Ohio State Dental Board
Board Meeting
November 7, 2018

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Ohio State Dental Board
Board Meeting
November 7, 2018

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 November 7, 2018. Board members present were:

Susan Johnston, R.D.H., Vice President
Patricia Guttman, D.D.S., Secretary
Bill Anderson, D.D.S.
Theodore Bauer, D.D.S.
Canise Bean, D.M.D.
Tracy Intihar, Public member
Jamillee Krob, R.D.H.
Faisal Quereshy, D.D.S.
Mary Kay Scaramucci, R.D.H.
Andrew Zucker, D.D.S.

The Board President Ashok Das, D.D.S. and Vice Secretary Kumar Subramanian, D.D.S., were unable to attend the meeting. The following guests were also in attendance: Katherine Bockbrader, Esq. of the Ohio Attorney General’s Office; Eric Richmond, Esq. and Henry Fields, D.D.S. of the Ohio Dental Association (ODA); Thomas Perrino, Esq. of Frank R. Recker & Associates. Staff consisted of Harry Kamdar, M.B.A., Executive Director, Steve Kochheiser, Esq., Deputy Director, Zachary Russell, Deputy Director, Barb Yehnert, Dental Board Enforcement Officer, and Malynda Franks, Administrative Professional, of the Ohio State Dental Board and other guests.

Call to Order
Susan Johnston, R.D.H., introduced herself as the Board Vice President and a dental hygienist from Columbus. She stated that Board President Ashok Das, D.D.S. a general dentist from Mason was unable to attend the meeting. After greeting those in attendance, Vice President Johnston noted that there was a quorum present and called the meeting to order at approximately 2:15 p.m.

Board Business
Introductions
Board Members

Director Kamdar then stated that Board President Ashok Das, D.D.S. and Vice Secretary Kumar Subramanian, D.D.S., were unable to attend the meeting due to schedule conflicts.

Approval of Agenda
Director Kamdar 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. Zucker, second by Dr. Quereshy, to approve the September 12, 2018 Board meeting agenda as presented.

Motion carried unanimously.

Review of Board Meeting Minutes

September 12, 2018 Meeting
Director Kamdar informed the Board that the draft Minutes from the September 12, 2018 meeting had been forwarded to the members for review prior to the meeting and indicated that the final version, which included two (2) last minute revisions, was in the Board Notebook for approval. He then asked if there was a motion regarding the Minutes.

Motion by Dr. Bean, second by Dr. Zucker, to approve the September 12, 2018 Board meeting minutes as presented.

Motion carried unanimously.

Public Comment/Presentations/Correspondence

Correspondence – Ohio Department of Job and Family Services

Training Manuals for Mandated Reporters of Elder Abuse
Director Kamdar stated that the Board had received correspondence from Carla Carpenter, Deputy Director of the Ohio Department of Job and Family Services (ODJFS), Office of Families and Children [Appendix A]. He stated that the letter indicated H.B. 49 expanded the list of mandated reporters of elder abuse and required ODJFS to develop training manuals for mandated reporters. Director Kamdar suggested that the letter, along with the information on the training manuals be given to the Education Committee for packaging into training requirements for licensees.

Action Items

Supervisory Investigative Panel Expense Report
Director Kamdar stated that he had received an e-mail from the Board’s Vice-secretary, Dr. Subramanian attesting that he had spent at least twenty (20) hours per week attending to Board business. The e-mail will be attached to the final minutes from this meeting [Appendix B]. He then asked if Dr. Guttman, the Board’s Secretary attested to having spent at least twenty (20) hours per week attending to Board business. Dr. Guttman affirmed that she had spent the hours attending to Board business.

Motion by Dr. Krob, second by Dr. Bauer, to approve the Supervisory Investigative Panel Expense report.

Motion carried with Dr. Guttman abstaining.

Director Kamdar recommended a change to the Board agenda by requesting that the Executive Session portion of the meeting be held prior to the Enforcement section of the agenda in order to accommodate all of the members, since it was his understanding that member(s) may need to leave the meeting early.

Executive Session

Motion by Dr. Krob, second by Dr. Quereshy, 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
Dr. Bauer – Yes
Dr. Bean – Yes
Dr. Guttman – Yes
Ms. Intihar – Yes
Ms. Johnston – Yes
Dr. Krob – Yes
Dr. Quereshy – Yes
Ms. Scaramucci – Yes
Dr. Zucker – Yes

Motion carried unanimously.

Director Kamdar indicated that he would attend the executive session along with Mr. Kochheiser and Ms. Bockbrader. He then 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. He 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. The meeting session opened with a brief discussion regarding the rest of the agenda. The Board decided that the meeting would continue with Committee Reports prior to returning to the rest of the original agenda.

Committee Reports

Ad Hoc
Disciplinary Guidelines - Category VII Continuing Education Violations
Dr. Guttman stated that the Committee had met earlier that day and reviewed and discussed revisions to Category VII, Continuing Education Violations of the Disciplinary Guidelines. She said the revisions were being considered since the Board has begun the Continuing Education (CE) Audit of the 2016-2017 biennium. Dr. Guttman indicated that the Committee had accepted the proposed changes without further amendments and was recommending the new guidelines replace the current version of Category VII in the Disciplinary Guidelines [Appendix C]. Dr. Guttman informed the Board members that they had received an update on the status of the CE Audit from Ms. Franks.

Motion by Dr. Zucker, second by Dr. Bauer, to approve the Ad Hoc Committee Report.

Motion carried unanimously. Dr. Guttman then excused herself from the rest of the meeting.

Education
Dr. Krob stated that the Education Committee meeting was called to order at 10:10 a.m. in room 1924 of the Vern Riffe Building. Dr. Krob indicated that she, along with Ms. Susan Johnston began the meeting with Dr. Quereshy sitting in for Dr. Ted Bauer who arrived later.

Minutes
Dr. Krob informed the members that the September 12, 2018 Committee Minutes were reviewed and accepted without modification via consensus by the committee members.
Review of Biennial Sponsor Application(s)
Dr. Krob then indicated that the Committee members had been asked to review six (6) Biennial Sponsor and Biennial Sponsor Renewal Applications with one (1) additional application from the previous meeting that had required additional information. She indicated that the Committee had reviewed and was recommending approval for Biennial Sponsorship of continuing education be granted to the seven (7) applicants with several receiving retroactive approval. Dr. Krob indicated that the retroactively approved applicants would be notified that going forward they will not be considered for retroactive approval. Approval was granted to the following:

- Community Action Agency of Columbiana County Study Club
- Composite Study Club
- Morgan and Lemke
- National Provider Compliance Corporation
- Practice Enhancement Study Club (PESC)
- Sunbury Seminars, Inc.

Dental Assistant Radiographer Initial Training
The committee also reviewed two (2) applications for Dental Assistant Radiographer Initial Training submitted by ATA College and Ohio Valley College of Technology. The Committee approved the applications to become training sites for dental radiographers and certification as submitted.

4715-8-01 Continuing Education Requirements Draft
Dr. Krob stated that proposed amendments to 4715-8-01 Continuing Education Requirements which included the addition of mandatory two (2) hours of continuing education on opioid prescribing, had been posted to the Board Member Portal and were reviewed in committee. She said that suggestions were fielded, and an approved draft was accepted by the committee. The draft was forwarded on to the Laws and Rules Review Committee for consideration.

