

OHIO STATE DENTAL BOARD

BOARD MEETING

DECEMBER 7, 2016

Contents

Attendance.....	1
Call to Order	1
Board Business	1
Introduction of Board Members	1
Approval of Agenda	2
Review of Board Meeting Minutes	2
November 9, 2016 Board Meeting Minutes	2
Public Comment/Presentations/Correspondence.....	2
Presentation.....	2
Action Items	6
Supervisory Investigative Panel Expense Report	6
Enforcement	6
Review of Proposed Consent Agreement(s)	6
Disciplinary	6
Review of Proposed Notices of Opportunity for Hearing	6
Mohsin Ali, D.D.S.....	7
Fathallah Ghattas, D.D.S.	7
Ahmed Khalifa, D.D.S.	7
Mustafa Khallaf, D.D.S.	7
Enforcement Update.....	7
Closed Cases.....	7
Executive Session	8
Licensure	9
License/Certification/Registration Report (Approved by the Licensure Section).....	9
Dentist(s) – (6).....	9
Dental Hygienist(s) – (2).....	9

Dental Assistant Radiographer(s) – (58).....	9
Coronal Polishing – (16).....	10
Expanded Function Dental Auxiliary – (10)	10
Permits – General Anesthesia/Conscious Sedation	11
Conscious Sedation.....	11
Reinstatement Application(s).....	11
Dentists.....	11
Dental Hygienist(s)	11
Committee Reports	11
Ad Hoc	11
Expert Resumes	11
Priority #5 – Establish Disciplinary Guidelines.....	11
Education.....	12
Review of Application(s).....	12
Priority #4 – Develop Online C.E. Monitoring and Tracking.....	13
Priority #3 – Establish Remedial Education Guidelines	13
4715-8-03 Standards for Approval of Biennial Sponsors - Fees	13
Law and Rules Review	13
Operations	14
Policy/Scope of Practice	14
Anything for the Good of the Board.....	14
Election of Officers	14
QUIP Coordinator	14
Vice Secretary	14
Secretary.....	14
Vice President.....	14
President.....	14
Consideration of Licensure Fee Increase.....	15
Executive Updates	15
President’s Update	15
CDCA.....	15
Final Remarks	15

Executive Director’s Update	16
ODA & ODHA Partnerships	16
Board Member Portal	16
OARRS Compliance	16
Closing Remarks	16
President’s Closing Comments.....	17
Adjourn	17

OHIO STATE DENTAL BOARD

BOARD MEETING

DECEMBER 7, 2016

Attendance

The Ohio State Dental Board (Board) met in Room 1948, of The Vern Riffe Center for Government and the Arts, 77 South High Street, 19th Floor, Columbus, Ohio on December 7, 2016. Board members present were:

Marybeth Shaffer, D.M.D., President

Constance Clark, R.D.H., Vice President

Ashok Das, D.D.S., Secretary

Patricia Guttman, D.D.S., Vice Secretary

Bill Anderson, D.D.S.

Ms. Ann Aquillo

Michael Ginder, D.D.S.

Jeanne Huber, R.D.H.

Burton Job, D.D.S.

Susan Johnston, R.D.H.

Kumar Subramanian, D.D.S.

The following guests were also in attendance: Katherine Bockbrader, Esq. of the Ohio Attorney General's Office; Nathan DeLong, Esq. of the Ohio Dental Association (ODA); Mark Wenzel, D.D.S. of Dentists Concerned for Dentists; Nelson Heise, Senior Case Manager for the Ohio Physicians Health Program, Dar Theodus, R.D.H.; Harry Kamdar, M.B.A., Executive Director, Lyndsay Nash, Esq., Deputy Director, Zachary Russell, Legislative and Communications Coordinator, Kathy Carson, Erica Pleiman, and Barb Yehnert, Dental Board Enforcement Officers, Heidi Massaro, Compliance Coordinator, and Malynda Franks, Administrative Professional, of the Ohio State Dental Board and other guests.

Call to Order

Dr. Marybeth Shaffer introduced herself as the Board President, a general dentist from Columbiana. After extending greetings to everyone President Shaffer noted that there was a quorum present and called the meeting to order at approximately 1:05 p.m.

Board Business

Introduction of Board Members

President Shaffer then introduced the rest of the Board members. She introduced Ms. Connie Clark, the Board's Vice President, a dental hygienist from Dublin, Dr. Ashok Das, the Board's Secretary and a general dentist from Mason, Dr. Patricia Guttman, Vice Secretary and a general dentist from Columbus, Ms. Ann Aquillo, the Board's Public member from Powell, Dr. Bill Anderson, a general dentist from Findlay, Dr. Michael Ginder, a general dentist from Athens, Ms. Jeanne Huber, a dental hygienist from Dayton, Dr. Burton Job, an Oral and Maxillofacial Surgeon from Akron, Ms. Susan Johnston, a dental hygienist from Columbus, and Dr. Kumar Subramanian an Endodontist from Upper Arlington.

Approval of Agenda

President Shaffer stated that she had previously approved the agenda for the day and asked if there was a motion to approve the agenda with the caveat to amend the agenda due to any extenuating circumstances.

