

**GEORGIA BOARD OF DENTISTRY**  
**Conference Call**  
**2 Peachtree St., N.W., 6<sup>th</sup> Floor**  
**Atlanta, GA 30303**  
**October 1, 2021**  
**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  
Kimberly Emm, Attorney  
Brandi Howell, Business Support Analyst I

**Visitors:**

Wendy Blond, GDHA  
Judith Crocker-Corbin  
Dr. Carol Lefebvre, Dental College of Georgia  
Pamela Cushenan

**Open Session**

Dr. Maron established that a quorum was present and called the meeting to order at 10:05 a.m.

**Introduction of Visitors**

Dr. Maron welcomed new board members, Dr. David Reznik and Dr. Larry Miles.

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

**Approval of Minutes**

Dr. Knight made a motion to approve the Public and Executive Session minutes from the September 10, 2021, Conference Call. Dr. Goggans seconded, and the Board voted in favor of the motion, with the exception of Ms. Mattingly who opposed.

**Report of Licenses Issued**

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

Dr. Brent Stiehl made a motion and Dr. Goggans 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. Michael Knight, Dr. Glenn Maron, Ms. Misty Mattingly, Dr. Larry Miles, Dr. David Reznik, Mr. Mark Scheinfeld, Dr. Ami Patel, 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.

## Open Session

### **Petitions for Rule Waiver or Variance**

**Rule Waiver Petition from Keri Bealing:** The Board discussed this request for a waiver of Rule 150-7-.05. Ms. Bealing was on the call and spoke to the Board regarding her petition. Ms. Bealing explained that she relocated to Georgia and stayed home with her children; however, due to the pandemic, she needed to return to work. Ms. Bealing stated that she had not practiced the full two years as required. She explained that prior to relocating to Georgia, she worked full time for eight (8) years in Pennsylvania and Maryland. Dr. Goggans made a motion to deny the waiver as O.C.G.A. § 43-11-71.1 requires an applicant to be in full-time clinical practice for the last two preceding years, and as such, the Board has no authority to waive the law. Dr. Wilson seconded and the Board voted unanimously in favor of the motion.

**Rule Variance Petition from Dr. Crystal Fuller:** The Board discussed this request for a variance of Rule 150-3-.01(7). Ms. Emm explained that this applicant requested the Board accept her ADEX manikin results from October 2020; however, the Governor's Executive Order only permits results from a manikin taken after January 1, 2021. Dr. Wilson made a motion to grant the variance. Discussion was held. Dr. Maron inquired as to what substantial and unique hardship was demonstrated. He stated that unless Dr. Fuller demonstrated such, the Board would have to deny the request. Ms. Emm explained this person chose to take a manikin exam when it was not accepted by the Board and it does not appear this candidate demonstrated a substantial hardship. Dr. Alan Furness, Dental College of Georgia (DCG), commented that if the applicant chose to take the manikin based exam in the Fall of 2020, he was not aware of any school that offered a patient based exam at that time. Dr. Maron responded by stating that the Governor's Executive Order only permits manikin results taken on or after January 1, 2021. Dr. Furness stated that he wanted to make the Board aware that it was not a choice, but more of a pathway. Ms. Emm commented that Dr. Fuller was a 2020 graduate and the Board made an alternate pathway for those individuals. She explained the alternate pathway was the Board offering a consent order to an applicant who could not take the live patient exam due to the pandemic, and the Board granted a license if the applicant agreed to take a live patient exam when it became available. There being no further discussion, there was no second to Dr. Wilson's motion. Dr. Stiehl made a motion to deny the petition. Dr. Knight seconded and the Board voted unanimously in favor of the motion.

**Rule Variance Petition from Dr. Darius Sanford:** Dr. Stiehl made a motion to grant the variance based on the special circumstances related to Dr. Sanford's military service and the COVID-19 pandemic. Additionally, the Board finds that Dr. Sanford provided adequate justification for the variance since he successfully passed the ADEX manikin-based exam in August 2020 and is a second year pediatric resident. Ms. Mattingly seconded and the Board voted unanimously in favor of the motion.

**Rule Variance Petition from Dr. Mathew Roche:** Dr. Goggans made a motion to grant the variance based on the special circumstances related to the COVID-19 pandemic and Dr. Roche currently being enrolled in an orthodontics residency program. Additionally, the Board finds that Dr. Roche provided adequate justification for the variance since he successfully passed the ADEX clinical exam in 2019, involving a live patient. Dr. Knight seconded and the Board voted unanimously in favor of the motion.

