GEORGIA BOARD OF DENTISTRY
Rules Committee Meeting
2 Peachtree St., N.W., 5th Floor
Atlanta, GA 30303
September 14, 2018
9:00 a.m.

The following Committee members were present:
Dr. Tom Godfrey, Chair
Dr. Richard Bennett

The following Board members were present:
Ms. Becky Bynum
Dr. Steve Holcomb
Dr. Antwan Treadway
Dr. Bert Yeargan

Staff present:
Tanja Battle, Executive Director
Bryon Thernes, Assistant Attorney General
Max Changus, Assistant Attorney General
Ryan McNeal, Chief Investigator
Kimberly Emm, Attorney
Brandi Howell, Business Support Analyst I
Nikki Bramlet, Customer Service Rep

Visitors:
Scott Lofranco, GDA
Charles Craig, GDHA
Dr. Carol Lefebvre, Dean
Dental College of GA
John Watson, ADSO
Ryan Loke, PDS
Keith Kirshner, Ben Massell Clinic
Dr. Lyndsay Langston, President
Georgia Society of Periodontics
Joseph McLeon, Great Expressions
Pam Wilkes, Help A Child Smile

Dr. Godfrey established that a quorum was present and called the meeting to order at 8:17 a.m.

Dr. Godfrey noted that Dr. Bennett will serve on the Committee today.

Discussion Topics

Rule 150-9-.02 Expanded Duties of Dental Assistants: Dr. Godfrey commented that the Committee has been charged with reviewing this rule again, with specific regard to digital impressions. He stated that the Board has previously taken the position that digital impressions fall under the practice of dentistry. Dr. Godfrey asked Dr. Treadway to give the Committee his opinion on what the difference is between an impression and a photograph. Dr. Treadway responded that taking a digital impression for constructing a splint or crown or bridge is a learned skill for which an individual must be trained. Dr. Holcomb commented that a digital impression, for purposes of a dental appliance or service like Dr. Treadway referenced, has a whole different set of parameters and requirements than a photograph. As such, review and supervision by a dentist would be needed. He stated there may be areas of the scan that need to be included and that may not be given the angle of the scan. The dentist needs to make sure all components are included so the appliance can be created. Dr. Yeargan added that the dentist should not be excluded. He stated if you are taking a scan for an appliance it has to be reviewed by the dentist. Dr. Godfrey asked if the dentist should be present for the making of an impression? Dr. Holcomb responded by stating that

the digital scan for the purpose of an appliance is an impression and the Board felt that direct supervision is required.

Dr. Godfrey asked Dr. Lefebvre about supervision at the school when taking digital impressions. Dr. Lefebvre commented that, at the Dental College of Georgia (DCG,) making digital impressions falls under the purview of the dentist and supervision is required. She stated that she agrees with the comments that the Board has made.

Dr. Holcomb expressed that he previously thought digital impressions should be under general duties. He stated he has reviewed the expanded duties rule and based on the context this is a level above and beyond the imposing model. He stated an Expanded Duties Dental Assistant can make impressions for the repair of appliances under direct supervision. He added that he understands the wisdom of why it was placed in that category, but does not know if the verbiage of the rule is encompassing enough. Dr. Godfrey stated that currently, Expanded Duties Dental Assistants are allowed to do digital scans under direct supervision. He asked, as a possible option, would this be allowed unsupervised? Dr. Holcomb responded by stating that he thinks expanding the verbiage of the rule to include appliances would be more encompassing.

Dr. Godfrey asked about facial scans at the medical college. What about a dental hygienist? Would the Board want them to be the ones taking these impressions? Dr. Holcomb responded by stating the Board has allowed dental hygienists who are trained as expanded duties dental assistants to perform the same duties as an expanded duties dental assistant, but it is still under direct supervision. Ms. Bynum agreed.