Motion by Dr. Subramanian, second by Dr. Das, to approve the November 9, 2016 Board meeting agenda as presented.

Motion carried unanimously.

Review of Board Meeting Minutes

November 9, 2016 Board Meeting Minutes

President Shaffer informed everyone that the draft Minutes from the November 9, 2016 meeting had been forwarded to the Board members for review prior to the meeting and asked if there was a motion in regard to the Minutes from the September meeting.

Motion by Dr. Anderson, second by Ms. Clark to approve the November 9, 2016 Board meeting minutes as presented.

Motion carried unanimously.

Public Comment/Presentations/Correspondence

Presentation

Mark Hurst, M.D., Medical Director, Ohio Department of Mental Health and Addiction Services

President Shaffer introduced Mark Hurst, M.D. the Medical Director of the Ohio Department of Mental Health and Addiction Services and informed the Board members that Dr. Hurst was here to speak with the Board at the request of the Ad Hoc Committee. She then read his brief biography as follows:

“Ohio Revised Code specifies that the Ohio Department of Mental Health and Addiction Services must name a medical director to manage patient care and treatment at its state-run hospitals. In this role, Dr. Hurst provides clinical supervision and leadership to the medical and psychiatric staff at Ohio's six regional psychiatric hospitals. He also advises the OhioMHAS director on matters related to recruitment, research, community mental health and addiction services plans, and licensure of private hospitals and residential facilities.

Hurst joined OMDH in 1993 as a psychopharmacology consultant at Twin Valley Behavioral Healthcare (TVBH) in Columbus. At TVBH, he progressed to assistant chief clinical officer for addiction psychiatry in 1998 and chief clinical officer in 2008. Prior to his career with the state, he held leadership positions in psychiatry and addiction psychiatry in the VA health system, at Harding Hospital and at The Ohio State University, where he remains an active clinical faculty member.

A native of Zanesville, Hurst was the 1981 class valedictorian at Muskingum College in New Concord. He graduated from the Medical College of Ohio at Toledo in 1985 and completed residency training at the University of Michigan and at The Ohio State University, where he served as chief resident in his final year of

training. He is board-certified in psychiatry and addiction psychiatry and has been recognized as a "Best Doctor in America" since 1995."

Dr. Hurst thanked President Shaffer and the members of the Board for inviting him today. He stated that he spoke with Mr. Kamdar last week and he had shared with him that the Board was in the process of looking at the rules regarding impaired practitioners. Dr. Hurst spoke a little about his career history with regards to medical professionals in treatment for addiction issues. He stated that he thought he could suggest some things for the Board to discuss as they approach this difficult issue of meeting their obligation of ensuring that our citizens have access to safe treatment from practitioners who are not suffering from any kind of impairment.

He spoke about the Ohio being among the top states most heavily affected by the opioid epidemic, and that it not only affects the general population but medical and dental practitioners as well. He stated that it was his understanding that all professional boards are dealing with an increasing number of individuals dealing with opioid addiction, and the question of how to best help professional practitioners versus the general population. While Dr. Hurst and the boards seem to agree that while there needs to be some adaptability on a case-by-case basis, there are some general principles that need to be followed in terms of treatment received and certainly monitoring which is the key to having successful outcomes with impaired practitioners. With the medical board currently looking at their rule, and with proposed legislation regarding consolidation of boards, Dr. Hurst also sees this as an opportunity to establish conformity among the professional boards in regards to things like the "one bite" rule and expected types and durations of treatment. Also, to look at monitoring requirements, as research clearly indicates that the key to successful outcomes is appropriate and intensive monitoring, inclusive drug screens and compliance with treatment.

With respect to the opioid epidemic, Dr. Hurst feels that the boards must address is their stance on medication assisted treatment. Abstinence-based treatment for opioid dependence means not using any medication; however, there are three FDA-approved medications: Methadone, Soboxone and, Vivitrol, or the long acting Naltrexone injection. All of those improve the abstinence rates significantly. Would one of these be acceptable, or not acceptable, are all three acceptable, or does that have to be handled on a case-by-case basis? And, with our understanding in 2016 that addiction is a chronic disease, does our stance on the use of medications to treat addiction conform to our stance with the treatment of medication for other brain disorders and the practice of dentistry or medicine? And finally, although it is in the early stages of rule-writing, the stance on medical marijuana in practitioners using or being prescribed medical marijuana. That is going to be a real complication in terms of the monitoring of people. The boards will have to determine whether it is acceptable in some cases, acceptable in no cases, or acceptable in all cases, particularly in the case of individuals who have histories of addiction or are currently being monitored.

Dr. Hurst concluded his remarks by stating that he was afraid he came with more questions than answers, but that he thought these are some of the relevant questions that we really need to take a look at as a state. He stated that the boards do not want treatment to be too burdensome and excessive, but that we want people to practice good and competent dentistry and medicine, while keeping the public safe. Dr. Hurst stated that he would be happy to accept any question or suggestions.