In the same motion, the Board determined there have been no changes to the content of the ADEX examination since 2015.

**Rule Waiver Petition from Dr. Brittney Hawkins:** The Board considered this request for a waiver of Rule 150-3-.01(4)(a). Dr. Goggans made a motion to grant the waiver as the Board previously determined that failures of Part I of the clinical exam while in school only counted as one (1) failure. Additionally, Dr. Hawkins passed the ADEX manikin-based examination after January 2021, as permitted by Governor Kemp's Executive Order. Dr. Stiehl seconded and the Board voted unanimously in favor of the motion.

Ms. Emm stated that she misspoke about alternate pathways during the discussion of Dr. Fuller's petition. She explained that applicants that graduated in 2020 had the option to apply for a temporary license under supervision until he/she could take the required examination. Dr. Maron thanked Ms. Emm for the clarification.

### **Correspondence from Dr. Suzanne Mericle**

The Board considered this request for a meeting to discuss allowing general dentists to order a sleep test for his/her patients of record and have a sleep physician read and diagnose the patient. Dr. Goggans stated that Dr. Mericle may be under the assumption that it is not under the purview of the dentist to order a sleep study and suggested directing staff to send a letter stating a dentist could order such. Ms. Emm responded by stating that the Board's policy regarding this matter states the following:

*Depending upon the diagnosis of the type and severity, one possible treatment option for obstructive apnea is the use of oral appliances. The design, fitting and use of oral appliances and the maintenance of oral health related to the appliance falls within the scope of practice of dentistry. The continuing evaluation of a person's sleep apnea, the effect of the oral appliance on the apnea, and the need for, and type of, alternative treatment do not fall within the scope of dentistry. Therefore, the prescribing of sleep apnea appliance does not fall within the scope of the practice of dentistry. It is the position of the Board that a dentist may not order a sleep study. Home sleep studies should only be ordered and interpreted by a licensed physician. Therefore, only under the orders of a physician should a dentist fabricate a sleep apnea appliance for the designated patient and conduct only those tasks permitted under O.C.G.A. Title 43, Chapter 11.*

There being no further discussion, the Board granted Dr. Mericle's request to meet to further discuss this matter.

### **Correspondence from Suzanne Newkirk**

The Board considered this correspondence regarding inaccuracies on the August 13, 2021, Rules Committee Meeting minutes. Dr. Maron inquired if Ms. Newkirk was on the call and if she had any comments. There were none. Mr. Lacefield stated that he does not suggest the Board changing the August minutes as those have already been approved by the Board; however, the minutes from this meeting can note that Ms. Newkirk's correspondence states that during the discussion of local anesthesia, the August minutes did not reflect her statement accurately. He stated that her correspondence states that she said, "*if the Board did not want dental hygienists to provide local anesthesia for the dentist's patients, she suggested they write it in the rules.*"

### **Correspondence from Rebecca Foster, Columbus Technical College**

The Board considered this request for continuing education credit for teaching dental hygiene at an ADA approved educational facility for the following instructors: Rebecca Foster, Amber Brazile, Barbara Gill, Stephanie Kemp, Sylvia A. Pearson, Kimberly Zapata, Dr. Gerald Adams, Dr. Donald Neal, and Dr. John Sigman. The Board recommended approving this request.

Ms. Newkirk spoke to the Board regarding her correspondence. She stated that she was previously on mute and was unable to answer when her letter was discussed. She requested Mr. Lacefield repeat her comments regarding local anesthesia. Mr. Lacefield stated that the August minutes read, "*Ms. Newkirk*

stated that if delegating dental hygiene administration of local anesthesia was a concern for board members, she suggested the Board include language stating that the hygienist may only provide local anesthesia for the patient only under direct supervision of the dentist.” Mr. Lacefield stated that Ms. Newkirk’s letter states that she should have been quoted as saying, “if the Board did not want dental hygienists to provide local anesthesia for the dentist’s patients, she suggested they write it in the rules.” Ms. Newkirk confirmed that was correct and that her statement was in relation to Dr. Maron’s statement stating the reasons the Board never authorized the rules for dental hygienists was because they did not want the dental hygienists to provide the local anesthetic for the dentist’s patient. Dr. Maron responded that he never made that statement. He added that the Board is currently working on rules for local anesthesia and feels that everyone should move on and note that it is in the record at this point.

