Ohio State Dental Board
Board Meeting
February 6, 2019

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OHIO STATE DENTAL BOARD  
BOARD MEETING  
February 6, 2019

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 February 6, 2019. Board members present were:

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

The following guests were also in attendance: Katherine Bockbrader, Esq. of the Ohio Attorney General’s Office; David Owsiany, J.D., Executive Director and Eric Richmond, Esq., Director of Legal and Legislative Services of the Ohio Dental Association (ODA); Michele Carr, R.D.H. representing the Ohio Dental Hygienists’ Association; Thomas Perrino, Esq. of Frank R. Recker & Associates; Victoria House and Emily Hansen, The Ohio State University Dental Hygiene Students. Staff consisted of Harry Kamdar, M.B.A., Executive Director, Steve Kochheiser, Esq., Deputy Director, Zachary Russell, Chief of Operations and Legislative Affairs, Barb Yehnert, Dental Board Enforcement Officer, and Malynda Franks, Administrative Professional, of the Ohio State Dental Board and other guests.

Call to Order  
Kumar Subramanian, D.D.S. introduced himself as the Board President and an endodontist from Upper Arlington. After thanking his fellow Board members for placing their trust and electing him to serve as President of the Board for the upcoming year, President Subramanian noted that there was a quorum present and called the meeting to order at approximately 1:30 p.m.

Board Business  
Introductions  
Board Members  

Approval of Agenda  
President Subramanian 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. Krob, second by Dr. Bauer, to approve the February 6, 2019 Board meeting agenda as presented.

Motion carried unanimously.

Review of Board Meeting Minutes
December 5, 2018 Meeting
President Subramanian informed the Board that the draft Minutes from the December 5, 2018 meeting had been forwarded to the members for review prior to the meeting and indicated that the final version was in the Board Notebook for approval. He then asked if there was a motion regarding the Minutes.

Motion by Dr. Quereshy, second by Dr. Zucker, to approve the December 5, 2018 Board meeting minutes as presented.

Motion carried unanimously.

Public Comment/Presentations/Correspondence

Presentation – American Dental Association on the Dental Licensure Objective Structured Clinical Examination (DLOSCE)
Joseph P. Crowley, D.D.S., Immediate Past President and Anthony J. Ziebert, D.D.S., M.S., Chief of Education/Professional Affairs of the American Dental Association, and David M. Waldschmidt, PhD, Director of Department of Testing Services for the Joint Commission on National Dental Examinations provided a presentation on the Dental Licensure Objective Structured Clinical Examination (DLOSCE). [Appendix A]. The presenters then fielded questions from the Board members regarding:

- The assessment of practice; from education and examination to active practice;
- Portability of licensure pathways;
- The hand-skill component;
- The DLOSCE vs. the validity of the current four (4) Regional dental examinations; and
- Psychometric principles

Executive Session

Motion by Dr. Guttman, second by Dr. Zucker, 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. Das – Yes  
Dr. Guttman – Yes  
Ms. Intihar – Yes  
Ms. Johnston – Yes  
Dr. Krob – Yes  
Dr. Kyger - Yes  
Dr. Quereshy – Yes  
Ms. Scaramucci – Yes  
Dr. Subramanian – Yes
Dr. Zucker – Yes

Motion carried unanimously.

President Subramanian indicated that Director. Kamdar would attend the executive session along with Deputy Director 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 2:35 p.m. the Board resumed open session. President Subramanian stated that the Board would now continue with the rest of the agenda.

Board Business (Continued)
Action Items
Supervisory Investigative Panel Expense Report
President Subramanian attested that he had spent at least twenty (20) hours per week attending to Board business in December in his previous role as Vice Secretary. He then asked if Dr. Guttman, as the Board’s Vice Secretary in December, and Drs. Das and Anderson, as the current Secretary and Vice Secretary in January, attested to having spent at least twenty (20) hours per week attending to Board business. Drs. Guttman, Das and Anderson all affirmed that they had spent twenty (20) hours attending to Board business.

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

Motion carried unanimously.

Enforcement
Proposed Consent Agreement(s)
The Board reviewed seven (7) 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. Deputy Director Kochheiser provided a summary of the proposed consent agreements.

Disciplinary
Louis A. Glorioso, D.D.S.
Motion by Dr. Krob, second by Dr. Quereshy, to approve the proposed consent agreement for Louis A. Glorioso, D.D.S., license number 30.017347, and case number 17-18-1256.

Ms. Johnston inquired as to why this was not considered for the Quality Intervention Program (QUIP). Deputy Director Kochheiser explained that there are specific criteria that each licensee must meet in order to be considered for QUIP.

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

Victor L. McKoy, D.D.S.
Motion by Ms. Johnston, second by Dr. Bauer, to approve the proposed consent agreement for Victor L. McKoy, D.D.S., license number 30.018049, and case numbers 15-25-0227, 16-25-1355, and 17-25-1211.
Motion carried with Dr. Subramanian and Dr. Gutman abstaining.

Hamidreza Madani, D.D.S.
Motion by Dr. Bean, second by Dr. Das, to approve the proposed consent agreement for Hamidreza Mandani, D.D.S., license number 30.020317, and case number 17-83-1420.

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

Kenya M. Makupson, Radiographer
Motion by Dr. Zucker, second by Dr. Quereshy, to approve the proposed consent agreement for Kenya M. Makupson, dental assistant radiographer, certificate number 51.017976, case number 18-57-1249.

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

Cynthia Tanner, Radiographer, EFDA Applicant
Motion by Ms. Johnston, second by Dr. Zucker, to approve the proposed consent agreement for Cynthia Tanner, Expanded Function Dental Assistant and , registration number 51.006631, case number 18-31-1369.

Dr. Krob noted that Ms. Tanner had practiced as an EFDA without registering with the Board for at least ten (10) years prior to application. She questioned how the supervising dentist was unaware that he had an unregistered EFDA working for him. Deputy Director. Kochheiser explained that, if appropriate, the Board can take action against a supervising dentist, to include issuing a warning letter, for permitting unlicensed practice by dental auxiliary.

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

Sara J. Porter, Radiographer, EFDA Applicant
Motion by Ms. Johnston, second by Dr. Anderson, to approve the proposed consent agreement for Sara J. Porter, Expanded Function Dental Auxiliary and Radiographer, registration number EFDA.002966, certificate number 51.012585, case number 19-45-1041.

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

Non-Disciplinary
Noha Galaleldin Orabi, B.D.S.
Motion by Dr. Krob, second by Dr. Kyger, to approve the proposed consent agreement for Noha Galaleldin Orabi, B.D.S., license number 30.025646 limiting his practice to orthodontics.

