

OHIO STATE DENTAL BOARD
BOARD MEETING

May 10, 2017

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OHIO STATE DENTAL BOARD BOARD MEETING

May 10, 2017

Attendance

The Ohio State Dental Board (Board) met in Room 1960, of The Vern Riffe Center for Government and the Arts, 77 South High Street, 19th Floor, Columbus, Ohio on March 15, 2017. Board members present were:

Constance Clark, R.D.H., President	Michael Ginder, D.D.S.
Ashok Das, D.D.S., Vice President	Burton Job, D.D.S.
Patricia Guttman, D.D.S., Secretary	Ms. Susan Johnston
Kumar Subramanian, D.D.S., Vice Secretary	Jamillee Krob, R.D.H.
Bill Anderson, D.D.S.	Andrew Zucker, D.D.S.
Ms. Ann Aquillo	

The following guests were also in attendance: Katherine Bockbrader, Esq. of the Ohio Attorney General's Office; David Owsiany, Executive Director, Nathan DeLong, Esq. and Henry Fields, D.D.S. of the Ohio Dental Association (ODA); Michele Carr, R.D.H., Chair, The Ohio State University (OSU) Division of Dental Hygiene; Frank Recker, D.D.S., J.D.; Joel Weaver, D.D.S.; Harry Kamdar, M.B.A., Executive Director, Lyndsay Nash, Esq., Deputy Director, Zachary Russell, Legislative and Communications Coordinator, Kathy Carson, Dental Board Enforcement Officer, and Malynda Franks, Administrative Professional, of the Ohio State Dental Board and other guests.

Call to Order

Constance Clark, R.D.H. introduced herself as the Board President and a dental hygienist from Dublin. After extending greetings to everyone, President Clark noted that there was a quorum present and called the meeting to order at approximately 1:34 p.m.

Board Business

Board Member Reappointment

President Clark congratulated Ms. Ann Aquillo on her recent reappointment to the Board, noting that in the history of the Dental Board, Ms. Aquillo was the first public member to be reappointed to a second term.

Welcome New Board Members

President Clark informed the attendees that the Board had two (2) new members; Dr. Jamillee Krob and Dr. Andrew Zucker. Dr. Krob is the newest dental hygiene member from Canton, Ohio and in addition to practicing dental hygiene, Dr. Krob is an Assistant Professor of Management Studies at Malone University. Dr. Zucker is a dentist from Sandusky, Ohio. He has practiced in New Jersey, Dayton, and Cincinnati before moving back to Sandusky to practice with his father, Dr. William Zucker. Dr. Zucker donates his time to the Free To Smile

Foundation, traveling to Guatemala to provide dentistry to underserved native Mayan children without access to dental care, and to help children born with cleft lip and palate, as well as other facial deformities.

President Clark welcomed them to the Board.

Introduction of Board Members

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

Approval of Agenda

President Clark stated that she had previously reviewed 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 May 10, 2017 Board meeting agenda as presented.

Motion carried unanimously.

Review of Board Meeting Minutes

March 15, 2017 Meeting

President Clark informed everyone that the draft Minutes from the March 15, 2017 meeting had been forwarded to the Board members for review prior to the meeting and asked if there was a motion in regards to the Minutes from the March meeting.

Motion by Ms. Johnston, second by Ms. Aquillo, to approve the March 15, 2017 Board meeting minutes as presented.

Motion carried unanimously.

Action Items

Supervisory Investigative Panel Expense Report

President Clark asked if Dr. Guttman and Dr. Subramanian, the Board's Secretary and Vice Secretary, attested to having each spent at least twenty (20) hours per week attending to Board business. Both Secretaries affirmed they had spent the hours attending to Board business.

Motion by Ms. Aquillo, second by Dr. Das, to approve the Supervisory Investigative Panel Expense report.

Motion carried unanimously.

Enforcement

Proposed Consent Agreement(s)

The Board reviewed two (2) proposed Consent Agreements. 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. Ms. Nash provided a brief summary of any charges and the proposed orders.

Disciplinary

Vladimir R. Belikov, D.D.S.

Motion by Ms. Johnston, second by Dr. Anderson, to approve the proposed consent agreement for Vladimir R. Belikov, D.D.S., license number 30.021024, and case number 16-18-1143.

Motion carried with Dr. Guttman and Dr. Subramanian abstaining.

Non-disciplinary

Ernest Erian, B.D.S.

Motion by Ms. Johnston, second by Dr. Das, to approve the proposed consent agreement for Ernest Erian, B.D.S., license number 30.025706.

Motion carried with Dr. Subramanian and Dr. Guttman abstaining.

Enforcement Update

Ms. Nash began the Enforcement Update by informing the Board that there were ten (10) cases pending hearings of which one (1), Dr. Amir Hashemi, had been resolved with a consent agreement and one (1) other had gone to Hearing and were now awaiting the Hearing Examiners Report and Recommendation. She stated that there were currently forty-seven (47) licensees and certificate holders under suspension and that there were one hundred and six (106) active cases. Ms. Nash said that three (3) licensees have been referred and one (1) licensee actively participating in QUIP. She informed the members that there were fifty-nine (59) cases which have been investigated and reviewed by the Board Secretaries and are recommended to be closed with four (4) 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 Clark reviewed the cases to be closed with the Board.

The following cases are to be closed:

2016-18-1364	2017-13-1024	2017-25-1030
2016-25-1281	2017-13-1099	2017-25-1041
2016-25-1414	2017-15-1027	2017-25-1046
2016-25-1433	2017-18-1002	2017-25-1060
2016-29-1436	2017-18-1012	2017-25-1108
2016-31-1340	2017-18-1052	2017-29-1094
2016-43-1342- WL	2017-18-1057	2017-31-1010- WL
2016-48-1437	2017-18-1061- WL	2017-31-1014
2016-52-1370	2017-18-1064	2017-31-1037
2016-71-1432	2017-18-1069	2017-31-1068
2016-76-1339	2017-18-1092	2017-31-1084
2016-76-1422	2017-21-1048	2017-42-1073
2016-87-1395	2017-21-1111	2017-43-1080
2017-12-1047	2017-25-1006	2017-43-1100

2017-45-1013	2017-53-1054- WL	2017-67-1079
2017-45-1119	2017-57-1005	2017-76-1090
2017-47-1075	2017-57-1017	2017-77-1029
2017-50-1078	2017-57-1036	2017-77-1085
2017-50-1083	2017-57-1056	2017-84-1034
2017-52-1033	2017-57-1104	

Prior to the vote to close the above listed cases, President Clark 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:

- Dr. Anderson – No
- Ms. Aquillo – No
- Ms. Clark – No
- Dr. Das – No
- Dr. Ginder – No
- Dr. Guttman – No
- Dr. Job – No
- Ms. Johnston – No
- Dr. Krob – No
- Dr. Subramanian – No
- Dr. Zucker – No

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

Motion by Ms. Johnston, second by Dr. Ginder, to close the above fifty-nine (59) cases.

Motion carried unanimously.