### **Correspondence from GDA**

The Board noted for purposes of the minutes that this correspondence had been received. A member of the public inquired as to what the letter stated. Dr. Maron responded by stating that the letter reads as follows:

*On behalf of over 3,500 members of the Georgia Dental Association, we respectfully submit this letter of support recognizing the leadership of the Georgia Board of Dentistry’s current President, Dr. Glenn Maron, and its Consumer Advocate, Mr. Mark Scheinfeld. As the oldest and largest membership organization for dentists in the state of Georgia, the Georgia Dental Association (“GDA”) regularly attends and participates in all monthly, public meetings of the Board of Dentistry. Dr. Maron and Mr. Scheinfeld, both of whom are your appointees, have consistently shown themselves to be fair, balanced, and transparent in their approach to administrative rulemaking. Both are committed to protecting the public while also modernizing the rules and regulations governing the practice of dentistry in Georgia.*

*The GDA supports Dr. Maron and Mr. Scheinfeld’s efforts to ensure that the Board of Dentistry remains a regulatory body dedicated to protecting the public and does not become an advocacy platform for Board of Dentistry members.*

Ms. Pam Cushenan was on the call and spoke to the Board regarding this correspondence. She stated that the Board has always operated under the policy that agenda items must be received within ten (10) days of the meeting. She added that this correspondence was not listed on the public agenda and she noted that it was received on 09/27/2021, which exceeds the requirement of needing to be submitted within the acceptable timeframe. Ms. Cushenan stated that she was curious why this correspondence was being discussed at this meeting. Mr. Lacefield responded by stating that the Board does have that policy; however, it is up to the President of the Board to set the agenda. Dr. Maron commented that he felt this letter was appropriate to be added because it dealt with similar correspondence already on the agenda. He added that he felt it could be put in the record today instead of postponing it for another month.

Dr. Goggans stated that he felt this was the appropriate time to discuss this matter. He commented that he was sad to see the Board’s business had been taken to the Governor and Legislative levels. He stated that he respects everyone’s right to express his/her opinions. He further stated that he wants his fellow board members to understand when any organization is not happy with the Board’s decisions, they have the right to go to Governor or Legislators. Dr. Goggans stated that recently these two letters were sent to Governor and Legislators. He explained that one (1) letter complained about two (2) board members while the other letter took up for the two (2) board members. Dr. Goggans stated that the Board could not base its decisions on this and wanted to make a distinction for the new members. He continued by stating that the job of the associations and lobbyists are to advocate for its members. Dr. Goggans stated that the Board was not here to appease the GDA, GDHA, or any other organization. He added that each member serves at the pleasure of the Governor and as such, each member took an oath and were here as public servants. Dr. Goggans stated that each member is expected to conduct his/herself in a respectful manner and in an unbiased way, and should not make any decision that favors any association. He stated that he, as Dr. Greg

Goggans, should not have an agenda to help anyone other than the public. He further stated that he was proud to serve with each member and suggested moving forward. Ms. Cushenan responded by thanking Dr. Goggans and stated they are all oral health professionals and the atmosphere of mutual respect is not an option, but a requirement for adults to work together. She stated that she appreciated the ability to interact with the Board.

### **General – Dr. Glenn Maron**

Dr. Maron reported that Dr. Patel had been assigned to serve on the Investigative Committee. Dr. Maron added that Dr. Miles and Dr. Reznik would soon be assigned to a committee.

### **Attorney General’s Report – Mr. Max Changus**

No report.

### **Executive Director’s Report – Mr. Eric Lacefield**

**Proposed 2022 Meeting Dates:** Mr. Lacefield presented proposed 2022 meeting dates. He stated that the Board did not need to vote on them today, but requested each member review the proposed calendar and discuss in November.

**In-Person Meeting at the Dental College of Georgia (DCG):** Mr. Lacefield reported that he was previously asked to look into scheduling an in-person meeting at the Dental College of Georgia. He stated that he had been in contact with DCG and due to renovations and school being in session, DCG could not accommodate an in-person meeting on November 5<sup>th</sup> or December 3<sup>rd</sup>; however, DCG could accommodate a meeting on December 10<sup>th</sup> or January 7<sup>th</sup>. Dr. Maron responded that the Board will review the proposed dates and would discuss further at the November meeting. He suggested keeping the December meeting scheduled for the 3<sup>rd</sup> rather than moving it to the 7<sup>th</sup>.

Mr. Lacefield stated he received Commissioner Noggle’s monthly newsletter and at this time, the Department of Community Health (DCH) is not changing its procedures and will not be meeting in person at DCH for at least the next month.

