in the future.

Ms. Cushenan stated that GDHA applauds the Board of Dentistry and the Local Anesthesia Committee for putting together Rule 150-5-.07. She stated that it has been a 30 year process to get to this point and was glad the 21st century was dawning upon Georgia. Ms. Cushenan stated that she wanted to bring up for discussion the amendments from the August 2022 meeting that were concerning to many. She thanked the Board for getting to this point and stated that she looks forward to moving forward with the Board of Dentistry.

Vice-President Mattingly thanked the hygienists and dentists for the letters and stated that this has been 31 years in the making to get to where they are today. She stated that she was proud of every member of the Board and the input that has been provided. She continued by stating that the rule is not to perfection, but it moves everyone forward and is a step in the right direction. Vice-President Mattingly stated that as a dental hygienist in this state, she is going to celebrate today. She further stated that moving this rule forward is a great thing for the state, for patients and for the profession. She stated that after the Board votes, she hopes that all dental hygienists will feel this as a big win. Vice-President Mattingly acknowledged the hard work that had been put into the rule and stated that she appreciated GDA's assistance. She stated that it has been a journey not only for this Board, but for the others before them. She commended the hygienists who were part of the Board prior to her time who tried to bring this matter forward. She added that she feels it is time to move forward and today was a big win for the profession.

Dr. Wolanda Hardy spoke to the Board. Dr. Hardy inquired as to how the Board arrived on the requirements outlined in the rule regarding training. Dr. Hardy also inquired about liability. Vice-President Mattingly stated that the 60 hours of coursework required in Georgia were stricter than any other state, with the exception of Florida. She continued by stating that the Local Anesthesia Committee researched the requirements in other states and the average number of hours required is 16 hours. In regard to liability, Dr. Maron commented that liability is not within the Board's purview and suggested Dr. Hardy speak with her liability carrier regarding such.

Dr. Goggans thanked everyone for his/her time and for being a part of the process. He stated that there will always be an opportunity to further discuss this rule in future.

Dr. Reznik spoke to the Board's requirements for training. He stated that he does not think the Board's education requirements are restrictive, but rather thinks they are comprehensive. Dr. Reznik thanked everyone for his/her efforts in speaking on this matter whether it was by sending a letter or attending the meeting in person. He stated that he hoped everyone could come to a positive conclusion at the end of the day.

Mr. Scheinfeld commented that the Board is charged with protecting the public. He stated that he believes the requirements are the most comprehensive requirements the Board could come up with that are within the Board's purview and duties.

Dr. Wilson commented that Vice-President Mattingly deserves much appreciation. Dr. Wilson stated that Vice-President Mattingly brought this matter before the Board and had an uphill battle. She further stated that Vice-President Mattingly had to convince the members of the Local Anesthesia Committee to get on board. She thanked Vice-President Mattingly for all of her hard work.

Ms. Lamara Moore spoke to the Board. She thanked the Board for catching up to the 21st century and is appreciative of that as a dental hygienist.

Written responses were received from Autumn Reid, Lequita Duncan, Lamara Moore, Lori DeFore, Jeehyeong Ha, Swati Patel, Brandon L. Cappel, Dr. Derrick Hampton, Dr. Anna Tran, Sheetal Patel, Chelsea Tapley, Danielle Cannon, StacyLeigh Sellers, Fay Fuchs, Jay Moore, April Smith, Laura Bigler NaNa Noh, Jessi Crow, Kimberley C. Ramcharan, Dr. W. Palmer Westmoreland, Dr. Fazeela Ghannie, Donna Clance, Michelle Lord, Joanne C. Davis, Kiersten Pinnell, Chassie Brinson, Sarah Everett, Presley Perry, Representative Danny Mathis, Dr. Tina Herington, Dr. Tena A. Phillips, Dr. Norman Peets, Margaret L. Conrad, Nancy Goodwin, Cynthia Hughes, Mallory Roderick, Pam Cushenan, Donnisha Humphries, Brittany Hammond, Seema Rahemtulla, Deborah McDaniel, Keri Olsen, John McMillan, Amber Mason, Dr. Laura Koch, Dr. Natasha Mandani, Dr. Michael Crossley, Kathryn A. Starr, Leah Brannon, Shelly Bergholcs, Dr. Cynthia Ratliff, Dr. Michael Vetter, Dr. Paul Gannon, Chirrie Toomey, Dr. Brandon H. Wells, Mustapha Conteh, Yemia White, Allison January, Amy Sharpe, Samantha Yeomans, Christina Copeland, Dr. Cesar Tapia-Vera, Jesus Rivera, Stephanie Sirmans, Rennia Rochester-Wilson, Georgia Dental Association, and Caitlin Reen.

Vice-President Mattingly made a motion to adopt Rule 150-5-.07 Administration of Local Anesthetic by Dental Hygienist. Ms. Selfe seconded, and the Board voted unanimously in favor of the motion.

The public hearing concluded at 10:51 a.m.

Open Session

Dr. Maron established that a quorum was present and called the meeting to order at 10:52 a.m.