A discussion ensued regarding the differences between residential, inpatient, and outpatient treatment, whether treatment really helps individuals become addiction-free and get back to a normal lifestyle, and the potential of over-treatment. Dr. Hurst stated that he did not personally know of any approved treatment programs for impaired professionals that do not require some length of suspension of practice during the beginning of treatment. He further stated that addiction is a chronic lifelong disease with a lifelong risk of relapse, and that the longer a person is abstinent the more likely it is that they are going to maintain long-term sobriety. In the general population, it is not until an individual has reached one year of sobriety that the chance of relapse is dropped to 50/50. By the time an individual reaches five years of sobriety there is about a 90% chance of long term sobriety. Therefore, the fact that most monitoring agreements are for a five year duration, which Dr. Hurst believes is scientifically based, means that the board has probably reached maximum impact at that point. This still does not preclude a relapse happening for any number of reasons. The treatment for addiction should never end because a person is never cured of this disorder.

Dr. Hurst spoke about providing acute treatment for a chronic disease. He gave the example of a physician providing treatment for diabetic ketoacidosis, then discharging that person from the hospital expecting that everything is going to be okay long-term.

Dr. Job questioned the board's practice of requiring impaired practitioners to attend meetings numerous times per week, plus random testing, for a period of three to five years, stating that it makes it difficult for practitioners to get back to a normal lifestyle. Dr. Hurst stated that all of us have heard the concern of "How am I going to get back to a normal life if I have to go to three AA meetings every week?", but emphasized that life was not normal for the individual when that individual was experiencing the addiction, and that they now have a chronic disease that needs treatment for life. However, Dr. Hurst did feel that treatment cannot be cookie cutter, that the amount and intensity of treatment should be varied based on a specific individual's needs at any given point and based upon professional advice. Some may need medication for a longer period of time, some may need less; some may need more AA meetings, some may need less; some may need more professionally facilitated meetings, but he thinks the key is individual treatment with the recognition that this is lifelong. Dr. Hurst paralleled this to another chronic disease, a person with diabetes who, after treatment asks, "When is my life going to be the same, where I don't have to take insulin or follow a diabetic diet anymore?" The answer may be never, but that person can still have a rewarding personal life and professional life, despite attending these meetings, and Dr. Hurst would argue that *because* of attending AA meetings and doing other things that are supportive of their recovery.

Further discussion ensued regarding Dr. Hurst's professional recommendation for the frequency of meetings in a standard case. Dr. Hurst stated that certainly a person should not go from an acute 28-day treatment to one meeting per week, and that he felt three meetings per week was not excessive, and he would in fact recommend more. He further stated that treatment could eventually be tapered down if the person was doing well. Ultimately these decisions should be made on an individual basis.

The discussion then moved on to Caduceus meetings, and the fact that several of our licensees do not enjoy Caduceus, and have asked to be excused from this requirement by attending an extra AA meeting, and whether these professional meetings add to the recovery experience. Dr. Hurst stated that he felt, for medical professionals, Caduceus is extremely important because the standard AA meeting will not provide the same kind of peer support, nor will it provide the same kind of peer supervision. The stresses of the medical practice

or dental practice can creep up without someone even being aware of it. The Caduceus meetings are also more structured and there is much more discussion. Dr. Hurst did think the level of supervision and intensity at Caduceus is really quite important.

Dr. Hurst was asked to further clarify outpatient treatment versus going to meetings. He explained that there are multiple levels of treatment defined by the American Society of Addiction Medicine. The most intensive would be medically-supervised inpatient. Then, after that, there are multiple levels including inpatient treatment, residential treatment, intensive outpatient treatment, group therapy and individual therapy. All of those are professionally facilitated by licensed chemical dependency counselors, licensed social workers, psychiatrists, psychologists, etc. Twelve step meetings are not professionally facilitated, they are support groups run by the members of Alcoholics Anonymous, and there are no records kept in terms of content or participation of anyone.

He reiterated that we need the guidance of the monitoring organization, the treatment professionals who have seen the person and recognize how they are doing. If the meetings are being decreased, it is because the need for meetings is less pronounced for that individual or they have reached a stable kind of level where two or three meetings per week are what is helpful for that person, or is it that the person wants to decrease meetings because their recovery is not in such a good place and they are beginning to be at greater risk as a result? He stated that it really does vary from person to person, although he wished we had a formula for that.

The discussion moved on to handling relapses. President Shaffer asked whether there was any need for inpatient treatment in the case of a person in short-term relapse who self-reports. Dr. Hurst stated that any time there is a relapse is the time for a professional reassessment, for a professional to discover what happened with the relapse and what the patient's treatment needs are at that particular point in time.

Dr. Job expressed a lack of knowledge of drug addiction or treatment. He feels that he should not make "blanket" consent agreements where he is not monitoring the individual after the agreement is signed. Dr. Job feels the board is changing people's lives by putting them into these restrictive environments, possibly preventing them from having a successful practice and even destroying lives as opposed to helping. He concluded by asking whether the board has the flexibility of working with a professional in these cases, whether these professionals are the ones directing the case, or does the board just give the "blanket" consent agreement and hope it does the job?