Continuing Education Revision Workgroup
Dr. Krob informed the Board that the Committee held a lively discussion regarding biennial sponsor applications and overall continuing education approval. She indicated that the consensus of the Committee since the start of the year has been that change of this process is needed to best serve the public, as well as licensees. Dr. Krob said that at the suggestion of Director Kamdar, a workgroup was established to prioritize the revision of the current process. She said that members of the workgroup consist of herself as chair, Ms. Susan Johnston, Dr. Ted Bauer, Dr. Faisal Quereshy, Ms. Mary Kaye Scaramucci and Mr. Don Gray, Director of Continuing Dental Education at The Ohio State University.

Topics for Next Meeting:
Dr. Krob concluded her report by stating that the Committee would be receiving a status report from the newly formed Continuing Education Revision Workgroup, along with a status update on the 2017-2018 Strategic Priorities and Key Action Items assigned to the Education Committee.

Motion by Ms. Johnston, second by Dr. Quereshy, to approve the Education Committee report and the recommendation for approval of the Biennial Sponsor and Initial Training Course applications.

Motion carried unanimously.
Law and Rules Review
Director Kamdar indicated that Deputy Director Kochheiser would be providing the Law and Rules Review Committee report in Dr. Subramanian’s absence.

Mr. Kochheiser stated that the Law and Rules Review Committee met that morning from 11:00 a.m. to 11:30 a.m.

Minutes
Mr. Kochheiser informed the members that the Committee had reviewed and approved the minutes from the September 2018 meeting as presented.

Updates
Anesthesia and Sedation Working Group
Mr. Kochheiser provided a status update on the Anesthesia and Sedation Working Group by explaining that the group was continuing their work on updating the guidelines. He stated that they have been looking at the guidelines for Colorado and may incorporate similar language into their final recommendations.

4715-6-03 Prescribing for Subacute and Chronic Pain
Mr. Kochheiser explained that new rule 4715-6-03 regarding prescribing for subacute and chronic pain has been through both public hearings without comment or testimony and is awaiting final filing, which will coincide with the other regulatory boards.

Omnibus Bill Working Group
Mr. Kochheiser indicated that Ms. Intihar would be providing an update on the Omnibus Bill Working Group at the end of his report.

2019 Rules to Review
Mr. Kochheiser stated that there was a question why there is a requirement of one year and 1,500 hours of practice in rule 4715-3-01 that dental hygienists must meet prior to practicing without the dentist present. He explained that the requirement had been lowered from the previous requirements of two years and 3,000 hours because it was felt that hygienists would be better prepared and more experienced, as well as more comfortable if they have been in clinical practice prior to being permitted to practice without the dentist present. Mr. Kochheiser stated that Matt Whitehead of the Ohio Dental Hygienists’ Association also questioned the use of the term “license” in paragraph (L)(7) in the rule as all-inclusive and suggested that the terms “registered” and “certified” should also be defined for expanded function dental auxiliary and radiographers.

Mr. Kochheiser indicated that the Education Committee had provided revisions to 4715-8-01 Continuing education requirements rule to include mandatory opioid prescribing education, and that the Committee would like to consider adding a sunset provision for the mandatory opioid prescribing education so that the training requirement only go on as long as necessary. He stated that they would have draft language to provide to the Committee at their next meeting. He then turned the report over to Ms. Intihar to provide a status report on the Omnibus Bill Working Group.

Omnibus Bill Working Group
Ms. Intihar explained that a primary focus of the Working Group was to reduce the Dental Practice Act by ten percent (10%) through the removal of unnecessary regulations. She stated that the process was fairly simple in that they would review and research with a focus on stakeholder outreach and engagement with the ultimate drivers being to reduce and simplify the law governing dentistry. She said that the intent was to have the law
make more sense with the hope to have a draft in place by the beginning of Summer 2019 in order to kickstart discussions of their proposals in July 2019.

*Motion by Dr. Krob, second by Dr. Anderson, to approve the Law and Rules Review Committee report as presented.*

Motion carried unanimously.

**Policy/Scope of Practice Committee**

Ms. Johnston stated that the Policy/Scope of Practice Committee had met that morning with all Committee members present. She stated that the Committee had begun their discussions with their continuing review and discussion of three (3) policies:

**Policy Regarding Handling of Investigation Involving Sitting Board Members**

Ms. Johnston indicated that Mr. Kochheiser provided the Committee with a copy of the State Board of Ohio policy, which is similar to other regulatory board policies in Ohio. The Dental Board’s current policy requires investigation of sitting Board members to be referred to another Ohio regulatory board for investigation. She indicated that Mr. Kochheiser would prepare a draft in the Board’s policy template for review at their next meeting.

**Ohio State Dental Board Access to Confidential Personal Information Policy and Policy for Adoption of an E-Mail Disclaimer for the Ohio State Dental Board**

Ms. Johnston stated that Mr. Russell would be looking into whether our Board should draft language regarding these policies in light of the State having similar policies.

**Best Practices - Obstructive Sleep Apnea**

Ms. Johnston informed the members that the Committee had received additional input from Board expert Dr. Shelley Shultz and was recommending that a working group be created to develop best practice guidelines for Obstructive Sleep Apnea (OSA). Ms. Johnston said the Committee invited Dr. Shultz, Dr. Quereshy, Dr. Bauer, and Dr. Ken Berley, a dental sleep medicine physician, to be a part of the working group. She indicated that Dr. Bauer’s first draft of Best Practice Guidelines for OSA may or may not need to be updated once the working group meets to discuss this matter.

**Administration of Silver Diamine Fluoride**

Ms. Johnston concluded her report by stating that discussion on the Administration of Silver Diamine Fluoride was tabled due to timing limitations. However, she had provided a first draft of a Position Statement in the materials for the meeting which they could have for review by the Committee at their meeting in December.

*Motion by Dr. Anderson, second by Dr. Bean, to approve the Policy/Scope of Practice Committee report as presented.*

Motion carried unanimously.

**Enforcement**

**Proposed Consent Agreement(s)**

The Board reviewed three (3) 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. Mr. Kochheiser provided a summary of the proposed consent agreements.
Disciplinary

Marcia A. Irving-Ray, D.D.S.
Motion by Ms. Johnston, second by Dr. Anderson, to approve the proposed consent agreement for Marcia A. Irving-Ray, D.D.S., license number 30.022235, and case number 17-31-1371.

Motion carried unanimously.

Pamela Jenkins, Radiographer, EFDA Applicant
Motion by Ms. Johnston, second by Dr. Anderson, to approve the proposed consent agreement for Pamela Jenkins, dental assistant radiographer, certificate number 51.006631, case number 18-31-1369.

Motion carried unanimously.

Non-Disciplinary

Ahmed Atarchi, B.D.S.
Motion by Dr. Krob, second by Ms. Scaramucci, to approve the proposed consent agreement for Ahmed Atarchi, B.D.S., license number 30.025606 limiting his practice to periodontics.

Motion carried unanimously.

Enforcement Update
Deputy Director Kochheiser began the Enforcement Update by informing the Board that there were five (5) cases pending hearing. He stated that there were no cases pending a Hearing Examiner’s Report and Recommendation, that there are seventeen (17) licensees and certificate holders under current suspension, thirty-three (33) licensees and certificate holders with older suspensions, and one-hundred and thirty-five (135) active cases. Mr. Kochheiser said that there was one (1) referral to QUIP and no licensees actively participating in QUIP. He informed the members that there were seventy-six (76) cases which have been investigated and reviewed by the Board Secretaries and are recommended to be closed with eight (8) warning letters having been issued. Mr. Kochheiser noted that there are twenty-nine (29) licensees currently on probation. He indicated that there are forty-four (44) cases that have been open for longer than 90 days as noted in the charts in the Board Notebooks.

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[,]” Deputy Director Kochheiser reviewed the cases to be closed with the Board.

