

OHIO STATE DENTAL BOARD
BOARD MEETING

December 6, 2017

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OHIO STATE DENTAL BOARD

BOARD MEETING

December 6, 2017

Attendance

The Ohio State Dental Board (Board) met in Room 1960, of The Vern Riffe Center for Government and the Arts, 77 South High Street, 19th Floor, Columbus, Ohio on December 6, 2017. Board members present were:

Ashok Das, D.D.S., Vice President	Michael Ginder, D.D.S.
Patricia Guttman, D.D.S., Secretary	Burton Job, D.D.S.
Kumar Subramanian, D.D.S., Vice Secretary	Susan Johnston, R.D.H.
Bill Anderson, D.D.S.	Jamillee Krob, R.D.H.
Theodore Bauer, D.D.S.	Andrew Zucker, D.D.S.

Constance Clark, R.D.H., President and Ms. Ann Aquillo, the Board's Public Member were not in attendance at the meeting.

The following guests were also in attendance: Katherine Bockbrader, Esq. of the Ohio Attorney General's Office; Nathan DeLong, Esq. and Henry Fields, D.D.S. of the Ohio Dental Association (ODA); Mark Wenzel, D.D.S. of the ODA Dentists Concerned for Dentists Program; Mark Armstrong, D.D.S. of the Commission on Dental Competency Assessments; Harry Kamdar, M.B.A., Executive Director, Steve Kochheiser, Esq., Deputy Director, Zachary Russell, Legislative and Communications Coordinator, Barb Yehmert, and Kathy Carson, Dental Board Enforcement Officers, and Malynda Franks, Administrative Professional, of the Ohio State Dental Board and other guests.

Call to Order

Executive Director Harry Kamdar introduced himself and explained that he was substituting for the Board President, Constance Clark, R.D.H., who was unable to attend due to severe illness. After extending greetings to everyone, Director Kamdar noted that there was a quorum present and called the meeting to order at approximately 1:00 p.m.

Board Business

Introduction of Board Members

Director Kamdar then introduced the rest of the Board members consisting of Dr. Ashok Das, the Board's Vice President and a general dentist from Mason, Dr. Patricia Guttman, the Board's Secretary and a general dentist from Columbus, Dr. Kumar Subramanian, the Vice Secretary and an Endodontist from Upper Arlington, Bill Anderson, D.D.S., a general dentist from Findlay, Theodore Bauer, D.D.S., a general dentist from Upper Arlington, Dr. Michael Ginder, a general dentist from Athens, Dr. Burton Job, an Oral and Maxillofacial Surgeon from Akron, Ms. Susan Johnston, a dental hygienist from Columbus, Dr. Jamillee Krob, a dental hygienist from Canton, and Dr. Andrew Zucker, a general dentist from Sandusky.

Director Kamdar stated that Ms. Ann Aquillo, the Board's Public member from Powell, was also unable to attend the meeting due to a schedule conflict.

Approval of Agenda

Director Kamdar stated that President Clark had previously reviewed the agenda for the day and asked if there was a motion to approve the agenda with the caveat to amend the agenda due to any extenuating circumstances.

Motion by Dr. Subramanian, second by Dr. Das, to approve the December 6, 2017 Board meeting agenda as presented.

Motion carried unanimously.

Review of Board Meeting Minutes

November 8, 2017 Meeting

Director Kamdar informed everyone that the draft Minutes from the November 8, 2017 meeting had been forwarded to the Board members for review prior to the meeting and asked if there was a motion in regards to the Minutes from the November 8, 2017 meeting.

Motion by Ms. Johnston, second by Dr. Krob, to approve the November 8, 2017 Board meeting minutes as presented.

Motion carried unanimously.

Public Comment/Presentations/Correspondence

Presentations – Mark T. Armstrong, D.D.S., Treasurer, Commission on Dental Competency Assessments

Director Kamdar introduced Mark Armstrong, D.D.S. a former Board Member and current Treasurer of the Commission on Dental Competency Assessments to provide the Board with a comparison of the licensing examinations that are currently accepted in Ohio [Appendix A]. A brief question and answer session followed Dr. Armstrong's presentation wherein Dr. Armstrong informed the members that New Hampshire and Connecticut have decertified the Western Regional Examining Board (WREB) as it no longer requires the candidate to be examined in anterior procedures. He commented that anterior and posterior are completely different procedures. Dr. Armstrong informed the Board that WREB no longer requires the candidate to remediate prior to a second attempt at some procedures. When asked about prior unethical practices of offering payment to patients to show up for the examination, Dr. Armstrong stated that the CDCA has made attempts to correct this problem with the Patient Centered Curriculum Integrated Format (PCCIF) and the Curriculum Integrated Format (CIF) examinations.

Director Kamdar thanked Dr. Armstrong for his informative presentation.

Presentations – Frank R. Recker, D.D.S., Esq., Owner, Frank R. Recker & Associates, Co., L.P.A.

Director Kamdar stated that the next speaker, Dr. Frank Recker, had informed the Board late yesterday that he would be unable to attend the meeting today due to a last minute scheduling conflict. He stated that they would be inviting Dr. Recker to present at a future meeting.

Correspondence – The Ohio State University College of Dentistry, Dean Patrick Lloyd

Director Kamdar indicated that the Board had received a letter from Dean Patrick Lloyd of The Ohio State University College of Dentistry [Appendix B]. The letter was in reference to the presentation and training provided by Dr. Subramanian who presented on *The Opioid Epidemic in Ohio and OARRS*. Dean Lloyd expressed his

appreciation and recognized Dr. Subramanian's outstanding presentation. Director Kamdar congratulated Dr. Subramanian on the recognition and in representing the Board in this regard.

Correspondence – American Association of Orthodontists, Sean Murphy, Associate General Counsel

Director Kamdar indicated that the Board had received correspondence from Sean Murphy, Associate General Counsel for the American Association of Orthodontists [Appendix C] which he was passing on to the members for general information purposes.

Action Items

Supervisory Investigative Panel Expense Report

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

Motion by Dr. Anderson, second by Dr. Ginder, to approve the Supervisory Investigative Panel Expense report.

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

Enforcement

Personal Appearances

Gina Thornberry, R.D.H.

Ms. Yehnert introduced Gina Thornberry to the Board and explained that this was Ms. Thornberry's first appearance before them on her fifth consent agreement with the Board. She provided the members with a detailed summary on Ms. Thornberry's history with the Board. Ms. Thornberry received her first Notice of Opportunity in September 1999 as a result of pleading guilty to several counts of illegal possession of drug documents, felonies of the fourth degree and deception to obtain dangerous drugs a felony of the fifth degree. Ms. Thornberry also failed to notify the Board of the address of her employment. She signed her first impairment agreement in June 2000.

Ms. Yehnert said that Ms. Thornberry received her second Notice of Opportunity for Hearing in September 2007, as a result of violating the June 2000 consent agreement. Ms. Thornberry's violation was refusing to have an observed drug screen upon request of the laboratory due to suspicion of donor urine being brought to the facility by Ms. Thornberry. From October 5, 2007 through November 18, 2007 Ms. Thornberry's license to practice dental hygiene was suspended for 45 days. In November 2007, Ms. Thornberry admitted to the allegations of the 2007 hearing and agreed that any future noncompliance with random screens would be considered a positive result and her license would immediately be suspended.

Ms. Thornberry received her third Notice of Opportunity for Hearing as a result of violating her second consent agreement with the Board. Ms. Thornberry had plead guilty to receiving stolen property, a felony of the fourth degree and signed her third impairment consent agreement in December 2010. In December 2011 Ms. Thornberry allowed her dental hygiene license to expire resulting in a violation of her third consent agreement. This resulted in a fourth impairment consent agreement which Ms. Thornberry signed in August 2012 and it superseded the December 2010 impairment consent agreement. On January 1, 2013, Ms. Thornberry's license to practice dental hygiene was fully restored.

In August 2016, Ms. Thornberry was charged in Cuyahoga County Courts with Burglary, a felony of the fourth degree and drug-related charges. Ms. Thornberry was incarcerated from June 9, 2016, through July 26, 2016. She

pled guilty, was ordered into the court's drug treatment program, and placed on probation. Ms. Thornberry completed probation in Cuyahoga County on September 27, 2017. Ms. Thornberry entered into her fifth and current impairment consent agreement with the Board in November 2016. Ms. Yehnert said it should be noted that the court's drug treatment program did not meet the Board's requirements for residential treatment as it did not have a minimum 28-day residential treatment and therefore, Ms. Thornberry entered Glenbeigh on January 3, 2017 and was discharged February 1, 2017. Ms. Thornberry registered with Ohio Physicians Health Program (OPHP) in August 2017 but has not begun screening, Ms. Thornberry elected to postpone required screens until her license is reinstated.

Ms. Yehnert concluded her summary by stating that Ms. Thornberry is compliant with the terms of her current impairment consent agreement with the Board and is before them today to request reinstatement of her license to practice dental hygiene with work privileges.

Ms. Thornberry commented that in listening to Ms. Yehnert's summary, it all seemed overwhelming. She informed the members that she is an opiate addict in recovery, who has had struggles but always chosen to stay sober as long as she has been given a second chance. She stated it is a hard addiction to beat and believes her relapse was due to becoming complacent and not remaining active in keeping up with the recovery program she has chosen, Alcoholics Anonymous (AA). She informed the members that this time she has done everything different and remains 18 months sober today. She said it has been a struggle and the addiction struggle is real, but thanked them for giving her the opportunity to come and speak to them.

Upon questioning by Ms. Johnston, Ms. Thornberry indicated that she had chosen not to be drug tested by OPHP at this time because she has been drug tested during treatment and aftercare of which she still has three to four (3-4) months of aftercare remaining. She stated that the drug testing is expensive and did not see the need to be tested by OPHP during the same timeframe. Dr. Bauer inquired as to her comments on second chances, Ms. Thornberry stated that she has had more than one, but that the opioid epidemic in Ohio is very real with real struggles for those that are addicted. She said that she has put a lot of work and effort into saving her own life and she will take as many chances as people are willing to give her.

Dr. Job commented that the Board has been very forgiving in that this was her fifth impairment consent agreement with the Board and questioned how long it would be before the sixth agreement. He questioned the risk to the public that the Board was taking to reinstate her license to practice and then asked if she had employment should she be reinstated and if she had ever considered another profession other than dental hygiene. Ms. Thornberry indicated that she already has a job waiting as a dental hygienist and had not considered another profession.

Dr. Zucker inquired as to what caused her relapses and what changes she was making to remain in recovery. Ms. Thornberry stated that she reflects every day on her addiction, that she has to or she will not be able to work. She stated that may seem elementary for some but for her it is not.

Dr. Krob asked Ms. Thornberry if she had a support system in place to help her in her recovery. Ms. Thornberry said that she attends four (4) meetings per week, has a sponsor that she speaks with on a weekly basis, and has her 12-step program. She stated this time she is doing everything she is supposed to including a sober support system. She said that she is happy this time where previously she was not.

Director Kamdar thanked Ms. Thornberry for sharing with the Board and then asked her to remain as they would be discussing her request during the Executive Session.

Executive Session

Motion by Dr. Krob, second by Dr. Anderson, to move the Board into executive session to consider the investigation of charges or complaints against a licensee pursuant to Section 121.22(G)(1) of the Ohio Revised Code.

Roll call vote: Dr. Anderson – Yes
Dr. Bauer – Yes
Dr. Das - Yes
Dr. Ginder – Yes
Dr. Guttman – Yes
Dr. Job – Yes
Ms. Johnston – Yes
Dr. Krob – Yes
Dr. Subramanian – Yes
Dr. Zucker – Yes

Motion carried unanimously.

Director Kamdar indicated that he would attend the executive session and then requested Mr. Kochheiser and Ms. Bockbrader to attend also.

Open Session

The Board resumed open session at 2:21 p.m. and Director Kamdar noted for the record that Dr. Guttman and Dr. Subramanian had not attended the executive session and, therefore, were not present during the deliberations in these matters.

Decision in the Matter of Gina Thornberry, R.D.H.