President Shaffer explained that once a consent agreement is signed, it is rare that the board would reduce the treatment or the amount of intervention, as the board's obligation is to the public. She stated that the board does allow licensees to appear before the board to ask for reductions or replacements to meeting requirements, such as dropping Caduceus meetings for extra AA meetings. Dr. Hurst opined that it is difficult to change the terms of treatment without the advice of an addiction treatment professional who has been monitoring that individual. Dr. Subramanian asked if we could send the individual back to their treatment physician for a report stating that the individual has done well and it would be wiser to reduce the number of weekly meetings. Dr. Hurst stated that it would be a rare provider who would advise someone to decrease attendance at AA or Caduceus, and that as a professional, he would not advise someone to do that.

Deputy Director Nash asked if there is a certain credential that the board should be looking for in terms of reports from addiction treatment professionals. Dr. Hurst stated that it should be a licensed independent professional, such as a licensed independent chemical dependency counselor, licensed independent social worker or addiction psychiatrist. He stated that it was also important that the treatment provider have experience in dealing with impaired professionals. A general chemical dependency counselor who has not previously dealt with dentists would not necessarily know what kinds of things to look for.

President Shaffer thanked Dr. Hurst for an excellent presentation.

Action Items

Supervisory Investigative Panel Expense Report

Dr. Das, the Board's Secretary, and Dr. Guttman, the Board's Vice Secretary, both attested that they had each spent at least twenty (20) hours per week attending to Board business.

Motion by Dr. Subramanian, second by Ms. Huber, to approve the Supervisory Investigative Panel Expense report.

Motion carried unanimously.

Enforcement

Review of Proposed Consent Agreement(s)

The Board reviewed two (2) proposed Consent Agreement. The names of the individuals/licensees were not included in the documents reviewed by the Board. The names of the individuals/licensees have been added to the minutes for public notice purposes.

Disciplinary

Vahid G. Hagee, D.D.S.

Motion by Ms. Johnston, second by Dr. Ginder, to approve the proposed consent agreement for Vahid G. Hagee, D.D.S., license number 30.018970, and case number 16-25-1056.

Motion carried unanimously.

Gina Thornberry, R.D.H.

Motion by Ms. Aquillo, second by Ms. Johnston, to approve the proposed consent agreement for Gina Thornberry, R.D.H., license number 31.009100, and case number 16-18-1278.

Motion carried unanimously.

Review of Proposed Notices of Opportunity for Hearing

The Board reviewed four (4) proposed Notices to Deny Licensure and Notices of Opportunity for Hearing. The names of the individuals/licensees were not included in the documents reviewed by the Board. The names of the individuals/licensees have been added to the minutes for public notice purposes.

Mohsin Ali, D.D.S.

Motion by Ms. Johnston, second by Dr. Subramanian, to approve the proposed notice of opportunity for hearing for Mohsin Ali, D.D.S., case number APP-000071939.

Motion carried unanimously.

Fathallah Ghattas, D.D.S.

Motion by Ms. Johnston, second by Ms. Aquillo, to approve the proposed notice of opportunity for hearing for Fathallah Ghattas, D.D.S., case number APP-000069350.

Motion carried unanimously.

Ahmed Khalifa, D.D.S.

Motion by Ms. Johnston, second by Dr. Anderson, to approve the proposed notice of opportunity for hearing for Ahmed Khalifa, D.D.S., case number APP-000069856.

Motion carried unanimously.

Mustafa Khallaf, D.D.S.

Motion by Ms. Johnston, second by Dr. Ginder, to approve the proposed notice of opportunity for hearing for Mustafa Khallaf, D.D.S., case number APP-000071810.

Motion carried unanimously.

Enforcement Update

Ms. Nash began the report by informing the Board that there were five (5) cases pending hearings of which two (2) have been scheduled for early next year. She stated that there were no pending Hearing Examiners Report and Recommendations. Ms. Nash said there were currently forty-six (46) licensees and certificate holders under suspension, thirty-nine (39) licensees on probation, and that there were one hundred and forty-five (145) active cases. Ms. Nash said that there were no licensees currently participating in QUIP and three (3) new licensee referred to QUIP. She informed the members that there were twenty-two (22) cases which have been investigated and reviewed by the Board Secretaries and are recommended to be closed with three (3) warning letters being issued.

Closed Cases

Due to the requirement in Chapter 4715.03(B) of the Ohio Revised Code, that "A concurrence of a majority of the members of the board shall be required to... ..(6) Dismiss any complaint filed with the board.", President Shaffer reviewed the cases to be closed with the Board.

The following cases are to be closed:

12-70-0369	16-18-1375	16-42-1330
15-77-0062	16-21-1345	16-42-1363
16-18-1324	16-25-1300	16-43-1312
16-18-1350	16-25-1333 – WARNING LTR	16-49-1301 – WARNING LTR
16-18-1353 - WARNING LTR	16-31-1272	16-57-1361

16-57-1368	16-76-1346	16-77-1325
16-57-1382	16-76-1380	
16-76-1200	16-76-1381	

Prior to the vote to close the above listed cases, President Shaffer inquired as to whether any of the Board members had any personal knowledge that the cases that were being voted on today involved either themselves or a personal friend.