Dr. Godfrey discussed options to amending the rule. Ms. Emm added that O.C.G.A. § 43-11-81 states that dental assistants shall perform their duties only under the direct, personal supervision of a licensed dentist. Dr. Holcomb commented that most of the opposition of general duties vs. expanded duties were comments he raised. He stated that after revisiting the rule, he believes the Committee was right by putting it under expanded duties. If he was the voice of that concern, he is withdrawing it as he feels it should remain under expanded duties.

Dr. Bennett asked what are the education requirements for a General Duties Dental Assistant. Ms. Emm read the requirements for both General Duties and Expanded Duties Dental Assistants. Dr. Godfrey asked if there were any board members against expanding the rule. There were none. Dr. Godfrey made a motion to recommend to the Board an expansion of the definition of what an expanded duties dental assistant under direct supervision would be doing related to impressions related to intra and extraoral prosthetics. Dr. Bennett seconded and the Committee voted unanimously in favor of the motion.

Mr. Middleton commented that it was his understanding that at the Board's meeting on October 5th, Smile Direct Club would be bringing in some specialists to speak to the Board. He expressed concern over the Committee's recommendation and stated he was under the impression that Smile Direct Club would have the opportunity to address this issue. Dr. Bennett stated that the Committee was just making a recommendation. Dr. Godfrey responded by stating that the Board does want them included and Smile Direct Club will have the opportunity to speak to the Board about this on the 5th as planned.

Rule 150-5-.03 Supervision of Dental Hygienists: Dr. Godfrey stated that the Board has held discussion on periodontal maintenance/oral prophylaxis and previously voted that it was not something that falls under the statute. He stated the purpose of the discussion today is to gather more information on this topic. He asked if any board members had any comments. Dr. Holcomb stated he would like to respectfully hear any public concerns first. Ms. Bynum commented that if disease was already diagnosed, the oral hygiene of a periodontal patient is generally better than a regular prophy patient.

Dr. Godfrey asked for Dr. Langston's opinion on this matter. Dr. Langston introduced herself to the Committee as a periodontist as well as the current President of the Georgia Society of Periodontics. Dr. Langston read the summary definition of periodontal maintenance as defined by American Academy of Periodontology (AAP) stating, "…Periodontal Maintenance (PM) includes an update of the medical history and dental histories, extraoral and intraoral soft tissue examination, dental examination, periodontal evaluation, implant evaluation, radiographic review, removal of bacterial plaque and calculus from supragingival and subgingival regions, selective root planning or implant debridement if indicated, polishing of teeth and a review of the patient's plaque removal efficacy." Dr. Langston stated she feels strongly that periodontal maintenance should be monitored by the dentist because the patient is at risk. She stated a lot could happen in three months such as a patient could go under stress or they may change their medications. She added that if a particular patient is not at risk, then you would code the patient as an oral prophylaxis code D1110. She stated if you feel they are at risk and code them as perio, then they are at risk enough to require active monitoring.

Dr. LeFebreve commented that DCG's Department of Periodontics met as a group and provided the following statement to the Committee:

The Department of Periodontics at the Dental College of Georgia understands that the Georgia Board of Dentistry is considering a request to allow Dental Hygienists to perform periodontal maintenance under General Supervision.

We appreciate the opportunity to weigh in on this important request and to provide feedback to the Board. The points made below are not just our opinions, but are consistent with the position of the American Academy of Periodontology, of which we are all members, and the American Board of Periodontology, in which we are all Diplomates.

While there is no problem with the performance of routine prophylaxis by hygienists under General Supervision, we are very concerned about the health consequences if this new request is granted; namely that it will have significant and deleterious long-term consequences for the oral health of citizens of Georgia, for the reasons stipulated below.

Periodontal disease once it occurs, is never cured, just controlled. Proper periodontal maintenance at appropriate intervals, is essential to control disease and is the foundation of modern dentistry. Integral to this is the requirement for periodic retreatment, involving deep scaling and is some cases, referral for surgical intervention. Hygienists cannot administer local anesthetics to re-treat a recurrent site of disease. Without numbing the patient, one cannot perform the intensive deep scaling at the level needed to resolve reoccurring disease without hurting the patient.