The following cases are to be closed:

17-76-1129 - WL 18-18-1220 18-23-1321
18-00-1251 18-18-1250 - WL 18-25-1072
18-00-1287 18-18-1263 18-25-1073
18-09-1057 - WL 18-18-1264 18-25-1094
18-15-1101 18-18-1272 18-25-1227
18-15-1275 18-18-1295 18-25-1233
18-18-1158 18-18-1298 18-25-1242
18-18-1166 18-18-1337 18-25-1271
18-18-1178 18-18-1339 18-25-1278
18-18-1206 18-21-1288 - WL 18-25-1283
18-18-1208 18-21-1366 18-25-1285
Prior to the vote to close the above listed cases, Deputy Director Kochheiser 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  
Dr. Bauer – No  
Dr. Bean – No  
Ms. Intihar – No  
Ms. Johnston – No  
Dr. Krob – No  
Dr. Quereshy – No  
Ms. Scaramucci – No  
Dr. Zucker – No

Deputy Director Kochheiser then called for a motion to close the cases.

*Motion by Dr. Anderson, second by Ms. Scaramucci, to close the above seventy-six (76) cases.*

Motion carried unanimously.

Deputy Director Kochheiser then turned the meeting back over to Director Kamdar for the rest of the meeting.

**Delegation of Authority to Negotiate Settlement**

Ms. Johnston indicated that there was a motion to be made as a point of order from the earlier Executive Session.

*Motion by Ms. Johnston, second by Dr. Zucker, to delegate authority to negotiate settlement of matters relating to Dr. Sabrina Mickel to the Supervisory Investigative Panel, the Board President, and the Executive Director, subject to final ratification by the full Board.*

Motion carried unanimously.
Licensure

Director Kamdar stated that the Board’s Licensing Coordinator Samantha Slater had prepared a report of the licenses, certifications, and registrations that have been issued by the Board Executive Office since the last meeting in September. He explained that what was before them was the listing of license, registration, and certification numbers of issuance by the Board executive office for ratification by the Board. All names were removed from the documents provided prior to the meeting via the Board Member Portal, as well as in the documentation provided during the meeting. The names of the licensees, registrants and certificate holders have been added to the Board minutes for public notice purposes.

Dentist(s) – (26)

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Dental Hygienist(s) – (13)

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Dental Assistant Radiographer(s) – (182)

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51.033856  Toni Jones  51.033884  Alexendra Brunsman
51.033854  Iveye Brubaker  51.033886  Courtney Skinner
51.033857  Amanda Holland  51.033887  Helana Sorial
51.033858  Emily Malm  51.033885  Lori Wilder
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51.033860  Latavia Choate  51.033889  Brianna O'brien
51.033861  Mckayla Callicutt  51.033888  Monica Stone
51.033864  Amy Minniti  51.033890  Payge Lowe
51.033863  Kareema Bell  51.033893  Briana Cunningham
51.033862  Taylor Leeder  51.033892  Madison Switzer
51.033865  Brooke Clark  51.033894  Natalie Mosher
51.033867  Kayla Paul  51.033895  Christen Carper
51.033869  Amanda Starkey  51.033897  Alyssa Maguire
51.033868  Christina Philips  51.033898  Amy Dallmann
51.033866  Emily Moore  51.033896  Lakin Tolson
51.033870  Jaclynne Deichert  51.033899  Tyla Bergman

Limited Resident’s – (3)
RES.004043  Majd Hasanin  RES.004045  Raven Alexander
RES.004044  Abubaker Salih

Limited Teaching – (1)
71.000260  Betina Porto

Limited Continuing Education – (9)
LCE.000354  Sarah Hagee  LCE.000357  Katherine Orr
LCE.000355  Vanessa Motos  LCE.000360  Charles Simpson Iii
LCE.000356  John Han  LCE.000361  Karen Parvin
LCE.000358  Daniel Yeager  LCE.000362  Jill Tanzi
LCE.000359  Victoria Yeager

Expanded Function Dental Auxiliary – (14)
EFDA.002945  Grace Rader  EFDA.002949  Jada Rodriguez
EFDA.002946  Brittany Paliscak  EFDA.002948  Niki Lakes
EFDA.002947  Karry Loch  EFDA.002950  Raechel Feehan
Motion by Ms. Johnston, second by Dr. Zucker, to approve all licenses, registrations, and certifications as listed that have been issued since the September Board meeting.

Motion carried unanimously.

Graduate(s) of Unaccredited Dental Colleges Located Outside the United States
Director Kamdar stated that the Board’s Licensing Manager Samantha Slater had reviewed two (2) dental license applications from graduates of unaccredited dental colleges located outside the United States and had provided the detailed information for their review. He stated that all the candidates have completed a 2-year residency program in general dentistry and have met all other requirements as listed in Ohio Administrative Code Rule 4715-18-01 for licensure. He then named the following applicants:

Dr. Khalid Azzouz
Dr. Chadi Bachour

Motion by Ms. Johnston, second by Dr. Zucker, to grant licenses to practice dentistry in the state of Ohio for the two (2) candidates as listed.

Motion carried unanimously.

General Anesthesia/Conscious Sedation Permit(s)
Director Kamdar stated that the Board’s Anesthesia Consultant Greg Ness, D.D.S., had vetted the following individuals who have applied for Conscious Sedation and Anesthesia Permits. Evaluations have been conducted and the applicants are recommended to receive Permits for the specified modality.

General Anesthesia
Dr. Maximillian Beushausen, Canton, Ohio
Dr. Steven Cudney, Beavercreek, Ohio
Dr. Matthew Popper, Mayfield Heights, Ohio

Conscious Sedation
Dr. Benjamin Kwok, Hilliard, Ohio – Oral for children 12 years or younger
Dr. Nathan Minter, Norton, Ohio – Intravenous
Dr. Rhett Olsen, Columbus, Ohio – Intravenous
Dr. Phing Saurer, Dublin, Ohio – Intravenous
Motion by Dr. Anderson, second by Dr. Quereshy, to approve the general anesthesia and intravenous conscious sedation permit applications for the dentists as listed.

Discussion followed wherein Ms. Johnston asked if it was appropriate to know the names of the applicants prior to voting by Board members in light of the Board’s decision at the July 2018 Board meeting to exclude the names of individuals for future licensing reports.

Motion by Ms. Johnston, second by Dr. Anderson, to include the names of the individuals being granted licenses, registrations, or certificates by the Board in future reports.

Dr. Bauer stated that the names had been removed for consideration of disciplinary items because they are voting on a matter that would have a negative impact on a licensee. He felt that risks from voting on matters that are positive, such as licensure, are low. Ms. Bockbrader stated that she could provide a legal opinion to the Board if such an opinion were requested.

Dr. Anderson called the question.

Motion carried. Dr. Bauer, Dr. Krob, and Ms. Scaramucci opposed.

Oral Health Access Supervision Permit(s)
Director Kamdar stated that the Board’s Licensing Manager had reviewed two (2) applications for oral health access supervision permits and recommended that the following individuals be granted permits.

Dentist(s)
Yas Saleem, D.D.S., Kenton, Ohio

Dental Hygienist(s)
Amanda Lewis, R.D.H., Dayton, Ohio

Motion by Ms. Scaramucci, second by Ms. Johnston, to approve the applications for oral health access supervision permits to the individuals as listed.

Motion carried unanimously.

Reinstatement Application(s)
Director Kamdar stated that the Board’s Licensing Manager had reviewed two (2) dental reinstatement applications and recommended that the following individuals be reinstated to practice.