Motion carried with Dr. Das and Dr. Anderson abstaining.

Proposed Notice(s) of Opportunity for Hearing
The Board reviewed one (1) proposed Notice of Opportunity for Hearing. The name of the individual/licensee was not included in the documents reviewed by the Board. The name of the individual/licensee has been added to the minutes for public notice purposes. Deputy Director Kochheiser provided a summary of the proposed Notice of Opportunity for Hearing.

Igor J. Skalsky, D.D.S.
Motion by Ms. Scaramucci, second by Dr. Zucker, to approve the proposed consent agreement for Igor J. Skalsky, D.D.S., license number 30.016564, and case number 18-52-1040.

Motion carried with Dr. Gutman and Dr. Subramanian abstaining.
Enforcement Update

Deputy Director Kochheiser began the Enforcement Update by informing the Board that there were originally four (4) cases pending hearing, of which one hearing was held the previous day and the other three (3) were scheduled that month. He stated that there were no cases pending a Hearing Examiner’s Report and Recommendation but that the Board members would be receiving the Report and Recommendations from the four (4) hearings being held in February during the next few months. Deputy Director Kochheiser stated that fifteen (15) licensees and certificate holders were under current suspension, thirty-two (32) licensees and certificate holders had older suspensions, and the Board currently had one-hundred and twenty-seven (127) active cases. Deputy Director Kochheiser said that there was one (1) referral to QUIP and no licensees actively participating in QUIP. He informed the members that there were eighty-eight (88) cases which have been investigated and reviewed by the Board Secretaries and are recommended to be closed with seven (7) warning letters having been issued. Deputy Director Kochheiser noted that there are thirty-one (31) licensees currently on probation. He indicated that there are sixty-one (61) 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:

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<td>18-18-1441</td>
<td>18-31-1371</td>
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</tbody>
</table>
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
- Dr. Das – No
- Dr. Guttman – No
- Ms. Intihar – No
- Ms. Johnston – No
- Dr. Krob – No
- Dr. Kyger – No
- Dr. Quereshy – No
- Ms. Scaramucci – No
- Dr. Subramanian - No
- Dr. Zucker – No

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

Motion by Dr. Subramanian, second by Dr. Quereshy, to close the above eighty-eight (88) cases.

Motion carried unanimously.

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

**Licensure**

President Subramanian 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 reported at the last meeting in December. He explained that before them was the listing of license, registration, and certification numbers of issuance by the Board executive office for ratification by the Board.

**Dentist(s) – (31)**

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<td>Myoung-Sob Lee</td>
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<td>Leslie Crowell-Powell</td>
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Dental Hygienist(s) – (9)

31.015921  Spring Deal  31.015925  Brittney White
31.015922  Brianna Thompson  31.015927  Brandy Gregory
31.015923  Kelly Goodstein  31.015928  Aimee Maciak
31.015926  Deepa Patel  31.015929  Crystal Wolske
31.015924  Aamina Ballard

Dental Assistant Radiographer(s) – (410)

51.033971  Francia Espin  51.033996  Julia Pierce
51.033973  Hannah Sattler  51.033997  Angela Jones
51.033974  Summer Cain  51.034002  Destiny Moore
51.033972  Jehad Omar  51.033999  Lexie Steele
51.033976  Raven Rudy  51.034108  Jabreeha Magby
51.033979  Cameron Giglio  51.034050  Marsha Troyer
51.033978  Kristen Hamilton  51.034065  Maryaschelay Dillingham
51.033975  Elaine Worley  51.034011  Layall Al Obeid
51.033977  Amber Hornick  51.034067  Becka Correll
51.033980  Raven Andrews  51.034003  Kennedy Robbins
51.033982  Emily Rostofer  51.034146  Makenzie Johnson
51.033981  Tamara Griffin  51.034005  Michael Skiffey
51.033983  Grace Govaer  51.034006  John Gennantonio
51.033985  La'nesia Bell  51.034007  Arieanna Ridgeway
51.033986  Bailey Haas  51.034009  Elizabeth Korp
51.033984  Amy Graveldinger  51.034111  Alyssa Andres
51.033987  Madison Eggleston  51.034008  Rachel Grauer
51.033988  Robert Green  51.034112  Gertrude Speier
51.033989  Haley Thompson  51.034113  Cheryl Smith
51.033991  Britni Eichel  51.034117  Rebecca Staley
51.033990  Jessica Brinegar  51.034010  Angelica Gall
51.033992  Taryn Smith  51.034114  Olivia Mesenger
51.034001  Julie Baughman  51.034046  Darshan Patel
51.033998  Jessica Robinson  51.034121  Micaela Wyatt
51.034000  Roxanne Draper  51.034150  Jessica Harris
51.034110  Rheta Mcknight  51.034017  Faith Carpenter
51.034024  Alba Montealegre  51.034103  Savannah Wallace
51.034004  Tatiana Granitsas  51.034122  Katy Welsh
51.033994  Alexis Drane  51.034131  Summer Morgan
51.034014  Gurpreet Singh  51.034077  Courtney King
51.033995  Pamela Vincent  51.034104  Brandon Aphayboun-Lambert
51.034144  Anna Leatherman  51.034145  Haley Fouts
51.034107  Muhammad Kabir  51.034026  Alyssa Watkins
51.034125  Bayley Cormican  51.034025  Sarah Wasserbeck
Mallory Olson 51.034051  Molly Scholl
Payton Boyes 51.034052  Kennedy Mccandlish
Kathryn Rust 51.034053  Jayden White
Amanda Wisecarver 51.034054  Tiffany Thompson
Maya Brown 51.034055  Paige Roark
Mya Hoefer 51.034056  Shannon Rapol
Destiny Doles 51.034057  Kailyn Smith
Paige Conrad 51.034058  Haylea Starner
Hannah Lewis 51.034059  Amanda Durben
Renee Cahill 51.034060  Emily Boring
Isabelle McGuire 51.034061  Allyson Potter
Daisha Basinger 51.034062  Laykin Lucas
Rachel Colleran 51.034063  Tiffany Basham
Kyra Hein 51.034062  Tammy Pixley
Montana Wallace 51.034066  Casey Finnegan
Payton Schooley 51.034062  Taylor Fox
Nina Kahn 51.034063  Ajelie Faraj
Jordin Clark 51.034069  Jessica Adair
Rebecca Kozera 51.034149  Ashley Murphy
Stephanie Gleason 51.034096  Christopher Uhle
Megan Gasser 51.034134  Destiny Brice
Ganna Krashchenko 51.034128  Josephine Yantis
Carly O'neal 51.034130  Courtney Lewis
Ashley Miller 51.034129  Stacy Hartzler
Madeline Drake 51.034073  Samantha Snyder
Chloe Baker 51.034135  Debra Bodog
Harley Lockwood 51.034072  Dina Jones-Zak
Kassie Lemmer 51.034074  Sidney Hitchens
Paige Pack 51.034075  Shawna Snelling
Lauri Johnson 51.034078  Jordan Groves
Kiara Porter 51.034076  Jaisha Bland
Diamond Rayo 51.034079  Reshmy Sitadevi
Katie Conner 51.034080  Kimberly Starcher
Breeona Artis 51.034081  Salina Smith
Emily Voskuhl 51.034101  Marie Schaffer
Tabbatha Santiago 51.034133  Darrein Gantt
Alexis Oxley 51.034084  Lisa Greenawalt
Lauren Blancett 51.034086  Hannah Adams
Illiesha Long 51.034087  Rachael Moats
Emily Binkley 51.034088  Kayla Dress
Kaylyn Cantley 51.034089  Laura Garrison
Jessica Cantley 51.034090  Chelsea Melton
Laura Klare 51.034091  Skylarr Hussey
Heather Henson 51.034094  Ashley Bishop
Jordan Mcclutcheon 51.034092  William Waters
Rebecca Wright 51.034136  Haley Laughlin
Kayla Hong 51.034093  Keri Cwiak
Sheneese Summers 51.034140  Kaitlin Porter
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Volunteer Certificate – (1)
VOL.000011 Mitchell I Henn

