

**GEORGIA BOARD OF DENTISTRY**  
**Local Anesthesia Committee**  
**Conference Call**  
**2 Peachtree St., N.W., 6<sup>th</sup> Floor**  
**Atlanta, GA 30303**  
**October 29, 2021**  
**10:00 a.m.**

**The following Committee members were present:**

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

**Staff present:**

Eric Lacefield, Executive Director  
Kimberly Emm, Attorney

**Visitors:**

Kimberly Pyron, Clayton State University  
Naquilla Thomas  
Erin Boyleston, Augusta University  
Metoqua Anderson  
Valerie Baker  
Kathryn A. Starr  
Pam Cushenan  
Michelle Boyce  
Wendy Blond, GDHA  
Tammy C. Deese  
Dr. Frank D’Allaird

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

**Local Anesthesia Discussion**

Ms. Mattingly addressed the public members on the call and stated that the Committee would allow time for the public to speak and to please be mindful not to speak over one another.

Dr. Reznik commented that he had read through the information provided and was in favor of dental hygienists administering local anesthesia. He stated that he did have a concern regarding the training program. Dr. Reznik stated that Georgia is a very conservative state which is evident by there being only two other states that do not permit local anesthesia to be administered by a hygienist. In regard to the training program, Dr. Reznik discussed the didactic hours and laboratory hours requirement. He stated that, in his opinion, it would be hard to say no to having a higher requirement of hours. He further stated that he thinks there should be clinical hours under direct supervision. Ms. Mattingly agreed, and stated this year marks 50 years that dental hygienists have been allowed to administer local anesthesia in other states. She added that Georgia is a very conservative state and agreed to moving back to a 30 hour session composed of 30 didactic hours and 30 clinical hours.

Dr. Reznik stated that his only other concern was regarding “Infection Control” that is listed on the last page of the draft. He suggested adding “Safe Injection Practice”. He stated that if other topics addressing needles and other practices can be introduced, it would be beneficial.

At 10:11 a.m., Dr. Maron joined the call to thank the members for gathering and working on this topic. Dr. Maron left the call at 10:12 a.m.

Dr. Reznik commented that he would suggest it state the program be CODA (Commission on Dental Accreditation) approved, not just Board approved.

Discussion was held regarding including language stating that graduates from the class of 2024 and after would be able to provide this service upon graduation.

Ms. Mattingly clarified with Dr. Reznik, when speaking about the didactic hours and laboratory hours requirement, did he mean a 60 hour course comprised of 30 didactic hours, 15 laboratory hours, and 15 clinical hours? Dr. Reznik affirmed that was correct.

Ms. Michelle Boyce, who was on the call, spoke to the Committee. She stated that for students in a program 2024 would be a good timeline to prepare the curriculum and submit to CODA. Ms. Boyce stated that the school can get training together and start to offer the program as continuing education for those that are currently licensed. Ms. Mattingly commented that for someone who has already graduated, such as herself, she would be required to complete a 60 hour course, but that can occur prior to 2024. She stated the 2021, 2022, and 2023 graduates would need to take a course that all postgraduates have to take.

The Committee discussed reciprocity requirements. Dr. Reznik stated that he would want the hygienist to meet Georgia's standards. Ms. Mattingly read the following information from the draft rule:

**Requirements to administer local anesthetics for licensed dental hygienists; reciprocity:**

- B. The Board may approve a dental hygienist licensed in this State that has a license in any other state or territory to provide local anesthesia upon the dental hygienist meeting all of the following criteria:
  - (1) RDH must have a current Georgia license and be in good standing
  - (2) Produces satisfactory evidence of the required education, training, and clinical qualifications to provide local anesthesia.
  - (3) Has been practicing dental hygiene, as defined in 150-5-.03 under the supervision of a licensed dentist for a minimum of two years immediately preceding the date of the application.
  - (4) Has successfully completed a course of study on local anesthetics offered through a school or college approved by the United States Department of Education, CODA approved or a Board-approved continuing education provider that includes all of the following:
    - a. A minimum of 16 lecture hours on pharmacology, physiology, equipment, block and infiltration techniques, legal issues, and medical emergencies, including systemic complications.
    - b. A minimum of eight clinical hours of instruction and experience in administering local anesthesia injections.
  - (5) Completion of at least 12 block and 12 infiltration injections under the direct supervision of a licensed dentist who must certify the applicant's competency.
- C. If an applicant cannot satisfy the requirements as set forth in subsection B of this section, the Board may require the licensed dental hygienist to complete all or parts of the requirements