**Renewals:** Mr. Lacefield reported that renewals will be going live today. He stated that reminder notifications would be sent out next week. He added that any applicant who submitted an online application or renewal application would be required to pay a convenience fee, along with the application fee. Ms. Wendy Blond inquired as to what the fee amount would be. Mr. Lacefield responded that he believes the convenience fee is 3.12%, but information on the amount would be included with the reminder notifications being sent out.

**Correspondence from Cathy Richardson, Promethean Dental Systems:** Mr. Lacefield discussed this correspondence requesting to meet with the Board for an in-person or virtual meeting. The Board approved the request.

### **Legal Services – Ms. Kimberly Emm**

No report.

### **Rules Discussion**

**O.C.G.A. § 43-11-53 Charitable dental events temporary licenses for dentists and dental hygienists in good standing in other states; procedures:** Ms. Emm explained that she was asked to create a rule based on the law; however, there did not seem to be a need recreate the law into a rule. She stated that if there were no additional requirements or clarifications needed, the Board could just proceed with law as written. Ms. Emm further stated that two (2) applications would need to be created; one (1) for charitable dental events and one (1) for temporary licenses. Dr. Maron responded by stating that if the law is what

carries the weight, he does not see the need to create a separate rule. He suggested moving forward with creating the two (2) applications. Ms. Emm stated that staff would create the applications and bring back to the Board for review and approval. She further stated that once the Board approved the applications, they could be posted on the Board's website. Ms. Emm added that if the Board saw a need to address a certain issue with the applications, it could discuss addressing that via rule. Mr. Scheinfeld inquired as to whether or not there would be an application fee. Mr. Lacefield responded by stating that the Board can consider a fee once the applications have been brought back to the Board for review.

**Rule 150-3-.01 Examination for Dental Licensure:** Dr. Stiehl made a motion to post Rule 150-3-.01 Examination for Dental Licensure. Dr. Knight seconded and the Board voted unanimously in favor of the motion.

#### Rule 150-3-.01. Examination for Dental Licensure

- (1) Each candidate submitting an application for a dental license must have passed all sections of the National Board Theory Examinations - Part I and Part II with a score of 75 or higher or have a passing score on the Integrated National Board Dental Exam. The President of the Georgia Board of Dentistry may appoint one or more members of the Board to proctor the National Dental Board Examinations held in Georgia.
- (2) Each candidate for a license to practice dentistry must pass with a score of 75 or higher a jurisprudence examination on the laws and rules governing the practice of dentistry in the State of Georgia. Such examination shall be in the English language. The score will be valid for one year.
- (3) Each candidate for a license to practice dentistry must pass all sections with a score of 75 or higher on any clinical examination administered by the Georgia Board of Dentistry, or a testing agency designated and approved by the Board. Such examination shall be in the English language.
- (4) 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 must take a remedial course of study designated and pre-approved by the board.
  - (a) Once the candidate shows written proof of successful completion of the approved course of study, the Board will grant the candidate one additional attempt at successful passage of a clinical licensing examination approved by the board.
  - (b) After a fourth failure of one or more sections of any clinical examination, no further attempts will be authorized or scores recognized by the board for licensure in Georgia.
- (5) Any candidate who fails three or more sections of any clinical examination three times must successfully complete a one-year American Dental Association-accredited course of study pre-approved by the board.
  - (a) Once the candidate provides written proof of successful completion of this one-year course of study, the board will grant the candidate one additional attempt at successful passage of a clinical licensing examination approved by the Georgia Board.
  - (b) After a fourth failure of one or more sections of any clinical examination, no further attempts will be authorized or scores recognized by the board for licensure in Georgia.
- (6) For purposes of this rule, failure of the completed curriculum integrated format type examination shall only be counted as one (1) examination failure. ~~The final section/sections failed with Failure of Part II of the curriculum integrated format type examination will be applicable to sections (4) and (5) of this rule.~~
- (7) In determining whether an applicant has met the requirements for licensure, the board will only consider:
  - (a) The examination given by the Georgia Board of Dentistry prior to February 22, 1993.
  - (b) Results from the Southern Regional Testing Agency (SRTA) that were attained between February 22, 1993 and December 31, 2005; to include SRTA retake examination results until December 31, 2006.