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

Motion carried unanimously.

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

Conscious Sedation
Dr. Stephen Goetz, Boardman, Ohio – Intravenous
Dr. Peter Lovejoy, Marietta, Ohio – Intravenous
Dr. Janice Townsend, Columbus, Ohio – Non-intravenous Parenteral
Dr. Mark Valrose, Athens, Ohio – Intravenous

Motion by Dr. Bean, second by Dr. Zucker, to approve the conscious sedation permit applications for the dentists as listed.

Oral Health Access Supervision Permit(s)
President Subramanian stated that the Board’s Licensing Manager had reviewed four (4) applications for oral health access supervision permits and recommended that the following individuals be granted permits.

Dentist(s)
Brittane Britton, D.D.S., Chillicothe, Ohio
Dr. Michael Wilson, Parkersburg, West Virginia

Dental Hygienist(s)
Shavon Bills-Gabriel, R.D.H., Toledo, Ohio
Ann Daoust-Garcia, R.D.H., Whitehouse, Ohio

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

Motion carried unanimously.

Reinstatement Application(s)
President Subramanian stated that the Board’s Licensing Manager had reviewed three (3) dental reinstatement applications and recommended that the following individuals be reinstated to practice.

Dentist(s)
Joseph Alvarez, D.D.S.
William Fischer, D.D.S.
Mark Zeigler, D.D.S.

Motion carried unanimously.

Dental Hygienist(s)
Continuing with the Reinstatements, President Subramanian informed the members that the Board’s Licensing Manager had reviewed five (5) dental hygiene reinstatement applications and recommended that the following individuals be reinstated to practice.

Dental Hygienist(s)
Susan Elb, R.D.H.
Vickie Huntwork, R.D.H.
Michelle Saltsman, R.D.H.
Sara Staker, R.D.H.
Bridgette Williams, R.D.H.


Motion carried unanimously.

Committee Reports

Education
Dr. Krob informed the Board members that the original meeting start of the Education Committee was scheduled for 9:20 a.m.; however, two of the members were delayed and they were not able to start the committee meeting until they arrived. She stated that four (4) of the six (6) Continuing Education Revision Workgroup members were present: Dr. Krob, Mr. Don Gray, Dr. Faisal Quereshy, and Dr. Ted Bauer. The members of the workgroup were able to review and discuss the most current revision draft of Ohio Administrative Code Section 4715-8, which had been emailed to members of both the Education Committee and Workgroup, until the other members arrived. Discussions were very favorable with regards to the presented revisions and comments centered on revised rule 4715-8-04 and clarification to what constitutes “sponsors approved by board action.” Dr. Krob indicated that no modifications were made to the draft document.

Dr. Krob said that the Education Committee meeting was called to order at 9:50 AM that morning in room 1924 of the Vern Riffe Building. She stated that in addition to herself, committee members Dr. Faisal Quereshy, Dr. Ashok Das, and Dr. Andrew Zucker were present. Staff Members, Mindy Franks and Zac Russell, along with other Board members and guests were also present. Dr. Krob extended a special welcome to OSU dental hygiene students, Victoria (Tori) House and Emily Hansen, who were also in attendance.

Minutes
Dr. Krob informed the members that the December 5, 2018 Committee Minutes were reviewed and accepted without modification via consensus by the committee members.

Continuing Education Audit
Dr. Krob stated that Ms. Franks and Mr. Russell provided a status update on the CE Audits indicating that audits with compliance issues would be forwarded for review by the SIP once the initial review process was complete.
Review of Biennial Sponsor Application(s)
Dr. Krob then indicated that the Committee members had been asked to review eight (8) Biennial Sponsor and Biennial Sponsor Renewal Applications. She indicated that the Committee had reviewed and was recommending approval for Biennial Sponsorship of continuing education be granted to the seven (7) applicants two (2) of which were receiving retroactive approval. Dr. Krob indicated that one (1) application, Healthcare Compliance Solution, was deemed incomplete and would be re-reviewed once a formal curriculum vitae was obtained from the sponsor. Approval was granted to the following:

- Alpha Dental Society
- Stephen P. Burke, D.D.S., M.S. – Burke Orthodontics
- First Impressions Dental Assisting Program
- Marshall Family Orthodontics
- Dr. James I. Matia
- Parkways Endodontics, Inc.
- Steiner, Rotenberg, & Lindsey, L.L.C.

Continuing Education Revision Workgroup
Dr. Krob stated that discussions regarding the revisions to Ohio Administrative Code Section 4715-8 continued with the full committee and workgroup. She noted that she had conferenced via phone with Ms. Franks, the OSDB Continuing Education Coordinator, to apply previous recommendations from members of both the Education Committee and Continuing Education Revision Workgroup. Her discussions with Ms. Franks included needed language to describe/define the exemption/extension/waiver procedures and guidelines to be outlined in 4715-8-01(C)-(E) of the current recommended revisions.