Motion by Dr. Zucker, second by Dr. Bauer, to reinstatement the license of Gina Thornberry, R.D.H. to practice dental hygiene for no more than twenty (20) hours per week for the duration of her probationary period set forth in her impairment consent agreement and to remain in full compliance with the terms of consent agreement with the Board.

Discussion followed wherein Dr. Job stated that the point he wanted to stress to Ms. Thornberry so that she has no misconception was that in his opinion in listening to the discussions during executive session was that if this Board had total control, then she would not be getting her license to practice dental hygiene back. However, because of the fact that her consent agreement was drafted and approved by a previous Board, this Board feels a moral obligation to stand behind their commitment to her. Dr. Job stated that likewise they also want to make sure that she is aware that there will not be a sixth impairment consent agreement. He commented that this is the end of the line in terms of chances, that she is going to be followed very closely, and that one slip up and she be looking for another line of work because she will not be permitted back in dental hygiene again. Dr. Job stated that assuming the vote goes the way he anticipated, this Board would be giving her the opportunity to return to her previous occupation. He stated that the Board wishes her the very best and hopes that they are wrong in their concerns.

Motion carried with Dr. Anderson and Ms. Johnston opposed and Dr. Guttman and Dr. Subramanian abstaining.

Director Kamdar then turned the meeting over to Deputy Director Kochheiser to present the Enforcement matters before the Board for December.

Proposed Motions

Deputy Director Kochheiser indicated that the first enforcement matter before the Board was a request to withdraw a Notice of Opportunity for Hearing that was issued to Khaldoun Attar, D.D.S... The Board had intended to discipline Dr. Attar's license for infection control violations but Dr. Attar provided additional evidence to the Board's Assistant Attorney General and Supervisory Investigative Panel who subsequently determined there was no further need for a hearing.

Khaldoun Attar, D.D.S.

Motion by Dr. Job, second by Dr. Krob, to withdraw the Notice of Opportunity for Hearing that was issued to Dr. Khaldoun Attar, D.D.S.

Motion carried with Dr. Subramanian and Dr. Guttman 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 document reviewed by the Board. The name of the individual/licensee has been added to the minutes for public notice purposes. Mr. Kochheiser provided a brief summary of any charges and the proposed orders.

Disciplinary

Sabrina E. Mickel, D.D.S.

Motion by Ms. Johnston, second by Dr. Ginder, to approve the proposed consent agreement for Sabrina E. Mickel, D.D.S., license number 30.019421, and case number 17-18-1397.

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

Enforcement Update

Deputy Director Kochheiser began the Enforcement Update by informing the Board that there were originally three (3) cases pending hearings of which one (1), Dr. Attar, had been withdrawn. He stated that there are two (2) cases awaiting a Hearing Examiners Report and Recommendation and the members and that both cases would be ready for their review and consideration at the February 2018 meeting. He stated that there were fifty-two (52) licensees and certificate holders under suspension, and one hundred and twenty-nine (129) active cases. Mr. Kochheiser said that there no new referrals and two (2) licensees actively participating in QUIP. He informed the members that there were thirty (30) cases which have been investigated and reviewed by the Board Secretaries and are recommended to be closed with one (1) warning letter having been issued. Mr. Kochheiser noted that there are twenty-seven (27) licensees currently on probation. He indicated that there are fifty-three (53) cases that have been open for longer than 90 days and that the detail of the categories of the cases and a brief explanation as to why they have been open longer than 90 days has been provided in the charts in the Board Notebooks.

Closed Cases

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

The following cases are to be closed:

17-09-1340	17-31-1336	17-52-1220
17-12-1172	17-31-1349	17-57-1327
17-18-1329	17-31-1353	17-57-1335
17-18-1339	17-47-1123	17-71-1284
17-18-1345	17-47-1321	17-76-1236
17-18-1346	17-48-1312	17-76-1347
17-18-1356 - WL	17-50-1332	17-76-1352
17-18-1357	17-52-1147	17-77-1274
17-23-1350	17-52-1184	17-83-1131
17-28-1150	17-52-1219	17-85-1322

Prior to the vote to close the above listed cases, Director Kamdar 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. Das – No
- Dr. Ginder – No
- Dr. Guttman – No
- Dr. Job – No
- Ms. Johnston – No
- Dr. Krob – No
- Dr. Subramanian – No
- Dr. Zucker – No

Director Kamdar then called for a motion to close the cases.

Motion by Ms. Johnston, second by Dr. Anderson, to close the above thirty (30) cases.

Motion carried unanimously.

Director Kamdar thanked Deputy Director Kochheiser for providing the Enforcement Report and Update and took a moment to thank the SIP, Assistant Attorney General Katherine Bockbrader, and the investigators for all their hard work this year.

Licensure

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

Dentist(s) – (7)

30.025271	Elizabeth Goebel	30.025275	Joseph Zaino
30.025272	Juan Troconis	30.025276	Al-Harith Shalash
30.025273	Heather Lucas	30.025277	Barry Quinn
30.025274	Michael Merkley		

Dental Hygienist(s) – (2)

31.015614	Kayla Hitchcock	31.015615	Sarah Roy
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Dental Assistant Radiographer(s) – (143)

51.032408	Skylar Stowe	51.032439	Kayla Baker
51.032413	Brittany Marriotti	51.032443	Kaitlyn Wright
51.032398	Chandra Rijal	51.032446	Alyssa Chapman
51.032400	Angie Arredondo Cazares	51.032447	Samantha Shepherd
51.032407	Vicki Robbins	51.032440	Angelica Page
51.032403	Dena Witmer	51.032445	Jordan Parent
51.032399	Jennifer Emerson	51.032461	Kylie Baker
51.032411	Chelsie Kegley	51.032462	Chardaia Sanders
51.032406	Randi Cross	51.032458	Raygen Robles
51.032412	Aleesa Leonhardt	51.032451	Joyleen Goodman
51.032404	Sheena Briggs	51.032460	Jenna Hague
51.032410	Delphine Tarpley	51.032450	Mikara Elmore
51.032402	Kayla Johnson	51.032448	Mackenzie Cass
51.032405	Leshondra Dancy	51.032452	Kennedy Miller
51.032409	Jacqueline Hurst	51.032455	Cynthia Kendrick
51.032401	Scottie Williams	51.032449	Taylor Gullette
51.032418	Kaitlynn Steele	51.032454	Allana Dawson
51.032419	Eric Miranda	51.032453	Shaday Haynes
51.032420	Cassie Tabellion	51.032456	Bryanna Crowder
51.032417	Leslie Casteel	51.032457	Praise Roberson
51.032416	Rebecca Miller	51.032459	Nicole Meyer
51.032415	Kateri Voit	51.032464	Charanna Caldwell
51.032421	Gina Depolo	51.032463	Tiahee Sawyer
51.032422	Karen Norris	51.032465	Odaly Flores
51.032414	Tina Cantrell	51.032466	Keli McMillan
51.032423	Karla Render Higgins	51.032467	Jenny Nieto-Guerrero
51.032425	Taylor Leeders	51.032468	Marie Float
51.032427	Kendra Lyons	51.032469	Cortnee Gilliam
51.032429	Samantha Yokeley	51.032470	Haeli Siemer
51.032424	Breyonna Maloy	51.032475	Hema Gomathy Sathish Kumar
51.032426	Kayla Collins	51.032471	Emiya Aytch
51.032428	Iman Attar	51.032472	Ixchel Gonzalez
51.032432	Samantha Vannatta	51.032473	Destiny Tone
51.032430	Jariekah Sayers	51.032476	Kierstyn Lucas
51.032431	Haile Perry	51.032474	Bhavya Sahaya
51.032433	Kearston Kelso	51.032477	Sara Marcum
51.032434	Alexis Smith	51.032478	Tantiara Cole
51.032437	Mariama Wright	51.032479	A'bryanna Smith
51.032441	Jessica Holland	51.032480	Jakelyn Melendez
51.032435	Anita Mcelya	51.032481	Destinee Gaston
51.032436	Crystal Lyons	51.032482	Najee Denson
51.032442	Mckenna Drake	51.032483	Terranae Crooks
51.032444	Jazmin Sloan	51.032484	Dazzmine Releford
51.032438	Ashley Gibbs	51.032485	Emily Ladnier

51.032486	Alexis Pfau	51.032513	Alexis Cox
51.032487	Astevan Kamal	51.032516	Kiarra Brim
51.032488	Brittany Huth	51.032517	Khaila Moore
51.032490	Kirsten Fenton	51.032514	Deena Elbatawi
51.032489	Kirsten Stemen	51.032518	Elyssa Mourany
51.032491	Rachael Huber	51.032521	Amanda George
51.032512	Bethann Callahan	51.032519	Meredith Grau
51.032492	Lillian Flowers	51.032520	Kimberly Harshbarger
51.032511	Amberly Nickoson	51.032522	Samantha Camel
51.032493	Laken Cook	51.032523	Surya Chakravarthy Pamulapati
51.032494	Summer Ardetto	51.032524	Melinda Adams
51.032495	Makayla Barnhart	51.032527	Adrian Jackson
51.032496	Dakota Bishop	51.032525	Indya Sheckles
51.032497	Jessica Jones	51.032526	Mackayla Griffin
51.032498	Alyssa Sayre	51.032528	Antoinette Eichel
51.032499	Ashley Smallwood	51.032529	Kayla Harter
51.032500	Kathryn Kreager	51.032530	Kathryn Trumble
51.032501	Doug'ashia Evans	51.032538	Madison Cox
51.032502	Vanity Hailey	51.032537	Shellie Hannah
51.032503	Mya Sciortino	51.032540	Courtney Davis
51.032504	Bailey Murphy	51.032539	Jessica Kobyluck
51.032505	Randi Weisgarber	51.032531	Kyla Stone
51.032506	Amber Mcfarland	51.032532	Madelynne Prosek
51.032507	Olivia Buckner	51.032533	Alexa Roberts
51.032508	Kaylee Sturgill	51.032534	Bo Bauserman
51.032509	Amy Rosati	51.032535	Shereen Najjar
51.032510	La'kesha Still	51.032536	Tosha Thompson
51.032515	Katherine Moreland		

Limited Resident's – (2)

RES.003923 Michael Rehtin

Coronal Polishing – (7)

CP.001849	Darian Lock	CP.001853	Cierra Harmon
CP.001850	Natasha Toddywalla	CP.001854	Danielle M Lynn
CP.001851	Samantha Gretten	CP.001855	Patricia Upchurch
CP.001852	Tara Dorner		

Expanded Function Dental Auxiliary – (1)

EFDA.002765 Scot Lucas

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

Motion carried unanimously.

General Anesthesia/Conscious Sedation Permit(s)

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

General Anesthesia

Christopher Beale, D.D.S., Mansfield, Ohio

Atul Deshmukh, D.D.S., Beavercreek, Ohio

Sean Lyndsey, D.D.S., Columbus, Ohio

Conscious Sedation

Alexandra McComb, D.D.S., Toledo, Ohio – Intravenous

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

Motion carried unanimously.

Executive Session

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

Roll call vote: Dr. Anderson – Yes
Dr. Bauer – Yes
Dr. Das – Yes
Dr. Ginder – Yes
Dr. Guttman – Yes
Dr. Job – Yes
Ms. Johnston – Yes
Dr. Krob - Yes
Dr. Subramanian – Yes
Dr. Zucker – Yes

Motion carried unanimously.

Director Kamdar indicated that he would attend the executive session and then requested Mr. Kochheiser and Ms. Bockbrader to attend also. 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 2:43 p.m. the Board resumed open session. Director Kamdar indicated that the Board would take a five minute recess prior to resuming the agenda.

Committee Reports

Ad Hoc

Dr. Das stated that the Ad Hoc Committee had met that morning and he was pleased to report that they have completed their final review of the proposed new Disciplinary Guidelines [Appendix D]. He said that this has been under review for a couple of years, and he wished to recognize the efforts of those involved; former Board President Marybeth Shaffer, D.D.S., Dr. Martin Chambers, Dr. Guttman, Dr. Subramanian, along with himself and many other people involved along the way. He informed the members that this is the first time the document has been revised in approximately 19 years. Dr. Das indicated that the members have received the final version for consideration of approval this afternoon.