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

Licensure

[Licensure/Certification/Registration Report \(Issued by the Licensure Section\)](#)

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

Dentist(s) – (36)

30.024986	Brittany Ann Burwell	30.024993	Astrid Paul Rachel Tourne
30.024985	Christine Elizabeth Cutler	30.024994	Kristine Marie Zeeb
30.024984	Taylor R Gordon	30.024995	Seth Hawkins Covert
30.024987	Darryl James Reyes Torculas	30.024996	Lisa M Atlas
30.024989	Alyssa Gabrielle Levintov	30.024997	Thomas Michael Touhey
30.024988	Katie Lauren Riesenber	30.024999	Colleen Cristin Cornelius
30.024990	Alexandra Ruth Toole	30.024998	Bryant William Cornelius
30.024991	Jordan Taylor Marshall	30.025000	Navid Akbarzadeh
30.024992	Licette F Espinal	30.025001	Joi Elizabeth Stallworth

30.025003	Ehsan Nasr Azadani	30.025011	Haley Joelle Freymiller
30.025002	Amy Marie Caicco	30.025009	Jordan Michael Biniker
30.025004	Van Thuy Nguyen	30.025010	Jessica M Pizano
30.025005	George Anthony Monios	30.025015	Janak C Patel
30.025006	Tasha Batts	30.025014	Carlin Virginia Cera
30.025007	Fuad H Malik	30.025016	Christopher Jemar Hayes
30.025008	Pokam Papi Takougang	30.025017	Danielle Marie Daoud
30.025013	Crystal Olivia Yetter	30.025018	Christopher Luke Bej
30.025012	Michael Daniel Rechten	30.025019	Amy Lauren Zelko

Dental Hygienist(s) – (9)

31.015333	Kimberly Anne Neises	31.015338	Sin Park
31.015334	Lindsay Marie Feltner	31.015340	Kelly Joelle Francisco
31.015335	Brooke J Bischoff	31.015339	Mindie Dawn Riley
31.015336	Ranjana Shrestha	31.015341	Amanda Jost
31.015337	Kayla Schrock See		

Dental Assistant Radiographer(s) – (244)

51.031391	Paige Niquole Powell	51.031422	Khalilah Zhane Roscoe
51.031392	Krystal Washington	51.031420	Kelsey Marie Rechnitzer
51.031398	Denise Milan Eichelberger	51.031425	Radhika Raghupathi
51.031396	Damian Tyler McClure	51.031417	Cristen Novak
51.031397	Marlo Marie Scibona	51.031418	Gurpersad Singh
51.031395	Makayla Mary Elaine Mclelland	51.031409	Sara Michelle Armstrong
51.031394	Jennifer Marie Branham	51.031414	Michelle Travalik
51.031393	Hillarie Ann Dorner	51.031412	Colleen Siobhan Joyce
51.031401	Darlene Sallie	51.031416	Bryanna Vincent
51.031400	Ariell Jordan	51.031415	Karen Deitrick
51.031399	Missy Hauer	51.031413	Tracy Guinn
51.031403	Kylie Jordan Peters	51.031424	Taylor Kay Lacourse
51.031405	Sheila Joy Nevison	51.031436	Franklin Mosquera
51.031404	Trisha Anne Sardella	51.031431	Amanda Marie Walton
51.031402	Stephanie Lynn Bowling	51.031430	Brittany Lee Wilcox
51.031406	Conner C Anderson-Wade	51.031435	Courtney Elizabeth Neal
51.031407	Carrie Jewell Poe	51.031434	Corinne Nguyen
51.031408	Madyson Nofsinger Nofsinger	51.031433	Lindsay Smith
51.031410	Mckenzie Grace Papp	51.031426	Meredith Lynn Serrano
51.031411	Ashley Elizabeth Baurichter	51.031432	Jesenia Enriquez
51.031421	Kelsie Marie Smith	51.031427	Carla Jo Warwick
51.031423	Laura Elizabeth Cutre	51.031429	Jagan Nath Regmi
51.031419	Joselyn Rose Rodriguez	51.031428	Ashley Nicole Erdman

51.031437	Jacquora Monea Smith	51.031480	Arisa Flynn
51.031440	Keya Coleman	51.031481	Isabel Marie Buddo
51.031441	Allison S Cotterman	51.031479	Yarismelly Candelario Mata
51.031439	Olivia Marie Simiele	51.031484	Merannda Land
51.031438	Mckayla Chalfant	51.031489	Kelli Ann Smosny
51.031445	Alisa Paige Guilliams	51.031488	Journey Makenna Barnett
51.031443	Ashley Brown	51.031487	Heidi Joy Tarvin
51.031442	Audrea T Jackson	51.031486	Kasey Jo Fessler
51.031444	Carolinne Woodhouse	51.031491	Maggie Leigh Dyer
51.031447	Sadie Marie Torres	51.031490	Roosevelt Travis Iii
51.031448	Brittany Ann Cox	51.031498	Kaitlyn Arlene Brooks
51.031446	Thalia Musto	51.031501	Marci Elizabeth Stidham
51.031450	Amy Sue Howard	51.031493	Rebekah Ariel Carls
51.031449	Samantha Faye Knox	51.031494	Shelly W Jenkins
51.031457	Destiny Lynn Tanner	51.031499	Julia Elaine Harris
51.031453	Lily Eileen Dean	51.031492	James Junior Rodriguez
51.031458	Kathleen Kelly	51.031500	Lauren Elizabeth Overmier
51.031456	Lisa M Stammer	51.031496	Sarah Jean Rogers
51.031452	Jacqueline Elizabeth Miletta	51.031495	Jasmine Ciarra Tipton
51.031459	Brook Makenzie Hopkins	51.031497	Karen Anne Bennington
51.031451	Mayra Guadalupe Moctezuma	51.031502	Jamie Marie Clark
51.031455	Camie Renee Tibbs	51.031508	Holly Elizabeth Young
51.031454	Amanda Marie Davis	51.031507	Chelsea Ann Cole
51.031460	Lauren Jenkins	51.031503	Patricia Ann Bowman
51.031471	Skylynn Marie Mobley	51.031506	Shelby Nicole Pheanis
51.031469	Faith Marie Allen	51.031505	Carly Paige Brindley
51.031470	Kelsy Lynn Steiner	51.031504	Cierra Renee Watford
51.031462	Stephanie Leigh Bell	51.031511	Tomi Louise Forchione
51.031464	Hannah Nelsen	51.031509	Claudette Robin Kocher
51.031463	Rachel Lynn Simpson	51.031510	Christina Ann Yost
51.031461	Cherish Allison Preston	51.031512	Joaida Ramona Acevedo
51.031473	Brianna Raelynn Kreil	51.031516	Arielle D Roberts
51.031472	Jerika Solomon	51.031515	Ahara Kenyetta Archie
51.031468	Twan'nesha Arielle Carlisle	51.031514	Courtney Renee Coon
51.031467	Kaitlyn A Mcknight	51.031513	Juanita Nichols
51.031466	Karly D Ullman	51.031517	Eleni Lauren Rivas
51.031465	Taylor Ann Kehrt-Harper	51.031522	Sandra Anne Airgood
51.031474	Katelyn Vollrath	51.031518	Makaila Dawn Klontz
51.031475	Marinel Ramirez	51.031520	Megan Elizabeth Carullo
51.031478	Katlyn Jane Cregar	51.031521	Charde Dalaine Thomas
51.031477	Mariah Lynn Morgan	51.031519	Sarah Louise Zona
51.031476	Karlie Nicole Sanders	51.031524	Heather Denise Rodeffer
51.031483	Tiffanee Taylor	51.031525	Melissa Dawn Myers
51.031485	Jessica Simone Bailey	51.031526	Trinity Rachelle Blubaugh
51.031482	Faith Elizabeth Ervin	51.031523	Katherine Rae Proffitt