Dr. Krob informed the Board members that the committee and workgroup agreed to refer the revisions of Ohio Administrative Code Section 4715-8 to the Law and Rules Review Committee with the caveat that the language additions to 4715-8-01(C)-(E) will be forwarded as soon as completed. The objective is to allow the Law and Rules Review Committee sufficient time to review and include the Section revisions in the mandatory April 1, 2019 initial filing, if possible.

Dr. Krob then thanked Ms. Franks for her time and expertise while together to apply the comments and revisions over the last several weeks in order that this draft could be distributed and discussed by the Education Committee during their meeting that day.

Topics for Next Meeting:
Dr. Krob concluded her report by stating that the Committee would be receiving a status report from the Continuing Education Revision Workgroup, along with developing strategic foci for 2019 for the Education Committee.

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

Motion carried unanimously.

Law and Rules Review
President Subramanian began the Law and Rules Review Committee report by thanking the former members of the Committee for all of their work during the previous year and welcoming the new Committee members.
Minutes
President Subramanian informed the members that the Committee had reviewed and approved the minutes from the December 2018 meeting as presented. He pointed out that the minutes reflected the Committee’s approval of the new mandatory opioid continuing education requirement that included a minor last-minute change regarding a sunset provision which was provided by Deputy Director Kochheiser.

Updates
Omnibus Bill Working Group
President Subramanian stated that Ms. Intihar had provided a brief presentation to the Committee on the status of the Omnibus Bill Working Group (Working Group) wherein she had explained that a primary focus of the Working Group was to reduce the Dental Practice Act by seven to ten percent (7-10%) through the removal of unnecessary regulations. He stated that the Working Group hopes to have a draft submitted to the Law & Rules Committee in the Summer, 2019.

Anesthesia and Sedation Working Group
President Subramanian said the Committee had discussion regarding the draft anesthesia and sedation rules. He stated that Deputy Director Kochheiser will be making the few remaining edits and then distributing the draft document to all Board members. President Subramanian encouraged all the members to review the draft document and provide any recommendations to him or to Deputy Director Kochheiser. He asked them to keep in mind that these rules would quite possibly be the guidelines for anesthesia and sedation in Ohio for the next ten (10) years.

Section 4715-8 Continuing Education
President Subramanian informed the Board members that Dr. Krob, as Chair of the Education Committee, had provided the Law and Rules Committee with draft revisions to all of the Section 8 rules regarding continuing education and was requesting consideration by the Law and Rules Review Committee. He then asked Ms. Franks to forward the amended rules to the Law and Rules Review Committee members for review and consideration prior to the March 2019 meeting.

Motion by Dr. Bauer, second by Dr. Zucker, to approve the Law and Rules Review Committee report as presented.

Motion carried unanimously.

Policy
Dr. Guttman informed the Board members that the Policy Committee had met that morning at 9:20 a.m. in room 1948 with all members of the Committee in attendance.

Minutes
Dr. Guttman informed the members that the Committee had reviewed and approved the minutes from the December 2018 meeting with one correction; a heading change from Silver Diamine Fluoride to Sleep-related Breathing Disorders.

Position Statement: Tobacco Counseling for Control and Prevention of Oral Diseases
Dr. Guttman stated that the Committee reviewed and considered a draft Position Statement Regarding Tobacco Counseling for Control and Prevention of Oral Diseases. She indicated that the position statement addresses the role of dentists, dental hygienists, and other dental professionals in tobacco counseling. Specifically, other governmental organizations have discussed this issue with the Board and would like to try to encourage more
dental offices to provide tobacco cessation counseling. Dr. Guttman indicated that the Committee was seeking full approval of the position statement and asked if anyone had any comments regarding the position statement.

Discussion followed wherein Ms. Scaramucci suggested the adding the Substance Abuse and Mental Health Services Administration (SAMSHA) to the References Section of the proposed position statement.

_Motion by Ms. Johnston, second by Ms. Scaramucci, to amend the position statement to include Substance Abuse and Mental Health Services Administration (SAMSHA) in the References Section of the position statement._

Motion carried unanimously.

_Motion by Ms. Johnston, second by Dr. Bean, to approve the Position Statement: Tobacco Counseling for Control and Prevention of Oral Diseases as amended._

Motion carried unanimously.

_Policy Review_

Dr. Guttman indicated that the Committee had reviewed and considered seven (7) older policies and were making the following recommendations:

_Rescind:_

1. **Policy Regarding the Use of Cone Beam Computerized Tomography Unites (CBCT)** – This policy is outdated as this technology is no longer new and is the same as any other radiologic procedure.
2. **Policy to Clarify Acceptable Residency Programs** – This policy is no longer necessary due to statute and rule changes.
3. **Policy Regarding Licensure Reinstatement Interviews** – This policy is no longer necessary due to statute and rule changes.

_Consideration of Draft Rule:_

1. **Policy for Re-entry into the Practice of Dental Hygiene by Dental Hygienists Who Have Not practice Within Five Years Immediately Prior to Application for Licensure by Criteria Approval in the State of Ohio**

The Committee is asking the Law and Rules Review Committee to consider creating rules to set clear parameters regarding the re-entry into practice for dental hygienists.

_Discussion/Input by Education Committee:_

1. **Policy Defining the Educational Curriculum for 2-Hour Ethics Remediation Education.**
2. **Policy for Acceptable Application Procedures and Continuing Education Guidelines for Sponsors of Continuing Education.**
3. **Policy Regarding Participants of Continuing Education Programs That Utilize Live Patients.**

Dr. Guttman stated that the Committee was requesting the Education Committee to attend the next Policy Committee meeting in March to discuss the policies relevant to education. She then asked if there was a motion regarding the three (3) policies that were being recommended to rescind.

_Motion by Dr. Subramanian, second by Dr. Kyger, to rescind the following policies:_

1. **Policy Regarding the Use of Cone Beam Computerized Tomography Unites (CBCT)** – This policy is outdated as this technology is no longer new and is the same as any other radiologic procedure.
2. **Policy to Clarify Acceptable Residency Programs** – *This policy is no longer necessary due to statute and rule changes.*

3. **Policy Regarding Licensure Reinstatement Interviews** – *This policy is no longer necessary due to statute and rule changes.*

Motion carried unanimously.

Dr. Guttman ended her report by informing the Board members that the Policy Committee would be discussing the teledentistry bill and its affects on the application of silver diamine fluoride by dental auxiliary during their meeting in May.

*Motion by Dr. Zucker, second by Ms. Johnston, to approve the Policy Committee report as presented.*

Motion carried unanimously.

**Scope of Practice Committee**

Dr. Bauer informed the Board members that the Scope of Practice Committee had met that morning at 10:25 a.m. in room 1914 with all members of the Committee in attendance.