Motion by Dr. Das out of Committee to approve the new Disciplinary Guidelines as presented.

Motion approved unanimously.

Motion by Dr. Subramanian, second by Ms. Johnston, to approve the Ad Hoc Committee report as presented.

Motion carried unanimously

Education

Practicum Education

Director Kamdar requested Dr. Krob to provide the report on the activities of the Education Committee that day since she had chaired the Committee in President Clark's absence. Dr. Krob stated that the Committee had met at 8:20 a.m. that morning in Room 1924 and began the meeting with a brief discussion on practicum continuing education. She stated that Ms. Franks had provided the members with a brief report on the revised process for practicum education submission and approval for issuance of a Limited Continuing Education License. She stated that the process will remain in the administrative capacity of the Board executive office with a form created for submission of practicum education to meet the guidelines in the Dental Practice Act prior to submission by an out-of-state applicant for a limited license.

Update Jurisprudence Examinations for Dentists and Dental Hygienists

Dr. Krob stated that she and Dr. Subramanian would be updating the jurisprudence examinations for both the dentists and the dental hygienists, one of the 2017-2018 Strategic Priorities and Key Action Items. She indicated that they would have drafts of the examination prepared for the February meeting since most of the schools begin instruction on Ohio laws during the next semester.

Discussion on Biennial Sponsors

Dr. Krob stated that the Committee briefly talked about the process of approving Biennial Sponsors and Board responsibility and liability. She indicated that members had expressed concerns about eliminating this process because the feeling is that approved study clubs provide this to licensees in areas of the state where continuing education is not readily available. Dr. Krob stated that the members have been directed to other state dental boards to see how they are providing this service to licensees. She stated that the members also quickly touched on the topic of acceptable continuing education content during this discussion.

Review of Application(s)

Dr. Krob stated that the Committee had reviewed ten (10) Biennial Sponsor and Biennial Sponsor Renewal Applications for consideration of approval. She indicated that the Committee recommended approval for Biennial Sponsorship of continuing education for the following:

Cincinnati New Dentist Study Club (2016-2017 & 2018-2019)

Nelson R. Diers, D.D.S., M.S.D.

Falls Oral Surgery and Dental Implant Center

Greater Ohio Dental Hygienists' Society

Hillcrest Dental Study Club

Bryan Osterday, D.D.S.

Periogenius, L.L.C.

Fred O. Sakamoto, D.D.S.

Southwest Ohio Study Club

West Shore Study Club

2017-2018 Strategic Priorities and Key Action Items

Dr. Krob stated that they had also taken a brief look at the Strategic Priorities and Key Action Items that have been assigned to the Committee and Dr. Subramanian had recommended advancing consideration of adding mandatory continuing education in drug abuse as the number one priority for the Committee.

Director Kamdar suggested that they hold off on any motion in that regard due to the possibility of the composition of the Committee changing with the election of officers later in the meeting.

Motion by Ms. Johnston, second by Dr. Anderson, to approve the Education Committee report and the recommendations for applications as presented.

Motion carried unanimously.

Law and Rules Review

Creation of Anesthesia Sub-Committee

Dr. Subramanian stated that the Law and Rules Review Committee had met that morning at 11:05 a.m. with President Clark and Ms. Aquillo absent. He stated that the first order of business for the Committee was creation of an Anesthesia Sub-Committee comprised of Deputy Director Kochheiser and a group of dentists and specialists to revise and update the rules on anesthesia and sedation. The Sub-Committee will meet in January and/or February to draft proposed new guidelines and rules for Board review in February.

Omnibus Bill

Dr. Subramanian stated that the omnibus bill project has been turned over to Mr. Kochheiser to pursue on behalf of the Board to address archaic law and rules that reflect old statutory language. He said that it is the hope that Mr. Kochheiser will have an omnibus bill prepared to present to the legislature sometime next year.

Specialty Designation –Public Survey

Dr. Subramanian stated that a representative from Measurement Resources Company (MRC) had attended the Committee meeting to speak to the members regarding the survey of the public perception of their definition of "specialty" or "specialist". He was requesting Board approval for MRC to move forward with this survey.

Motion by Dr. Krob, second by Dr. Ginder, to approve Measurement Resources Company to provide the survey of the public in regards to specialties.

Motion carried unanimously.

H.B. 184 – Teledentistry Bill

Dr. Subramanian informed the members that the Committee had a lively discussion on H.B. 184 regarding teledentistry, specifically regarding the use of silver diamine fluoride (SDF) application by expanded function dental auxiliary. He clarified that the Board does not advocate or oppose H.B. 184 and indicated that the Scope of Practice Committee is in the process of developing guidelines or recommendations for the use of SDF in dental practices.

Ohio Automated Rx Reporting System – Ohio Board of Pharmacy Reports

Dr. Subramanian informed the Board that they have not received any OARRS non-compliance reports from the Ohio Board of Pharmacy (Pharmacy Board) in the past 8-10 months due to the OARRS upgrade but we are hoping to begin receiving them again by the end of the year. He stated that there are a few cases before the Board that are showing as pending that may be closed or have action taken on them once the Pharmacy Board begins providing accurate data again.

Motion by Dr. Anderson, second by Ms. Johnston, to approve the Law and Rules Review Committee Report as presented.

Motion carried unanimously.

Operations

Director Kamdar stated that the Operations Committee had not met that day.

Policy

Approval of Policies

Ms. Johnston informed the Board members that there were seven (7) policies that had been previously reviewed and approved by the Policy Committee and placed out on the Board member web portal for their review and consideration. She stated that she had not received any comments, recommendations, or suggested changes from any of her fellow Board members regarding these policies. Therefore, Ms. Johnston was asking the members to consider approving the policies individually.

Ms. Johnston then briefly reviewed and explained each of the seven (7) policies for the Board members.

A-501: Policy Regarding Oral Conscious Sedation

Motion by Ms. Johnston, second by Dr. Job to approve policy A-501: Policy Regarding Oral Conscious Sedation (Appendix E).

Motion carried unanimously.

B-511 – Policy Regarding the Monitoring of Nitrous Oxide-Oxygen (N₂O-O₂) Minimal Sedation by Dental Hygienists

Motion by Ms. Johnston, second by Dr. Subramanian to approve policy B-511: Policy Regarding the Monitoring of Nitrous Oxide-Oxygen (N₂O-O₂) Minimal Sedation by Dental Hygienists (Appendix F).

Motion carried unanimously

G-511: Policy Regarding the Monitoring of Nitrous Oxide-Oxygen (N₂O-O₂) Minimal Sedation by Dental Assistants

Motion by Ms. Johnston, second by Dr. Krob to approve policy G-511: Policy Regarding the Monitoring of Nitrous Oxide-Oxygen (N₂O-O₂) Minimal Sedation by Dental Assistants (Appendix G).

Motion carried unanimously

A-502: Policy Regarding Treatment Within the Scope of Dental Practice

Motion by Ms. Johnston, second by Dr. Anderson to approve policy A-0502: Policy Regarding Treatment Within the Scope of Dental Practice (Appendix H).

Motion carried unanimously

J-502: Policy Regarding Termination of the Dentist-Patient Relationship

Motion by Ms. Johnston, second by Dr. Job to approve policy J-502: Policy Regarding Termination of the Dentist-Patient Relationship (Appendix I).

Motion carried unanimously

B-503: Policy Regarding Treatment Within the Scope of Dental Hygiene Practice

Motion by Ms. Johnston, second by Dr. Job to approve policy B-503: Policy Regarding Treatment Within the Scope of Dental Hygiene Practice (Appendix J).

Motion carried unanimously

Policy Regarding Public Records Requests

Motion by Ms. Johnston, second by Dr. Subramanian to approve the Policy Regarding Public Records Requests (Appendix K).

Motion carried unanimously

New Policies for Review

Ms. Johnston informed the members that the two (2) policies for remedial education for dentists and dental hygienists be posted to the Board Member Portal for review and consideration prior to the February meeting. She stated that the Committee had reviewed a preliminary draft of the policy on disposal of sharps which included references to OSHA guidelines. Discussion resulted in the Committee decision to not include small waste generators in the policy.

Ms. Johnston stated that it is her intention to have completed the final versions of the policy on sharps, and preliminary drafts of policies on extracted teeth and dental unit water quality by the end of December. She stated that with the election of Officers she is unsure if she will remain chair of the Committee and therefore hopes to have all of these completed by the end of her tenure as Chair in December.

Motion by Dr. Subramanian, second by Dr. Anderson, to approve the Policy Committee report as presented.

Motion carried unanimously.

Scope of Practice

Scope of Practice - Phlebotomy

Dr. Ginder informed the members that the Scope of Practice Committee had met earlier that day and began with a presentation on phlebotomy by Mr. Tywan Banks, M.Ed., and a Phlebotomy Instructor from Columbus State Community College. The Board had received recent inquiries and has concerns with the delegation of drawing of blood by dental auxiliary and Mr. Banks had been invited to discuss minimal level of education required/recommended to competently and safely draw blood in a dental office under supervision of a dentist; how many “sticks”, how much didactic instruction, and in what environment is the training recommended. Mr. Banks presented on the difference between certification vs. certificates of completion and noted that the three (3) most reputable accrediting bodies for phlebotomists are; American Society for Clinical Pathology (ASCP), National Healthcareer Association (NHA), and American Medical Technologists (AMT). Dr. Ginder stated that these certifying bodies may have ideal guidelines to follow regarding phlebotomy but they may not be the minimal requirements that would suffice for phlebotomy to be performed by dental auxiliary.

Dr. Ginder said that Mr. Banks had informed the Committee that there are some “Certificate of Completion” courses that offer didactic hours and blood draws, however the blood draws are in a controlled environment and therefore, the students are not exposed to different or possibly more difficult patients. These courses are generally provided through a community college or a vocation school. Mr. Banks believes that these supervised courses may offer adequate training for a phlebotomist to draw blood in a dental office.

Dr. Ginder stated that more research is needed before a recommendation can be made. He stated that the Board can say that drawing blood falls within the scope of a dental license. However, we cannot yet offer a recommendation on who a dentist can delegate to draw blood under supervision and what level of education is recommended or required.

Motion by Ms. Johnston, second by Dr. Subramanian, to approve the Scope of Practice Committee report.

Motion carried unanimously.

Executive Updates

President’s Update

From President Clark

Director Kamdar stated that at the request of President Clark he was sharing her comments. He asked the members to keep in mind that her comments were meant to be shared after the election of officers which was originally scheduled for earlier in the meeting. Director Kamdar read the following:

“To each of the newly elected officer of the Ohio State Dental Board, I extend my congratulations. Through your leadership skills, you have earned the respect of your fellow Board members to lead this Board during the coming year. Congratulations to each of you.

I wanted to take this opportunity to thank each of the Board members and Board staff for your support over the past year. It has been one of the greatest privileges of my life to serve as Board President. I believe in the work of the Board as it is important. Together we have served well, stood firm to our convictions and produced work for the benefit of the citizens of Ohio and dentistry. Thank you for the richness you have brought to my life.”

Executive Director's Update

Licensure Renewal

Director Kamdar opened his update by informing the members that 51% of dentists and 39% of dental hygienists have renewed to date. He stated that we are now 24 days until the deadline to renew and barely half of the licensees have renewed their licenses to practice. He said that we began this process back in October with a blast email to all licensees with information on registration, renewal, and the new eLicense system. He stated that while the numbers indicate that we are a little bit ahead of where we were during the last renewal period for dentists and dental hygienists, many will still end up renewing their license to practice during the extended grace period after January 1, 2018. He informed the members that while dental licensees are granted a renewal extension to April 1, 2018 by statute, the Board will offer the same to dental hygiene licensees for consistency.