51.031531	Shayla M Ross	51.031569	Katelyn Nicol Murphy
51.031532	Makayla Dawn Taylor	51.031572	Hannah Cotton
51.031528	Katelyn Michelle Goad	51.031570	Taelor Paige Woods
51.031527	Brittany N Reynolds Palmer	51.031575	Krysten Stone
51.031530	Dalia Mahmad Thweib	51.031580	Briana Nicole Axt
51.031533	Danielle Lynn Ray	51.031583	Kiylee Breana Boles-Claudio
51.031529	Shelly Rena Russell	51.031581	Brittany Lynn Southwick
51.031534	Trevor Lamar Gage	51.031586	Brandi Ann Chapman
51.031536	Tierra R Smith	51.031584	Yesenia Estrada Martinez
51.031535	Alyssa Marie Ferguson	51.031582	Alexandria Paige Mason
51.031538	Heather Dawn Wilkes	51.031579	Brittany Melissa Kohler
51.031537	Hollie Danielle Pferrman	51.031577	Rebecca Powell
51.031540	Ronisha Nicole Taylor	51.031578	Heather Christine Farmer
51.031539	Barbara Rapacz	51.031576	Georgina A Ghobrial
51.031544	Jennifer Burge	51.031587	Taneesha M Griffin
51.031542	Adrienne Shauntae Foster	51.031588	Armonee Lee'anne Mccoy
51.031541	Jackie Renee Bowser	51.031585	Kalyn Alese Mitchell
51.031543	Katie Erin Lott	51.031594	Nese Alicia Koehler
51.031545	Tatianna Shante' Moss	51.031590	Navneet Kaur
51.031546	Stephanie Cameron	51.031589	Lisa Diane Weisel
51.031549	Summer Breeze Herman	51.031592	Reese Nicole Osborn
51.031548	Jessica Morgan Hendrickson	51.031595	Andrea K Sullivan
51.031551	Abby Rose Martin	51.031591	Kristina Iacona
51.031547	Randa Mae Grodell	51.031593	Keara Bates
51.031550	Jenna Brook Dykes	51.031596	Jennifer Sue Cuevas
51.031553	Alisha Waller	51.031599	Brittney Nicole Phillips
51.031552	Brittney Lynn Conrad	51.031601	Tara Marie Fricker
51.031554	Briana Safo	51.031597	Rachael Hardwick
51.031555	John'asia Marie Jackson	51.031598	Mahynour Wahid Sadek
51.031557	Madyson Olivia Mccue	51.031600	Katie Marie Layne
51.031556	Shamir Ja'shae Davis	51.031610	Nicole Koscelnik
51.031560	Annette Diane Smith	51.031603	Devin Allan Ellis
51.031559	Veronica Marie Colon	51.031607	Jessica Marie Schiller
51.031558	Tiffany Michelle Williams	51.031608	Nicholas D Hull
51.031561	Deontajisha Robinson	51.031612	Ellie Marie Coy
51.031568	Veronica Lee Leichty	51.031606	Alisha Michelle Webster
51.031563	Deidre D. Flood	51.031611	Johnesha Young
51.031567	Elizabeth Ashley Sartschev	51.031609	Angelique Lapointe
51.031564	Megan Dawn Brown	51.031604	Jenna Jeneen Harris
51.031566	Tiffani Sloan	51.031602	Zoryana A Shevchuk
51.031562	Samantha Metzgar	51.031605	Morgan Mckinney
51.031565	Omnia Asad Farah	51.031614	Sabrenia Ann Jordan
51.031573	Ariel Yonice Avery	51.031613	Morgan Alexis Holobaugh-Rees
51.031574	Aleah Tanee Douds	51.031615	Bryan Lee Bierlair
51.031571	Cara Anne Cummins	51.031617	Diana Lynn Broseus

51.031616	Lindsay Christine Harris	51.031626	Mckenzie Paige Miller
51.031620	Kevin Michael Pap	51.031630	Angela Koski
51.031619	Richard Tuan Huynh	51.031625	Pamela Lynn Cox
51.031618	Aleah Danae Reynolds	51.031624	Alexandra Sue Carter
51.031634	Miranda Danielle Stamper	51.031623	Aisha Khan
51.031632	Carolina Zinn	51.031622	Kaeyanna Featherstone
51.031629	Megan Elizabeth Payton	51.031631	Mikayla Lynn Jodrey
51.031628	Lindsi Brooke Hughes	51.031633	Samantha Payton Comer
51.031627	Bryce Parker Long	51.031621	Alex Hoffer

Limited Resident's – (16)

RES.003795	Li Zheng	RES.003803	Ioannis Pilalas
RES.003796	Hisham Alhadi. M Bazin	RES.003804	Mitchel Costa
RES.003797	Divya Elizabeth Puliyl	RES.003805	William Cameron Anderson
RES.003798	Jose Edir Guedes Filho	RES.003806	Ibrahim Al Ameri
RES.003799	Geetika Singh	RES.003807	Ghaeth H Yassen
RES.003800	Sherif Morcos Ebied	RES.003808	Salah Mulla
RES.003801	Pablo Espinal Garcia	RES.003809	Vy Tiffani Tran
RES.003802	Navid Khalighinejad	RES.003810	Caroline Bissonnette

Limited Continuing Education – (6)

LCE.000320	Tracy Dawn Davis	LCE.000323	Paayal Harish Bhakta
LCE.000321	Christina Blatchford	LCE.000324	Gretel Leticia Viera
LCE.000322	William Roy Thompson	LCE.000325	Randall Brannon

Coronal Polishing – (15)

CP.001740	Lori J Ray	CP.001748	Amruta Rahalkar
CP.001741	Alesha Marie Arnold	CP.001749	Michele Annette Thompson
CP.001742	Sara Alaine Coyle	CP.001750	Taylor Christine Miller
CP.001744	Misty Michelle Loughnane	CP.001751	Nicole Lee
CP.001743	Crystal Renee Taylor	CP.001752	Elise Renee Januszewski
CP.001745	Lauren Nicole Luciano	CP.001753	G Colleen Vollmer
CP.001746	Miranda Jene Neeley	CP.001754	Shanice Nicole Brown
CP.001747	Andrea Leigh Sullivan		

Expanded Function Dental Auxiliary – (3)

EFDA.002584	Trang Lee Nguyen	EFDA.002585	Dana W Watson
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EFDA.002586 Ashley Morgan Hart

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

Motion carried unanimously.

General Anesthesia/Conscious Sedation Permit(s)

President Clark stated that the Board's Anesthesia Consultant had vetted the following individuals who have applied for General Anesthesia and Conscious Sedation Permits, evaluations have been conducted, and the applicants are recommended to receive Permits for the specified modality.

General Anesthesia

Andrew Afshar, D.D.S., Pepper Pike, Ohio
James DiFranco, D.D.S., Sunbury, Ohio
Ryan Mirchel, D.D.S., Cincinnati, Ohio
Michael Monto, D.D.S., Springboro, Ohio
Daniel Schwartz, D.D.S., Beachwood, Ohio

Conscious Sedation

Nathan Desai, D.D.S., Hilliard, Ohio - Intravenous
Maria Ferriol, D.D.S., Dublin, Ohio – Intravenous
Diego Hurtado, D.D.S., West Chester, Ohio - Intravenous
Matthew Lemke, D.D.S., Independence, Ohio – Intravenous
Colleen Orellana, D.D.S., Powell, Ohio – Oral for children 12 years or younger
Derek Ross, D.D.S., Eaton, Ohio – Intravenous

Motion by Dr. Anderson, second by Dr. Job, to grant permits to the licensees as listed for General Anesthesia and Conscious Sedation in the appropriate modality as listed.

Motion carried unanimously.

Oral Health Access Supervision Permit(s)

President Clark stated that the Board's Licensing Manager had reviewed the applications and recommended that the following individuals receive Oral Health Access Supervision Permits:

Dentist(s)

Catherine Flaitz, D.D.S., Columbus, Ohio
Kimberly Hammersmith, D.D.S., Columbus, Ohio
Alexander Lambrinides, D.D.S., Rocky River, Ohio

Dental Hygienist(s)

Vielka Cover, R.D.H., Monclova, Ohio

Motion by Ms. Johnston, second by Dr. Subramanian, to grant Oral Health Access Supervision Permits to the dental and dental hygiene licensees as listed.

Motion carried unanimously.

Reinstatement Application(s)

President Clark stated that the Board's Licensing Manager had reviewed the applications and recommended that the following dental and dental hygiene licenses be reinstated:

Dentist(s)

Dr. Randa Zarka

Dr. Lee Anthony Taito

Dental Hygienist(s)

Emily Estok, R.D.H.

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

Motion carried unanimously.

Executive Session

Motion by Ms. Aquillo, second by Ms. Johnston, 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: Dr. Anderson – Yes
Ms. Aquillo – Yes
Ms. Clark – Yes
Dr. Das – Yes
Dr. Ginder – Yes
Dr. Guttman – Yes
Ms. Johnston – Yes
Dr. Job – Yes
Dr. Krob - Yes
Dr. Subramanian – Yes
Dr. Zucker – Yes

Motion carried unanimously.

President Clark stated that the Board would now go into Executive Session and requested Ms. Bockbrader, Director Kamdar and Ms. Nash to attend. She requested all other guests and staff to leave the meeting and to take all personal items, including briefcases, purses, cell phones, tablets, etc. with them when exiting the room. She stated that they would be invited back in upon conclusion of the Executive Session.

Open Session

At 3:10 p.m. the Board resumed open session.

Committee Reports

Ad Hoc

Dr. Das stated that the Ad Hoc Committee had not met this month and that he had nothing new to report at this time.