We must also emphasize that the incidence and reoccurrence of periodontal disease depends on many factors to be accounted for in a maintenance visit. In addition to proper plaque control, risk factors known to modify the response of the patient to periodontal therapy must be identified and, in many cases, managed by the dentist, or his/her physician colleagues. These factors include but are not limited to: poorly controlled diabetes, genetics, hormonal factors (puberty, pregnancy, oral contraceptives), salivary dysfunction, immunosuppressive agents, pulpal-periodontal problems, and occlusal dysfunctions. Establishing an appropriate recall interval requires consideration of all these factors. Last but not least, periimplant disease is on the rise and is significantly affected by patient's periodontal health status and their supportive/maintenance care.

In summary, we do not support dental hygienists performing periodontal maintenance under General Supervision at this time for the reasons stipulated.

Dr. Holcomb responded by stating he appreciates both comments provided. He stated that in hindsight, the comments would have been better placed at the legislative level. He wished that information would have been made available then. He added that the Board developed rules to support the statute.

Dr. Holcomb discussed a letter and PowerPoint document he received from Dr. Laura Braswell. He asked Ms. Howell to provide this information to the Committee. He stated that it seems to him and seems from the input that he has received that periodontal maintenance patients are some of the best maintained patients. He added that scaling and root planning would not be allowed under general supervision. Dr. Holcomb stated that patient is seen every three months and would be well monitored even though they are high risk. He stated that the hygienist is supposed to inform the patient they need to be seen by the dentist. He stated that is the opinion of the periodontists he has spoken to and why oral prophylaxis should be allowed.

Dr. Godfrey discussed the definition of D4910 Periodontal Maintenance and read an industry definition per The Original National Dental Advisory Service:

D4910 Periodontal Maintenance
This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planning where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.

Dr. Godfrey submitted a copy of the document to the Board staff for uploading and dissemination.

He then asked Dr. Langston asked if a patient can be cured of periodontal disease and discontinue periodontal maintenance. Dr. Langston responded by stating it cannot be cured, only maintained. Dr. Treadway asked if there was a time component to utilizing that code. Dr. Langston responded by stating there is no defined time. The standard is at least a year after active therapy. She stated it is up to the clinician's best assessment.

Dr. Godfrey asked if it is still the prevailing thought that limited scaling or site specific scaling was indicated under periodontal maintenance. Dr. Langston responded yes. Dr. Godfrey stated that the Board received a letter from Dr. Halpern. The letter is of Dr. Halpern's opinion and not that of the Georgia Society of Periodontists. He stated that D4910 is something performed when there is successful treatment. Dr. Langston stated that comments previously received from Dr. Moses indicate that periodontal maintenance is only performed on a patient who has been diagnosed with periodontal disease and is now periodontally stable with no active disease present. Dr. Godfrey asked if that statement is in contradiction of the AAP's paper? Dr. Langston responded that the patient could go back into a disease state at any time. Dr. Godfrey asked if periodontal disease is a continuum due to the change and that is why the dentist's assessment would be required. Dr. Bennett asked if that was her opinion. Dr. Langston responded yes, that is her opinion. Dr. Bennett asked Dr. Langston if that is representative of the organization of which she is president? She said there are other periodontists that feel otherwise. Dr. Lefebvre added that there is a national organization of specialists with a position paper which would tell you the official standard of care for the specialty. Dr. Holcomb commented that he appreciates the opinions provided; however, he is more interested in what is best for the people of Georgia since this law has been thrust upon us. He added that a general patient can certainly have the infection and level of inflammation that a patient that has been under a recall of periodontal maintenance and who has been seen every three months. Dr. Holcomb stated that the legislature saw fit to allow oral prophylaxis to take place on patients.

Ms. Bynum commented that patients rotate every three months. She stated that she thinks the dental hygienist can see more patients without needing the dentist in a non-perio practice. Dr. Langston responded by stating that is a financial gain for the practice vs. patient safety. She stated that those patients are seen three times a year, but asked about what happens when the patient shows up and there is no dentist present and there is a problem. Ms. Bynum responded that the patient would need to be scheduled to come back to see the dentist. Dr. Bennett stated this is the same argument. The Board has this mandate by the state stating the dental hygienist can do this as long as there is no disease present, but if there is disease present, the hygienist cannot do anything no matter what you code it. Dr. Treadway stated according to the definition, the disease is always present.