- (c) Results from the American Board of Dental Examiners (ADEX) examination as uniformly administered by the Central Regional Dental Testing Service (CRDTS) and the Northeast Regional Board of Dental Examiners (NERB) that were attained between January 1, 2006 and June 30, 2009.
- (d) Results from the Central Regional Dental Testing Service (CRDTS) examination or any other testing agency designated and approved by the Board attained subsequent to June 30, 2009. Results from the retake examinations administered by the Northeast Regional Board of Dental Examiners (NERB) or the Central Regional Dental Testing Service (CRDTS) are accepted through June 30, 2010. Such retakes must be from initial examinations taken prior to June 30, 2009 and must include at least one successful score from Parts II, III, IV or V.
- (e) Results from the American Board of Dental Examiners, Inc. (ADEX) dental examination as uniformly administered by a testing agency approved by the Board beginning January 1, 2021.
- (f) Regional examinations must include procedures performed on human subjects as part of the assessment of clinical competencies and shall have included evaluations in the following areas:
  - 1. periodontics, human subject clinical abilities testing;
  - 2. endodontics, clinical abilities testing;
  - 3. posterior class II amalgam or posterior class II composite preparation and restoration, human subject clinical abilities testing;
  - 4. anterior class III composite preparation and restoration, human subject clinical abilities testing;
  - 5. crown preparation, clinical abilities testing;
  - 6. prosthetics, written or clinical abilities testing;
  - 7. oral diagnosis, written or clinical abilities testing; and
  - 8. oral surgery, written or clinical abilities testing.
- (g) Examination scores from slot preparations of restorative dentistry shall neither be accepted nor recognized by the Board.
- (8) Each candidate for Georgia licensure must furnish a background check. The applicant shall be responsible for all fees associated with the performance of a background check.
- (9) The Board may hold other examinations as may be required and necessary.

**Rule 150-8-.01 Unprofessional Conduct Defined:** Dr. Reznik made a motion to post Rule 150-8-.01 Unprofessional Conduct Defined. Dr. Wilson seconded and the Board voted unanimously in favor of the motion.

**Rule 150-8-.01. Unprofessional Conduct Defined**

The Board has the authority to refuse to grant a license to an applicant or to discipline a dentist or dental hygienist licensed in Georgia if that individual has engaged in unprofessional conduct. For the purpose of the implementation and enforcement of this rule, unprofessional conduct is defined to include, but not be limited to, the following:

- (a) Failing to conform to current recommendations of the Centers for Disease Control and Prevention (C.D.C.) for preventing transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and all other communicable diseases to patients. It is the responsibility of all currently licensed dentists and dental hygienists to maintain familiarity with these recommendations, which are considered by the Board to be minimum standards of acceptable and prevailing dental practice.
- (b) Violating any lawful order of the Board;
- (c) Violating any Consent Agreement entered into with the Georgia Board of Dentistry or any other licensing board;
- (d) Violating statutes and rules relating to or regulating the practice of dentistry, including, but not limited to, the following:

1. The Georgia Dental Practice Act (O.C.G.A. T. 43, Ch. 11);
  2. The Georgia Controlled Substances Act (O.C.G.A. T. 16, Ch. 13, Art. 2);
  3. The Georgia Dangerous Drug Act (O.C.G.A. T. 16, Ch. 23, Art. 3);
  4. The Federal Controlled Substances Act (21 U.S.C.A., Ch. 13);
  5. Rules and Regulations of the Georgia Board of Dentistry;
  6. Rules of the Georgia State Board of Pharmacy, Ch. 480, Rules and Regulations of the State of Georgia, in particular those relating to the prescribing and dispensing of drugs, Ch. 480-28;
  7. Code of Federal Regulations Relating to Controlled Substances (21 C.F.R. Par. 1306);
  8. O.C.G.A. T. 31-33 Health Records. A dentist must send a patient a copy of his/her records upon request where the request complies with O.C.G.A. Title 31-33, et. seq., even if the patient has an outstanding balance with the dentist, but the patient may be required to pay costs of copying and mailing records and for search, retrieval, certification, and other direct administrative costs related to compliance with the request.
  9. The Health Insurance Portability and Accountability Act ( Pub. L. 104-191).
- (e) Failing to maintain appropriate records whenever controlled drugs are prescribed. Appropriate records, at a minimum, shall contain the following:
1. The patient's name and address;
  2. The date, drug name, drug quantity, and diagnosis for all controlled drugs;
  3. Records concerning the patient's history.
- (f) Prescribing controlled substances for a habitual drug user in the absence of substantial dental justification;
- (g) Prescribing drugs for other than legitimate dental purposes;
- (h) Any departure from, or failure to conform to, the minimum standards of acceptable and prevailing dental practice. Guidelines to be used by the Board in defining such standards may include, but are not restricted to:
1. Diagnosis. Evaluation of a dental problem using means such as history, oral examination, laboratory, and radiographic studies, when applicable.
  2. Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.
  3. Emergency Service. Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record. For purposes of this rule, a "patient of record" is defined as a patient who has received dental treatment on at least one occasion within the preceding year.
  4. Records. Maintenance of records to furnish documentary evidence of the course of the patient's medical/dental evaluation, treatment and response. A dentist shall be required to maintain a patient's complete dental record, which may include, but is not limited to, the following: treatment notes, evaluations, diagnoses, prognoses, x-rays, photographs, diagnostic models, laboratory reports, laboratory prescriptions (slips), drug prescriptions, insurance claim forms, billing records, and other technical information used in assessing a patient's condition. Notwithstanding any other provision of law, a dentist shall be required to maintain a patient's complete treatment record for no less than a period of ten (10) years from the date of the patient's last office visit.
  5. Sterilization Records. All sterilization records must be maintained for a period of not less than three (3) years. Such records shall include, but not be limited to, the following: type of sterilizer and cycle used; the load identification number; the load contents; the exposure parameters (e.g., time and temperature); the operator's name; and the results of mechanical, chemical, and biological monitoring.
- (i) Practicing fraud, forgery, deception or conspiracy in connection with an examination for licensure or an application;