Roll call: Ms. Aquillo – No
Dr. Anderson – No
Ms. Clark – No
Dr. Das – No
Dr. Ginder – No
Dr. Guttman – No
Ms. Huber – No
Dr. Job – No
Ms. Johnston – No
Dr. Subramanian – No
Dr. Shaffer – No

President Shaffer then called for a motion to close the cases.

Motion by Dr. Subramanian, second by Ms. Aquillo, to close the above twenty-two (22) cases.

Motion carried unanimously.

President Shaffer thanked Ms. Nash for the Enforcement Report and Update.

Executive Session

Motion by Ms. Johnston, second by Dr. Subramanian, to move the Board into executive session pursuant to Ohio Revised Code Section 121.22 (G)(3) to confer with Board counsel regarding a pending or imminent court action.

Roll call vote: Ms. Aquillo – Yes
Dr. Anderson – Yes
Ms. Clark – Yes
Dr. Das – Yes
Dr. Ginder – Yes
Dr. Guttman – Yes
Ms. Huber – Yes
Dr. Job – Yes
Ms. Johnston – Yes
Dr. Subramanian – Yes
Dr. Shaffer – Yes

Motion carried unanimously.

President Shaffer requested Director Kamdar and Ms. Nash to attend the Executive Session and Ms. Bockbrader to attend the Executive Session to provide the legal update.

Open Session

At 2:30 p.m. the Board resumed open session.

Licensure

License/Certification/Registration Report (Approved by the Licensure Section)

Samantha Slater, Licensing Manager, had prepared a report of the licenses, certificates, and registrations issued since the previous Board meeting.

Dentist(s) – (6)

30.024938 Swetha Sajja	30.024943 Julie Lee Park
30.024939 Mohammad Saiful Islam	30.024941 Douglas Rindoria Nyakundi
30.024940 Gazabpreet K Bhandal	30.024942 Nadeen Jamal

Dental Hygienist(s) – (2)

31.015312 Anita Joyce Reed	31.015313 Kelly Erin Albro
----------------------------	----------------------------

Dental Assistant Radiographer(s) – (58)

51.030742 Chasity Denise Sammons	51.030752 Tiana Hawkins
51.030749 Kayla Gray	51.030756 Sydney Claire Pesicek
51.030748 Stephanie Badea	51.030758 Emily Ehrmin
51.030751 Madyson Lyn Tharp	51.030759 Karisa Lynn Mcdonald
51.030746 Alexandra Lynn Fox	51.030760 Renee Amanda Stark
51.030741 Katelyn Grace Poff	51.030765 Jimacia Levy
51.030743 Terrance Williams	51.030761 Tiara Rodgers
51.030745 Paula Janise Shupe	51.030762 Heather Dawn Johnson
51.030750 Erika Rae Antenori	51.030764 Hailey Micaela Gearig
51.030744 Natalie A Shipman	51.030763 Perla Toscano Alvarez
51.030747 Bailey Ann Williams	51.030768 Ashley Claire Cox
51.030755 Danielle Renee Stilson	51.030769 Pinal Bhavin Rana
51.030757 Patricia Sean Farley	51.030767 Chrystal Nicole Aber
51.030754 Rosalie Talamayan Cleland	51.030766 Samantha Kaszubski
51.030753 Jessica Marie Colwell	51.030770 Lori Jean Rowland

51.030772	Michelle Villafane	51.030785	Adriana Lopes
51.030774	Kimberly Jean Link	51.030784	Kyre' Lee
51.030771	Anna Marie Trocchio	51.030786	Megan Lynn Frame
51.030773	Tipree Shabrell Hampton	51.030789	Lindsay Kay Thompson
51.030775	Dakin Whitmer	51.030792	Miranda Sue Ella Mckinley
51.030776	Linley Marie Spoonmore	51.030791	Laqueba Terry
51.030778	Holly Stacklin	51.030790	Jennifer Marie Beatty
51.030777	Erica Rhontish Layne	51.030793	Jacquelyn Paige Pummell
51.030780	Keyana Marie Williams	51.030796	Anna Battaglia
51.030782	Abby Rose Wetherell	51.030795	Erica Bolyard
51.030781	Amy Spiezio	51.030794	Vickie Udics
51.030779	Courtney George	51.030798	Kiara Brinay Keen
51.030783	Jing Krych	51.030797	Hazem A Saqqal
51.030787	Darniesha Agee	51.030739	Traci Christina Flores
51.030788	Austin Jacquielynn Prichard	51.030740	Jessica Dawn Chapman

Coronal Polishing - (16)

CP.001686	Lisa Nicole Rainey	CP.001694	Stephanie Carol Radwanski
CP.001691	Rachel Nicole Hays	CP.001697	Cheryl R Hill
CP.001690	Jizal M Elseikali	CP.001693	Amy Lee Talbert
CP.001689	Makenze Maxine Kirchner	CP.001695	Angelica Ann Elizabeth Crozier
CP.001687	Toni Leann Wilson	CP.001700	Katie Elizabeth Ribich
CP.001688	Jatoria Glen Traylor	CP.001699	Candice Michelle Edwards
CP.001692	Muriel P Carpenter	CP.001698	Haley Elizabeth Montgomery
CP.001696	Lisa A Rager	CP.001701	Tracy M Lewis