Thank-you

Director Kamdar took a moment to thank everyone for making the Board work smoothly including the other twelve (12) staff members that help to run the Board as every person plays a vital role. He stated that Kathy Carson is an investigator for the Board but that if you ask Mr. Kochheiser, she has been helping out with everything including administrative work as needed. He stated that Ms. Franks "burns the midnight oil" and is also a walking encyclopedia for the Board. Mr. Russell holds the title of Legislative Coordinator but has handled everything and every project he has been given. Director Kamdar stated that it is the same with all of the rest of the staff. With the recent hire of Mr. Kochheiser, he brings to the Board a fresh perspective within the confines of the law. Assistant Attorney General Katherine Bockbrader has recently been promoted to Assistant Chief and normally a small Board such as ours would not see someone of her stature sitting amongst and representing us.

Election of Officers

Director Kamdar reminded the members that they had received copies of recommended changes to the Governance Guidelines in regards to Board Officers and Elections. He noted that the two (2) recommended changes for consideration were as follows:

Candidates for Board Officers shall meet the following requirements:

- President: Must be a member of the Board for a minimum of two (2) years prior to holding office; no term limit.
- Vice President: Must be a member of the Board for a minimum of one (1) year prior to holding office; ~~succeeds as President~~; no term.
- Secretary*: Must be a dentist; must be a member of the Board for a minimum of ~~three (3)~~ two (2) years before holding office; no term.
- Vice-Secretary*: Must be a dentist, must be a member of the Board for a minimum of one year before holding office; no term limit.
- QUIP Coordinator: Must be a dentist, must be a member of the Board.

Director Kamdar asked if there were any comments or additional suggestions for changes to the Governance Guidelines. Ms. Johnston stated that she had submitted the change regarding the Vice President succeeding the President. She stated that she has served a number of years on the Board and is interested in serving the Board as Vice President but would not be able to succeed into the position of President due to her term as a Board member expiring in 2019.

Motion by Dr. Subramanian, second by Ms. Johnston, to approve the recommended changes to the Board Governance Guidelines as presented.

Motion carried unanimously.

President

Director Kamdar then explained the process for nominations and voting. He then called for nominations for the office of President.

Dr. Ginder nominated Dr. Das for President. Director Kamdar asked if there were any additional nominations. Hearing none, he called for a vote.

Motion carried to elect Dr. Das as President of the Board for 2018.

Vice President

Director Kamdar then called for nominations for the office of Vice President.

Dr. Subramanian nominated Ms. Johnston for Vice President. Director Kamdar asked if there were any additional nominations. Hearing none, he called for a vote.

Motion carried to elect Ms. Johnston as Vice President of the Board for 2018.

Secretary

Director Kamdar then called for nominations for the position of Secretary.

Dr. Das nominated Dr. Guttman for Secretary. Director Kamdar asked if there were any additional nominations. Hearing none, he called for a vote.

Motion carried to elect Dr. Guttman as Secretary of the Board for 2018.

Vice Secretary

Director Kamdar then called for nominations for the position of Vice Secretary.

Dr. Ginder nominated Dr. Subramanian for Vice Secretary. Director Kamdar asked if there were any additional nominations. Hearing none, he called for a vote.

Motion carried to elect Dr. Subramanian as Vice Secretary of the Board for 2018.

QUIP Coordinator

Director Kamdar then called for nominations for the position of QUIP Coordinator.

Dr. Das nominated Dr. Ginder for QUIP Coordinator. Director Kamdar asked if there were any additional nominations. Hearing none, he called for a vote.

Motion carried to elect Dr. Ginder as QUIP Coordinator of the Board for 2018.

Director Kamdar congratulated the members on their elections.

Anything for the Good of the Board

Director Kamdar thanked all the members for their effort that day and then asked if any members had anything to report for the good of the Board.

Ms. Johnston stated that in hearing the presentation by Dr. Armstrong she would ask the new President to consider creating a subcommittee to look into revising all the regional examinations and to possibly get with the Legislature and the Ohio Dental Association to consider revisiting whether all the examinations for licensure should be accepted. Dr. Zucker added to that by stating that he would like them to research and consider the validity of the PGY1 (Post Graduate Year 1) option, as well as looking into the Western Regional Examining Board standards for "optional" examination of key skillsets. Director Kamdar suggested that the members revisit this request in January when the new President has had the time to consider Committee appointments.

Dr. Das requested that his fellow Board members send him an email to let him know of their interest in the committees they would like to serve.

Adjourn

Motion by Dr. Krob, second by Dr. Bauer, to adjourn the meeting.

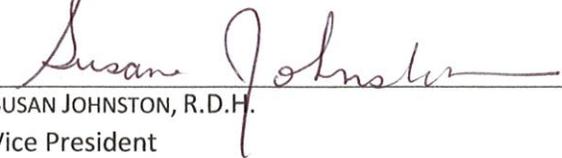
Motion carried unanimously.

Director Kamdar adjourned the meeting at 3:40 p.m.



ASHOK DAS, D.D.S.

President



SUSAN JOHNSTON, R.D.H.

Vice President

Licensure Examination 

A component of the process to insure that only competent practitioners that can perform appropriately receive a license

Identifies individual who should *not* receive a license-not a certification process

Not a ranking process

One of the most important tenets of any high stakes exam is avoiding a false positive

THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

Validity Components 

- ▲ Content
 - ▲ Skills identified in an occupational 'task' analysis
 - ▲ Knowledge
 - ▲ Skills
 - ▲ Judgments
- ▲ Scoring rubrics
 - ▲ In high stakes examinations the high risk outcome is the 'false positive'; licensing the individual who should not be licensed
 - ▲ Each component critical skill must be passed unless a restrictive license is available
 - ▲ Scoring established by content experts
- ▲ Reliability
 - ▲ Examiners will evaluate the same performance is same way
 - ▲ Reliability is not validity

THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

Why Licensure Examinations evaluating patient care? 

- ▲ Competence vs Performance
- ▲ Evaluator bias
 - ▲ Independent third party
- ▲ "Delegable Skills"
- ▲ NO system is perfect in admission, education, or testing
- ▲ There is no real Peer Review and QA in the Dental Profession
- ▲ The work speaks for itself

THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

Licensure Examinations 1969-March 20, 2006 

- ▲ 5 Regional Boards
- ▲ Several State only examinations

THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

March 21, 2006 

- ▲ ADEX
- ▲ Created as a national licensure test construction entity
- ▲ An organization of state dental boards
- ▲ Fiscally organized to eliminate market based conflicts of interest

THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

Development Process 

- ▲ A process to construct a validity argument in a decision for licensure
- ▲ For the ADEX exam, the Ohio State Dental Board directly appoints the decision makers in every step of the process. No other testing agency allows this

THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

ADEX-WREB Comparison 

- ▲ The WREB Periodontal examination. A candidate who "fails" the periodontal section may re-take the examination on either day 2 or 3 apparently without remediation.
- ▲ The WREB Endo manikin section allows for a candidate who "fails" this section to re-take the exam on the optional 3rd exam day apparently without remediation.
- ▲ The WREB Prosthodontic section is new this year and is optional. A candidate who is unsuccessful on the prosthodontic section may re-take the examination during the optional 3rd day apparently without remediation.
- ▲ Apparently a compensatory scoring system is used for the prosthodontic examination

THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

ADEX-WREB Comparison 

- ▲ The performance exams are not the same unless the scoring and critical errors are the same
- ▲ If a candidate fails today and passes tomorrow which score is taken?
- ▲ Is the result just chance
 - ▲ Then why give the test

THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

Multiple Examinations 

- ▲ When examinations compete, and both examinations are accepted, the candidate will always select the examination that is perceived easier.
- ▲ *This allows the licensure candidate to make the decision on minimal competency standards rather than the State Board.*

THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

Why the ADEX Examination 

- ▲ All candidates are graduates of CODA accredited dental schools

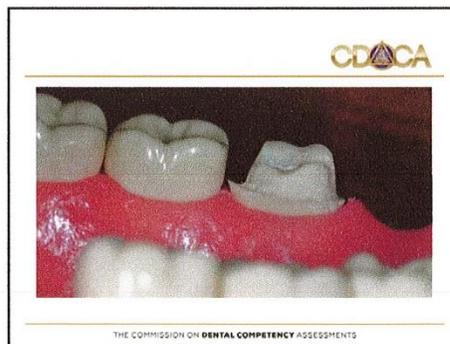
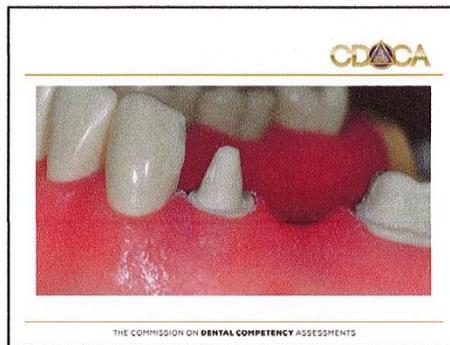
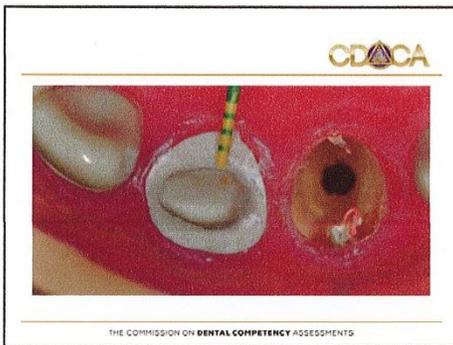
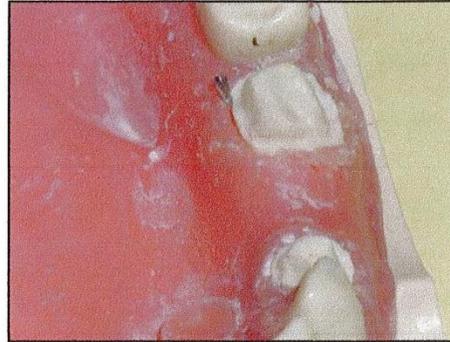
THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

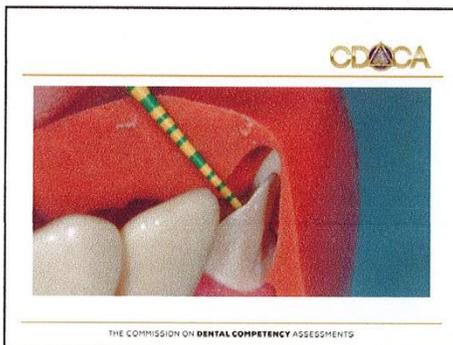
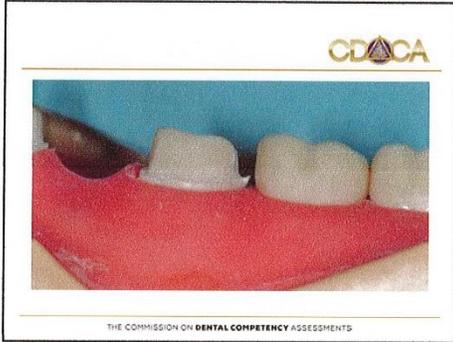


- ▲ Prosthodontic Examination

THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS







CDACA

These candidates may not be identified by one of the other examinations

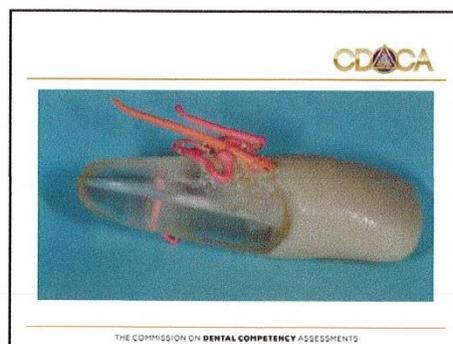
Which of these candidates performance should be ignored and just retested