- (j) Knowingly submitting any misleading, deceptive, untrue, or fraudulent misrepresentation on a claim form, bill or statement to a third party;
- (k) Knowingly submitting a claim form, bill or statement asserting a fee for any given dental appliance, procedure or service rendered to a patient covered by a dental insurance plan, which fee is greater than the fee the dentist usually accepts as payment in full for any given dental appliance, procedure or service;
- (l) Abrogating or waiving the co-payment provisions of a third party contract by accepting the payment received from a third party as payment in full, unless the abrogation or waiver of such co-payment or the intent to abrogate or waive such copayment is fully disclosed, in writing, to the third party at the time the claim is submitted for payment. For the purpose of this rule, a "third party" is any party to a dental prepayment contract that may collect premiums, assume financial risks, pay claims, and/or provide administrative service.
- (m) Falsifying, altering or destroying treatment records in contemplation of an investigation by the Board or a lawsuit being filed by a patient;
- (n) Committing any act of sexual intimacy, abuse, misconduct or exploitation related to the licensee's practice of dentistry or dental hygiene;
- (o) Delegating to unlicensed or otherwise unqualified personnel duties that may only be lawfully performed by a dentist or dental hygienist;
- (p) Using improper, unfair or unethical measures to draw dental patronage from the practice of another licensee;
- (q) Terminating a dentist/patient relationship by a dentist, unless notice of the termination is provided to the patient. A "dentist/patient relationship" exists where a dentist has provided dental treatment to a patient on at least one occasion within the preceding year.
  1. "Termination of a dentist/patient relationship by the dentist" means that the dentist is unavailable to provide dental treatment to a patient, under the following circumstances:
    - (i) The office where the patient has received dental care has been closed permanently or for a period in excess of (30) days;
    - (ii) The dentist discontinues treatment of a particular patient for any reason, including non-payment of fees for dental services, although the dentist continues to provide treatment to other patients at the office location;
  2. The dentist who is the owner or custodian of the patient's dental records shall mail notice of the termination of the dentist's relationship to patient, which notice shall provide the following:
    - (i) The date that the termination becomes effective, and the date on which the dentist/patient relationship may resume, if applicable;
    - (ii) A means for the patient to obtain a copy of his or her dental records. The notice shall be mailed at least fourteen (14) days prior to the date of termination of the dentist/patient relationship, unless the termination results from an unforeseen emergency (such as sudden injury or illness), in which case the notice shall be mailed as soon as practicable under the circumstances.
- (r) Knowingly certifying falsely to the accuracy or completeness of dental records provided to the Board.

A motion was made by Dr. Stiehl, seconded by Dr. Knight, and the Board voted that the formulation and adoption of these rule amendments does not impose excessive regulatory cost on any licensee and any cost to comply with the rule amendments 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 these rule amendments will impact every

licensee in the same manner, and each licensee is independently licensed, owned and operated and dominant in the field of dentistry.

**Rule 150-9-.01 General Duties of Dental Assistants and Rule 150-9-.02 Expanded Duties of Dental Assistants:** Ms. Emm stated that the Board had previously tasked the Rules Committee, which no longer exists, to review the rules to determine if there was anything that could be grouped together under each rule, was a duplicate item, or was on the wrong list. She further stated there had been public comment in the past regarding duplicate items. Dr. Maron requested each member review each rule for any necessary changes and report back to the Board.