Education

Review of Application(s)

President Clark stated that the Committee had met at 8:15 a.m. that morning and had reviewed six (6) Biennial Sponsor applications, two (2) Biennial Sponsor Renewal applications, and one (1) course application for the dental assistant radiographer initial training for consideration of approval. She stated that the applications were in compliance with the requirements set forth in the Dental Practice Act and Board guidelines and the Committee was recommending approval of the following:

2016-2017 Biennial Sponsor Application(s)

Gregory Austria, D.D.S.

Dental Study Club

Andre Haerian, D.D.S., M.S., F.R.C.D., Ph.D.

Dr. Joseph Krajekian

Northwest Oral & Facial Surgery

Women in Dentistry Study Club

2016-2017 Biennial Sponsor Renewal Application(s)

Dr. Patrick Haggerty, D.D.S. and Melissa Dravecky-Haggerty, R.D.H.

Women in Peds Dental Study Club

Review of Course(s)

Dental Assistant Radiographer Initial Training Course(s)

Ross College – DA304 “Dental Radiography and Clinical Procedures”

Motion by Dr. Krob, second by Dr. Subramanian, to approve the applications and course as listed based on the recommendations of the Education Committees.

Motion carried unanimously.

President Clark stated that the Committee briefly discussed the status of Priority #4 of the Strategic Plan regarding development of online CE tracking and monitoring. She stated that the Committee would like to have an update on the status of this priority by the next meeting.

Law and Rules Review

Opioid Prescribing for Acute Pain – New and Amended Rules

Dr. Subramanian stated that the Laws and Rules Review Committee met this morning at 9:00 am. The first item on the agenda for discussion was the proposed rule regarding opioid acute prescribing guidelines. He stated that there were a few changes that the Committee was able to make so that dentists could have a little bit of

leeway to write prescriptions for their patients that might need a higher dosage than the 30 MED limit which was stated in the original language. He stated that the original language included the following exemptions:

1. traumatic oro-facial tissue injury with major mandibular/maxillary surgical procedures;
2. severe cellulitis of facial planes; or
3. severely impacted teeth with fascial space infection necessitating surgical management.

Dr. Subramanian informed the members that there had been suggested revisions by Dr. Job and Dr. Ness to the exemptions as follows:

1. traumatic oro-facial injury or maxillofacial surgery;
2. severe cellulitis or infection involving facial planes or secondary spaces; or
3. major dental alveolar surgery including surgical extractions of impacted teeth.

Dr. Subramanian stated that these were all very good suggestions. However, he wanted to take their suggestions with him for further consideration at a later date and to get the new rule approved by the Board as written and previously provided to all Board members [Appendix A].

Motion by Ms. Johnston, second by Dr. Anderson, to approve new rule 4715-6-02 Prescribing Opioid Analgesics for Acute Pain as presented for initial filing with the caveat that the Board may make changes later as permitted.

Discussion followed wherein Dr. Job stated that he assumed that Dr. Subramanian would take the recommendations on the criteria along with his questions regarding the distribution of the 7-day prescription number to the clinical team overseeing the writing of these prescribing rules. He questioned that as written, the prescription is currently at the lowest level and if he writes one prescription for seven days, how does he get the patient additional medication without writing a new prescription or does he write the prescription for the full 50 to 70 tablets, depending upon the strength, and in doing so, possibly leaving the patient with a lot of medication left over.

Dr. Job suggested to have them consider allowing a dentist to prescribe the maximum amount on one prescription with two (2) refills or to allow the dentist to write a second or third prescription up to the maximum allocated doses as they really do not know which patient is going to need additional pain medication until they get home and see if the medication is working.

Dr. Job commented that they were not suggesting to change the intent of the rule, but rather, he was clarifying from his perspective as to how it is going to be implemented. He stated that he understands the reasoning in trying to limit the number of pills dentists prescribe, but at the same time they need to have the capacity to fill a prescription as needed in order that they are not left with a patient who is crying in pain and unable to treat them because one prescription is all they are permitted to prescribe.

Motion carried unanimously.

Dr. Subramanian moved on to the second item on the Committee agenda which were the discussions on specialty designation and specialty advertising. He wanted to thank all of the people who presented to the Committee in the morning: Dean Patrick Lloyd of Ohio State, , Dr. Frank Recker, Dr. Joel Weaver, Dr. Dale Baur

of Case Western, and David Owsiany from the Ohio Dental Association. He stated that it was a lot of information to disseminate and opened the floor to the Board members for discussion.

Director Kamdar mentioned a matter of housekeeping on the motion for previous item and then asked Ms. Nash to elaborate. She stated that the Committee reviewed amendments to Ohio Administrative Code (O.A.C.) rule 4715-3-01 regarding the definitions for prescribing that were added to the rule, but did not include that in the to vote to submit those changes to the Office of Commons Sense Initiatives (CSI) and the Joint Committee on Agency Rule Review (JCARR). This led to the following motion.

Motion by Dr. Subramanian, second by Ms. Aquillo, to approve the amendments to Ohio Administrative Code Rule 4715-3-01 Definitions for initial filing.

Ms. Nash stated that to be clear they would be submitting O.A.C. 4715-3-01 and 4715-6-02 tomorrow (May 11, 2017) to CSI to begin the process of filing those two rules with the expectation that we have a rules hearing at the July Board meeting on the rules.

Dr. Job asked if the modifications that had been previously discussed would be included with the submission to CSI on May 11, 2017. Ms. Nash indicated that they would not. However, they had the opportunity to provide testimony on those recommendations at the public rules hearing at that time.

Specialty Designation and Advertising

Dr. Subramanian opened the floor to the Board members for discussions about any of the options that had been provided to the members prior to the meeting, any questions that they may have or doubts, or additional information that they felt they might need.

Ms. Johnston commented on the struggles that Dr. Weaver had spoken about regarding accreditation for his specialty of dental anesthesiology, specifically about the number of attempts to obtain accreditation through the Commission on Dental Accreditation (CODA) and ultimately gaining recognition as a specialty through the American Board of Dental Specialties. She asked Dr. Weaver to explain why including the American Board of Dental Specialties (ABDS) would be in the best interests of Ohioans.

Dr. Weaver stated that, in his opinion, dental anesthesiology was a true specialty. He stated that dental anesthesiologists are not general dentists, they are not a subspecialty of any other specialty, and they would like to be recognized as a specialist in the state of Ohio. He stated that when people search on the American Dental Association (ADA) website to find a dentist, they would find "Joel Weaver, D.D.S.", listed as a "general dentist" and not as an anesthesia specialist. Dr. Weaver explained that he performs none of the procedures that a general dentist performs, only provides anesthesia.

Dr. Weaver explained that the ADA has never recognized dental anesthesiology as a specialty. He stated that four (4) attempts were made to get the ADA to recognize dental anesthesiology as a specialty and the application had passed all the proper channels with the exception of the ADA House of Delegates. By holding national recognition, not by the state, but by the ABDS is to say "Yes, Dental Anesthesiologists are specialists." It allows people the opportunity to look up on the website for the ABDS and they can see Joel Weaver, Dental Anesthesiologist, which provides less confusion for the public. Ms. Johnston asked Dr. Weaver if he felt the vetting process through ABDS was thorough. Dr. Weaver explained that it was quite rigorous in the amount of

information they had to submit. He stated that the American Dental Board of Anesthesiology is fortunate to be recognized by ABDS and they are comprised entirely of all diplomates who have had a 2 year training in JCAHO accredited hospitals in the anesthesia department before 2008 or through CODA accredited dental anesthesiology residencies starting in 2008 and thereafter.

President Clark was seeking clarification from Dr. Weaver on ADA denying approval for specialty recognition although CODA was the accrediting body. Dr. Weaver explained that the ADA House of Delegates determines whether anesthesia or any other area is to be considered a recognized specialty. He explained that the ADA does not approve accreditation of a "specialty area" but CODA does and develops standards for the training.