**Minutes**

Dr. Bauer stated that the Committee had reviewed and approved the minutes from the December 2018 meeting as presented.

**Sleep-related Breathing Disorders (SBD) workgroup**

Dr. Bauer said that the meeting began with the Sleep-related Breathing Disorders (SBD) workgroup discussion on the current draft of the Sleep-related Breathing Disorder position statement. He indicated that Shelley Schults, D.D.S. was present for the SBD work group discussion and that written statements had been previously provided by Adam Pleister, M.D. and John Eickholt, M.D. The following updates to the draft position statement were discussed and agreed upon:

1. The addition of language specifically addressing the use of Home Sleep Apnea Tests (HSATs) and specifying that it is not a substitute for face-to-face medical consultation; and
2. Specifying that any issues associated with SBD that are presented by the patient at routine periodic exams will be referred back to the treating medical professional to determine how they should be managed.

Dr. Bauer stated that the SBD Workgroup adjourned their discussions once it was determined there were no additional comments or discussion and no further concerns were put forward.

**Position Statement: Administration of Silver Diamine Fluoride**

Dr. Bauer indicated that the subject of the Silver Diamine Fluoride position statement was discussed briefly. He stated that Ms. Johnston advised the members that the issue should be tabled until April 2019 due to pending legislative action that will be settled by that time.

**Discussion Topics for Next Meeting**

Dr. Bauer stated that presently there are no topics for discussion for the next meeting. However, he would be in contact with the Committee members for discussion topics for their meeting in March.

*Motion by Dr. Zucker, second by Ms. Johnston, to approve the Scope of Practice Committee report as presented.*
Motion carried unanimously.

Executive Updates

President’s Update

Governors Executive Order 2019-01D

President Subramanian expressed his congratulations to Governor Mike DeWine for being elected Governor of the State of Ohio. He stated that Governor DeWine has multiple areas of focus but that his first Executive Order was 2019-01D regarding the RecoveryOhio Initiative. President Subramanian explained that what it means is we should have an advancement and coordination of substance abuse disorders and mental health prevention programs and treatment and recovery support services that are focused not just on the local level but also on the state and federal levels. Private sector partners have an opportunity to work with the State for the good of the Ohioans who are already struggling with addiction, and to initiate and bring about enhancements to behavioral health therapy and utilize other pharmacological treatments that are available.

President Subramanian stated that he would like our Board to work on a game plan that would put the Board at the forefront of all other boards in protecting and enabling a recovery plan for the State of Ohio. He stated that if any of the members have any suggestions or ideas to please forward them. He explained that the first step in this process is better prevention. This translates into better education, including social media as many people are addicted to social media and we should use social media to counteract the effects of addiction. President Subramanian then stated that there is the need to develop better treatment and recovery efforts. He added that we all understand that addiction treatment is not a one-shot affair but rather it needs continuity of care. He stated that most statistics will show an 18% to 20% recall rate. In other words, he explained that if you look at a single year you will find that of 100 patients only 20 of them will stay on the plan to recovery by the end of the year. He commented those are dismal numbers. President Subramanian went on to state that the Board can work on developing something which would educate the public to bring about better availability of resources, possibly even by putting links to resources on the Board’s website, and the ODA and the ADA could possibly help publicize these resources. He suggested to have every dentist and every dental team member in their practice to talk about this matter. He expressed that they all are responsible to lend out a helping hand to these people who are suffering from addiction and that would be one step towards the betterment of Ohio.

President Subramanian stated that the next step was better utilization of data. He stated that we need more real-time data to look at what is happening. When you look at CDC statistics today, it is usually from 2017 and we are now into 2019. He stated that with computer technology that we have today, we should be able to obtain statistics immediately. He suggested that the dental community should look at local trauma centers, emergency rooms, etc. and look at the number of overdose cases that they see. If one of them is your patient, you can reach out and help them find the resources that are available. We should all do something that would help the city or the state or the local community. President Subramanian stated that there should be better pain management. This does not limit you to prescribing guidelines, but also permits you to promote healthy evidence-based methods of pain control. He stated that all practitioners should educate themselves in that there are many new things that are available such as long-acting anesthetics and Exparel. He suggested that the members should tell their colleagues, who may not be aware of this, to use it instead of doling out narcotics. Finally, he stated that there should be supportive research on addictive pain control. President Subramanian said that this is one of his main focus and would love for the Board to work on this issue.
Commission on Dental Competency Assessments Meeting

President Subramanian stated that he attended the Commission on Dental Competency Assessments (CDCA) meeting in Orlando a few weeks ago along with Ms. Johnston, Dr. Krob, Dr. Das and a few other past Board members. He said that the Caucus meeting was very well attended and there were quite a few questions on continuing education (CE) requirements and what constitutes acceptable and non-acceptable requirements in educational courses. He informed the members that he has spoken with Deputy Director Kochheiser prior to this meeting and they have decided to make it very clear on our website and on our rules page as to what is acceptable CE. After this year, renewal is going to be online and everybody should have documentation that can be adequately uploaded. We are in the process of clarifying that through rules and hopefully, we will have an email blast to all registered individuals. We will also reach out to the ODA to see if they can put it in their publication. President Subramanian then asked Ms. Johnston, who also attended the CDCA President’s Roundtable, to provide a report from those discussions.

Ms. Johnston informed the Board members that she had provided them with a comprehensive report of the CDCA meeting included in the Board workbook materials [Appendix B]. She encouraged the members to read the entire report but wanted to discuss a couple of highlights and stated that President Subramanian could add to her comments. She said that much of the discussion was about fining authority and there are several states who do not have the ability to fine for violation but are looking into it. Like us, instead of having fining authority they are suspending licenses which they want to get away from. Much of the discussion was regarding how much to fine, how to determine how much to fine, are there guidelines, etc. She stated that Ohio is farther ahead than most of the other states. She found it interesting that the Indiana Board of Dentistry has the ability to fine for every violation of statute and every statute or rule violation is a finable offense at $1,000/violation and that New Jersey has the ability to fine and each violation is a $2,000 fine which must be reported and viewable on their website. Ms. Johnston stated that those states with fining authority are charging way more than those which Ohio is proposing. In Ohio at least we have the new sentencing guidelines which are much more thought out.

Continuing, Ms. Johnston said that several states have passed laws regarding dental therapists and they are working on creating rules regarding examinations and licensure.

Ms. Johnston indicated that one other thing that most of the other states have in common with Ohio is mandatory opioid CE requirements which ranged from two to three (2-3) hours/licensing period. Along with Ohio, only New Jersey, has a sunset provision where it will no longer be required after a certain length of time. The rest of the states do not have sunset provisions.