Approval of Minutes

Vice-President Mattingly made a motion to approve the Public and Executive Session minutes from the October 7, 2022, meeting. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

Report of Licenses Issued

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

Petitions for Rule Waiver or Variance

Rule Variance Petition from Dr. Jennifer Lee: Dr. Goggans made a motion to grant the petition as the Board finds that Dr. Lee has demonstrated evidence of a substantial hardship and provided adequate justification for the variance since she passed the ADEX manikin-based exam in 2021. Vice-President Mattingly seconded, and the Board voted unanimously in favor of the motion.

Rule Variance Petition from Dr. Phillip F. Glassberg: Dr. Wilson made a motion to grant the petition as the Board finds that Dr. Glassberg has demonstrated evidence of a substantial hardship and provided adequate justification for the variance since he passed the ADEX manikin-based exam in 2021. Vice-President Mattingly seconded, and the Board voted unanimously in favor of the motion.

Correspondence

Correspondence from Dr. Derek Peek, Endo Advisors, LLC: The Board viewed this correspondence for informational purposes only.

General – Dr. Glenn Maron

Dr. Maron stated that he felt this Board has been very progressive and applauded every member for helping it move forward as well as remembering that the Board's role is to protect the citizens of Georgia.

Sedation Committee Report – Dr. Glenn Maron

Dr. Maron reported that the Sedation Committee met virtually on October 28, 2022. He explained that there were several recommendations made that the Committee wanted to discuss with the Board. He stated the first recommendation was to increase the fee paid to sedation evaluators. Dr. Maron further stated that evaluators are currently paid \$50 per hour, not to exceed \$300 for each evaluation. He continued by stating that the Committee would like for the Board to consider increasing the payment to \$500-\$1000. Dr. Maron stated that there has been an issue with obtaining evaluators to complete on-site inspections in a timely manner. He added that the Committee felt if the Board could increase the payment to the evaluator, then maybe the evaluator would agree to do the evaluation. He discussed budgetary concerns and inquired as to how the Board could move forward with increasing the fee. He stated that in his research he found that California pays \$2000 per evaluation and Maryland pays \$1000 per evaluation. He further stated that the average amount paid is \$500-\$1000.

Dr. Goggans asked Mr. Lacefield if the funds would have to be appropriated in a budget that would be presented at the time the Georgia General Assembly convenes. Mr. Lacefield responded by stating that when submitting the budget for the next fiscal year, the process for any amendments to the budget must be reviewed and approved by Department of Community Health leadership, Governor's Office of Planning and Budget, and then it is presented to the General Assembly.

Dr. Maron stated the second recommendation from the Sedation Committee concerns raising the initial application fee to offset the increase for paying the evaluators. Mr. Lacefield responded by stating that, currently, the budget planning is currently for fiscal year 2024. Any amendments would have to be presented next Spring for an amended budget. He stated that he thinks payment to the evaluators can be covered in the short term. He further stated that the Board has a small budget and there is not a lot of margin. Mr. Lacefield continued by stating that if the Board wanted to raise the payment for evaluators for the long term, it would require a request for an amendment to the budget.

Dr. Maron commented that there are currently 24 individuals waiting to be evaluated. He inquired if the Board had the funds to increase the payment to the evaluators to \$1000 per evaluation. Mr. Lacefield responded by stating that he was not aware the request was for \$1000 until today; however, he felt the Board could afford to raise the payment to \$500. He explained that the issue is that the Department of Community Health is currently in the process of moving to another location and the Board has to absorb some of the costs that are not covered such as storage fees and audio visual equipment for the conference room, for example. Mr. Lacefield stated that increasing the payment to \$1000 per evaluation would be a significant amount, but the Board could split the difference. Dr. Maron clarified that the increase in payment to the evaluators would be for the short term, not permanent, and used as an incentive for the evaluator to complete the backlog of evaluations.

Mr. Scheinfeld commented that he thought there was previously a suggestion of an alternative where the dentist requesting the evaluation could pay an expedited fee to have the evaluation completed. He inquired if that alternative was still being considered. Dr. Maron responded by stating that the Sedation Committee felt everyone should be expedited. He stated that this is not for the dentist, but rather for the safety of patients and the faster the applicants are issued a permanent permit, the faster the Board is protecting the public. He further stated that allowing an applicant to receive an expedited evaluation is not the purpose of the inspection. Dr. Maron explained that the purpose of the evaluation is do ensure the dentist is practicing safely. Mr. Lacefield commented that, for information, all fees go to the General Treasury.

Dr. Reznik made a motion to increase the fee paid to a board-approved sedation evaluator to complete the backlog of 24 evaluations to \$750. Vice-President Mattingly seconded, and the Board voted unanimously in favor of the motion. In the same motion, the Board voted to submit a budgetary request for the payment to be raised permanently to \$500.

Dr. Schultz commented there are some states, Florida for example, that hire a third party organization to conduct the evaluations. He stated that there are opportunities for retired dentists to handle many of these evaluations.

Dr. Maron commented that if a board-approved evaluator is a pediatric dentist, he/she can evaluate a dentist that only sedates adult patients. Additionally, Dr. Maron asked the representatives of the Georgia Academy of Pediatric Dentistry that were present at the meeting to pass along to its members that the Board was in need of sedation evaluators, particularly for the central and southern parts of the state.