Dentist(s)
John Hall, D.D.S.
Rami Mouded, D.D.S.

Motion by Dr. Anderson, second by Ms. Intihar, to reinstate the licenses of John Hall, D.D.S. and Rami Mouded, D.D.S. to practice dentistry in the state of Ohio.

Motion carried unanimously.
Dental Hygienist(s)
Continuing with the Reinstatements, Director Kamdar informed the members that the Board’s Licensing Manager had reviewed two (2) dental hygiene reinstatement applications and recommended that the following individuals be reinstated to practice.

Marguerite Connor, R.D.H.
Terrie Sigler, R.D.H.

Motion by Dr. Quereshy, second by Dr. Bean, to reinstate the licenses of Marguerite Connor, R.D.H. and Terrie Sigler, R.D.H. to practice dental hygiene in the state of Ohio.

Motion carried unanimously.

Executive Updates
President’s Update
Director Kamdar stated that Dr. Das was unable to attend the meeting due to a schedule conflict but had asked him to remind the members that election of officers was typically held during the December Board meeting. He stated that members should either prepare to elect new officers or possibly consider deferring the elections to a later meeting in early 2019. Director Kamdar stated that the staff would prepare a template/matrix of the Board members to assist the members in their election considerations. He then turned the meeting over to Ms. Johnston to report on the American Association of Dental Boards meeting.

American Association of Dental Boards Meeting Report
Ms. Johnston informed the Board members that she had provided them with a comprehensive report of the American Association of Dental Boards (AADB) meeting that was held on September 22, 2019 in Chicago, Illinois prior to the meeting [Appendix D]. Her report had been provided on the Board Member Portal, as well as within the Board Notebook for the meeting. She encouraged the members to read the entire report but wanted to stress that representatives of the Federal Trade Commission were present to the AADB meeting and spoke three (3) times concentrating on licensing and addressing restriction of trade and reminding dentists that dental boards and dental board members are in place to protect the public not the profession.

Executive Director’s Update
FY 2017/2018 Annual Report
Director Kamdar stated that the FY 2017/2018 Annual Report had been completed and posted to the website. This report runs from July 1, 2016 to June 30, 2018, covering a 2-year period which provides a better and more comprehensive look at the activities of the Board.

December Board Meeting
Director Kamdar stated that they would be returning to the regular schedule for the Board meeting in December with the committee meetings scheduled in the morning beginning around 8:00 a.m. and the Board meeting beginning at 1:00 p.m. He stated that the Board President has asked to hold their holiday dinner the night before on December 4.

Director Kamdar informed the members that they will be inviting Ann Ginder, wife of former Board member Dr. Michael Ginder, to present her with a certificate recognizing Dr. Ginder’s accomplishments and service to the Board and to the profession. At that time, the Board will also be dedicating a plaque with the inscription “Dr.
Michael Ginder Conference Room” and it will be affixed to a wall in the conference room located within the Dental Board offices.

Anything for the Good of the Board

Director Kamdar inquired as to whether any of the Board members had any items to address under “Anything for the Good of the Board.” He noted that there were no items to address.

Adjourn

Vice President Johnston adjourned the meeting at 3:53 p.m.

ASHOK DAS, D.D.S.
President

SUSAN JOHNSTON, R.D.H.
Vice President
Appendix A

Ohio
Department of
Job and Family Services

John R. Kasich, Governor
Cynthia C. Dungey, Director

October 5, 2018

TO: Ashok Das, DDS, President
Ohio State Dental Board

FROM: Carla K. Carpenter, Deputy Director
Office of Families and Children

SUBJECT: ELDER ABUSE MANDATORY REPORTER TRAINING MATERIALS

House Bill 49 signed by Governor Kasich in June 2017 expanded the list of mandated reporters for elder abuse in Ohio. This bill also required the Ohio Department of Job and Family Services (ODJFS) to develop training materials for all mandated reporters. ODJFS has met this mandate by developing a series of reference guides, geared towards the various individuals and professional disciplines listed in section 5101.63 of the Revised Code (ORC), effective September 29, 2018.

Each guide contains an overview of adult protective services (APS), specifically: statutory definitions pertaining to APS; indicators of elder maltreatment; guidance on how and where to report suspected elder abuse; and information on what happens after a report is made. In addition, each guide contains information specific to its audience. One publication is written for the mandated reporters working in the medical field; one is written for legal and law enforcement professionals; and one is written for financial services providers. There is also a fourth guide written for all Ohioans that does not focus on any particular discipline or profession. A copy of each guide is included with this correspondence for your information and use, as applicable.

ORC Section 5101.632 tasks all entities that employ, license or regulate the individuals listed as mandated reporters with ensuring those professionals have access to the training materials developed by ODJFS. These guides are available free of charge in both electronic and hard copy format. The guides may be downloaded or ordered through the JFS Forms Central website (http://www.ohio.gov/forms/) using the following form numbers:

JFS 08095 – Understanding Elder Abuse: A Guide for Financial Services Professionals
JFS 08096 – Understanding Elder Abuse: A Guide for Legal and Law Enforcement Professionals
JFS 08097 – Understanding Elder Abuse: A Guide for Medical Professionals
JFS 08098 – Understanding Elder Abuse: A Guide for Ohioans

Please contact the ODJFS APS Program staff via the APS Mailbox (aps_mailbox@jfs.ohio.gov) with any questions. Thank you for all you do on behalf of vulnerable elders in Ohio.

30 East Broad Street
Columbus, Ohio 43215
jfs.ohio.gov

An Equal Opportunity Employer and Service Provider
Appendix B

Franks, MINDY

From: Kamdar, Harry
Sent: Wednesday, November 7, 2018 1:24 PM
To: Franks, MINDY; Russell, Zachary
Subject: Fwd: Attestation

Sent from my iPhone

Begin forwarded message:

From: <ks@corclic.com>
Date: November 7, 2018 at 12:17:24 PM EST
To: <Harry.Kamdar@den.state.oh.us>, <Harry.Kamdar@den.ohio.gov>
Cc: <Steven.Kochheiser@den.ohio.gov>
Subject: Attestation

I attest that I worked at least 20 hours on SIP related material

Thank you
Kumar Subramanian
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<th>Audit Result Classification</th>
<th>1st Level Requirements</th>
<th>2nd Level Requirements</th>
<th>3rd Level Requirements</th>
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<td>Warning Letter</td>
<td>Enforcement Minimum 1st Offense</td>
<td>Enforcement Minimum 2nd Offense</td>
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|                            | Licensee must complete/submit valid CE to complete the balance of minimum number of acceptable hours w/in 30 days of date of Warning Letter. These CE hours shall not be used toward current biennial requirements for renewal. | Licensee must complete/submit w/in 30 days of date of Disciplinary Action:  
   - Number of CE hours to complete required CE hours for past renewal.  
   - 2-hour course in Ethics. These hours shall not be used toward current biennial requirements for renewal;  
   - Automatic Audit next biennium. | Minimum 7 calendar day indefinite suspension until any outstanding shortage of CE hours have been rectified; and  
   - 2-hour course in Ethics prior to reinstatement of license. These hours shall not be used toward current biennial requirements for renewal;  
   - Mandatory submission of CE hours prior to November 1 of renewal year. |
|                            | Automatic Audit next biennium if requirements of Warning Letter are NOT met | If requirements are NOT met  
   - Forwarded to Enforcement/SIP for Disciplinary Action | Enforcement Minimum 3rd Offense  
   - Minimum 15 calendar day indefinite suspension until any outstanding shortage of CE hours have been rectified; and  
   - 4-hour course in Ethics prior to reinstatement of license. These hours shall not be used for current biennial requirements for renewal;  
   - Mandatory submission of CE hours prior to November 1 of renewal year for next 2 bienniums |
|                            |                        |                        |                        |