Ms. Johnston indicated that President Subramanian provided the report for Ohio and indicated that it was a very detailed, thorough report.

Ms. Johnston told the members about case that was discussed in another state that had a significant impact on that state’s dental board.

Ms. Johnston said that the Missouri Board has rewritten their anesthesia rules and in the process managed to irritate everyone including nurse anesthetists, oral surgeons; both doctors and dentists, and that their budget was so dramatically cut they are now working on streamlining their licensure and complaint process.

Ms. Johnston noted one other thing that was interesting was that the complaint process in North Carolina. She stated that in the past every complaint had to be signed by the complainant and had to be notarized. Now due to legislative pressure, the complaints may now be submitted anonymously and all have to be investigated.
Ms. Johnston stated that there is a lot of good information in her report about what various states are facing. She suggested that the members might find it very interesting and offered to answer any questions they may have regarding the report.

President Subramanian thanked Ms. Johnston for the comprehensive update on the CDCA Meeting.

Committee Assignments
President Subramanian stated that he wanted to explain the committee allocations and the reason he appointed members to different committees. He explained that he wanted everybody to be on some committee for the first couple of months because we have several new Board members. After a couple of months, he would like to relocate them to other committees, so they get an idea as to what each and every committee does.

President Subramanian stated that for the most part, all the members are familiar with the directives of each committee. However, he had received a couple of questions about the Research Committee. The Research Committee will, at the direction of the Board, consider topics of significant importance that could have a direct impact on the consumer. The committee will delve into depth about issues of significant transformational changes that could happen in the practice of dentistry. This information could then serve as a basis for appropriate committees to discuss and create policies, position statements, and/or rules and regulations. President Subramanian stated for example, Silver Diamine Fluoride. He stated that if we had a research committee, they could have done all the ground work, they could have given you exactly what it was and what was needed, they could have tied it in with the teledentistry bill and given us an easier way on how this should have been implemented. Instead, three (3) different committees spending approximately six (6) months and still not coming up with a position statement. President Subramanian stated that he believes a Research Committee will definitely help the Board in the future in trying to discuss these types of issues and enable them to move forward at a faster pace and get things done much quicker.

Executive Director’s Update
Director Kamdar stated that he had five (5) items he wished to discuss.

New Administration
Director Kamdar stated that he was pleased to welcome the new DeWine/Husted administration and was looking forward to working with them for the greater good of all Ohioans.

Teledentistry Bill
Director Kamdar stated that staff is performing some internal research on the implementation of the teledentistry bill that passed recently and will be working with stakeholders in that regard.

Omnibus Bill
Director Kamdar wanted to thank Ms. Intihar for her leadership on the efforts for the proposed Omnibus Bill. He stated that as the Board members know, this is a huge project that they will be working on well into the year. He stated that it will be into the fall timeframe before we see anything materialize because of the way the legislature works and all the different processes that it must go through.

American Association of Dental Boards Meeting
Director Kamdar stated as a reminder that the American Association of Dental Boards (AADB) would be having their mid-year meeting in March this year rather than April.
Budget Testimony
Director Kamdar stated that they were in the process of preparing budget testimony for the next biennium; fiscal years 2020-2021. He stated that may sound like it is far away, but it is not as it begins in July of this year and continues to June of 2020. It will be similar to what we have provided in the past and we will continue to maintain frugality as one of our major themes in order that the taxpayers are receiving a maximum return on their investment.

Anything for the Good of the Board

President Subramanian 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
President Subramanian adjourned the meeting at 3:24 p.m.

KUMAR SUBRAMANIAN, D.D.S.
President

PATRICIA GUTMAN, D.D.S.
Vice President
The Dental Licensure Objective Structured Clinical Examination (DLOSCE)
February 2019

ADA American Dental Association®

Why develop a DLOSCE?

- In 2016, the ADA Board of Trustees authorized funding for development of an OSCE-style, high stakes exam for initial dental licensure by the ADA’s Department of Testing Services
- Why develop a DLOSCE?
  - Gives the state boards the ability to identify the incompetent beginning practitioner with stronger exam reliability and validity evidence (and thus protect the public)
  - Eliminates unavoidable situations and complications that can arise from the use of patients in the examination process (e.g., patients contracting on the exam)
  - Does not increase licensure pass/fail for the board
  - No other licensing board has expressed interest in following this lead
  - The ADA possesses the in-house expertise to develop the DLOSCE through its Department of Testing Services (DTS)

Who serves on the DLOSCE Steering Committee?

- Overseeing exam development: DLOSCE Steering Committee:
  - ADA Board of Trustees members
  - General dental members (non-ADA)
  - Educators with expertise teaching comprehensive clinical care
  - State dental board members

- Dr. Richard Black, Chair (Dr.):
  - Dr. Amy Thompson (AL)
  - Dr. Edward John (IA)
  - Dr. Michaeletallo (MO)
  - Dr. Robert Harris (CO)

What was the charge of the DLOSCE Steering Committee?

- Governance
- Exam content and test specifications
- Exam structure and format
- Identify and contract key vendors
- Establish test construction team (TCT) structure
- Identify state physicians for field test
- Develop candidate guide and software tools
What is an Objective Structured Clinical Examination (OSCE)?

- Assesses clinical competence and skills (application)
- Short, standardized stations that can be joined
- Success requires critical thinking, knowledge of core clinical methods and understanding of where and when to use them
- Widely used in health sciences
  - Auditing, occupational therapy, nursing, medicine, veterinary medicine, pharmacy, law, social work, and veterinary medicine, and many more

Why conduct an OSCE?

- Benefits
  - Assesses broad range of skills
  - Standardized (stations, competencies, tasks)
  - Clinical and theoretical knowledge
  - Reliable
  - Fair

2/13/2019

What could a dental OSCE look like?

- National Dental Examining Board (NDEB) Canada provides an example:
  - Expert developed
  - Questions selected by practitioners
  - Exam content kept current
  - Administered three times per year
  - 40 physical stations (two questions each) plus rest stations
  - 5-minute, diverse stations
  - "Virtual OSCE" under future

NDEB of Canada has established strong validity evidence for its OSCE

What is the status of DLOSCE development?

- Since its first meeting in July 2017, the Steering Committee has made significant progress toward fulfilling its charge
- DLOSCE development efforts are currently on schedule
- A pilot administration of the DLOSCE is expected to occur in late 2019
- The first operational administration of the DLOSCE is expected to occur in late 2020
**What will the DLOSCE look like?**

- DLOSCE format and technologies:
  - The DLOSCE will be a "virtual DLOSE.
  - Hand skill assessment will not be included.
  - The Steering Committee will continue to assess emerging topic areas and evaluate new technologies and make appropriate changes to the examination.