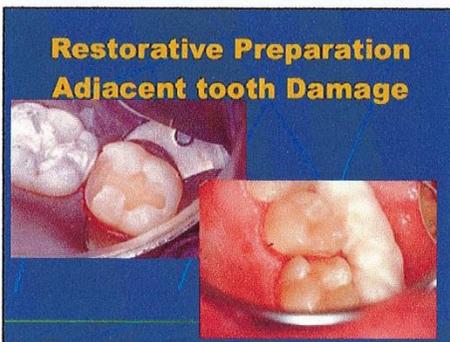
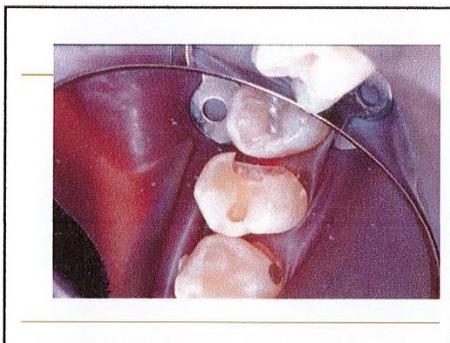
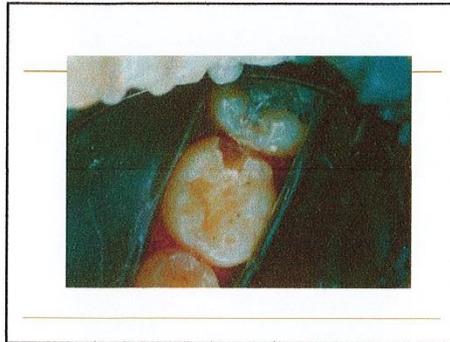
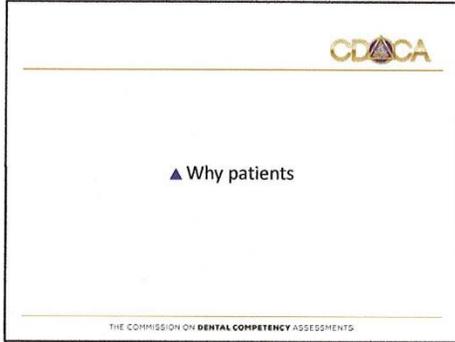
THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

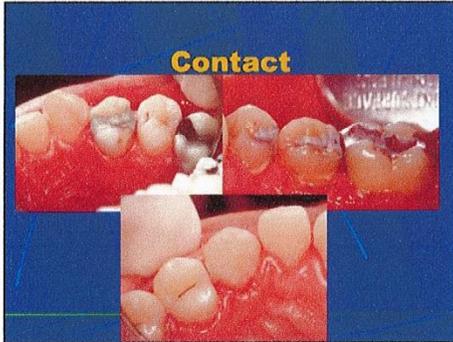
CDACA

▲ Endodontics

THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS







Question 

- ▲ Which of those dental school graduates would you let treat your family?
- ▲ Which candidate should be allowed to "try again" on another patient the same day?

THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

Why Patients? 

- ▲ The work speaks for itself

THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS





- ▲ *Thank you for your commitment and protection of the public!*

THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

Appendix B



College of Dentistry
Office of the Dean
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305 W. 17th Avenue
Columbus, OH 43210-1267
614-292-6215 Phone
614-292-7319 Fax
dent@osu.edu

Kumar Subramanian, DDS, MSD
Clinical Assistant Professor
Nationwide Children's Hospital
700 Children's Dr.
Columbus, OH 43205

Dr. Subramanian,

I continue to hear positive comments about our Post College Assembly (PCA) event last month, and I wanted to send a special note of thanks for your outstanding presentation, *The Opioid Epidemic in Ohio and OARRS Overview*. Your experience and expertise helped to make our continuing education event successful and we are all grateful that you were willing to undertake such a significant endeavor.

Since the PCA gathering, Don Gray has updated me on the presentations that received many positive comments, and your course was described as being "very well done, and with a great mix of appropriate dosage recommendations, and statistics." Knowing what it takes to achieve such reviews from discerning audiences like ours, I am most appreciative of the energy and efforts you expended on our behalf.

Again, my thanks for your outstanding contribution to this program.

Sincerely,

Patrick M. Lloyd, DDS, MS

CC: Constance F. Clark; President, Ohio State Dental Board
Don Gray; Director, Continuing Education

Appendix C

Franks, Mindy

From: Kamdar, Harry
Sent: Thursday, November 30, 2017 9:50 AM
To: Franks, Mindy
Cc: Kochheiser, Steven; Russell, Zachary
Subject: FW: Louisian's Specialty Law Revisions
Attachments: 2017 LA REG TEXT 460358 (NS).rtf

Another item for correspondence section of the Board meeting agenda. This time it's the email below and attachment.

From: Murphy, Sean [mailto:smurphy@aaortho.org]
Sent: Tuesday, November 21, 2017 10:54 AM
To: Kamdar, Harry <Harry.Kamdar@den.ohio.gov>; Kamdar, Harry <Harry.Kamdar@den.ohio.gov>
Cc: Beckwith, Phillip <pjbortho@aol.com>; Roberts, Chris <croberts@aaortho.org>; Maleki, Nahid <drmaleki@verizon.net>; McCamish, DeWayne <dmccamish@aaortho.org>; Dillard, Kevin <kdillard@aaortho.org>
Subject: RE: Louisian's Specialty Law Revisions

Hello Mr. Kamdar,

As the Ohio State Dental Board continues to analyze its specialty laws, I am attaching Louisiana's recent amendments to its specialty laws (LAC 46:XXXIII.122 and LAC 46:XXXIII.301), which state, in pertinent part, "The board finds that terms implying that a dentist is a specialist in some field of dentistry are terms of art indicating that the dentist has completed an accredited post-doctoral educational program in that field of at least two years. Therefore, a licensed dentist seeking specialty recognition must have successfully completed a post-doctoral program in a specialty area of dentistry consisting of at least two full-time years and which is accredited by an accreditation agency that is recognized by the United States Department of Education." Perhaps Louisiana's recent amendments can provide some additional guidance.

As always, please let me know if you or the Board have any questions. Also, if there are further Board meetings discussing this topic, the AAO would like to participate.

Thank you, and wishing you and the Board an enjoyable holiday season,

Sean

Sean Murphy
 Associate General Counsel
 American Association of Orthodontists
 314.292.6523 Direct
 smurphy@aaortho.org



From: Murphy, Sean
Sent: Tuesday, July 11, 2017 4:12 PM
To: 'harry.kamdar@den.ohio.gov'; 'Harry.Kamdar@den.state.oh.us'
Cc: Beckwith, Phillip; Roberts, Chris; Maleki, Nahid; McCamish, DeWayne; Dillard, Kevin
Subject: AAO's comments regarding Ohio's specialty laws (response kindly requested)

Hello Mr. Kamdar,

Sean Murphy here with the American Association of Orthodontists. The American Association of Orthodontists submits the attached comments regarding Ohio's "specialty" designation and advertising laws. Please share these comments with the Board Members working on this issue. Should you have any questions or need additional information, please just let us know. In addition, if there are any further hearings or requests for comments on this issue, we would appreciate participating in those activities. In closing, if you could confirm your receipt of this email, I would be most appreciative.

Thank you and the Members of the Ohio State Dental Board for your time and attention to this important issue,

Sean

Sean Murphy
Associate General Counsel
American Association of Orthodontists
314.292.6523 Direct
smurphy@aaortho.org



My Life. My Smile. My Orthodontist.®

2017 LA REG TEXT 460358 (NS), 2017 LA REG TEXT 460358 (NS)

NETSCAN

2017 LA REG TEXT 460358 (NS)

Louisiana Regulation Text - Netscan
LAC 46:XXXIII.122, 128, 301, 411, 1511
Rules
October 20, 2017
Effective: October 20, 2017
Professional and Occupational Standards
FULL TEXT OF REGULATION(S)

Fees and Costs; Anesthesia/Analgesia Administration; and Continuing Education

In accordance with the applicable provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Dental Practice Act, R.S. 37:751 et seq., and particularly R.S. 37:760(8), the Department of Health, Board of Dentistry has amended LAC 46:XXXIII.122, 128, 301, 411, and 1511.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XXXIII. Dental Health Profession

Chapter 1. General Provisions

LAC 46:XXXIII.122

LAC 46:XXXIII.122. Scopes of Practice

A. The board approves of the following specialties:

1. - 7. ...

8. prosthodontics;

9. oral and maxillofacial radiology;

10. any other area of dentistry for which a dentist has completed a post-doctoral program consisting of at least two full-time years and which program is accredited by an accreditation agency that is recognized by the United States Department of Education.

B. - C. ...

1. The board finds that terms implying that a dentist is a specialist in some field of dentistry are terms of art indicating that the dentist has completed an accredited post-doctoral educational program in that field of at least two years. Therefore, a licensed dentist seeking specialty recognition must have successfully completed a post-doctoral program in a specialty area of dentistry consisting of at least two full-time years and which is accredited by an accreditation agency that is recognized by

2017 LA REG TEXT 460358 (NS), 2017 LA REG TEXT 460358 (NS)

the United States Department of Education.

2. - 5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 24:1114 (June 1998), amended LR 28:1776 (August 2002), LR 28:2512 (December 2002), amended by the Department of Health, Board of Dentistry, LR 43:1963 (October 2017).

LAC 46:XXXIII.128

LAC 46:XXXIII.128. Provisional Licensure for Dental Healthcare Workers Providing Gratuitous Services

A. - A.3. ...

B. The Board of Dentistry may grant a provisional license not to exceed 60 days in duration for any dentist or dental hygienist who is in good standing in the state of their licensure and who wishes to provide gratuitous services to patients as part of a continuing education course in which the dental healthcare provider is enrolled as a participant and which services are provided as part of the continuing education course provided.

1. The applicant is verified by the board to be in good standing in the state of licensure where the applicant is licensed.
2. The applicant provides satisfactory documentation to the board that the dental healthcare provider is assigned to provide gratuitous services as part of a continuing education course that meets the requirements of LAC XXXIII.1615.
3. The applicant agrees to render services on a gratuitous basis with no revenue of any kind to be derived whatsoever from the provision of dental services within the state of Louisiana, except that the provider of the continuing education course may accept payment from the dental healthcare provider for the continuing education course.

C. The board may renew this provisional license for no more than an additional 60 days.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6) and (8) and R.S. 49:953(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 32:1227 (July 2006), amended by the Department of Health, Board of Dentistry, LR 43:1963 (October 2017).

Chapter 3. Dentists

LAC 46:XXXIII.301

LAC 46:XXXIII.301. Advertising and Soliciting by Dentists

A. - B. ...

C. Approved Specialties. The board approves only the following specialties:

1. - 7. ...

8. prosthodontics;

9. oral and maxillofacial radiology;

2017 LA REG TEXT 460358 (NS), 2017 LA REG TEXT 460358 (NS)

10. any other area of dentistry for which a dentist has completed a post-doctoral program consisting of at least two full time years and which program is accredited by an accreditation agency that is recognized by the United States Department of Education.

D. - J. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Adopted by the Department of Health and Human Resources, Board of Dentistry, December 1970, amended 1971, amended and promulgated LR 13:179 (March 1987), amended by Department of Health and Hospitals, Board of Dentistry, LR 15:966 (November 1989), LR 18:739 (July 1992), LR 20:657 (June 1994), LR 21:567 (June 1995), LR 22:23 (January 1996), LR 22:1215 (December 1996), repromulgated LR 23:199 (February 1997), amended LR 23:1524 (November 1997), LR 25:509 (March 1999), LR 25:1476 (August 1999), LR 26:690 (April 2000), LR 27:1890 (November 2001), LR 28:1776 (August 2002), LR 28:2512 (December 2002), LR 30:2305 (October 2004), LR 32:243 (February 2006), LR 37:2150 (July 2011), amended by the Department of Health, Board of Dentistry, LR 43:1963 (October 2017).

Chapter 4. Fees and Costs

Subchapter B. General Fees and Costs

LAC 46:XXXIII.411

LAC 46:XXXIII.411. Miscellaneous Fees and Costs

A. - A.9. ...

10. unbound copy of Dental Practice Act—\$25;

11. preapproval of advertising—\$150 per advertisement or per page of a website.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:795.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 14:792 (November 1988), amended LR 19:207 (February 1993), LR 28:1778 (August 2002), amended by the Department of Health, Board of Dentistry, LR 43:1963 (October 2017).