specified in subsection A of this section before the applicant can be qualified to administer intraoral, local dental anesthetics in this State.

- D. Dental hygienists who administer local anesthetics must maintain current CPR BLS Training and bi-annually complete two hours of approved continuing education, 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 among those chosen to satisfy the hours of continuing education otherwise required of licensed dental hygienists
- E. The dental hygienist shall maintain coverage under a professional liability occurrence or claims insurance policy with a policy limit minimum of \$1,000,000.

Ms. Mattingly stated that (4) and (5) would need to be changed to match hours. Dr. Reznik commented that the 16 hours of pharmacology under section (4)(a) was sufficient. He stated that 14 hours for medical emergencies was stricken; adding that back in would get back to 30 didactic hours.

Dr. Wilson joined the call at 10:25 a.m. A recap of what the Committee had discussed thus far was provided for Dr. Wilson.

Dr. Wilson agreed with the discussion concerning training consisting of a 60 hour course comprised of 30 didactic hours, 15 laboratory hours, and 15 clinical hours.

Discussion was held regarding completion of block and infiltration injections. Dr. Wilson inquired if this was a good idea. Ms. Mattingly responded by stating that most states do allow both block and infiltration. Dr. Reznik added that currently, there are a few states that only allow infiltration.

Ms. Boyce commented that courses for pharmacology, physiology, equipment, block and infiltration techniques, legal issues, and medical emergencies, are separate courses. She inquired if graduates could provide the curriculum from his/her school to show completion of training on all topics. She added that there is not a course that covers all of the topics together. Dr. Reznik responded that he does not have an issue looking at the whole curriculum so long as all pieces are covered. Ms. Mattingly commented that all of the topics are covered. She stated that she reviewed the course information she took from 17 years ago, and in order to take the national boards she had to complete an anesthesia course. She further stated that the course covered interactions, reactions, emergencies, etc. Ms. Mattingly stated that drugs and pharmacology are a huge section on the national boards. Ms. Boyce stated that Georgia Highlands College includes that information in its course. In regard to reciprocity, she stated that the school could create a course to cater to the injection requirement, if the graduates could prove he/she had the didactic portion completed. Ms. Boyce stated a 60 hour course could be accomplished, and the school could also try to include the requirement of 12 block and 12 infiltration injections while the individual is in school.

Discussion was held regarding reciprocity. Dr. Wilson inquired if the Board would allow the hygienist to supplement the hours if he/she did not have the 30 didactic and 30 clinical hours. Ms. Mattingly responded by stating that if the applicant has been doing injections in other states, the individual would need to provide proof of a minimum of 16 lecture hours on pharmacology, physiology, equipment, block and infiltration techniques, legal issues, and 14 hours on medical emergencies, including systemic complications. She stated that the Board would require eight clinical hours and a letter of competency from the dentist regarding successful completion of 12 block and 12 infiltration injections.

Dr. Reznik commented that he would like for there to be a way to see where students are with the 30 hours. He inquired as to how would they get up to 30 clinical hours. He stated if the individual only had eight hours of clinical from another state, the Board would not know if the individual was up to its standards. Ms. Mattingly stated the candidate may have been administering injections for years. Dr.

Wilson commented that the Board could not limit some people through credentials, all of them would need to be addressed.