Dr. Job stated that he felt it fair to understand that there is never any concern about the quality of education of our dental anesthesiologists. The problem was there were a number of other factors other than education, one of which was that until Ohio law was recently changed, you had to limit your practice to your specialty. So it was not a matter of could they put people to sleep and then do fillings or handle difficult children to manage, but rather the problem was that there was a concern whether there was a need a big enough to have someone trained and do nothing but anesthesia- no dentistry, no fillings, no cleanings. He stated that he sat on the ODA House of Delegates and that was one of the reasons that there was some concern. There were a number of factors other than education that came into play when that decision was made. In any event it has his support now but that was the reason historically that he felt the Board should be aware of.

Dr. Fields stated that one of the things that President Clark hit on is the misunderstanding of CODA vs. the formal recognition of the specialty. One of the differences in the situation for dental anesthesia is that they have educational standards that are reviewed and approved by CODA. He said this issue goes back a long way to the AGD-GPR era when people were trained in general dentistry and one of the problems was that anyone could come up with a program and people had preceptorships and called them general dentistry programs. He said that pretty soon it became obvious that some of them were not created equal and in an effort to protect the profession, the patient, and also to protect the students, they developed standards and visited the programs to ensure an equal education. If you have CODA standards that sets you apart from just another group that wants to call themselves something else who does not have CODA standards and they are not all created equal. But one of the things that the CODA programs do is they evaluate people and make sure that the program is structured so that all residents get the same experiences. They might not get tested on all areas of the specialty, but everybody got the same experiences, caliber of training, and level of education.

Dr. Fields further commented that now if you come up with a new specialty that comes out of nowhere and you did not have the CODA backing or oversight then you are not sure that everyone got the same level of education and training. And so the Board's job is not only to protect the public as consumer, but to protect the public patient as consumer. So when you look at your deliberations you are not looking at everything being equal unless they have CODA standards. That is a whole different level and anesthesia is one of them.

Dave Owsiany stated that he wanted to make a clarification on Option D which refers to a CODA Accredited post-doctoral education program in a CODA accredited dental school. He wanted to be clear that you are talking about a CODA accredited program but that they do not necessarily have to be in a CODA accredited dental school. Dr. Weaver mentioned that you can have a CODA accredited anesthesia program in a hospital and as you begin the wordsmithing process you have to have "CODA accredited dental school". He said that CODA does

accredit dental schools but the CODA accredited graduate program does not necessarily have to be in a CODA accredited school.

Dr. Zucker stated that when he graduated from dental school, in order to get accepted into a specialty program you had to be at the top of your class. He felt the biggest part of the specialty recognition is knowing that a dentist was at the very top of the top of the class of dentists in the state of Ohio and feels that it is important for the public and for the patient to understand that. He said that a lot of patients view their specialists as being in the top tier of dentistry and the reason they do that is because they know they had to get accepted into a competitive specialty program, they had to match, they had to apply, they had to go and get into a highly competitive pool of applicants, and get accepted into that program.

Dr. Zucker then asked Dr. Fields and Dr. Weaver, statistically speaking, it was his understanding that if you do not have a 3.9 GPA then you should not even apply, and his question is how competitive are these other specialty programs that we are debating about conferring specialty status onto, and is there a barrier to taking a general dentist who wants to be a specialist and any general dentist becomes specialist simply by taking a class. He questioned whether there is still a bar to prevent the bottom tier from becoming specialists.

Dr. Zucker said that he felt it is an important designation from the public perspective because if the public suddenly realizes that there is really nothing preventing a dentist from becoming a specialist then there is really nothing protecting them from that designation. The designation is not protecting the public in any way shape or form and you can essentially buy your specialty designation by taking some classes. He stated that is a huge designation that we need to as a group and as individual members really think about and we really need to consider strongly. He stated that from a patient standpoint, our patients need to know that when they are going to a specialist, that they are going to be seeing somebody who was from the top tier of their dental class to become a specialist, not somebody who bought their designation.

Dr. Weaver commented that the anesthesiology programs are highly competitive, they are usually a 3-year program, in which the student works some 80 hours per week, and they graduate without being able to claim their specialty in Ohio.

Dr. Guttman said that she did a little bit of her own surveying in asking people what was their perception of a specialist. She had asked lay people, hygienists, assistants, and got interesting reviews and they didn't come back to me with a "Well you're at the top of your class you got in a program". One thing she saw consistently was that they all expected a specialist to know everything about that area of specialty and that she felt taking selective courses might not qualify one to handle every problem or everything that could go wrong in that specialty.

Dr. Guttman stated that as a general dentist, she refers to a specialist because she wants them to handle any complication or problem that might be associated with that particular problem and she does not want her patients to look on their insurance list and see the guy who maybe took a couple of courses but now can call himself a specialist versus the dentist who really studied for 2-3 years. She questioned how she would explain that to a patient without coming under personal liability for slandering somebody.

Dr. Anderson stated that he does not advertise as a specialist and that from personal experience he knows that members of his community know that he does a lot of implant dentistry and surgeries. Many of his referrals are

from general dentists in my area who prefer that he does the treatment for them versus the local oral surgeon because they feel more comfortable with his work. He spoke with Dr. Job earlier about the level of education he received versus the level of education that Dr. Job got in school when he was there and they are two different things. The education that this keeps falling back on is very important but we study this on a specialty level, we're tested on the specialty level in order to get that diplomate, and it is not something that we take lightly.

Dr. Guttman said that she would not disagree that Dr. Anderson has not acquired a good skill. However, she would disagree that this should not fall on the Board to determine the level of competency as we are not an accrediting agency to determine whether a dentist had great schooling versus somebody else who had not. She felt that the Board should rely on a separate body for that determination.

Dr. Guttman said that she read over the material on the ABDS and is unsure as she feels like they have a lot of wiggle room in some areas that would allow for someone to be a specialist. She feels that it is time for a change because we should not rely solely on those independent doctor run organizations but thinks we have to look into accrediting programs as we have to rely heavily on CODA approved programs.

Dr. Subramanian stated that he would like for them all to take all of the material that they have, look through it, and at this point what he would really like to suggest is to create a working group on this matter rather than just the five (5) members from the Committee to look at this material. He suggested having somebody with different expertise such as educators, maybe Dr. Recker, somebody from ODA and/or ADA and have them look at all the information and give their suggestions to the Board in order that we can come to an agreement on how we should proceed with specialty designation.

Ms. Nash stated that whether it is a taskforce or a subcommittee they have to give notice of where they are meeting and the meeting must be available to the public.

Dr. Job expressed his concerns that they are just postponing a matter that will eventually come back to them and felt that they need to be able to make a decision today. He stated that the Board received a lot of information today but not had the opportunity to totally evaluate it. However, he liked the idea of being able to study the standards for CODA-approved residencies for a period of time and then see if the other various organizations meet that criteria. He stated that we have no control over the ADA, we have no control over the ABDS, but we do have control in Ohio and what we feel the minimum standards for specialty recognition should be. What we have seen in a couple of the options is that we have basically taken the same requirements that the ADA is using which are tried and true and if another entity uses those same standards then they should be recognized as a specialty in Ohio.

Dr. Job stated that he was just pointing out that he was unsure of giving this responsibility to another committee to basically perform what is the Board's responsibility.

Director Kamdar stated they had a lot of information presented to the Board members from a lot of different speakers and that a decision could be made today, and a vote could be taken today, but it may be a rushed decision. We also have two (2) brand new Board members attending their very first meeting and is it fair to put them into that kind of a predicament of making such a critical decision. So, the Director stated that in light of that and with all the changes going on with the Board including the other two (2) vacancies, which may get filled, and all the information we've got to absorb, maybe what Dr. Subramanian is suggesting is valid. Maybe a

workgroup or taskforce whose mission is to come back to this table and advise all of the Board members on what those findings are in terms of minimum qualifications to be a specialist. The Director went on to state that the Board needs to come up with a way to measure who is a specialist based on some standardized, uniform, nationally accepted approach, whether it is CODA or some other approach.

Director Kamdar stated that to have representatives from all factions of dentistry, as Dr. Subramanian suggested, is a good idea. He stated that this Board needed to make the right decision and that in his opinion they were not going to be able to do that in the next few minutes.

Motion by Dr. Subramanian, second by Dr. Job, to establish a subcommittee of the Law and Rules Review Committee for the purpose of researching the requirements for recognition of specialties.