Dr. Godfrey stated he has been in touch with many of the stakeholders who put this item through the Legislature. Dr. Godfrey asked Mr. Lofranco for his assessment. Mr. Lofranco responded by stating the requirement that the patient be referred to the dentist if there is presence of widespread disease only happens in safety net settings. He stated it is not his understanding that anything was considered beyond general care. He stated the intent of the law was to provide children with more preventative services. Mr. Kirshner added that the intent was to make sure access was there for patients, but it was not a replacement for more advanced treatment. Dr. Bennett asked Mr. Kirshner if the current statute changed access. Mr. Kirshner responded yes, in safety net setting people are permitted to come in when there is not an available volunteer dentist. Dr. Godfrey asked GDA attorney Scott Lofranco if the intent of the lawmakers with respect to developing this latest piece of hygiene legislation was ever intended to include performance of Periodontal Maintenance D4910 by indirectly supervised hygienists? Mr. Lofranco responded, "No."

Dr. Godfrey went back to the discussion concerning the definition of Periodontal Maintenance and read from the white paper known as the Position Paper on Periodontal Maintenance documentation from The American Academy of Periodontology (AAP). From it, Dr Godfrey read the following Periodontal Maintenance "TREATMENT CONSIDERATIONS" section into the minutes:

TREATMENT CONSIDERATIONS

The following items may be included in a PM (PeriodontalMaintenance) visit, subject to previous examination, history, and the judgment of the clinician:

A. Review and update of medical and dental history
B. Clinical examination (to be compared with previous baseline measurements)
    1. Extraoral examination and recording of results
    2. Intraoral examination and recording of results:
        a. Oral soft tissue evaluation
        b. Oral cancer evaluation
    3. Dental Examination and recording of results:
        a. Tooth mobility, fremitus, and occlusal factors
        b. Coronal and root caries assessment
        c. Restorative and prosthetic factors, such as defective restorations
        d. Other tooth-related problems, such as open contacts or malpositioned teeth
    4. Periodontal examination and recording of results:
        a. Probing Depths
        b. Bleeding on probing
        c. General levels of plaque and calculus
        d. Evaluation of furcations
        e. Exudate
        f. Other signs of disease progression

g. Microbial testing if indicated
h. Gingival recession
i. Attachment levels if indicated

5. Examination of dental implants and peri-implant tissues and recording of results:
   a. Probing depths
   b. Bleeding on probing
   c. Examination of prostheses/abutment components
   d. Evaluation of implant stability
   e. Occlusal examination
   f. Other signs and symptoms of disease activity (e.g., pain, suppuration)

C. Radiographic examination
1. Radiographs should be current, based on the diagnostic needs of the patient, and should permit appropriate evaluation and interpretation of the status of the oral structures, including teeth, periodontium, and dental implants. Radiographs of diagnostic quality are necessary for these purposes.
2. The judgment of the clinician, as well as the prevalence or degree of disease progression, may help determine the need, frequency, and number of radiographs.
3. Radiographic abnormalities should be noted.

D. Assessment of disease status or changes by reviewing the clinical and radiographic examination findings, compared to baseline.

E. Assessment of personal oral hygiene

F. Treatment
1. Removal of subgingival and supragingival plaque and calculus
2. Behavioral modification:
   a. Oral hygiene reinstruction
   b. Adherence to suggested PM intervals
   c. Counseling on control of risk factors (e.g., smoking, nutrition, stress)
3. Selective scaling or root planning, if indicated
4. Occlusal adjustment, if indicated
5. Use of systemic antibiotics, local antimicrobial agents, or irrigation procedures, as necessary
6. Root desensitization, if indicated
7. Surgical therapy (or discontinuation of periodontal maintenance and treatment of recurrent disease), if indicated

G. Communication
1. Informing the patient of current status and need for additional treatment if indicated
2. Consultation with other health care practitioners who may be providing additional therapy or participating in the PM program, or whose services may be indicated

H. Planning
1. For most patients with a history of periodontitis, visits at 3-month intervals may be required initially
2. Based on evaluation of clinical findings and assessment of disease status, PM frequency may remain the same, be modified, or the patient may return to mechanical, chemical, surgical, and/or non-surgical treatment.