Ms. Suzanne Newkirk was on the call and spoke to the Committee. Ms. Newkirk stated that she has been certified to administer local anesthesia in Alaska and Washington for 39 years. She further stated that she believes she would qualify for the 60 requirement. She inquired if she would already be qualified to administer local anesthesia since she is a hygienist in Georgia, or would she need to retake a course? She added that she completed a ten day course at the University of Alaska in 1982 and a one week course at the University of Washington in 1991. Dr. Wilson asked if Ms. Newkirk had to complete another course when she went to the University of Washington, and if so, it seemed like she had no issue with taking another course. Ms. Newkirk responded affirmatively that she flies back every other year to maintain her Washington license. She continued by stating that she has done this for the past 20 years. She inquired as to whether or not she would need to complete another course. Ms. Mattingly responded that she researched surrounding states and the completion of at least 12 block and 12 infiltration injections under direct supervision was how the individual would prove he/she could administer injections. She stated that she knows the Board wants to have high standards.

Ms. Mattingly inquired if section (5) of the draft needed to require two letters from two different dentists to display a candidate's competency. Dr. Wilson commented that a timeframe should be set because if the individual does not utilize the skill, he/she would lose it. Ms. Mattingly asked if section (5) should be changed to require completion of at least 12 block and 12 infiltration injections within the last year. Dr. Reznik commented that the student may obtain the thirty 30 hours from hygiene school, but how would the Board know that the individual continued to utilize his/her skill. He commented what would happen for someone like him who has not been in school for a long time. He stated that he believes there is some vulnerability here that needs to be worked through. Ms. Mattingly responded that if the individual has been out of school for a certain period, he/she would need to complete the requirements under section (A), which would be completing a 60 hour course.

Ms. Mattingly read the following information from the draft:

- C. If an applicant cannot satisfy the requirements as set forth in subsection B of this section, the Board may require the licensed dental hygienist to complete all or parts of the requirements specified in subsection A of this section before the applicant can be qualified to administer intraoral, local dental anesthetics in this State.
- D. Dental hygienists who administer local anesthetics must maintain current CPR training and biannually complete two hours of approved continuing education, 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 among those chosen to satisfy the hours of continuing education otherwise required of licensed dental hygienists
- E. The dental hygienist shall maintain coverage under a professional liability occurrence or claims insurance policy with a policy limit minimum of \$1,000,000.

Ms. Boyce requested clarification regarding the requirement of 12 block and 12 infiltration injections. She inquired if the purpose was 12 patients, or 12 injections. She requested a better understanding of the requirement as she stated that every time one pulls a needle out and reinserts it is an infiltration. Dr. Reznik responded that he thinks the intent is 12 procedures, not 12 patients.

Ms. Pam Cushenan was on the call and spoke to the Committee. Ms. Cushenan requested guidance on how faculty would be able to attain the injection hours to be competent to work with the students, or if this will be dental faculty only. Dr. Reznik responded that for the injections it says dentist onsite. Ms.

Cushenan stated that in a clinic, there would be 20 students. Dr. Reznik stated the draft requires a faculty to student ratio of no greater than 1:5 under direct supervision of a dentist. Ms. Cushenan stated that would require multiple dentists. Dr. Reznik inquired if the question is if a hygiene faculty member at a CODA approved site has met the requirements, can he/she train. He stated that if we start diluting it, or it has the appearance of dilution, the Board could reject the rule.

Ms. Mattingly stated that the draft currently reads that the training program will include a 60 hour course comprised of 30 didactic hours, 15 laboratory hours, and 15 clinical hours. She continued by stating that clinical and laboratory instruction shall be provided with faculty to student ratio of 1:5 under the direct supervision of a dentist licensed in this state. Ms. Mattingly stated that it is her understanding that for CODA, there is only one dentist onsite and in the clinic. She further stated that maybe the Committee could think through that.

Ms. Boyce commented that she works at a CODA approved school and is a CODA site surveyor. She continued by stating that 1:5 is the ratio for CODA. She stated that if hygienists are in the clinic, they have to have the knowledge and ability to teach the clinic. Ms. Boyce stated that the expectation is that the teacher is licensed/trained to teach the content. She added that faculty will be supervised by the dentist and the way the draft is currently written would cover that.