Chapter 15. Anesthesia/Analgesia Administration

LAC 46:XXXIII.1511

LAC 46:XXXIII.1511. Required Facilities, Personnel and Equipment for Sedation Procedures

A. - B. ...

1. The authorized dentist must ensure that every patient receiving nitrous oxide inhalation analgesia, moderate sedation, deep sedation, or general anesthesia is constantly attended.

2. Direct supervision by the authorized dentist is required when nitrous oxide inhalation analgesia, moderate sedation, deep sedation, or general anesthesia is being administered.

3. ...

4. When moderate sedation is being administered one auxiliary who is currently certified in basic life support must be

Appendix D

**CATEGORY I: IMPROPER PRESCRIBING, DISPENSING, OR
ADMINISTERING OF DRUGS**

<p>A. Prescribing, dispensing, or administering of any scheduled drug for excessive periods of time and in excessive amounts.</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: Reprimand or 15 calendar day suspension, subsequent probation, minimum 2 years with conditions and prescribing course</p>
<p>B. Failing to keep patient records of substances prescribed, dispensed or administered.</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: Reprimand or 7 calendar day suspension, with subsequent probation, minimum 2 years with as condition for reinstatement</p>
<p>C. Inappropriate purchasing, controlling, dispensing, and/or administering any scheduled drug.</p>	<p>MAXIMUM PENALTY Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 30 calendar day suspension, subsequent probation, minimum 2 years with condition for reinstatement</p>

<p>D. Failure to use acceptable methods in selection, prescribing, dispensing, or administering of any scheduled drug.</p>	<p>MAXIMUM PENALTY permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 30 calendar day suspension, with conditions for reinstatement, subsequent probation for 3 years</p>
<p>E. Selling, prescribing, dispensing, giving away, or administering any scheduled drug for other than a legal and legitimate therapeutic purpose and/or selling prescribing, dispensing or giving away, or administering any scheduled drug in exchange for sexual favor.</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 60 calendar day suspension, subsequent probation, minimum 2 years with conditions for reinstatement</p>
<p>F. Plea of guilty to, judicial finding of guilt of or judicial finding of eligibility for intervention in lieu of conviction for, a drug related felony, except where the underlying criminal conduct was directly related to a substance-related impairment of the respondent and was committed to obtain substance(s) solely for self-use.</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 60 calendar day suspension, subsequent probation, minimum 2 years with conditions for reinstatement</p>
<p>G. Plea of guilty to, judicial finding of guilt of or judicial finding of eligibility for intervention in lieu of conviction for, a drug related misdemeanor, except where the underlying criminal conduct was directly related to a substance-related impairment of the respondent and was committed to obtain substance(s) solely for self-use.</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 30 calendar day suspension, with conditions for reinstatement; subsequent probation, minimum 2 years</p>

<p>H. Plea of guilty to, judicial finding of guilt of or judicial finding of eligibility for intervention in lieu of conviction for, a drug related felony where the underlying criminal conduct was directly related to a substance-related impairment of the respondent and was committed to obtain substance(s) solely for self-use.</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 30 calendar day suspension, in addition to minimum penalty for applicable guidelines under Impairment</p>
<p>I. Plea of guilty to, judicial finding of guilt of or judicial finding of eligibility for intervention in lieu of conviction for, a drug related misdemeanor where the underlying criminal conduct was directly related to a substance-related impairment of the respondent and was committed to obtain substance(s) solely for self-use.</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 15 calendar day suspension, in addition to the minimum penalty for applicable guidelines under Impairment</p>

CATEGORY II: MINIMAL STANDARDS OF CARE

<p>A. Failure to use standard precautions for infection control.</p>	<p>MAXIMUM PENALTY: Permanent revocation</p>	<p>MINIMUM PENALTY: 1st Offense - Warning letter; 2nd Offense –7 calendar day suspension, with conditions for reinstatement and 1 year probation; 3rd Offense –14 calendar day suspension, with 1 year probation; optional conditions of education and testing</p>
<p>B. Failure to use biologic monitors with sterilizing equipment.</p>	<p>MAXIMUM PENALTY: Permanent revocation</p>	<p>MINIMUM PENALTY: 1st Offense - Warning letter; 2nd Offense –7 calendar day suspension, with conditions for reinstatement and 1 year probation; 3rd Offense –14 calendar day suspension, with conditions for reinstatement and 1 year probation; optional conditions of education and testing</p>
<p>C. Failure to have documented proof of immunization to Hepatitis B for self/ employees without waiver.</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: Documentation of compliance, with probation of one year; optional conditions of education</p>

<p>D. Providing care that departs from or fails to conform to the minimum accepted standards of care for the profession.</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: First offense: Reprimand or Voluntary participation in Quality Intervention Program (QUIP), when appropriate. Subsequent offenses: 7 calendar day suspension, with conditions for reinstatement; Optional indefinite practice restriction with conditions for reinstatement; probation of one year</p>
<p>E. Allowing dental hygienist or other practitioners of auxiliary dental occupations working under supervision to provide care that departs from or fails to conform to the minimum accepted standards of care for the profession.</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 1st Offense - Warning letter; 2nd Offense –1-7 calendar day suspension, with conditions for reinstatement and 1 year probation; 3rd Offense – 8-14 calendar day suspension, with conditions for reinstatement and 1 year probation</p>
<p>F. Lewd and immoral conduct in connection with the provision of dental services</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 60 calendar day suspension, with conditions for reinstatement, subsequent probation, minimum 3 years.</p>

CATEGORY III: FRAUD, MISREPRESENTATION, OR DECEPTION

A. Fraud in applying for or obtaining a license or permit	MAXIMUM PENALTY: Revocation or denial of application	MINIMUM PENALTY: 1 year suspension, with conditions for reinstatement, subsequent probation, minimum 3 years.
B. Misrepresentation or deception in applying for, renewing or securing a license or permit	MAXIMUM PENALTY: Revocation or denial of application	MINIMUM PENALTY: 60 calendar day suspension, with conditions for reinstatement, subsequent probation, minimum 3 years.
C. Publishing a false, fraudulent, deceptive or misleading statement	MAXIMUM PENALTY: Revocation or denial of application	MINIMUM PENALTY: Formal written reprimand
D. False, deceptive, or misleading advertising	MAXIMUM PENALTY: Revocation or denial of application	MINIMUM PENALTY: Formal written reprimand
F. Obtaining, or attempting to obtain money or anything of value by intentional misrepresentation or material deception in the course of practice	MAXIMUM PENALTY: Revocation or denial of application	MINIMUM PENALTY: 30 calendar day suspension, with conditions for reinstatement, subsequent probation, minimum 3 years

CATEGORY IV: UNAUTHORIZED PRACTICE

A. Practice during suspension imposed by Board Order, or pursuant to terms of fully executed consent agreement	MAXIMUM PENALTY: Revocation	MINIMUM PENALTY: 60 calendar day suspension, with conditions for reinstatement, subsequent probation, minimum 3 years
B. Practice during suspension for failure to renew	MAXIMUM PENALTY: Revocation	MINIMUM PENALTY: 60 calendar day suspension, with conditions for reinstatement, subsequent probation, minimum 3 years
C. Practice in violation of limitation/restrictions imposed by Board Order or terms of fully executed consent agreement	MAXIMUM PENALTY: Revocation	MINIMUM PENALTY: Warning letter;
D. Applicant's practice prior to licensure or permit issuance	MAXIMUM PENALTY: Denial of license or permit	MINIMUM PENALTY: Grant license or permit, immediate suspension, 15 calendar day suspension, with conditions for reinstatement, subsequent probation, minimum 3 years
E. Permitting the unauthorized practice by unlicensed/unregistered personnel	MAXIMUM PENALTY: Revocation	MINIMUM PENALTY: Warning letter:
F. Practice outside scope of license or permit	MAXIMUM PENALTY: Revocation	MINIMUM PENALTY: 30 calendar day suspension, with conditions for reinstatement, subsequent probation, minimum 3 years

CATEGORY V: CRIMINAL CONVICTION

<p>A. Plea of guilty to, judicial finding or guilt of, or judicial finding of eligibility for intervention in lieu of conviction for, a felony committed in course of practice (except where the underlying criminal conduct was directly related to a substance-related impairment of the respondent and was committed to obtain substance(s) solely for self-use or related to sexual misconduct).</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 30 calendar day suspension, with conditions for reinstatement, subsequent probation 3 years</p>
<p>B. Plea of guilty to, judicial finding or guilt of, or judicial finding of eligibility for intervention in lieu of conviction for, a felony not committed in the course of practice.</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 15 calendar day suspension, with conditions for reinstatement, subsequent probation 3 years.</p>
<p>C. Commission of act constituting a felony in this state, regardless of where committed, if related to practice (except where the underlying criminal conduct was directly related to a substance-related impairment of the respondent and was committed to obtain substance(s) solely for self-use or related to sexual misconduct).</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 30 calendar day suspension, with conditions for reinstatement, subsequent probation for 3 years</p>
<p>D. Commission of act constituting a felony in this state, regardless of where committed, unrelated to practice.</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 15 calendar day suspension, with conditions for reinstatement, subsequent probation 3 years.</p>

E. Plea of guilty to, judicial finding of guilt of, or judicial finding of eligibility for, intervention in lieu of conviction for a misdemeanor committed in course of practice or involving moral turpitude.	MAXIMUM PENALTY: Permanent revocation or permanent denial of application	MINIMUM PENALTY: 7 calendar day suspension, with conditions for reinstatement and subsequent probation minimum 2 years.
F. Commission of act constituting a misdemeanor committed in the course of practice or involving moral turpitude.	MAXIMUM PENALTY: Permanent revocation or permanent denial of application	MINIMUM, PENALTY: 7 calendar day suspension, with conditions for reinstatement and subsequent probation minimum 2 years.
G. Pleas of guilty to, judicial finding of guilt of, or judicial finding of eligibility for intervention in lieu of conviction for, a felony, committed in course of practice, where the underlying criminal conduct was directly related to a substance-related impairment of the respondent and was committed to obtain substance(s) solely for self-use.	MAXIMUM PENALTY: Permanent revocation or denial of application	MINIMUM PENALTY: 30 calendar day suspension, in addition to the minimum penalty for applicable guideline section under Impairment
H. Commission of act constituting a felony in this state, regardless of where committed, if related to practice, where the underlying criminal conduct was directly related to a substance-related impairment of the respondent and was committed to obtain substance(s) solely for self-use.	MAXIMUM PENALTY: Permanent revocation or denial of application	MINIMUM PENALTY: 30 calendar day suspension, in addition to the minimum penalty for the applicable guideline section under Impairment

<p>I. Pleas of guilty to, judicial finding of guilt of, or judicial finding of eligibility for intervention in lieu of conviction for, a felony, committed in course of practice, where the underlying criminal conduct was directly related to the commission of sexual misconduct.</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 90 calendar day suspension, with conditions for reinstatement; subsequent probation minimum 3 years</p>
<p>J. Commission of act constituting a felony in this state, regardless of where committed, if related to practice, where the underlying criminal conduct was directly related to the commission of sexual misconduct.</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 90 calendar days suspension, with conditions for reinstatement; subsequent probation minimum 3 years</p>

CATEGORY VI: IMPAIRMENT OF ABILITY TO PRACTICE

<p>A. Inability to practice according to the accepted standards of the profession because of physical or mental disability</p>	<p>MAXIMUM PENALTY: Revocation or denial of application</p>	<p>MINIMUM PENALTY: Suspension, with conditions for reinstatement, subsequent probation, minimum 2 years.</p>
<p>B. Initial Impairment and/or Less than One Year of Sobriety: Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances (including the inability to practice in accordance with such standards without appropriate treatment, monitoring, or supervision).</p>	<p>MAXIMUM PENALTY; Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: Suspension, with conditions for reinstatement; subsequent probation, minimum 5 years.</p>
<p>C. <u>First Relapse</u>; Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances (including the inability to practice in accordance with such standards without appropriate treatment, monitoring, or supervision); first relapse during or following treatment and/or where all conditions set forth in Rule 4731-16-02 (D), Ohio Administrative Code, have not been met.</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 30 calendar day suspension, following date of license suspension with conditions for reinstatement; subsequent probation 5 years</p>