**O.C.G.A. § 43-11-23 Training for dental assistants or hygienists performing phlebotomy procedures, venipuncture procedures, assisting in conscious sedation, or general anesthesia; supervision by dentist:** Dr. Maron inquired about phlebotomy and venipuncture training for dental assistants and dental hygienists. Ms. Emm responded by stating that she was still working on this item. She added O.C.G.A. § 43-11-23 requires a dental assistant or dental hygienist performing phlebotomy or venipuncture procedures to complete a board approved training course. She stated that there have been no courses submitted to the Board as of yet. In regard to inquiries on the matter, Ms. Emm explained that board staff have been directing individuals to seek courses that were CODA approved or sponsored by board approved continuing education providers. Dr. Maron encouraged each board member to review and suggested the matter be discussed further in November.

**Local Anesthesia:** Dr. Maron stated the Board needed to consider adopting a rule that would allow dental hygienists to administer local anesthesia. He added that this duty was permissible in other states. He suggested forming a three (3) member committee to research and draft a rule as to what training would be required, certification, etc. Ms. Mattingly, Dr. Wilson, and Dr. Reznik volunteered to serve on the committee. Ms. Mattingly thanked Dr. Maron for his commitment and dedication to these issues.

**In-Person Meeting at the Dental College of Georgia (DCG):** Mr. Lacefield requested to circle back to the discussion regarding meeting at DCG. He stated that he misspoke about DCG being able to host a board meeting on January 7<sup>th</sup>. He explained that DCG could not host a meeting on that date. Mr. Lacefield stated that he would contact the school for available dates and report back to the Board. Dr. Maron proposed meeting at DCG later in the year when inclement weather is less likely to occur.

Dr. Brent Stiehl made a motion and Dr. Michael Knight 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. Michael Knight, Dr. Glenn Maron, Ms. Misty Mattingly, Dr. Larry Miles, Dr. David Reznik, Mr. Mark Scheinfeld, Dr. Ami Patel, Dr. Brent Stiehl, and Dr. Debra Wilson.

## Executive Session

### Appearances

- A.M.
- V.B.G.
- B.B.S.

### Licensure Overview Committee Appointments/Discussion Cases

- N.A.W.
- T.T.R.

- B.D.
- A.J.C.
- D.R.W.

### **Applications**

- S.L.T.
- M.C.R.
- M.Y.
- P.D.S.
- D.N.M.
- S.J.P.

### **Investigative Committee Report – Dr. Brent Stiehl**

Report presented:

- DENT190342
- DENT200147
- DENT200293
- DENT210481
- DENT220071
- DENT220084
- DENT190278
- DENT190424
- DENT200017
- DENT200194
- DENT200226
- DENT200242
- DENT200275
- DENT200307
- DENT200308
- DENT200330
- DENT200370
- DENT200391
- DENT200402
- DENT200407
- DENT200410
- DENT200445
- DENT200457
- DENT200460
- DENT200462
- DENT200506
- DENT210004
- DENT210006
- DENT210015
- DENT210041
- DENT210062
- DENT210067
- DENT210069

- DENT190059
- DENT190293
- DENT200501
- DENT200510
- DENT200512
- DENT210001
- DENT210016
- DENT210064
- DENT210185
- DENT210186
- DENT210321
- DENT210430
- DENT190273
- DENT200130
- DENT210130
- DENT210219
- DENT210239
- DENT210378
- DENT210389
- DENT210416

**Attorney General’s Report – Mr. Max Changus**

The Board received legal advice regarding O.C.G.A. § 50-18-70.

**Executive Director’s Report – Mr. Eric Lacefield**

No report.

**Legal Services – Ms. Kimberly Emm**

- A.S.B.
- K.D.M.

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:

**Appearances**

- |          |                                     |                             |
|----------|-------------------------------------|-----------------------------|
| • A.M.   | Denied Dental Hygiene Credentials   | Upheld denial               |
| • V.B.G. | Denied Dental Credentials Applicant | Overturn denial and approve |
| • B.B.S. | Denied Dental Hygiene Reinstatement | Upheld denial               |

**Licensure Overview Committee Appointments/Discussion Cases**

- |          |                                     |   |
|----------|-------------------------------------|---|
| • N.A.W. | Correspondence                      | Table pending receipt of additional information |
| • T.T.R. | Request regarding monitoring        | Approved request                                |
| • B.D.   | Moderate Enteral Conscious Sedation | Table pending receipt of additional information |