November 7, 2018
## Appendix C

**Meeting Minutes**

**Ohio State Dental Board**

**Disciplinary Guidelines – Category VII: CE Violations**

**Draft Revisions – Version 1**

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<td>Licensee must complete/submit w/in 30 days of date of Disciplinary Action:</td>
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<td>• Minimum 7 calendar day indefinite suspension until any outstanding shortage of CE hours have been rectified; and</td>
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<td>• 2-hour course in Ethics. These hours shall not be used toward current biennial requirements for renewal.</td>
<td>• 4-hour course in Ethics. These hours shall not be used toward current biennial requirements for renewal.</td>
<td>• 4-hour course in Ethics prior to reinstatement of license. These hours shall not be used toward current biennial requirements for renewal;</td>
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<td>• Automatic Audit next biennium</td>
<td>• Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year and completed renewal by December 31.</td>
<td>• Mandatory submission of CE hours prior to November 1 of renewal year for next 2 bienniums and completed renewal by December 31.</td>
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<td>• Minimum 15 calendar day indefinite suspension until any outstanding shortage of CE hours have been rectified; and</td>
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November 7, 2018
## Action Taken

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<td>Completion of CE question upon renewal:</td>
<td>Minimum 7 calendar day</td>
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<td>● Licensee must complete/submit w/in 30 calendar days of date of Warning Letter:</td>
<td>● Licensee must complete/submit w/in 30 calendar days of date of Warning Letter:</td>
<td>indefinite suspension until all outstanding shortage of CE hours have been completed; and</td>
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<td>● Number of CE hours to complete required CE hours for past renewal;</td>
<td>● Number of CE hours to complete required CE hours for past renewal;</td>
<td>Within 45 calendar days of date of Disciplinary Action, licensee must complete in a directly interactive presentation format:</td>
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<td>● 4- hour course in Ethics.</td>
<td>● 4- hour course in Ethics.</td>
<td>● Additional 6.0 CE hours for dental hygienists/10.0 hours dentists; and</td>
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<td>These hours shall not be used toward current biennial requirements for renewal.</td>
<td>These hours shall not be used toward current biennial requirements for renewal.</td>
<td>● 4- hour course in Ethics.</td>
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<td>● Automatic Audit next biennium.</td>
<td>● Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year.</td>
<td>These hours shall not be used toward current biennial requirements for renewal.</td>
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<td>If requirements are <strong>NOT</strong> met</td>
<td>● Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year for next 2 bienniums and completed renewal by December 31.</td>
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<td>● Forwarded to Enforcement/SIP for Disciplinary Action.</td>
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</table>

November 7, 2018
• Additional 6.0 CE hours for dental hygienists/10.0 hours dentists; and
• 4-hour course in Ethics. These hours shall not be used toward current biennial requirements for renewal.
• Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year for next 2 bienniums and completed renewal by December 31.
### Classification 4: Licensee has NOT completed the required number of CE hours w/in the biennium

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<tr>
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| If Licensee answered “YES” to Completion of CE question upon renewal:  
- Licensee must complete/submit w/in 45 calendar days of date of Disciplinary Action:  
  - Number of CE hours to complete required CE hours for past renewal;  
  - Additional 6.0 CE hours for dental hygienists/10.0 hours dentists in a directly interactive presentation format; and  
  - 4-hour course in Ethics. These hours shall not be used toward current biennial requirements for renewal.  
- Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year for next 2 bienniums and completed renewal by December 31.  
If requirements are NOT met  
- Forwarded to Enforcement/SIP for Disciplinary Action. | If Licensee answered “YES” to Completion of CE question upon renewal:  
- Licensee must complete/submit w/in 45 calendar days of date of Disciplinary Action:  
  - Number of CE hours to complete required CE hours for past renewal;  
  - Additional 6.0 CE hours for dental hygienists/10.0 hours dentists in a directly interactive presentation format; and  
  - 6-hour course in Ethics. These hours shall not be used toward current biennial requirements for renewal.  
- Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year for next 2 bienniums and completed renewal by December 31.  
If requirements are NOT met  
- Forwarded to Enforcement/SIP for Disciplinary Action. |

### Enforcement

#### Minimum 1st Offense
- Minimum 7 calendar day indefinite suspension until all outstanding shortage of CE hours have been completed; and  
Within 45 calendar days of date of Disciplinary Action, licensee must complete in a directly interactive presentation format:
  - Additional 6.0 CE hours for dental hygienists/10.0 hours dentists; and  
  - 6-hour course in Ethics. These hours shall not be used toward current biennial requirements for renewal.  
- Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year for next 2 bienniums and completed renewal by December 31.

#### Minimum 2nd Offense
- Minimum 15 calendar day indefinite suspension until all outstanding shortage of CE hours have been completed; and  
Within 45 calendar days of date of Disciplinary Action, licensee must complete in a directly interactive presentation format:
<p>| |</p>
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<tr>
<td><strong>Ohio State Dental Board</strong></td>
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<tr>
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<tr>
<td><strong>Draft Revisions – Version 1</strong></td>
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<td>• Additional 6.0 CE hours for dental hygienists/10.0 hours dentists;</td>
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<td>Licensee must complete/submit w/in 30 days of date of Disciplinary Action:</td>
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<tr>
<td>Warning Letter</td>
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<td>Disciplinary Guidelines - Category VII: CE Violations</td>
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</table>

**Ohio State Dental Board**

**Draft Revisions - Version 1**

**November 7, 2018**
<table>
<thead>
<tr>
<th>Classification 6: Failure to respond timely to CE Audit Request. Licensee has <strong>NOT</strong> completed the required number of CE hours w/in the biennium &amp;/or CE is <strong>NOT</strong> compliant with Dental Practice Act</th>
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<tr>
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<td>4- hour course in Ethics. These hours shall not be used toward current biennial requirements for renewal.</td>
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<tr>
<td>Mandatory submission of CE hours prior to November 1 of renewal year.</td>
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<td>4- hour course in Ethics. These hours shall not be used toward current biennial requirements for renewal.</td>
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<th>Classification 7: Extension/Waiver Requests/Extenuating Circumstances</th>
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Appendix D

The American Association of Dental Boards met on September 22 at the Palmer House Hilton in Chicago.

The Meeting was called to order at 12:31 by President Norm Magnuson.

Dr. Magnuson reminded attendees that the AADB has a policy of no recording and no photography during the meeting. Power point presentations will be on the AADB website.

Dr. Magnuson then had new members introduce themselves and also the AADB Corporate Sponsors were introduced.

Richard Hetke, then Executive Director of the AADB, gave a “State of the AADB” overview.

He said that the AADB has 200 active board members, 117 Life Members, 55 former board members. He said that 47 states were represented, also Washington DC and Puerto Rico. He said that there is a 8 member Board of Directors; there are 3 live face-to-face meetings per year, 4 teleconferences (uncompensated) and a 5 member staff, 3 of which are part-time. Outside vendors include 2 accountants, an IT expert, and a Website Host. The American Dental Association is the landlord. The AADB had to make some investments in IT this year, and the AADB is experiencing a slight deficit this fiscal year.

Attendance at meetings has increased by approximately 10 %.

The 2019 Meeting will be at the ADA headquarters, March 9-10 in Chicago.

Mr. Hetke said that weekly reports go to AADB members and that the Clearing House for Board Actions is running smoothly. He urged state boards to systematically report Board Actions. This Clearing House also includes State by State regulations comparison and includes over 40 data tables, board structures, licensee populations, licensing requirements and disciplinary actions.