<p>D. <u>Second Relapse:</u> Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances (including the inability to practice in accordance with such standards without appropriate treatment, monitoring, or supervision); second relapse during or following treatment.</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 60 calendar day suspension, following date of license suspension with conditions for reinstatement: subsequent probation, minimum 5 years</p>
<p>E. <u>Third Relapse:</u> Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances (including the inability to practice in accordance with such standards without appropriate treatment, monitoring, or supervision); third relapse during or following treatment.</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: 180 calendar day suspension, following date of license suspension with conditions for reinstatement; subsequent probation, minimum 5 years.</p>
<p>F. <u>Fourth Relapse:</u> Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances (including the inability to practice in accordance with such standards without appropriate treatment, monitoring, or supervision); fourth relapse during or following treatment</p>	<p>MAXIMUM PENALTY: Permanent revocation or denial of application</p>	<p>MINIMUM PENALTY: Permanent revocation or denial of application</p>

<p>G. <u>Impairment, 1-5 years of Sobriety:</u> Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances (including the inability to practice in accordance with such standards without appropriate treatment, monitoring, or supervision). This section applies to all applicants for licensure/reinstatement/restoration who have demonstrated continuous current sobriety for more than one year, but less than five years, since the date of the applicant's discharge from treatment where the treatment was completed and conformed with board requirements.</p>	<p>MAXIMUM PENALTY: Permanent denial of application</p>	<p>MINIMUM PENALTY: Application granted: subsequent to probation for a minimum time that when added to the applicant's demonstrated period of continuous current sobriety, shall not be less, than 5 years.</p>
<p>H. <u>Impairment 5+ Years of Sobriety:</u> Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances (including the inability to practice in accordance with such standards without appropriate treatment, monitoring, or supervision). This section applies to all applicants for licensure/reinstatement/restoration who have demonstrated continuous current sobriety for more than 5 years since the date of the applicant's discharge from treatment where the treatment was completed and conformed with board requirements.</p>	<p>MAXIMUM PENALTY: Permanent denial of application</p>	<p>MINIMUM PENALTY: License may be granted/reinstated/restored without probation or other disciplinary action</p>

CATEGORY VII: CE VIOLATION

<p>A. Failure to respond timely CE audit, but requisite CDE completed</p>	<p>MAXIMUM PENALTY: Reprimand: subject to mandatory audits of compliance with CDE requirements for the current CDE acquisition period and for two full CDE acquisition periods thereafter.</p>	<p>MINIMUM PENALTY: Warning letter</p>
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<p>B. Failure to complete continuing dental education as certified on renewal application; repeat offense.</p>	<p>MAXIMUM PENALTY: Revocation</p>	<p>MINIMUM PENALTY: 1ST Offense: 7 calendar day suspension, until any outstanding shortage of CDE credits has been rectified; subject to mandatory audits of compliance with CDE requirements during suspension, for the current CDE acquisition period at the time of reinstatement , and for two full CDE acquisition periods thereafter; 2nd Offense: 15 calendar day suspension, until any outstanding shortage of CDE credits has been rectified; subject to mandatory audits of compliance with CDE requirements during suspension, for the current CDE acquisition period at the time of reinstatement , and for two full CDE acquisition periods thereafter</p>
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***NOTE:**

- If fraudulent misrepresentations (other than false certification of completion) are made with respect to CDE CATEGORY III PENALTY may be appropriate in addition to the standard CDE penalty.
- Suspensions may either be for a definite or indefinite period, determined in relation to other disciplinary terms (for example, indefinite suspension for X days until completion of substance abuse treatment).

CATEGORY VIII: MISCELLANEOUS VIOLATIONS

<p>A. Violating or attempting to violate, directly or indirectly, or assisting in or abetting violation of, or conspiring to violate, the Dental Practices Act or any rule promulgated by the Board.</p>	<p>MAXIMUM PENALTY: Revocation or denial of application</p>	<p>MINIMUM PENALTY: Correspond to minimum penalty for actual offense</p>
<p>B. Permitting name or certificate to be used when not actually directing treatment.</p>	<p>MAXIMUM PENALTY: Revocation or denial of application</p>	<p>MINIMUM PENALTY: 1st Offense - Warning letters or 7-15 day suspension with conditions for reinstatement and 6 months probation; 2nd Offense – Definite suspension 16-30 calendar days with conditions for reinstatement 1 year</p>
<p>C. Failure to cooperate in an investigation conducted by the Board.</p>	<p>MAXIMUM PENALTY: Indefinite suspension of license with conditions for reinstatement to include, at a minimum, full cooperation in the underlying investigation.</p>	<p>MINIMUM PENALTY: Reprimand, as long as respondent has fully cooperated in the underlying investigation.</p>

APPENDIX A: AGGRAVATING AND MITIGATING FACTORS

After a violation, has been established, the Board may consider aggravating and mitigating circumstances in deciding what penalty to impose. If the Board deems such circumstances sufficient to justify a departure from disciplinary guidelines, they should be specified during the Board's deliberations.

AGGRAVATION

Aggravation or aggravating circumstances are any considerations or factors which might justify an increase in the degree of discipline to be imposed. Aggravating factors may include, but are not limited to:

- (a) Prior disciplinary actions
- (b) Dishonest or selfish motive
- (c) A pattern of misconduct
- (d) Multiple violations
- (e) Submission of false evidence, false statements, or other deceptive practices during the disciplinary process
- (f) Refusal to acknowledge wrongful nature of conduct
- (g) Adverse impact of misconduct on others
- (h) Vulnerability of victim
- (i) Willful or reckless misconduct
- (j) Use/abuse of position of trust, or of licensee status, to accomplish the deception, theft, boundaries violation, or other misconduct
- (k) Where an individual has a duty to disclose information to the Board, the extent of delay in disclosing all or part of the information, including the failure to self-report relapse immediately to the Board as required
- (l) Failure to correct misconduct after recognizing the existence of the problem/violation

MITIGATION

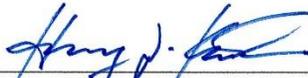
Mitigation or mitigating circumstances are any considerations or factors which might justify a reduction in the degree of discipline to be imposed. Mitigating factors may include, but are not limited to:

- (a) Absence of a prior disciplinary record
- (b) Absence of a dishonest or selfish motive
- (c) Isolated incident, unlikely to recur
- (d) Full and free disclosure to Board, when done in a timely manner (such as before discovery is imminent)
- (e) Physical or mental disability or impairment (NOTE: IT IS THE BOARD'S STATED POLICY THAT IMPAIRMENT SHALL NOT EXCUSE ACTS WHICH RESULT IN CONVICTION OR WHICH POTENTIALLY HAVE AN ADVERSE IMPACT ON OTHER INDIVIDUALS.)
- (f) Interim rehabilitation or remedial measures
- (g) Remorse
- (h) Absence of adverse impact of misconduct on others
- (i) Remoteness of misconduct, to the extent that the passage of time between the misconduct and the Board's determination of the sanction is not attributable to the respondent's delay, evasion, or other acts/omissions
- (j) Absence of willful or reckless misconduct
- (k) Prompt correction of misconduct/problem after recognizing its existence.

Appendix E

<p>POLICY NUMBER A-501</p>	<p>POLICY TITLE: Policy Regarding Oral Conscious Sedation</p>
	<p>RELATES TO: USE OF HALCION AND TRIAZOLAM IN THE ADMINISTRATION OF ORAL CONSCIOUS SEDATION FOR LICENSED DENTISTS WHO DO NOT HOLD CONSCIOUS SEDATION PERMITS</p>
<p>EFFECTIVE DATE: December 6, 2017</p> <p>NEXT REVIEW DATE: December, 2022</p>	<p><u>LICENSED DENTISTS</u></p>


Constance Clark, R.D.H., President


Harry Kamdar, M.B.A., Executive Director

I. Purpose

The Ohio State Dental Board (Board) is committed to ensuring the safe practice of dentistry to the public. The purpose of this policy is to clarify the Board's position regarding the safe use of Halcion and Triazolam in the administration of oral conscious sedation for licensed dentists who do not hold conscious sedation permits.

Legal Authority

O.R.C. 4715.09 Unlicensed Practice Prohibited
O.A.C. 4715.13 Fees for Licenses or Permist.

Education and Training
O.A.C. 4715-5-05(8) Use of General Anesthesia and Deep Sedation
O.A.C. 4715-5-07(8) Use of Conscious Sedation

American Dental Association House of Delegates, October 2007; Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students

Minimum Practice Requirement
O.R.C. 4715.10 Application for License.

II. Applicability

The policy applies to the practice of dentistry in regards to oral conscious sedation.

III. Definitions

Conscious Sedation O.A.C. 4715-3-01(8)(6) which defines conscious sedation as a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command, and that is produced by a pharmacologic or non-pharmacologic method, or a combination thereof.

In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of conscious sedation.

Licensed Dentist O.A.C. 4715-3-01(C)(1) which states: a graduate of an accredited or a foreign dental school who has successfully passed all examinations, completed all application requirements for licensure in Ohio as set forth in section 4715.10 of the Revised Code and the agency rules of this board, and holds a current license to practice dentistry in Ohio which is not suspended or revoked by board action.

Oral Titration [Enteral/Oral Conscious Sedation] O.A.C. 4715-3-01(8)(4) defines Oral Titration [Enteral/Oral Conscious Sedation] as the use of a single drug administered orally or sublingually at one time on a given treatment day, or combination of drugs administered concomitantly orally or sublingually at one time on a given treatment day, in order to provide sedation or anxiolysis for dentistry. If the dosage is determined to be inadequate and an increased dosage is required to sufficiently provide sedation or anxiolysis, the practitioner must reschedule the patient for a subsequent appointment on a different day. All enteral/oral sedatives shall be administered at the same time and only once during any given treatment day unless the administering dentist is permitted to provide intravenous conscious sedation or general anesthesia.

IV. Procedure

The purpose of this policy is to address the issue of the use of Halcion and Triazolam and the use of these drugs in oral conscious sedation for those dentists who do not hold a sedation permit in the state of Ohio.

It is the Board's position that Halcion and Triazolam may only be prescribed in SINGLE DOSE ONLY for those dentists who do not hold an anesthesia/sedation permit. These drugs may not be utilized for oral titration. The outcomes are unpredictable and may be dangerous, therefore, to do

so would first require an anesthesia/ sedation permit to be issued by the Board to those licensees who so qualify pursuant to Ohio Administrative Code 4715-5-05 through 4715-5-07.

V. Attachments

None

VI. Monitoring

The supervisory staff overseeing the daily practices of the procedures contained within this policy shall utilize quality tools and instruments to ensure compliance.

An interdisciplinary team comprised of the Director, Deputy Director, and Policy Committee of the Board, shall meet as needed throughout the year to review policies and procedures and integrate collaborative services. Assigned designees may represent each of these respective disciplines. All policies must be documented as an official review in the policy database on an annual basis.

Each year, the policy design team shall review the quality assurance data and results derived from audit reports, quality tools and instruments, legal or investigatory measures, and interdisciplinary team meeting summaries and/or actions, and incorporate the findings and other improvement recommendations as revisions to the current policies and procedures or develop new policies when necessary.

VI. Training

This revised policy requires staff education or training prior to policy implementation.