Expanded Function Dental Auxiliary - (10)

EFDA.002558	Kallie Loraine Gamble	EFDA.002565	Rachel M Dyer
EFDA.002559	Nelly C Solito	EFDA.002563	Paula M Hatfield
EFDA.002560	Sandra Banig	EFDA.002564	Mandy Rae Hawkins
EFDA.002562	Amber Renee' Lynch	EFDA.002566	Ernie Kay Wagner
EFDA.002561	Kaylyn Nicole Beiling	EFDA.002567	Morgan Lynn McMurray

Motion by Ms. Clark, second by Dr. Subramanian, to approve all licenses, certifications, and registrations as listed that have been issued since the November Board meeting.

Motion carried unanimously.

Permits – General Anesthesia/Conscious Sedation

President Shaffer stated that the Board's Anesthesia Consultant had vetted the following individual who has applied for a Conscious Sedation permit, an evaluation has been conducted, and the applicant is recommended to receive a Permit for the specified modality.

Conscious Sedation

Nathan Fennell D.D.S., Cincinnati, Ohio – Intravenous

Motion by Ms. Johnston, second by Dr. Subramanian, to grant a permit to the applicant for a Conscious Sedation Permit as listed.

Motion carried unanimously.

Reinstatement Application(s)

Dentists

Chad Matthews, D.D.S.

Rachel Matthews, D.D.S.

Dental Hygienist(s)

Rachel Gebhardt, R.D.H.

Motion by Dr. Subramanian, second by Ms. Johnston, to reinstate the dental and dental hygiene licensees as listed to practice in the state of Ohio.

Motion carried unanimously.

Committee Reports

Ad Hoc

Expert Resumes

Vice President Connie Clark stated that the Ad Hoc Committee (Committee) had met earlier that day. She stated that Deputy Director Nash had informed the members that they had not received any new expert resumes since the previous meeting. Ms. Clark stated that Ms. Nash had expressed to the Committee that the Board is still in need of general dentists, specialists and oral surgeons to provide this service for the Board.

Priority #5 – Establish Disciplinary Guidelines

Ms. Clark stated that committee chair Dr. Shaffer reviewed an issue with the therapeutic guidelines that the committee looked at last time. Ms. Clark shared that Dr. Shaffer felt that (K) and (L) were not redundant; rather, (K) referred to a plea of guilty to, a judicial finding of guilt, or, a judicial finding of eligibility for

intervention in lieu of conviction for, a drug-related misdemeanor, except when the underlying criminal conduct was directly related to a substance-related impairment of the respondent, and was committed to obtain substances solely for self-use, whereas (L) was when the underlying criminal conduct was for self-use. The committee agreed with this interpretation.

Ms. Clark reported that the committee discussions continued with the working documents to address criminal convictions of: a felony in the course of practice; a felony conviction not in the course of practice; a misdemeanor in the course of practice; and, a misdemeanor not in the course of practice. The committee began development of maximum and minimum penalties, but asks that Ms. Nash reach out to the Medical Board for clarity of probationary terms for non-substance abuse infractions. The committee will continue this discussion at their next meeting.

Ms. Clark shared that Dr. Shaffer felt that it might be best to move “lewd and immoral conduct” into the criminal acts section of the guidelines, and that the committee would look at those guidelines at their next meeting. Dr. Shaffer asked the committee members to begin a review of minimal standards of care as well.

Ms. Clark further reported that Dr. Job stated that materials have been sent to the working committee members for Priority #2 – Licensure and Portability. The members plan to hold a conference call in January and to report at the February meeting.

Motion by Ms. Huber, second by Dr. Subramanian, to approve the Ad Hoc Committee report.

Motion carried unanimously.

Education

Review of Application(s)

Ms. Johnston stated that the committee had reviewed two (2) sponsor applications which had been submitted since the previous meeting for consideration of approval. She stated that the Committee had reviewed one (1) Anesthesia Permit Renewal Course and one (1) Medical Emergency Recognition Course. She stated that the applications and the courses were in compliance with the requirements set forth in the Dental Practice Act and Board guidelines and that the Committee was recommending approval of the following:

2016-2017 Biennial Sponsor Application(s)

Dependable Dental Staffing

Southwest Endodontics & Periodontics, Inc.

Anesthesia Permit Renewal Course(s)

Ohio Society of Oral and Maxillofacial Surgeons – “Medical Management of the Oral/Maxillofacial Surgical Patient” By Steven M. Roser, D.M.D., M.D., F.A.C.S.

Medical Emergency Recognition Course Application(s)

Northern Kentucky Dental Society, Inc. – “Management of Medical Emergencies in the Dental Office” By Ted P. Raybould, D.M.D.