**Key Focus:**

The DLOSCE will reliably and accurately reflect the practice of clinical dentistry within the United States.

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**What topic areas will the DLOSCE cover?**

- The Steering Committee has established topic areas for the DLOSCE:
  - Diagnosis and Treatment Planning
  - Endodontics
  - Prosthetics
  - Restorative Dentistry
  - Periodontics
  - Oral Surgery
  - Oral Medicine
  - Oropharyngeal Tumor Diagnosis and Management
  - Oropharyngeal Tumor Management

The topic areas were recommended by a panel of 11 subject matter experts appointed by the Steering Committee Chair.

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**What progress has been made with content development?**

- The Steering Committee has formed a working committee to focus on the most detailed aspects of DLOSCE content development.
  - This working committee includes general dentists, dental educators, and a member of the state dental board.

- The working committee has made recommendations concerning:
  - the number of DLOSCE test item banks needed
  - the number of items that will be on each test item bank

- The specific subject matter expertise that should be represented within each test item bank.

- The working committee members will facilitate DLOSCE test construction meetings in 2019.

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**What progress has been made with content development?**

- The Steering Committee has identified a large number of test constructors to develop questions for the DLOSCE.

- The test constructors include general dentists and dental educators with expertise in the topic areas covered on the examination.

- The test constructors will work in teams to develop and validate questions for the examination.

- The test construction teams align with the DLOSCE topic areas.
How will the DLOSCE and INBDE differ?

- The DLOSCE and the Integrated National Board Dental Examination (INBDE) will both be implemented in 2022.
- The steering committee has taken the INBDE into consideration throughout the DLOSCE development process.

The DLOSCE and INBDE both assess clinical skills (e.g., diagnosis and treatment planning, and health management), but key differences also exist:

- The DLOSCE is focused exclusively on the clinical tasks a dentist performs while providing direct, chair-side treatment to patients.
- The INBDE encompasses areas of knowledge and competence in basic science, behavior, and professional responsibility.
- The INBDE focuses on cognitive skills:
  - Knowledge and medical and legal knowledge of oral diseases, oral medicine, and professional responsibility.

How can I participate with the plot?

- The steering committee has made the following preliminary recommendations for the DLOSCE plot. The recommendations are subject to change.
- Public relations: Planning for implementation requires approximately 5 to 10 years, and it will occur as part of the overall development of clinical knowledge.
- Meetings: Additional meetings with stakeholders are anticipated.
- Participation: Students will receive between $250 and $400 for participating, depending on their role.
- Performance: The plot will not be used in the exam decision making.

How will the DLOSCE and INBDE differ?

- Examples of how the INBDE and DLOSCE will differ

<table>
<thead>
<tr>
<th>INBDE Example</th>
<th>DLOSCE Example</th>
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</thead>
<tbody>
<tr>
<td>Dentistry</td>
<td>General dentistry</td>
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<tr>
<td>Medicine</td>
<td>Oral surgery</td>
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<tr>
<td>Pharmacy</td>
<td>Prosthodontics</td>
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<tr>
<td>Nursing</td>
<td>Periodontics</td>
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Where can I go for DLOSCE information?

- DLOSCE development has attracted great interest.
- DLOSCE communication occurs through:
  - DLOSCE website (oda.org/dlosce)
  - Presentations focusing on technical development
    - Open Board of Directors
    - College Board of Directors
    - Multiple Board Committees
  - Annual DLOSCE meeting
  - DLOSCE website updates
- Feedback from dental programs has been very positive.
- Feedback from boards has been somewhat mixed (key differentiator: whether a board member is active within the existing community).
- The steering committee's work continues.

DLOSCE communication will continue.
Conclusion

- The DLOCCE Steering Committee thanks you for your interest in the DLOCCE development effort.
- In the coming year, the Steering Committee will continue to communicate its progress to communities of interest, both within and outside of the AOA.

Questions?
Appendix B

President and VP Meeting at the CDCA Annual Meeting- Your State Board in the Current Licensure Landscape

Dave Perkins, CDCA Chair, updated members:

Wyoming is the newest Member State

Talked about the WREB exam, and the ADA exam, which is being developed.

Exams that would have failed an ADEX exam could pass WREB, prep not checked prior to restoration and other differences. On WREB you can fail a prep and still pass the exam.

ADA is proposing an exam where candidates do not have to prove clinical competence (not even on mannikins).

Task and Occupational Analysis is done by ADEX to determine what should be on the exam, and each member state has a representative on ADEX. The DSE (computer part) of the ADEX exam tests things that cannot be tested on a patient (pharmacology etc.) ADEX is an organization of State Dental Boards nationwide; it is NOT an organization of testing agencies. ADEX does NOT administer exams.

ADEX is working on an Anesthesia/Sedation examination that will be computer based and will have questions specific to the level of anesthesia that the candidate will be certified for.

ADEX is working on a Dental Therapy exam for Minnesota. It will include mannikin, pulpotomy and SSC. The patient restorative section is taken with dental students anonymously.

STATE REPORTS:

VERMONT:

The CDCA presented to the Vermont Board of Dentistry, as did all the testing agencies. As of July 1st, Vermont is no longer accepting WREB for Dental Licensure. The State Board determined that the WREB exam is not equivalent to other licensing exams. This is now going through the legislative process.

Silver Diamine Fluoride: Public Health Dental Hygienists can apply on limited basis, must have a collaborative agreement with a dentist, patient must sign a specific consent form, and, after two applications, a dental exam must take place.

Opioids: 2 hours of CE credits required by September 2019, when their licensing period is renewable. The Opioids Rx must be justified, and the National Provider Data Database must be accessed prior to giving Rx.

Rhode Island: The Dental Board has been working on regulations for 6 years, but the regulations, including anesthesia, is in final stages. RI is an ADEX only state.

Massachusetts: This Board President had questions about fining authority. MA does not issue fines; the board currently requires CEs, or license suspensions etc. The Board is looking into fines and want to know the other Boards’ policies and protocols. How does a board determine fines etc. Much discussion ensued, with many states
confirming that they do have fining authority, and fines ranged widely. MA Board would like to gather the information from each State.

Indiana Board said that every violation of statute or rule is a finable offense, and each violation is fined $1000.00 (at the discretion of the Board).

NJ said that each violation is a $2000.00 fine, and that all fines must be reported and are seen online. Fine surcharges are given back to licensees in the reduced licensing fees.

Washington DC: Politics is preventing (Dept of Health) the rolling out of anesthesia regulations.