Discussion followed wherein it was suggested that the subcommittee/taskforce be comprised of representatives from the two dental colleges at Case Western Reserve University and Ohio State University, Dr. Recker, Dr. Weaver, representatives from the Ohio Dental Association, along with the Board's public member, Ann Aquillo.

President Clark stated that she understands the reasons behind recognizing implants as a specialty, however, she was concerned about all the other specialties that could come down the road and felt that the committee should look at what can be used as a standard, because they cannot be sitting here every meeting trying to decide what does it take to be a specialist in cosmetic dentistry, or to become a geriatric specialist. The Board will never be able to take care of the citizens of Ohio if they are just trying to establish educational standards.

Dr. Guttman stated that she is concerned from the disciplinary point of view. If all of these people are specialists, what if they have sub-standard training in another state and then they come to Ohio saying they are specialists and are harming our citizens because they passed maybe a course that they took but are not able to practice to the minimum standard of care that is acceptable.

Dr. Subramanian directed the members back to the vote on the motion on the floor and then appointed Deputy Director Nash as chair of the subcommittee.

Ms. Johnston suggested that the subcommittee should have definitive instructions on their mission and a timeline in which to report back to the Board.

Dr. Guttman asked if this subcommittee would spearhead a public survey. Ms. Aquillo stated that she thought that was the one thing she hears is what goes into all these different levels of training and questioned what the consumer perception is.

Dr. Subramanian withdrew his original motion.

Motion by Ms. Johnston, second by Dr. Job, that a subcommittee be formed composed of Ms. Nash as chair, a representative from Case Western Reserve University, Ohio State University, Dr. Recker, Dr. Weaver, an Ohio Dental Association representative, the Board's public member Ann Aquillo, and a person affiliated with the Commission on Dental Accreditation inspections to research standards for establishing specialties, requirements for specialty designation, and educational requirements, establish a survey for public perception, and to report back to the Law and Rules Review Committee at the September 13, 2017 meeting.

Dr. Job inquired as to whether there were any monetary concerns for the Board in regards to the subcommittee activities such as the survey. Director Kamdar indicated that there were no such concerns as long as it was a reasonable amount.

Dr. Recker declined participation on the subcommittee.

Motion by Ms. Johnston, second by Dr. Job, to amend her original motion to removing the requirement about establish a survey for public perception.

Motion carried unanimously to approve the amendment.

Motion carried to approve the amended motion with Dr. Anderson opposed.

President Clark thanked Dr. Subramanian for all of the work he had done in this matter.

Operations

Ms. Aquillo stated that the Operations Committee had not met that day but wanted to remind all of the members that they would be holding another Strategic Planning Meeting on Thursday, June 22, 2017, after the regularly scheduled Board meeting on Wednesday, June 21, 2017. She stated that, similar to last year, Director Kamdar would be sending out S.W.O.T. Analysis information in advance, as well as a stakeholder survey to determine what the Board is doing right and what our stakeholders feel the Board needs to improve upon.

Policy/Scope of Practice

Dr. Ginder indicated that he had nothing to report for the Scope of Practice Committee at this time. Ms. Johnston informed the members that she would be more available during the months of June and July and planned on volunteering her time at the Board executive offices to prepare more of the policies for review. She hopes to bring more of them back to the Committee at future meetings.

Executive Updates

President's Update

President Clark began her report sharing that she had the honor to stand with Presidents from the other medical, nursing and pharmacy boards and the Governor about the opioid issue in the State of Ohio. She stated that being a part of that process made her recognize just how grave the issue is and how important it is that we address it and that she was very grateful that we moved forward with the rules today about prescribing.

AADA/AADB Mid-Year Meeting update

President Clark said that the American Association of Dental Administrators/American Association of Dental Boards (AADA/AADB) meeting was very interesting and had provided a printed report for the members which was sent to Dr. Guttman and Director Kamdar who added their remarks [Appendix B]. She then highlighted a few items from the report:

- Dr. Jill Burns opening remarks about how they have improved communications
- Mr. Hetki talked about the budget and how they have been developing a lot of programs at the AADB meeting.

- Dr. Crowley presented the ADA's view on licensure testing and made it very clear that the ADA is looking to develop and administer a non-patient based examination.
- Dr. Seiberg talked with an update on Dental Compacts and that there are states that have joined which are still looking to expedite that process.
- Dr. Shannon Mills provided a presentation about the quality of dental units water issues. There have been some unfortunate complications and deaths from the bacteria found in the water systems.
- Dr. Shannon Osborne from the Western Regional Examining Board gave a presentation on Psychometrics.
- Ms. Diane Howe encouraged new people to become members and also spoke about efforts they have made to keep their database up and running so if information is requested about infractions you can get it very quickly.
- Mr. Perkins from the CDCA addressed the ADA's letter about the non-patient exam. Ms. Clark noted that both of those letters had been included in the Board notebook. The ADA's letter "Talking Points for State Dental Societies" was sent out to all the dental schools and societies to encourage a non-patient based examination. In the process of doing so, the ADA stated that they have evidence that the current licensing patient examination does not have great validity and reliability, however, they have not yet produced that information.
- Attorney Grant Gerber presented at the Board Attorney Roundtable on the "Chevron Doctrine". The take away message is that we need to clean up our laws & rules so that it says what we meant to say. We need to be very specific with what we say.
- Attorney Stan Ingram discussed the Consumer Financial Protection Bureau vs Care Credit in Mississippi. Care Credit has changed its business model so patients aren't misled.

President Clark stated that the Hygiene Caucus was looking for a hygiene member and indicated that she put forth Susan Johnston's name to be placed in nomination for which she will have to submit a resume to the nominations committee. The rest of the Hygiene Caucus talked a lot about the OSCE exam. In Minnesota, the committee has been discussing whether or not to use it as a method for licensure, however, Minnesota's Attorney General has not had enough conversation about it so they did not bring that out of committee.

[American Dental Association "Talking Points for State Dental Societies" and the AADB Letter of Response to the ADA](#)

President Clark said she would not be reading the ADA report or the AADB letter of response to the ADA [Appendix C] which she noted were in the Board meeting notebook and encouraged everyone to read them.

[Correspondence from Corydon Palmer Dental Society](#)

President Clark state that the last item was a letter from the President of the Corydon Palmer Dental Society, Dr. Steven Watts, who was concerned about the change in the online CE requirement to where you can obtain all of your CE hours online and how this has had a dramatic impact on those CE providers, such as the dental societies, who are providing face-to-face continuing education. She stated that at the recent special meeting of the Law and Rules Review Committee, Matt Whitehead representing the Ohio Dental Hygienists' Association, also raised

a similar concern. President Clark would like the Board to revisit and reconsider the CE rules to determine whether it would be appropriate to limit the number of online hours which may be attained.

Executive Director's Update

Director Kamdar opened his update by extending a welcome to the new Board members, Dr. Krob and Dr. Zucker. He then stated that he wished to thank Dr. Shaffer for all her contributions to the Board, and said that she will be recognized at a future meeting.

Director Kamdar thanked the speakers for the day: Dr. Baur, Dr. Ness, Dr. Weaver, Dean Lloyd, Dr. Recker, and Mr. Owsiany. He encouraged all the Board members, even though an advisory group was formed under the Law and Rules Review Committee, to continue to study the issue of specialties, especially the information that was provided today and educate themselves on all the different avenues for recognizing specialties, whether they are traditionally accepted or more recent ones, and to look at them objectively.

Director Kamdar also thanked the Board members for their indulgence and exemplary conduct for the meetings today. He said he was grateful that they were able to have the discussion in a professional manner and respect each other's opinions whether or not they agreed.

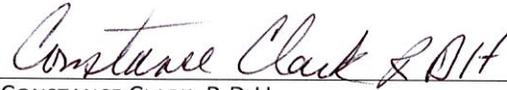
Anything for the Good of the Board

President Clark asked if anyone had anything for the good of the Board.

Ms. Johnston congratulated President Clark on her retirement from Columbus State Community College. Members and attendees gave a round of applause. Ms. Clark thanked everyone.