Mr. Hetke said that assessment services continue to be offered but Dental Boards are not using these services.

Tele-seminars continue to be added. There were 3 programs offered in 2018 and 4 more planned for 2019. These are offered as direct dial -in and also through podcasts. Representatives from the AADB include CODA, CODA APPEALS, CDEL, JCNDE, DANB, CCEPR, CCEPR Appeals board. AADB sends attendees to various meetings including the ADHA, ADEA, ASDA and more.

The AADB Foundation reorganized last year into a 501 C3. AADB Foundation needed to invest in legal advice in order to maintain its charitable status.

Mr. Hetke said that the key challenges for the AADB are:

- To operate a balanced budget
- To build membership
- To have strong mid-year and annual meetings
- To provide valuable services for members
- To keep members informed
- To be an open forum for discussion and debate
- To develop new sources of revenue
- The AADB has reserves of $300,000 and a deficit of $60,000.
Next Speaker was Joe Crawley, President of the ADA.

Dr. Crawley said that the ADA is talking about many issues. They include:

- Initial Licensure
- Portability
- Scope of Practice Issues
- Specialist Designation
- New Policy concerning the OPIOID epidemic
  - The ADA is one of the first health care trade organizations to support limiting OPIOID prescriptions, advocating for mandatory reporting and mandatory continuing education on opioids and pain management. The ADAs position is that NSAIDS need to be the first line of RX because they work and OPIOIDs do not.

Power Points from all of the following presentations are available on the AADB Members Pages. Your login in is your last name, and if you don’t know your four digit code for your password, you can call the AADB and speak to Donna or Stephanie to get your code.

https://dentalboards.org/_AADB_AccessMembers_Only_/ 

Once you get into the Members Portal, scroll down to AADB 135th Annual Meeting on the HOME page, and then click on the “next” button until you see the power point presentation that you want to view.

AADB Central Office
211 East Chicago Avenue, Suite 760
Chicago, IL 60611
(p) 312-440-7464
(f) 312-440-3525
info@dentalboards.org
8 a.m. – 4:30 p.m. U.S. Central Time

We are located one block east of Michigan Avenue and the Chicago Water Tower.

The First CE Session commenced at 1:15. The subject was ASDA and ADEA Dental Education Update.

ADEA was represented by Dr. Stewart. He described Interprofessional Education for Collaborative Practice. Slides are available on the AADB Website and the slides will describe how students from 2 or more healthcare professions learn about, from, and with each other.
Dental Student Jeffrey Kerst, VP of ASDA, next spoke about Grassroots advocacy.

ASDA does not want human subjects in exams. ASDA wants portfolios and OSCE. ASDA does not want Mid-level Providers. ASDA wants dental student outreach to underserved populations and ASDA supports water fluoridation.

Exam Design, Kurt Geisinger, PhD

Dr. Geisinger gave a thorough and thought-provoking presentation on exam design. Dr. Geisinger did not have any specific knowledge of current Board Exams or of the proposed exam being designed by the ADA. He said that he could not speak to the specifics of these exams, only to good exam design. His slides are also available on the AADB members portal.

High Points: Licensing Exams are now legally seen as Employment tests

Exams must be associated with job-related skills and knowledge.

Explanation of Goals: including how and why test was developed, otherwise test will be thrown out by court of law

How to evaluate a test based on data

Mental Measurements Yearbook

BUROS Outline (https://buros.org/pdfs/standards170706.pdf)

Purpose of the Testing Program
Validity Structure and Resources of the Testing Program
Examination Content
Content Framework and Test Specifications
Item Development and Selection
Form Development and Review; Pilot Testing; Creation of Final Exam; Psychometric Review of Operational Tests; Comparability across Forms,
Examination Administration
Eligibility and Application
Administration Sites
Test Administrators and Proctors
Procedures for Administration Record Keeping
Fairness and Diversity
Accommodations Fairness for Diverse Groups
Scoring and Reporting
Scoring and Scaling
Determining Cut Scores
Exam Security and Privacy
Exam Material Security
Security and Privacy of Examinee Data
Administration ease of the test
How test takers react to the test
Uses to which the test should not be put
Cost considerations
Availability in other languages...for those with disabilities (protected groups)

Key Issues in the Evaluation of Tests and Assessments
Depends upon the intended audience
Access?
Are there test items available for inspection?
Are there multiple forms of the test?

To what extent do these materials look like a SALES PITCH?

Administration of the EXAM is Critical
Consequences? How many times can the student retake the exam?
Will test be available to foreign dentists? Will it be fair? Offered in other languages?
Accommodations for people with disabilities?
Are potential misuses of test identified?

Is it based on the job performed by dentists? It is an EMPLOYMENT Test...

The test cannot be based on dental school curriculums.
The exam must be based on what the dentist will actually do on the job.
Who developed the test plan? On what basis. Who wrote the items? How is the test plan being updated?
Validity, Reliability (reproducibility), Fairness

Who conducted the research? Is it the same group who develops the test? IF so, not reliable or independent. How is passing score determined?

What kind of pre-testing was performed?

Sample size?

Who interpreted data?

Reliability

This area is a key area in test evaluation. What kind of reliability analysis was done

Validity

Always based on evidence. This is the LEGAL argument.

Criterion related validity (not appropriate for licensing)

Who will evaluate the quality of work?

**CONTENT VALIDATION. DOES THE KNOWLEDGE AND SKILL TESTED RELATE TO WHAT THE LICENSEE WILL DO ON THE JOB AT THE ENTRY LEVEL.**

Does the test evaluate requisite skill to perform on the job?

How are SKILLS measured as opposed to knowledge????? Is it relevant?

Who wrote the test?

What are the qualifications of writers?

**Ultimate goal of any licensing exams is to protect the public, NOT the profession. Ask independent organizations who are testing experts to equate the exams**
Question And Answer Portion

Q: The use of a human subject?
A: Medicine has gone to actors.

Concerns: reliable estimates are difficult with random patients.

Dentistry does not use random patients.
Dental Exam Patient selection should be fair, evenly defined, and measured for validity.

Q: What are the Testing Trends?
A: Admission tests need no more tweaking

Licensure testing: Dentists should have ongoing licensing competency exams
Ethics issues are the biggest downfall of licensees
DLOSCE Development of the Dental Licensure OSCE
Canada is developing an alternative dental licensure exam (now offering OSCE) will offer DLOSCE.

JOINT COMMISSION is part of the ADA

Q: which state boards are in favor?
A: Mixed Reactions

Q: Virtual OSCE...what happens when computers go down?
A: These exams will be offered at Prometrics Centers. Exam will be shut down, test takers will come again another day.

Q: How is the ADA handling the conflict of interest inherent in developing this exam, be on controlling boards of CODA etc.
A: ADA is very aware of conflict of interests and are addressing them

Q: how much will this test cost?
A: don’t know. Will be announced at the end of 2019.
Q: Why not add hands-on clinical skills? A 3rd party evaluation of hand skills?
A: The mind tells the hands what to do. If you have cognitive skills, you will have the hand skills.

Schools have the information on hand skills. (But schools do not kick students out).