Dr. Godfrey submitted a full copy of the AAP Position Paper Periodontal Maintenance document to the Board staff for uploading and dissemination.

Dr. Holcomb commented that in the interest of time and since this does not require a reversal, perhaps the Committee should take the documentation provided as information. Dr. Godfrey responded by stating he appreciated that and would continue with additional items. Dr. Godfrey stated he was contacted by Dr. Braswell, who has a hybrid opinion. He said she would like to see periodontal maintenance included

without an exam under a specific circumstance. She suggested maybe the board consider that exam could be forgone if a dentist was present in the office. Dr. Godfrey stated the Committee has spent a large amount of time on this subject. Dr. Godfrey made a motion to recommend to the Board that it maintain as policy that D4910 or Periodontal Maintenance does not fall under any definition of oral prophylaxis. Dr. Bennett responded that he does not think the Committee needs a motion at this time for that. Dr. Godfrey stated it is just a committee understanding. Dr. Bennett commented that there seems to be a difference of opinion and as an adhoc member, he is not prepared to say the discussion is over. He added that it may be the Board's interpretation of the rule currently, but if there is other testimony that needs to be heard, the Board should take it into consideration. Dr. Godfrey stated that the Committee will be leaving things as is at this time.

Low Level Laser Therapy: Dr. Holcomb shared information provided to him regarding low level laser therapy and the complications that may occur. He commented that this is just information provided by an individual that is a diplomate panel member.

Dr. Godfrey asked Dr. Langston when does she think it is appropriate for a dentist and non-dentist to use low level laser therapy? Dr. Langston responded by stating she would not think it would be appropriate for use by a non-dentist. She read information regarding the AAP best evidence consensus statement on the efficacy of laser therapy used alone or as an adjunct to non-surgical and surgical treatment of periodontitis and peri-implant diseases. She provided the Committee a copy of this information. Dr. Godfrey asked Dr. Lefebvre if the Periodontics Faculty at DCG could review this information as well. Dr. Lefebvre responded yes, but it would be helpful to know what the question would be. Dr. Godfrey asked that they review the paper to see if they concur or diverge. Dr. Lefebvre commented that she would prefer for them to actually be at the meeting. Dr. Godfrey stated he will reach out to the authors of the letters received and will invite them to come and explain their opinions and ask how this falls within the statute.

Dr. Bennett stated to Dr. Langston that she has been a very helpful source of information. He asked if the AAP has a position paper on tooth movement and the effects of periodontal health? Dr. Langston responded by stating that she will research and let him know. Dr. Bennett stated that, for him personally, the efficacy of any treatment modality needs to be fleshed out if the Committee is looking at changing rules or allowing the expansion of rules. He added that those things need to be evaluated.

Mr. Watson asked Dr. Godfrey when any discussion on when advertising will get picked back up. Dr. Godfrey responded by stating that it will be addressed. Mr. Kirshner inquired about the proposed rule change on volunteers in dentistry and Georgia Mission of Mercy. Mr. Lofranco stated that he spoke with Mr. Kirshner and felt they could provide some language for the Committee to consider. Dr. Lefebvre asked if there was a way to enhance the communication as to what may be on the agenda. She stated that there is always a representative from the school present, but they are not always prepared as to what may be discussed.

Approval of Minutes

Dr. Godfrey made a motion to approve the June 15, 2018 minutes. Dr. Bennett 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 9:50 a.m.

Minutes recorded by Brandi Howell, Business Support Analyst I
Minutes edited by Tanja D. Battle, Executive Director