- A.J.C. Initial General Anesthesia Table pending receipt of additional information
- D.R.W. Request to terminate consent order Approved request

### **Applications**

- S.L.T. Dental Hygiene Exam Applicant Table pending receipt of additional information
- M.C.R. Dental Exam Applicant Approved application
- M.Y. Moderate Parenteral Conscious Sedation Approved for provisional permit
- P.D.S. Moderate Parenteral Conscious Sedation Approved for provisional permit
- D.N.M. Dental Hygiene Reinstatement Approved for reinstatement
- S.J.P. Dental Hygiene Reinstatement Approved for reinstatement

### **Investigative Committee Report – Dr. Brent Stiehl**

Report presented:

<b>Complaint Number</b>	<b>Allegations</b>	<b>Recommendation</b>
DENT190342	Abandonment	Close with Lapsed Flag
DENT200147	Quality of Care/Substandard Practice	Cancel - Duplicate Case
DENT200293	Billing	Close with Lapsed Flag
DENT210481	Record Release Violation	Close with Letter of Concern
DENT220071	Arrest, Conviction & pleas	Close with No Action
DENT220084	Other	Close with No Action
DENT190278	Billing	Close with No Action
DENT190424	Quality of Care/Substandard Practice	Close with No Action
DENT200017	Quality of Care/Substandard Practice	Close with No Action
DENT200194	Malpractice	Close with Letter of Concern
DENT200226	Billing	Close with No Action
DENT200242	Quality of Care/Substandard Practice	Close with Letter of Concern
DENT200275	Malpractice	Close with No Action
DENT200307	Malpractice	Close with No Action
DENT200308	Malpractice	Close with No Action
DENT200330	Quality of Care/Substandard Practice	Close with No Action
DENT200370	Quality of Care/Substandard Practice	Close with No Action
DENT200391	Quality of Care/Substandard Practice	Close with No Action
DENT200402	Malpractice	Close with No Action
DENT200407	Unprofessional conduct	Close with No Action
DENT200410	Malpractice	Close with Letter of Concern
DENT200445	Malpractice	Close with Letter of Concern
DENT200457	Malpractice	Close with Letter of Concern
DENT200460	Quality of Care/substandard practice	Close with No Action
DENT200462	Unprofessional conduct	Close with No Action
DENT200506	Quality of Care/Substandard practice	Close with letter of Concern
DENT210004	Billing	Close with No Action
DENT210006	Quality of Care/Substandard practice	Close with No Action
DENT210015	Quality of Care/Substandard Practice	Close with No Action
DENT210041	Unprofessional conduct	Close with No Action
DENT210062	Quality of Care/Substandard Practice	Close with No Action

DENT210067	Advertisement	Close with Letter of Concern
DENT210069	Quality of Care/Substandard Practice	Close with No Action
DENT190059	Quality of Care/Substandard Practice	Close with No Action
DENT190293	Billing	Refer to the Department of Law
DENT200501	Abandonment	Refer to the Department of Law
DENT200510	Abandonment	Refer to the Department of Law
DENT200512	Abandonment	Refer to the Department of Law
DENT210001	Abandonment	Refer to the Department of Law
DENT210016	Abandonment	Refer to the Department of Law
DENT210064	Abandonment	Refer to the Department of Law
DENT210185	Abandonment	Refer to the Department of Law
DENT210186	Abandonment	Refer to the Department of Law
DENT210321	Abandonment	Refer to the Department of Law
DENT210430	Abandonment	Refer to the Department of Law
DENT190273	Quality of Care/Substandard Practice	Close with No Action
DENT200130	Quality of Care/Substandard Practice	Close with Letter of Concern
DENT210130	Morbidity and Mortality	Close with Letter of Concern
DENT210219	Quality of Care/Substandard Practice	Close with Letter of Concern
DENT210239	Quality of Care/Substandard Practice	Close with No Action
DENT210378	Quality of Care/Substandard Practice	Close with No Action
DENT210389	Quality of Care/Substandard Practice	Close with No Action
DENT210416	Quality of Care/Substandard Practice	Close with No Action

**Attorney General’s Report – Mr. Max Changus**

The Board received legal advice regarding O.C.G.A. § 50-18-70.

**Executive Director’s Report – Mr. Eric Lacefield**

No report.

**Legal Services – Ms. Kimberly Emm**

- A.S.B. Request regarding sedation permit Approved request
- K.D.M. Request regarding consent order Approved request

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

With no further business, the Board meeting adjourned at 2:28 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held via conference call on Friday, November 5, 2021, 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