**Reports of representatives to ADA**

Joint Commission: (part of the ADA) wants licensing boards to embrace this new exam

CODA: 2 controversial issues

- Issue of off-site learning. Should this be part of accreditation? Or is this an “experience” for the student
- Language of “Specialty” no longer used. Now uses “Specific Interest Programs”

**Sunday September 23**

7:30 Dental Hygiene Caucus

- Scope of Practice issues (should be uniform across all of the states)
- FTC addressing restriction of trade

8:30 Occupational Licensure: The Economics of Occupational Licensing and Directions for Policy Reform

**Ryan Nunn, Policy Director, The Hamilton Project and Fellow, Economic Studies, The Brookings Institution**

A license is defined as a credential that is legally required for one’s job

- Typically imposed by state governments
- More than 20% of all employed 25-64 year old workers are licensed
- Licensing is much more common in some sectors that others

**Health care, legal and education most common**

- Licensing is both a public protection and a barrier to entry
- Health and safety concerns do not explain all the details of licensing policy
**SUBSTANTIAL variation across states in the strictness of licensing rules**

*Many licensing requirements not plausibly linked to safety concerns*

The tasks that licensed workers are permitted to undertake (scope of practice) matter for competition

Details of licensing rules also matter for outcomes like interstate migration

What do we Know About Licensing?

*Substantial wage gap between licensed and unlicensed workers*

Licensed workers work more hours, earnings gaps are larger than wage gaps

**Interstate Mobility**

Americans are moving quite a bit LESS than they used to

Both geographic and job-to-job mobility are often key for wage growth

**Other Licensing Costs**

May reduce entrepreneurship

Contributes to collateral consequences (bans on workers with criminal records)

Duplicative and burdensome requirements for immigrant workers

Consumer prices increase and output decreases

Productivity can be limited when licensing prevents useful new ways of organizing tasks

**What Do We NOT Know About Licensing**

Data generally at the worker level and not at the firm level

Very little systematic information about licensing fees and overall applicant burden

Effects on consumer prices are known for SOME occupations and some licensure rules

Who is benefitting? Workers or training organizations?
Not clear to what extent licensing restrictions are limiting telemedicine but some indications of substantial costs

Hard to assess how licensing restrictions are limiting entrepreneurship

Economists tend to regard (voluntary) certification and professionalization/right to title favorably and licensing less favorably

Occupational Licensing Reform Options

Policy Conversation
Numerous Federal Trade Commission briefs and analyses
Institute for Justice document “License to Work”
Pioneering collection of state policy information referenced by many researchers and policy makers

White House report (July 2015) proposed best practicing

Limit licensing requirements to those that are necessary for protection of public health and safety
Maximize scope of practice, consistent with competency and training
Minimize procedural obstacles to obtaining a license
Limit licensing restrictions to those with criminal records

Hamilton Project made similar proposals to the WH report
Addressed the Scope of Practice to Advance Practice Nurse Practitioners
Robust discussion of licensing in context of antitrust and competition policy
Currently centering on scope of practice reform in the health care sector
Licensing in the Health Care Sector

25% of licensed workers are in health-care occupations
It’s not just about whether a worker is licensed. That license may also restrict trade by that licensee

Scope of Practice Restrictions
General shift toward more expansive scope of practice for advanced practice nurses and physician assistants


Karen A Goldman Office of Policy Planning FTC

FTC Dual Mission: Competition and Consumer Protection
A range of tools
Law enforcement, research and scholarship, Advocacy
Health care expertise at the agency

Benefits of Competition
Price
Quality
Access
Innovation
Better value

Non litigation activities to promote competition
Workshops/hearings

**Competition and Consumer Protection in the 21st Century**

**Now Hear This (Hearing Health Care (2017))**

Advocates to Analyze Bills or Proposed Regulations from **Competition Perspective**

State bills

Proposed state of Federal regulations

---

**Protect Consumers and fulfill other important public policy goals but NO UNNECESSARY restrictions which might restrict competition**

---

**FTC Favors Telehealth**

Barriers may restrict providers from providing services, such as **related to the first encounter** (Allow the practitioner to decide that)

Alaska Telehealth Advocacy – Potential for increased competition from out of state physicians

Prescription barriers existed by disallowing licensed physicians who were out of state from prescribing

Delaware Telehealth FTC Advocacy:

Allow the practitioner to decide whether to make an initial evaluation by telehealth

Veterans Affairs Telehealth

Rule would ensure that VA telehealth practitioners can provide telehealth services across the country

NY State:

Endorsement of Canadian Dental Licenses to avoid the residency requirement, as do dentists in the US, who have at least 2 years of clinical practice experience

---

**Licensure Portability**

**Outweighs local concerns about minor variations in qualifications**

---

**Talked about Compacts**

Licensure portability but does not usually address scope of practice
**Rules adopted by compacts will supersede individual state laws**

**Caucus Reports**

North: Mary Starshack for Joint Commission

Suggestions to make money

- Exam after webinars for CE Credit
- New Member reduced registration fees
- Outreach to various boards to get new members to get to AADB meetings
- Orientation video or slide show regarding why join AADB
- Consider board prep classes for money

States need to complete Composites and get to AADB

South:

- Endorsed task force
- Have our CE courses approved by us and not by ADA
- Task force to improve membership
- Lower membership costs/registration fees for members who are no longer on their state boards
- Increase cost of Whole Board membership

East

- Elected representatives to CODA, CDEL etc
- Speaker’s Bureau to State Boards eg Scope of Practice
- Insurance to indemnify board members from litigation
- AADB Mission was discussed, add “protect the public”
Following resolution

AADB support a national patient-based clinical licensure examination

Died after vote on resolution, members do not want to have a position on this

West:

DPREP discussion, suggest a “DPREP light” version

Webinars offered to non-members for a fee

Specialty Discussion, and statutory changes

Hygiene: Main topics

Perio Codes

Scope of Practice across states

FTC restriction of trade evaluations

Silver Diamine Fluoride

Local anesthesia (four states still do not allow)

Support Dental Hygienists as Dental Therapists and access to care

Support lifting of arbitrary restrictions to practice DH

10:45 Corporate Dentistry (DSOs): Supporting Dentists to Increase Access to Quality Affordable Care

Growth across the country continues

Dentists should be able to choose the environment in which they choose to practice

Code of Ethics (adso.org)

Myths vs. Facts

A Dentist has to own a dental practice (Fact)

High Dentist turnover rate (myth per Speaker)
Low clinical quality (myth per speaker) In fact, speaker says, clinical quality is improved vs. solo practitioner due to collaboration with other dentists in the office

Currently 3rd party payers are attacking dentistry

DSOs can support dentists in this

Business, Marketing, management, (DSOs provide, and are generally weaknesses of dentists who want to concentrate on how good the dentistry is.) Dentists do not know labor laws, requirement for lunch breaks and other breaks, etc.

In DSOs their customer is the dentist that works in the practice.

1:00 - 1:15 Sponsor Recognition
1:15 -1:30 Corporate Governance

“AADB Support a National Patient-based Clinical Licensure Examination” General Assembly voted NOT to consider this resolution.

1:30 Allied Health, Para Health and Dental Therapy: Dental Therapy in Minnesota

Christy Jo Fogarty

Advanced Dental Therapist

First Class of Dental Therapists in 2009
Metropolitan State University MN
University of MN
8 semesters
10 prerequisites to apply
Advanced Dental Therapist
16 month program
2000 hours required for indirect supervision

Works a lot in Head Start Programs, schools

Fillings

SSC

Space maintainers

Pulpotomies

Extraction of teeth that are mobile

Very limited scope of practice. In their scope, they are trained to the level of a dentist

700 practicing hours

CODA created standards

Encourages career laddering

**Testing. No written board to gain licensure. CRDTS and CDCA gives clinical exams**

Exam includes Class III and Class II fillings

Examiners do not know if they are evaluating a dentist or a dental therapist

**Dentist has complete control over scope of practice in that he or she can say...no pulpotomies, no children known to have difficulty cooperating**

Process insurance

General Supervision

2000 hours of clinical work

Proof of ADT education

Prof of CRDTS/CDCA exam passage
ADT Candidates are required to complete a 3 part process that includes

- Records review
- A multiple choice patient assessment exam
- An oral interview with the boards licensing and credentialing committee

Dental therapists are more diverse

- Geographically distributed in proportion to the state’s population

Dental therapists report high levels of career satisfaction. 100% employment. Public Health and private offices

Ongoing challenges

- Credentialing and reimbursement (insurance companies)
- 50% of population she sees must be Medicaid, in health shortage areas, or uninsured

1 year is required to get 2000 hours in order to work independently

**How does this help the state save money?**

- Most dentists don’t take state welfare,
- most don’t take children under 3,
- saved emergency room visits
- many patients have called many dental offices and turned away.