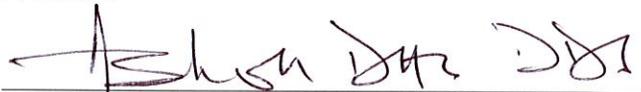
Adjourn

President Clark adjourned the meeting at 4:29 p.m.



CONSTANCE CLARK, R.D.H.

President



ASHOK DAS, D.D.S.

Vice President

Appendix A

4715-6-02 Prescribing opioid analgesics for acute pain.

4715-6-02 Prescribing Opioid Analgesics for Acute Pain

(A) For the treatment of acute pain, the dentist shall comply with the following:

- (1) Extended-release or long-acting opioid analgesics shall not be prescribed for treatment of acute pain;
- (2) Before prescribing an opioid analgesic, the dentist shall first consider non-opioid treatment options. If opioid analgesics are required as determined by a patient history and clinical examination, the dentist shall prescribe for the minimum quantity and potency needed to treat the expected duration of pain, with a presumption that a three-day supply or less is frequently sufficient and that limiting the duration of opioid use to the necessary period will decrease the likelihood of subsequent chronic use or dependence.
- (3) In all circumstances where opioid analgesics are prescribed for acute pain:
 - (a) Except as provided in paragraph (B) of this rule, the first opioid analgesic prescription for the treatment of an episode of acute pain shall be:
 - (i) For adults, not more than a seven-day supply with no refills;
 - (ii) For minors, not more than a five-day supply with no refills. A dentist shall comply with section 3719.061 of the Revised Code, including but not limited to obtaining the parent or guardian's written consent prior to prescribing an opioid analgesic to a minor;
 - (iii) The seven-day limit for adults and five-day limit for minors may be exceeded for pain that is expected to persist for longer than seven days based on the pathology causing the pain. In this circumstance, the reason that the limits are being exceeded and the reason that a non-opioid medication was not appropriate to treat the patient's conditions shall be documented in the patient's record; the number of days of the prescription shall not exceed the amount required to treat the expected duration of the pain as noted in (A)(2) above; and
 - (iv) If a patient is allergic to or otherwise unable to tolerate the initially prescribed opioid medication, a prescription for a different, appropriate opioid may be issued at any time during the initial seven or five-day dosing period and shall be subject to all other provisions of this rule. The allergy and/or intolerance shall be documented in the patient's record. The patient or the

minor patients, parent, guardian or other responsible adult must be provided education of the safe disposal of the unused medication.

- (b) The patient, or a minor's parent or guardian, shall be advised of the benefits and risks of the opioid analgesic, including the potential for addiction, and the advice shall be documented in the patient's record; and
- (c) The total morphine equivalent dose (MED) of a prescription for opioid analgesics for treatment of acute pain shall not exceed an average of thirty MED per day, except when all of the following apply:
- (i) the patient has significant and prolonged acute pain related to one of the following conditions:
 - (a) traumatic oro-facial tissue injury with major mandibular/maxillary surgical procedures;
 - (b) severe cellulitis of facial planes; or
 - (c) severely impacted teeth with fascial space infection necessitating surgical management.
 - (ii) the dentist determines that, for the 72 hour period following the procedure, it is absolutely necessary to exceed the 30 MED daily limit based on the patient's needs but may not exceed 90 MED per day.
 - (iii) the dentist has documented the reason for exceeding the 30 MED average in the patient record and why it is the lowest dose consistent with the patient's medical condition.
 - (iv) In circumstances when the 30 MED average is exceeded, the dose shall not exceed the dose required to treat the severity for the pain as noted in (A)(2) above and furthermore, the dose will not exceed 90 MED per day within the initial 72 hour period as noted in (C)(ii) above.
- (d) Prescriptions which exceed the five or seven day supply or 30 MED average daily dose are subject to additional review by the Board.
- (e) All prescriptions for opioid analgesics for the treatment of acute pain shall comply with Ohio Administrative Codes 4729-5-13 and 4729-5-30 and all other federal and state controlled substance laws, rules and regulations.
- (B) The requirements of paragraph (A) of this rule apply to treatment of acute pain, and do not apply when an opioid analgesic is prescribed:
- (1) To an individual who is a hospice patient or in a hospice care program;
 - (2) To an individual receiving palliative care;
 - (3) To an individual who has been diagnosed with a terminal condition;

(4) To an individual who has cancer or another condition associated with the individual's cancer or history of cancer; or

(5) To an individual undergoing medication-assisted treatment for a substance use disorder.

(C) This rule does not apply to prescriptions for opioid analgesics for the treatment of opioid addiction utilizing a schedule III, IV or V controlled substance narcotic that is approved by the Federal drug administration for opioid detoxification or maintenance treatment.

(D) This rule does not apply to inpatient prescriptions as defined in rule 4729-17-01 of the Ohio Administrative Code.

Appendix B

Report from the AADB Meeting

Report from the AADB meeting

Chicago April 23 and 24

Hygiene Caucus

Nominations were solicited from the Hygiene Caucus for the Dental Hygiene Member. Susan Johnston's name was placed in nomination. Susan is to submit a resume to the nomination committee by October.

Much discussion occurred about the ADA position of a non-patient based examination and whether that would be a good modality for a dental hygiene exam. Minnesota reported their Board was ready to bring out of committee to the Board to not accept the current Canadian OSCE examination but was told by their AG that the conversation could not be held as the AG had not yet thoroughly studied the issue.

President's Opening Remarks

Jill Burns shared the accomplishments of AADB during the year. More frequent communications is being sent out from the Executive Director. The database searches are completed within two or three weeks providing Boards with information about infractions.

Mr. Richard Hetke, Executive Director, spoke about the accomplishments of the AADB since he started in his position. He spoke about some of the upcoming objectives. Mr. Hetke also covered the budget for the upcoming fiscal year and noted that the AADB would have a small deficit but they had funds in a reserve account to defray the deficit. He expressed hope that the ASP program will generate additional revenue.

Dr. Joseph Crowley presented ADA's view on licensure testing. It is the position of the ADA for a non-patient based examination. ADA is in the process of creating that examination.

Dr. Bruce Seidberg, provided an update on Dental Compacts. There are several states that have joined a compact. Their goal is to expedite the licensure process.

Dr. Shannon Mills gave a presentation about dental unit water quality issues. There were two cluster cases one in Georgia 2015 and one in California 2016 where several children all undergoing pulpotomies became ill by a bacteria that was found in the water rising concern for quality of water used in dentistry. Dental lines are more

susceptible to bad biofilms building up due to the small size of the water lines. Flushing the systems only helps with “back-flow” from patient to patient. Research is ongoing to determine what is safest for water lines. Until better guidelines are established it is recommended that for non surgical procedures water meets the standards for drinking water. It is highly recommended you follow your dental unit care recommendations as each system can be different as well as document what you do to your water lines. Very interesting presentation

Dr. Shannon Osborn from the Western Regional Examining Board gave a presentation on Psychometrics. She is extremely knowledgeable and would be a great resource should we need data analyzed.

Ms. Diane Howell, provided the AADA report. She encouraged all state directors to be members. She covered topics slated for discussion in October, 2017 include how boards process complaints, conduct investigations, issue discipline and site visits.

Mr. David Perkins addressed the AADB. He shared frustration that the ADA sent letters to the dental societies and dental schools about their developing a business plan for development and implementation of an OSCE by the Council on Dental Education and Licensure. Factors that ADA stated led to this decision included long-standing and current ADA policies on dental licensure, including the elimination of the use of patients in licensure examinations.

ADA claims available psychometric analysis of current patient-based licensure examinations that suggests patient -based exams do not screen out beginning practitioners with inadequate hand-skills.

ADA also stated in their letter that psychometric analyses of the Canadian dental licensure OSCE strongly suggests there is more evidence in support of the reliability and validity of scores on the OSCE as compared to patient-based exams. Mr. Perkins asked for the data that ADA claims to have. ADA has yet to produce the requested data.

During the Open Forum much of the discussion was about the ADA letter and implications for a non-patient examination.