Attorney General's Report – Mr. Max Changus

No report.

Executive Director's Report – Mr. Eric Lacefield

No report.

Legal Services – Mr. Clint Joiner

No report.

Miscellaneous

Coronal Polishing Course Submission: Dr. Goggans made a motion to approve the course submission from Chattahoochee Technical College. Dr. Reznik seconded, and the Board voted unanimously in favor of the motion.

Expanded Duties Course Submission: Dr. Shilman made a motion to approve the course submission from Georgia Sleep Solutions, LLC. Dr. Green seconded, and the Board voted unanimously in favor of the motion.

CPR Course Submission: Dr. Goggans made a motion to deny the course submission from Pacific Medical Training as the course appears to be online only. Vice-President Mattingly seconded, and the Board voted unanimously in favor of the motion. In the same motion, the Board stated it would reconsider the request if documentation could be provided reflecting the course is a live in-person course.

Dr. Reznik 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. Glenn Maron, Ms. Misty Mattingly, Dr. Larry Miles, Dr. Ami Patel, Dr. David Reznik, Mr. Mark Scheinfeld, Dr. Jeffrey Schultz, Ms. Lisa Selfe, Dr. Lisa Shilman, Dr. JC Shirley, Dr. Don Spillers, and Dr. Debra Wilson.

Executive Session

Licensure Overview Committee Discussion Case

- L.E.M.

Applications

- A.A.
- G.A.H.
- N.M.
- A.M.T.
- T.J.P.
- J.T.M.
- R.J.H.
- S.L.D.
- A.E.F.

Investigative Committee Report – Dr. Glenn Maron

Report presented:

- DENT230071
- DENT230075
- DENT230076
- DENT230077
- DENT230079
- DENT230085
- DENT230098
- DENT230101
- DENT230104
- DENT230112
- DENT230115
- DENT230118
- DENT230121

Attorney General’s Report – Mr. Max Changus

Mr. Changus discussed the following individual:

- D.C.L.

Mr. Changus discussed the following:

- Pending litigation

Executive Director’s Report – Mr. Eric Lacefield

No report.

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

Licensure Overview Committee Discussion Case

- L.E.M. Request for letter of compliance with Consent Order Table pending receipt of additional information

Applications

- A.A. Dental Credentials Applicant Denied application
- G.A.H. Dental Credentials Applicant Denied application
- N.M. Dental Credentials Applicant Denied application
- A.M.T. Initial Moderate Enteral CS Approved request for extension of provisional permit
- T.J.P. Initial Moderate Parenteral CS Table pending receipt of additional information
- J.T.M. Initial Moderate Parenteral CS Approved for provisional permit
- R.J.H. Denied Notification of Additional Site Denial Upheld
- S.L.D. Dental Hygiene Reinstatement Application approved
- A.E.F. Faculty Applicant Application approved

Investigative Committee Report – Dr. Glenn Maron

Report presented:

Complaint Number	Allegations	Recommendation
DENT230071	Billing	Close with No Action
DENT230075	Quality of Care	Close with Letter of Concern
DENT230076	Unprofessional Conduct	Close with No Action
DENT230077	Unprofessional Conduct	Close with No Action
DENT230079	Quality of Care	Close with Letter of Concern
DENT230085	Unprofessional Conduct	Close with No Action
DENT230098	Billing	Close with No Action
DENT230101	Unethical Conduct	Close with No Action

DENT230104	Billing	Close with No Action
DENT230112	Billing	Close with No Action
DENT230115	Billing	Close with No Action
DENT230118	Unprofessional Conduct	Close with No Action
DENT230121	Unprofessional Conduct	Close with No Action

Attorney General’s Report – Mr. Max Changus

Mr. Changus discussed the following individual:

- D.C.L. Close and accept hours presented for Consent Order

Mr. Changus discussed the following:

- Pending litigation Settlement Agreement to be accepted and signed with express permission upon receipt of the original

Executive Director’s Report – Mr. Eric Lacefield

No report.

Legal Services – Mr. Clint Joiner

No report.

Dr. Reznik seconded, and the Board voted in favor of the motion, with the exception of Dr. Goggans, Dr. Wilson, Mr. Scheinfeld, Dr. Miles, Dr. Spillers, and Dr. Maron who opposed the vote regarding pending litigation.

Miscellaneous:

Vice-President Mattingly presented Dr. Maron with an award for Outstanding Dentist of the Year on behalf of the Georgia Dental Hygienists’ Association in recognition for exemplary support of the profession of dental hygienists. Vice-President Mattingly stated that it has been an honor to sit next to Dr. Maron as Vice-President and seeing him set the standard of care for both dentists and hygienists of the state.

Dr. Maron commented that Dr. Reznik has resigned as a member of the Sedation Committee and Dr. Shirley has taken his place.

With no further business, the Board meeting adjourned at 12:43 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held on Friday, December 2, 2022, at 10:00 a.m. at the Department of Community Health’s office located at 2 Peachtree Street, N.W., 5th Floor, Atlanta, GA 30303.

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