How many ADT grads per year in MN — 14

Any out of state applicants? 2 out of Arizona this year, indigenous tribes

14 — limited by # of instructors per students, CODA requirements for accreditation

Compensation for new graduates, once certified as an ADT start at $45/hour

Some paid on commission, based on production (not collection)

MN has the worst reimbursement rate for public assistance, HRSA wants comprehensive dental exams (which ADTs cannot do) and wants MN to raise reimbursement rates
Allied Health Para Health, Dental Therapy; The FTCs Scope of Practice Advocacy and it’s Application to Dental Therapy Karen Goldman, FTC

APRN policy paper (March 2014)
State-specific actions and comments involving dental hygienists
CODA comments regarding proposed accreditation standards for dental therapy education programs
APRN policy paper (recommend it as a deeper exploration of scope of practice for all states)


**Supervision Requirements can be a detriment to health consumers, and will exacerbate current and projected workforce shortages.**

Expanding practice is widely regarded to mitigate practitioner shortage
All health care professionals should be allowed to work to the top of their professional education and training

**FTC staff are not aware of any evidence linking safety or quality to physician or dentist supervision requirements**

**Analogies to dentistry**

*Will the bill or regulation impede competition?*

*Are there legitimate health and safety justifications?*

**When States broadened Dental Hygienists’ scope of practice, the price of dental services fell and utilization of services increased**

Some restrictions to care by hygienists and dental therapists

Prior examination requirements

Direct or indirect supervision requirements that require a dentist to be on site
SC State Board of Dentistry

Prior examination requirement (before patient could be treated, an examination by a dentist was required)

Deprived disadvantaged students

FTC alleged restriction of trade, was settled by consent agreement

Georgia 2010

No dental hygienist could apply fluoride or sealants without dentist first examining

FTC alleged restriction of trade and harm to the public

Consent agreement

Maine Board of Examiners

No x-rays by Independent Practice Dental Hygienists rule by Maine Board of Dental Examiners

Restriction of trade and harm to public,

Was rescinded by Maine BOD

Following in the path of Advanced Practice Nurse Practitioners, Advanced Dental Therapists

CODA on the ADT

Proposed standards emphasized supervision by dentist, and FTC urged dropping of that statement, and also urged CODA to train students to conduct comprehensive

2017 OHIO

Dental therapists required to practice only in underserved settings

Set forth supervision requirements

FTC staff said neither requirement had any impact on health and safety

OHIO direct supervision is default, general supervision would have been slightly expanded. (OHASP replacement)

Supervision agreement would have allowed dentists to limit practice.
Settings restriction would limit benefits, and creates tension with proposed general supervision requirements. This undercuts any cost savings benefits

FTC recommends less restrictive alternatives for hygienists and dental therapists in Ohio

General Supervision should be default level, with no prior examination requirement. Allow access to dental hygienists without any level of supervision.

SALIVA LIQUID BIOPSY IN THE DENTAL OFFICE

Personalized precision medicine for disease detection
Reducing health disparities
Accelerating diagnosis
Definitive and pivotal validation of salivary bio markers
Oral cancer detection at early stage
Very discriminatory test, valid and definitive

Oral systemic connectivity, very well reflected in saliva

Pancreatic cancer markers to a 96% relevance and can be found early in the disease before its clinical realization

Uses extracellular RNA research
What are these biomarkers doing in the saliva? What are they regulating?
Massive data from saliva. Saliva is NOT sterile, has 1000 micro species who have RNA of their own... which makes this a challenge
Applied to a number of oral disease including oral cancer and periodontal disease
Pulmonologists are very interested in this technology due to link to respiratory disease/periodontal disease.
Tumor cells shed pathogenic byproducts into interstitial tissue, then vascular tissue and saliva
This takes a drop of body fluid /electric field induced release and measurement, 15 minutes of substrate, allows scientist to see released electrons in plasma...100% correlation in saliva as well

Actual results from saliva is cleaner, and easier to read. Discrimination is superb.

CLIA certified

Intended use clinical practice.

Biopsy in dental office, sent for mutation analysis, 2 weeks get results

Much better, saliva collection in dental office, put in analyzing unit, results wirelessly to dr.within minutes

One drop of saliva is stable for 6 months

ATTORNEY UPDATE

Specialty Recognition update

Georgia Smile Direct Club

Teledentistry

Sleep therapy/Sleep Apnea

Marijuana states, does it effect your dental practice act

Case Law Update

Smile Direct Club...

Attorney says to complainants: bring me a case that shows patient harm

Is dental image scanning the same as a dental x-ray? GA says yes, and enacted a rule, Smile Direct Club sued them, there is a current stay until November. Are they practicing dentistry without a license/

We don’t know

Marijuana

Washington, Colorado, Oregon, Nevada, Alaska

Highly regulated, monitored by the liquor control board

Regulated as an impairment (which is difficult to prove...need evidence to support. Presence of marijuana in blood is not enough because it stays in blood stream up to a month.)
Impairment cases are dependent on witnesses because there are no hard data equating a certain amount of cannabis in bloodstream to impairment.

NO changes to dental practice act

**Advertising as a specialist**

**NC:** old rule ADA specialties only

**New rule: no false or misleading statements**

Can advertise as a specialist if you have completed a qualifying post-doctoral program recognized by the US department of Education.

You can advertise as a specialist if certified by a qualifying specialty board. (NC Board will determine if they are qualifying boards when they investigate licensee)

**National Board Bill Proposed**

Limit private anti-trust damages against occupational licensing boards

Filed in July of 2018. HR 6515

**How does your board handle sleep apnea?**

Dentist has to have a prescription to make the device

Medical Dr. has to diagnose

If you are a dentist can you order a take home sleep test? (NO)

Can you use a home sleep test to decide if your device is working? No (some boards)

**Antitrust Cases**

**Mark Turner vs. Dentaquest**

Dr. Turner alleged antitrust, and lost, when dentaquest dropped him as a provider

**Kiser vs. Reitz Ohio**

Conclusion: Dr. Kiser was not entitled to fees because Dr. Kiser did not prevail. Board changed their rules on their own.
OPEN FORUM STATE BOARD ISSUES

Portability

Why are so few candidates not taking advantage of the Portfolio option towards licensure?

Faculty does not want to do “the Board’s Work”

Perio is a stumbling block to students. Patient follow-up and reevaluation is difficult due to patience transience. Students are reluctant to take exams that are not transferable to other states, except Kentucky and Colorado who grants by reciprocity. Professor thinks no student will do the Portfolio option this year.

Are states using technology to expedite application for licensure process? Yes

How are states dealing with or talking about licensure since it seems to be a buzz topic for doing away with licensure? No states are talking about it.

Proposed California law: Patients must be told if a physician is on probation, what restrictions are, how long probation will be, and where patient can get more information.