The Board is also defining Scope of Practice for Expanded Function Dental Hygienists and Dental Therapists. The Board is committed to using a similar model as medicine (supervision of a dentist being required).

Utah: Changed statute to list criteria that they accept for Board exams, instead of which boards they accept. They require a Class III restoration, which eliminates WREB

NH: Added 2 CE requirements for each of medical emergencies, infection control, Opioids, and CPR. They have special rules for any dentist who wants to administer anesthesia for patients under 13 years old, exempting anesthesiologists, nurse anesthetists, and oral surgeons. They are starting to address teledentistry.

NJ: Rules for mobile dental chairs in corporate offices. They have had a problem with unlicensed dentists (it is a huge problem, per NJ Board). NJ is also looking into problems of new graduates not being prepared for the work force (also a huge problem per NJ board) as they do not get enough restorations and patients and procedures in dental school. They are working on Teledentistry regulation and now dental assistants can take digital impressions.

CT: Decided to no longer accept WREB, then was sued by WREB, so they made a declaratory ruling on what they do accept, like requiring Class III restorations. They also discussed allowing HBA1c testing in dental offices and voted against allowing it.

Maryland: Trying to raise the profile of the dental board by meeting with the Governor and with legislative health committees. The Opiate Board now has a dentist sitting on the board. Unlicensed dentists are a major issue in Maryland, and the board has no jurisdiction. In Maryland, practicing dentistry without a license is a misdemeanor, and the Sheriff must see the dentist actively practicing dentistry in order to charge the unlicensed dentist with a misdemeanor. Maryland is trying to get this violation changed to a felony. Maryland has its own criteria for recognizing Specialists, and they are recognizing more Specialties. Maryland also wants dentists to be first responders, and to allow dentists to administer vaccines and other extensions of practice.

Mississippi: They have had a complaint from a patient about Smile Direct Club and are investigating. They are working on sedation rules and working on Mobile Clinic definition.

OHIO: Teledentistry (HB 184) is now legal and acceptable. Board is working on parameters to improve access to care. We are working on streamlining the process for the anesthesia permit, and will define rules for Mild, Moderate and Deep Sedation. Children 12 and under fall under separate categories. The Anesthesia permit must be renewed every 5 years, and CE and site visits are mandatory. There will be a mandatory 2-hour CE on Opioids and Pain management with a built-in sunset clause. A dentist sits on the Governor’s Opioid Commission, and 90 million less pills were prescribed in one year. The Board passed Specialty Designation rules that recognize every educational residency program including ADA Specialties. Ohio has been working on fining authority for a few years now, but we still don’t have that authority.
Wyoming: Before prescribing Opioids, the dentist must query the database first. Wyoming is requiring Opioid CE of 3 hours every 2 years. They are working on fining authority and recognizing specialties.

Arizona: A dentist with a fraudulent sedation permit made the national news and was a political nightmare. The Governor wants to bring all regulatory boards under one state agency. The Governor also wanted the Executive Director of the Dental Board fired (due to this publicity) and she resigned. The Governor also wanted the dental license of the dentist with the fraudulent sedation permit revoked. The Board felt that they didn’t have that authority since it was his sedation permit that was being questioned and not his dental skills. The Governor wanted the Dental Board to be ruled by the Department of Health Services, but after consideration, the dental board did not accept the Governor’s recommendation. The Dentist with the fraudulent sedation permit did end up voluntarily surrendering his license because he did not want to come back before the Board. The Dental Therapist Bill passed the legislature and was signed into law. Only Dental Therapists who graduate from an accredited program will be allowed to practice, and they must limit their practice to FQHCs and Native American reservations.

Vermont interjected that they have the first CODA accredited program for Dental Therapists.

NC: The Board President said that they abide by FTC Lessons Learned and all decisions must go through the State Attorney General for approval. The Board is working on Sleep Apnea in Dentistry rules, Smile Direct Club issues (no complaints from patients yet, so the Board is not addressing anything yet but are aware). Now complaints to the Board can be done anonymously (before all complaints had to be signed and notarized). They do not have fining authority; the Board addresses issues through the dental schools who have specially designed courses at Board’s discretion.

Missouri: Board rewrote anesthesia rules and “managed to irritate everyone”, including nurse anesthetists, oral surgeons, medical doctors and dentists. The Board’s budget has been dramatically cut, but the licensure process has been streamlined, and the complaint process has been streamlined.

Michigan: Dental Therapist Law passed and now rules must be established. The Board will write rules to limit practice to underserved areas and must have the supervision of a dentist. Dental Therapists will extract primary and permanent (class 3 mobility) teeth, along with providing dental restorations.

The Board renders fines and can take other disciplinary actions and all are determined on a case by case basis. Michigan has mandatory CE on human trafficking and has decided that Botox is out of the scope of the practice of dentistry. Michigan has also significantly reduced Opioid Rxs. Michigan says that foreign dentists practicing without a license is a big problem. Two groups wanted the Public Health Dentist and the Oral Radiologist recognized as specialties and Michigan ruled against recognizing them as specialties. (3rd Party reimbursement is differently treated for Board recognized specialties).

MN: Christy Jo Fogarty spoke. She is the first Dental Therapist from the state of Minnesota. Dental Therapy passed in MN in 2009. The Board of Dentistry accredits Dental Therapy Programs. The University of Minnesota is working toward CODA accreditation for dental therapy and the Metropolitan State University is close to CODA accreditation. Dental Therapists must have a collaborative agreement with a dentist, and they work under general supervision. Ms. Fogarty said that she rarely works in a building where a dentist is present in the building and that she has lots of autonomy. CDCA is working on a clinical exam for Dental Therapists and MN is very excited about it.
Indiana: Foreign trained unlicensed dentists do not seem to be a problem in Indiana, and the board has received no complaints about them, but there are many foreign trained dentists working in dental schools and they want complete licensure (but do not qualify under Indiana law). Indiana has no plans to pursue Smile Direct punitively (there are no complaints).

Most consumer complaints go to the AG. Most discipline issues are drug and alcohol issues and Medicaid fraud. No standard of care cases has been brought to the board by the AG. Opioid CE... dentists must take 2 hours of CE every licensing period until 2025. The Board is still dealing with Dr. Recker and the Dental Specialties lawsuit is ongoing.

PA: will be raising CE requirements

Hawaii: Two rule changes stemming from a child’s death at a dental office and dentists with anesthesia permits must undergo ethics training, ongoing anesthesia training and have regular facility inspections.

(The dentist who treated the child under sedation and the child died was charged with manslaughter and was acquitted.)