Priority #4 – Develop Online C.E. Monitoring and Tracking

The Education Committee, as well as the full Board via the OSDB website portal, was given a comparison chart regarding a number of continuing education monitoring and tracking companies for review. Ms. Johnston stated that, after a discussion of the pros and cons of each company, the committee unanimously recommended that the Board offer the contract to CE Broker for our CE tracking vendor. This company requires a one-year contract and 30-day notice of cancellation. The reasons CE Broker was selected include longevity, the size of their tech support staff, and because they have previous experience working with numerous boards across the country as well as with Ohio's new eLicensing system.

Priority #3 – Establish Remedial Education Guidelines

Ms. Johnston stated that the committee presented a report at the July Board meeting that an approved remedial education provider must be: a college or university accredited by CODA; a dental residency program accredited by CODA; a dental assisting school accredited by CODA, where the remediation required is within the scope of dental assistant practice, such as infection control; the American Association of Dental Boards assessment and remediation programs; and/or OSDB permanent sponsors, which are colleges, universities, ADHA and constituent and component societies, and ADA constituent and component societies. Further, the actual teacher of the education must be a faculty member at an accredited college, university or program

Ms. Johnston continued that remedial education must include: the weakness as identified by SIP; an assessment by the educator; written objectives; the method of evaluation; a post assessment; and, the educator's evaluation of the licensee's readiness to return to performing procedure for which he/she was remediated.

4715-8-03 Standards for Approval of Biennial Sponsors - Fees

Ms. Johnston concluded by stating the Education Committee would like to send OAC Rule 4715-8-03, which covers fees for biennial sponsors, to Laws and Rules to eliminate the pro-rated portion of the rule and just have one standard fee.

Motion by Dr. Anderson, second by Dr. Ginder, to accept the Education Committee report and to approve the applications as presented.

Dr. Shaffer opened the floor to discussion of the Education Committee report. The Board members discussed whether use of the online continuing education tracking and monitoring system would be mandatory. While some Board members felt that it should be mandatory, the Board's statutory authority to do so seemed to be in question. It was decided that the Board's legal team would look into the issue and report back to the committee. Dr. Shaffer clarified that this vote was only on the recommendation to offer CE Broker the contract, and NOT on whether the use of such a tool would be mandatory for all licensees.

Motion carried unanimously.

Law and Rules Review

President Shaffer informed the members that the committee had met earlier that day and had a lengthy discussion with guest from OSU, a professor, who wanted to speak to a change in the rule we have filed on the 2-year general dentist. After hearing the explanation privately, the guest was satisfied and no longer felt the need to speak on record to the committee and left. The committee began the statutory revision and went

through approximately the first five statutes on the agenda. The committee is now working on getting draft language together and has nothing to recommend at this point.

Motion by Dr. Subramanian, second by Dr. Das, to approve the Law and Rule Review Committee report and all applications as listed.

Motion carried unanimously.

Operations

Ms. Aquillo stated that the Operations Committee had not met that day and that there was nothing to report to the Board at this time.

Policy/Scope of Practice

Ms. Johnston stated that the Policy/Scope of Practice Committee had not met that day and that there was nothing to report to the Board at this time.

Anything for the Good of the Board

Election of Officers

QUIP Coordinator

Dr. Shaffer: Do I hear a motion for the QUIP Coordinator to serve in 2017?

Motion by Dr. Das, second by Dr. Subramanian, to nominate Dr. Ginder to serve as QUIP Coordinator for 2017.

Motion carried unanimously.

Vice Secretary

Motion by Dr. Das, second by Dr. Ginder, to nominate Dr. Subramanian to serve as Vice Secretary for 2017.

Motion carried unanimously.

Secretary

Motion by Dr. Das, second by Dr. Ginder, to nominate Dr. Guttman to serve as Secretary for 2017.

Motion carried unanimously.

Vice President

Motion by Ms. Clark, second by Dr. Ginder, to nominate Dr. Das to serve as Vice President for 2017.

Motion carried unanimously.

President

Motion by Dr. Shaffer, second by Ms. Johnston, to nominate Ms. Clark to serve as President for 2017.

Motion carried unanimously.

Consideration of Licensure Fee Increase

Motion by Ms. Aquillo, second by Dr. Subramanian, to increase the licensing, certification, registration and permit fees for initial applications and renewals, effective July 1, 2017, as follows:

Dentists – increase by 27% of current fees.

All other licensing, certification, registration and permit fees – increase by 25% of the current fees.

There was discussion regarding the possibility of instituting an automatic annual or biennial percentage increase so the Board is not seeking another large increase five years from now. Director Kamdar clarified that we had tried to pursue such an option, calling it an “automatic escalator clause” allowing the Board to increase licensing fees in proportion to the inflationary index. He stated that he did not want just a Band-Aid solution but rather a long-term fix. However, in discussion with stakeholders, there was not any support for it at this time. Director Kamdar stated that if the Board approves this recommended increase today, it still has to go through the state legislature for approval. He went on to state that the Board will most likely have to revisit this issue in two years, because all that the proposed increase is doing at this point is catching up for the increase in cost of operations from the year 2001. He stated that inflation has gone up 36% since 2001, and will be up to 40% by 2018. He stated that he is not asking for a 40% increase to licensing fees but that the Board must realize that 25%-27% would only serve to catch us up from 2001. Any cost increases beyond the FY 18-19 biennium will cause the Board to have to approach the legislature for additional increases in licensing fees. Ms. Aquillo stated that she and Zach Russell had already been working on a strategy to educate the members of legislature in an effort to help them understand why we need the increase.