Monday started with a presentation about Advancing Infection Prevention, Control and Safety in the Dental Settings. The results of an OSAP/DANB study showed the top 5 violations are

- a. Missing or incomplete records of biological monitoring of sterilizer.
- b. Lack of written protocol for instrument processing/sterilization.
- c. Improper storage of dental instruments.
- d. Failure to properly sterilize dental handpieces.
- e. Lack of written exposure control plan.

It has been found that offices with 9 or more personal are more likely to be compliant with safety guidelines and rural offices have lower compliance. They are focusing on better education in the allied health programs to help improve compliance.

A helpful tool to our board is the ongoing development of on-line education that should be available soon for training, specifically in infection control discipline. This can be found at the Dale Foundation and OSAP.org websites.

Board Attorney Roundtable

Attorney Grant Gerber explained the famous “Chevron Doctrine” and the importance to state agencies. The take away message: statute should say what it means. Meaning clean up laws and rules so regulations easy to follow and no catch all phrases.

Attorney Stan Ingram discussed the Consumer Financial Protection Bureau vs Care Credit in Mississippi. In summary Care Credit had to change its business model so that patients were not misled. They had to establish transparency principles, prohibited for use of services not rendered, enhanced disclosures given to the consumer prior to when they enroll, enroll staff into training and terminate the provider if they fail to follow the rules. These are safety precautions for the consumer that should be followed and happening in every state.

Appendix C

American Dental Association “Talking Points for State Dental Societies”

Client Services

ADA American Dental Association™

Talking Points for State Dental Societies

Recent action by the ADA Board of Trustees to authorize development of an Objective Structured Clinical Exam (OSCE) for dental licensure.

The ADA Department of Testing Services was tasked with developing a business plan for development and implementation of an OSCE by the Council on Dental Education and Licensure (CDEL) in accord with long-standing and current ADA policies, including the policy, “Eliminating the Use of Patients in Board Examinations (trans 2005:335; 2013:351). The Council carefully reviewed and supported the plan at its December 2016 meeting and recommended that the Board of Trustees provide development funding. In addition, a national Licensure Task Force jointly sponsored by the ADA and the American Dental Education Association unanimously endorsed the development of the dental licensure OSCE at its January 2017 meeting. Subsequently, the Board of Trustees spent a considerable amount of time at its February 2017 meeting discussing the plan. There were several factors that ultimately led the Board of Trustees to support both the CDEL recommendation and the Joint Licensure Task Force endorsement:

- The development of an OSCE for dental licensure reflects several long-standing and current ADA policies on dental licensure, not only the elimination of the use of patients in licensure examinations, as mentioned above, but also policies on licensure portability and acceptance by state dental boards of a single, national clinical exam. In particular, the issue of license portability consistently ranks as one of the top three issues for the ADA’s new dentist members.
- Available psychometric analysis of current patient-based licensure examinations strongly suggests that the patient-based exams do not screen out beginning practitioners with inadequate hand-skills. In other words, the validity and reliability evidence may not support the assertion that the patient-based exams protect the public by keeping incompetent practitioners from obtaining a dental license.
- Psychometric analyses of the Canadian dental licensure OSCE strongly suggests there is more evidence in support of the reliability and validity of scores on the OSCE, as compared to patient-based exams.
- Many of the ethical issues of a patient-based examination, as outlined in the Council on Ethics, Bylaws, and Judicial Affairs (CEBJA) white paper on “Ethical Considerations When Using Human Subjects/Patients in the Examination Process”, remain unresolved for the vast majority of candidates taking a patient-based licensure exam. This has become particularly relevant this year, as the ADA celebrates the 150th anniversary of its Code of Ethics.
- The ADA Department of Testing Services has a long-track record of developing and implementing highly valid and reliable high-stakes examinations in both the licensure and admissions arenas.

This is a complex issue and members and other stakeholders can be assured that the plan was carefully vetted and thoroughly discussed over a six-month period. The ADA has every confidence that the dental licensure OSCE, as developed by the ADA, will meet the highest standards in high-stakes testing and, more importantly, will provide a better mechanism for regulatory agencies to protect the public.

Please feel free to contact Tony Ziebert directly at zieberta@ada.org if there are any questions.

April 12, 2017

American Association of Dental Boards Response to ADA Proposed National OSCE Examination



American Association of Dental Boards
www.dentalboards.org

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Shreveport, LA 71106

Dr. Joseph P. Crowley, President-Elect
American Dental Association
3475 North Bend Road
Cincinnati, OH 45239

Dr. Kathleen T. O'Loughlin
Executive Director and Secretary
American Dental Association
211 East Chicago Avenue
Chicago, IL 60611

May 5, 2017

RE: ADA's Proposed National OSCE Examination

Dear Drs. Roberts, Crowley, and O'Loughlin:

The dental profession is fraught with a wide range of interesting, and at times controversial, issues. None of these issues has drawn more discussion, and resulted in more angst than the subject of licensure testing. This observation was reinforced by the ADA Board of Trustees' recent vote to create a national objective structured clinical exam (OSCE) and the ADA's publication of a group of "Talking Points for State Dental Societies" on April 12, 2017 in support of the proposed new exam. These recent actions by the ADA were discussed at the Mid-Year meeting of the American Association of Dental Boards (AADB) on April 23-24, 2017. The AADB membership unanimously passed a resolution directing the AADB Board of Directors to respond to the ADA. Herein is our response.

Initially, AADB wishes to emphasize that it supports a full and complete discussion and debate on the twin questions of whether there should be a national exam and whether any such national exam should have a patient-based component. Just such an open discussion occurred at the conclusion of both plenary sessions of the recent AADB Mid-Year Meeting. ADA representatives attended those sessions and made presentations, both formal from the podium and informal from the floor. While emotions at times ran high, the discussion among ADA and AADB members was professional and informative.

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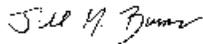
Second, AADB recognizes and completely supports the basic principle that each state dental board retains the full power to determine which tests will be accepted for licensure within its jurisdiction. Not surprisingly, achieving 50-state unanimity as to which tests will be accepted and whether these tests should have a patient-based component is virtually impossible. But one thing is certain: state dental boards will resist efforts by any organization to force them to accept a particular test. We respect their autonomy in these decisions.

Third, AADB respectfully asks ADA to reconsider its decision to develop a national OSCE, whether that exam has a patient-based component or not. Healthcare trade associations and professional organizations seldom develop the licensure tests for their members who practice that trade or profession. The mission of a professional association is different from a regulatory body, where one has the mission to support its members and the other to protect the public. The best way to avoid a conflict of interest is to prevent creating a regulatory scheme or structure in which such a conflict might arise. Those who are to be regulated should not be the ones to provide the test for licensure. We ask that the ADA Board of Trustees and the House of Delegates take a fresh look at the scope of responsibility for the ADA in these matters.

Finally, AADB has substantial reservations about ADA's position on patient-based licensure exams. While unanimity on an issue is, as already noted, seldom achievable, a considerable majority of AADB's state dental board members believe that an exam with a patient-based component is preferable to an exam without one. These boards also believe that there is ample expert opinion, data, and literature to support this position. AADB seeks careful analysis and discussion of ADA's assertions and empirical data relating to the reliability of patient-based exams.

We look forward to continuing the dialogue on this vital issue.

Sincerely,



Dr. Jill M. Burns
President
American Association of Dental Boards

cc: AADB Board of Directors; Executive Directors, State Boards of Dentistry

ADA Officers, Trustees, Staff: Dr. Rickard G. Asui; Dr. Robert N. Bitter;
Dr. Richard C. Buck; Dr. Raymond A. Cohlmoia; Dr. Jeffrey M. Cole;
Dr. Judith M. Fisch; Dr. Chad P. Gebani; Dr. Glen D. Hall; Dr. Gary B. Jeffers;
Dr. Daniel J. Klemmedson; Dr. Andrew J. Kwasy; Dr. Billie Sue Kyger;
Dr. Ronald P. Lemmo; Dr. Kenneth McDougall; Dr. Irene Marron Tarrazzi;
Dr. G. Lewis Mitchell, Jr.; Dr. Kirk M. Norby; Dr. Lindsey A. Robinson;
Dr. Cesar R. Sabater; Dr. Alvin W. Stevens, Jr.; Dr. W. Roy Thompson;
Dr. Anthony Zieherl