Dr. Frank D'Allaird was on the call and spoke to the Committee. He explained that he is the supervising dentist at Remington College in Nashville. He stated that there are 25 students in the clinic. He further stated there are five dental hygiene faculty members. Dr. D'Allaird stated the hygiene faculty members oversee the students and he oversees the dental hygiene faculty members.

Discussion of an application fee was held. Ms. Mattingly stated that the Committee could discuss the required application fee with the Board as she left that part blank on the draft. Mr. Lacefield commented that the actual fee would not need to be included in the rule. Ms. Boyce inquired about the fee once the applicant is certified. Ms. Mattingly responded that if the applicant meets the criteria, there would be an initial application fee and no additional fee required at renewal.

The Committee discussed the age requirement for patients. Ms. Mattingly stated that the draft currently states that a dental hygienist may administer local anesthesia to a patient who is 18 years and older. Ms. Mattingly stated that she questions that requirement because it would inhibit dental hygienists from treating anyone under the age of 18. Dr. Wilson inquired what Florida requires. Ms. Mattingly responded that Florida requires the patient to be 18 or older. She continued by stating that North Carolina and South Carolina do not list an age. Ms. Mattingly stated that her thought is that it be allowed on all patients. She further stated that she did go for the most restrictive, but that would prohibit the hygienist from treating patients under 18. Ms. Boyce commented that Florida is the most restrictive and suggested not including an age. Dr. Reznik stated that there may be a concern with pediatric patients. Ms. Mattingly asked what Dr. Reznik suggested. Dr. Reznik suggested age 12 years or older. He stated that the risk increases when one has to give injections to a pediatric patient.

Ms. Mattingly stated that in states where dental hygienists have been allowed to administer local anesthesia, they are also allowed to help administer COVID vaccinations as they have the training. She stated that on a public health platform this helps this matter.

Dr. Reznik asked for Ms. Boyce's thoughts about injection safety such as the self-sheathing needles. Ms. Boyce responded that the school does teach safety; the students are already doing this every day. She added that she is totally fine with the needle sticks. She continued by stating that students are not at the comfort level, so they do what faculty teaches them to do.

Dr. Reznik commented that the draft includes “Safety Injection Practices” as a training topic. He stated that he knows they teach it and there is push back from the industry. If students are taught this way and would like to continue it, it would be something they can bring up with their dentist. Ms. Boyce stated that Georgia Highlands College teaches the gold standard. She added that it would be up to the dentist to purchase the more expensive needles.

Mr. Thomas Beussy, GDA, commented that in previous minutes there was a question about the whether the Board could regulate dental hygienists administering local anesthesia and the matter was submitted to the Attorney General’s office. He stated that he did not see a response. Ms. Mattingly responded that the Board has had the authority to write the rules for a dental hygienist administering local anesthesia since 1972.

Ms. Mattingly asked if there were any further comments. Ms. Boyce thanked the committee for letting the public participate in the discussion. She stated that this was an exciting time and she was grateful for the opportunity. Ms. Newkirk agreed.

Ms. Mattingly thanked Dr. Reznik, Dr. Wilson and staff. She stated that it was important to discuss this matter, and for the Board to bring its standards up and to bring dentists and dental hygienists from other states to Georgia. She further stated that it has hindered others from coming into the state because they have not been authorized to administer local anesthesia. She thanked the public for all of the feedback and participation.

Ms. Emm stated that if the committee was comfortable with the edits and the draft, she would time to format it properly. Dr. Reznik stated that he felt the draft was where it needed to be and did not want to delay the matter further.

Dr. Wilson commended Ms. Mattingly for her dedication and tenacity.

Dr. Reznik made a motion to present the draft as amended, and when in proper format, to the Board for consideration. Dr. Wilson seconded, and the Committee voted unanimously in favor of the motion.

There being no further business to come before the Committee, the meeting was adjourned at 11:27 a.m.

Minutes recorded by Kimberly Emm, Attorney

Minutes edited by Eric R. Lacefield, Executive Director