Motion carried unanimously.

Executive Updates

President’s Update

CDCA

President Shaffer announced that the CDCA general meeting would be held January 12-14, 2017. She expressed her confidence that our new officers Ms. Connie Clark, new President and Dr. Ashok Das, new Vice President will represent us well. She explained that being a member of the Ohio State Dental Board made them automatic members of the CDCA and that all Board members should have received a formal invitation to attend the meeting and claim their memberships. President Shaffer went on to briefly explain what to expect from the general meeting, for those who had never been, and the various opportunities for the members to serve the CDCA as examiners and in other roles. She also stated that the Board had previously had the pleasure of having ADEX representative Dr. Eleanore Awadalla come and speak about the CDCA, and that our new representative, Dr. Mary Ellen Wynn, would do the same. President Shaffer encouraged all members to attend if possible, even if just as an observer.

Final Remarks

President Shaffer finished her update by thanking everyone on the Board. She stated that it had been a pleasure to serve with all of them. She also acknowledged former board member, Dr. Chris Hanners, for his

contribution to the board and board budget and shared that she was feverishly working on his vision of expansion of the scope of dental practice in many different ways. She further thanked former board member, Dr. Chuck Smith, for setting the Board's vision: Healthy Ohioans through excellence in dentistry, and finally former Vice-Secretary, Dr. Martin Chambers, for his dedicated service to the Supervisory Investigative Panel and for his leadership in Law and Rules Review Committee. During his term, the Board filed rules to enable improved access to care and expanded auxiliary duties and President Shaffer believes that they should all be proud of their accomplishments and wanted it read into the minutes. She finished by stating that she could not have been successful without all of them. She shared that they had gone through some rough times together but she felt like they rolled-up their sleeves and really did the work. She thanked everyone for the opportunity to serve as President and stated that she would continue to be a resource for the upcoming year.

Executive Director's Update

ODA & ODHA Partnerships

Director Kamdar began his update by recognizing the ODA and the ODHA for their willingness to sit down and talk with us about the fee increase. We were open to their thoughts, their ideas, feedback, and it is through that kind of partnership that we were able to come up with the recommendation and motion suggested earlier by Ms. Aquillo. He stated that we need this kind of partnership in order to accomplish our goals in the future.

Board Member Portal

Director Kamdar expressed his hope that all board members were comfortable using the new board member portal on our website. He acknowledged all of the hard work Erica Pleiman had put forth to develop user guides to make this accessible to board members and welcomed input regarding what else the members would like to see on the portal.

OARRS Compliance

Director Kamdar stated that we are continuing our feverish effort at increasing OARRS compliance. He stated that he felt the profession is headed in the right direction and that everyone on the Board should take some pride in that. He went on to personally thank Lyndsay Nash for her efforts with OARRS compliance, in partnering with the Pharmacy Board and taking telephone calls regarding OARRS related matters. Director Kamdar also acknowledged Zach Russell for his efforts in this regard, and stated that both are doing a fine job in responding to OARRS related inquiries from dentists.

Closing Remarks

Last but not least, Director Kamdar took a moment to acknowledge the fine leadership that the Board has enjoyed over the last year. He stated that it's not often that you see this kind of leadership like we've seen from Dr. Shaffer. He went on to state that he has worked at many different organizations and seen many different leaders and oftentimes they'll have one or two qualities that make a great leader but she's got all three key ingredients found in great leaders and they're embodied in the Greek words ethos, pathos and logos. He asked if there were any Greek scholars in the room and then went on to explain what each of the three words meant. Ethos means ethics and he stated that she is ethical and she's about the right stuff including integrity. Pathos means passion and he stated that she's got that deep passion for the board. You can actually feel where she stands on issues even ten feet away. She really commands a presence, and that passion is what drives the rest of us and it makes us do what we need to do. Logos means logic intelligence

and knowledge. He went on to state that he and Ms. Nash have reached out numerous times to Dr. Shaffer for assistance and guidance. He stated that they are just so appreciative of her guidance and wisdom. Director Kamdar stated that he wanted to propose a toast of sorts for Dr. Shaffer and asked the Board members to join him with three cheers in honor of Dr. Shaffer, the departing Board President.

President's Closing Comments

President Shaffer stated that she had one final item before the Board adjourned. She acknowledged that the ODA sent a letter in support of HB 617, which is a bill to restructure a number of boards, but allowed the dental board to remain independent. The ODA supported this decision, and President Shaffer said that she felt that our board was doing a good job and caring for the profession. She further stated that she is passionate about her profession, and so she appreciated the support from the Board.

Adjourn

Motion by Dr. Subramanian, second by Dr. Das, to adjourn the meeting.

Motion carried unanimously.

President Shaffer adjourned the meeting at 3:10 p.m.



Constance Clark, R.D.H.
President



Ashok Das, D.D.S.
Vice President