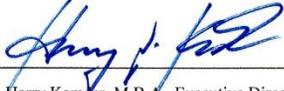
VII. References

- O.A.C. 4715-5-05 Use of General Anesthesia and Deep Sedation
- O.A.C. 4715-5-07 Use of Conscious Sedation.
- Guidelines for the Use of Sedation and General Anesthesia by Dentist- October, 2007, American Dental Association House of Delegates

Appendix F

<p>POLICY NUMBER B-511</p>	<p>POLICY TITLE: Policy Regarding the Monitoring of Nitrous oxide-Oxygen (N20-02) Minimal Sedation By Dental Hygienists</p>
	<p>RELATES TO: OHIO STATE DENTAL BOARD REGULATED AUXILIARY PERSONNEL</p>
<p>EFFECTIVE DATE: December 6, 2017</p> <p>NEXT REVIEW DATE: December, 2022</p>	<p><u>LICENSED DENTAL HYGIENISTS</u></p>


Constance Clark, R.D.H., President


Harry Kamdar, M.B.A., Executive Director

I. Purpose

The Ohio State Dental Board (Board) is committed to ensuring the safe practice of dentistry to the public. The purpose of this policy is to clarify the Board's position regarding the monitoring of nitrous oxide-oxygen (N20-02) minimal sedation by dental hygienists.

Legal Authority

O.R.C. 4715.22 Supervision of Licensed Dentist

Education and Training
O.A.C. 4715-11-02.1 Monitoring Nitrous Oxide-Oxygen (N20-02) Minimal Sedation; Education, Training and Examination Required.

Minimum Practice Requirement

O.A.C. 4715-9-01.3 Monitoring Nitrous Oxide-Oxygen (N20-02) Minimal Sedation;
Education or Training Requirements.

II. Applicability

The policy applies to the practice of dental hygienists under the direct supervision of the licensed supervising dentist.

III. Definitions

Direct Supervision O.A.C. 4715-3-01(N)(2) which states: acts are deemed to be under the direct supervision of a licensed dentist when performed in a dental facility wherein a licensed dentist is physically present at all times during the performance of such acts and such acts are performed pursuant to his order, control and full professional responsibility, and are checked and approved by the licensed dentist before the patient upon whom such act has been performed departs from the dental facility of said dentist.

Licensed Dental Hygienists O.A.C. 4715-3-01(C)(5) which states: a graduate of an accredited dental hygiene school or program who has successfully passed all examinations, completed all application requirements for licensure in Ohio as set forth in section 4715.21 of the Revised Code and the agency rules of this board, and holds a current license to practice dental hygiene in Ohio which is not suspended or revoked by board action.

Monitor Webster's Dictionary defines a monitor as someone who advises, warns or cautions. The verb monitoring is defined as "to watch" or "to regulate the performance of, [a machine]"

IV. Procedure

1. Dental Hygienists: 4715-9-01 Permissible practices of a dental hygienist

Paragraph (A)(3) of Ohio Administrative Code section 4715-9-01 stipulates that a dental hygienist may monitor N20-02 minimal sedation if specific requirements are met. Additionally, all licensed dental hygienists may perform the duties of basic qualified personnel under the direct supervision of a licensed dentist, including the monitoring of N20-02 minimal sedation. As with the dental assistant, in order to be allowed to monitor N20-02 minimal sedation under the direct supervision of the licensed dentist, the dental hygienist must document current completion of basic life support, and all education and examination requirements on a form supplied by the Board. This form MUST be maintained in the dental office wherein the dental hygienist is practicing.

It is the position of the Board that with respect to the Administrative Code section in question, monitoring means to watch or check on. Once the licensed dentist has initiated and administered the nitrous oxide, the trained dental auxiliary is to monitor the N20-02 minimal sedation and advise or warn the dentist if something is wrong. The dentist then is the one responsible for

adjusting levels, etc. The only thing a dental auxiliary can do short of monitoring, is remove the nitrous oxide delivery apparatus from the patient in an emergency.

V. Attachments

Permissible Practices Documentation for Dental Hygienists

VI. Monitoring

The supervisory staff overseeing the daily practices of the procedures contained within this policy shall utilize quality tools and instruments to ensure compliance.

An interdisciplinary team comprised of the Director, Deputy Director, and Policy Committee of the Board, shall meet as needed throughout the year to review policies and procedures and integrate collaborative services. Assigned designees may represent each of these respective disciplines. All policies must be documented as an official review in the policy database on an annual basis.

Each year, the policy design team shall review the quality assurance data and results derived from audit reports, quality tools and instruments, legal or investigatory measures, and interdisciplinary team meeting summaries and/or actions, and incorporate the findings and other improvement recommendations as revisions to the current policies and procedures or develop new policies when necessary.

VI. Training

This revised policy requires staff education or training prior to policy implementation.

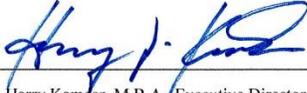
VII. References

- O.R.C. 4715.22 Supervision of Licensed Dentist.

Appendix G

<p>POLICY NUMBER G-511</p>	<p>POLICY TITLE: Policy Regarding the Monitoring of Nitrous oxide-Oxygen (N20-02) Minimal Sedation By Qualified Dental Assistants</p>
	<p>RELATES TO: OHIO STATE DENTAL BOARD REGULATED AUXILIARY PERSONNEL</p>
<p>EFFECTIVE DATE: December 6, 2017</p> <p>NEXT REVIEW DATE: December, 2022</p>	<p><u>BASIC QUALIFIED PERSONNEL</u></p>


Constance Clark, R.D.H., President


Harry Kamdar, M.B.A., Executive Director

I. Purpose

The Ohio State Dental Board (Board) is committed to ensuring the safe practice of dentistry to the public. The purpose of this policy is to clarify the Board's position regarding the monitoring of nitrous oxide-oxygen (N20-02) minimal sedation by qualified dental assistants.

Legal Authority

O.R.C. 4715.39 Permitted Duties

Education and Training

O.A.C. 4715-11-02.1 Monitoring Nitrous Oxide-Oxygen (N20-02) Minimal Sedation; Education, Training and Examination Required.

Minimum Practice Requirement
O.A.C. 4715-11-02(B)(39) Basic Qualified Personnel; Functions.

II. Applicability

The policy applies to the practice of appropriately trained basic qualified personnel under the direct supervision of the licensed supervising dentist.

III. Definitions

Basic Qualified Personnel O.A.C. 4715-3-01(C)(8) which states: basic qualified personnel are those persons who are adjudged by the licensed dentist to be capable and competent of performing basic remediable intra-oral and extra-oral dental tasks and/or procedures under his direct supervision and full responsibility. These persons must be trained directly via an employer-dentist, via a planned sequence of instruction in an educational institution or via in-office training

Direct Supervision O.A.C. 4715-3-01(N)(2) which states: acts are deemed to be under the direct supervision of a licensed dentist when performed in a dental facility wherein a licensed dentist is physically present at all times during the performance of such acts and such acts are performed pursuant to his order, control and full professional responsibility, and are checked and approved by the licensed dentist before the patient upon whom such act has been performed departs from the dental facility of said dentist.

Monitor Webster's Dictionary defines a monitor as someone who advises, warns or cautions. The verb monitoring is defined as "to watch" or "to regulate the performance of, [a machine]"

IV. Procedure

1. Dental Assistants: 4715-11-02 Basic qualified personnel; functions

Paragraph (B)(39) of Ohio Administrative Code section 4715-11-02 stipulates that a dental assistant may monitor *NzO-Oz* minimal sedation if specific requirements are met. Further, in order to be allowed to monitor *NzO-Oz* minimal sedation under the direct supervision of the licensed dentist, the dental assistant must document current completion of basic life-support, and all education and examination requirements on a form supplied by the Board. This form MUST be maintained in the dental office wherein the dental assistant is practicing.

It is the position of the Board that with respect to the Administrative Code section in question, monitoring means to watch or check on. Once the licensed dentist has initiated and administered the nitrous oxide, the trained dental auxiliary is to monitor the *N2O-O2* minimal sedation and advise or warn the dentist if something is wrong. The dentist then is the one responsible for adjusting levels, etc. The only thing a dental auxiliary can do short of monitoring, is remove the nitrous oxide delivery apparatus from the patient in an emergency.

V. Attachments

Permissible Practices Documentation for Dental Assistants

VI. Monitoring

The supervisory staff overseeing the daily practices of the procedures contained within this policy shall utilize quality tools and instruments to ensure compliance.

An interdisciplinary team comprised of the Director, Deputy Director, and Policy Committee of the Board, shall meet as needed throughout the year to review policies and procedures and integrate collaborative services. Assigned designees may represent each of these respective disciplines. All policies must be documented as an official review in the policy database on an annual basis.

Each year, the policy design team shall review the quality assurance data and results derived from audit reports, quality tools and instruments, legal or investigatory measures, and interdisciplinary team meeting summaries and/or actions, and incorporate the findings and other improvement recommendations as revisions to the current policies and procedures or develop new policies when necessary.

VI. Training

This revised policy requires staff education or training prior to policy implementation.

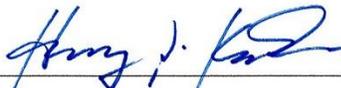
VII. References

- O.R.C. 4715.39 Permitted Duties.

Appendix H

<p>POLICY NUMBER A-502</p>	<p>POLICY TITLE: Policy Regarding Treatment Within the Scope of Dental Practice</p>
	<p>RELATES TO: DENTAL SCOPE OF PRACTICE</p>
<p>EFFECTIVE DATE: December 6, 2017</p> <p>NEXT REVIEW DATE: December 2022</p>	<p><u>LICENSED DENTISTS</u></p>


Constance Clark, R.D.H., President


Harry Kamdar, M.B.A., Executive Director

I. Purpose

The Ohio State Dental Board (Board) is committed to ensuring the safe practice of dentistry to the public. The purpose of this policy is to clarify the Board’s position regarding the development of technologies and techniques dentists may utilize and their relationship to scope of practice.

Legal Authority

O.R.C. 4715.01 Dentists – dental hygienist definitions

Education and Training

O.R.C. 4715.10 Application for license.

O.A.C. 4715-5-01.1 Requirements for initial licensure for dentists.

II. Applicability

The policy applies to the treatment within scope of dental practice for licensed dentists.

III. Definitions

Dentistry The definition of dentistry in Ohio is consistent with the American Dental Association (ADA) definition of dentistry: The evaluation, diagnosis, prevention, and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law.

Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patients oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences. Parameters of care for dental patients and standards of care for treatment of patients are developed based on this approach

Procedure

Using these definitions, the Board considers available scientific evidence, educational requirements of the Commission on Dental Accreditation (CODA) accredited programs within the dental schools residency programs, and peer reviewed accredited educational programs consistent with an evidenced based approach to dentistry, to aid in its determination of the scope of dental practice.

The ADA has a code of ethical and professional conduct for the practice of dentistry. All dentists must be aware of their own limitations and level of training in determining their individual competence levels within the scope of practice of dentistry. Using these ethical and professional standards each dentist chooses how to practice dentistry. The expectation, for all patients, is the dentist is competent in providing adequate diagnosis and treatment plan, informed consent, and appropriate treatment. Additionally, the dentist is expected to be competent in recognizing and treating complications.

IV. Attachments

The ADA Principles of Ethics and Code of Professional Conduct, November 2016

V. Monitoring

The supervisory staff overseeing the daily practices of the procedures contained within this policy shall utilize quality tools and instruments to ensure compliance.

An interdisciplinary team comprised of the Director, Deputy Director, and Policy Committee of the Board, shall meet as needed throughout the year to review policies and procedures and integrate collaborative services. Assigned designees may represent each of these respective disciplines. All policies must be documented as an official review in the policy database on an annual basis.

Each year, the policy design team shall review the quality assurance data and results derived from audit reports, quality tools and instruments, legal or investigatory measures, and interdisciplinary team meeting summaries and/or actions, and incorporate the findings and other improvement recommendations as revisions to the current policies and procedures or develop new policies when necessary.

VI. Training

This revised policy requires staff education or training prior to policy implementation.

VII. References

O.R.C. 4715.01	Dentists – dental hygienist definitions
O.R.C. 4715.10	Application for license.
O.A.C. 4715-5-01.1	Requirements for initial licensure for dentists.

Appendix I

<p>POLICY NUMBER J-502</p>	<p>POLICY TITLE: Policy Regarding Ohio State Dental Board Termination of the Dentist-Patient Relationship</p>
	<p>RELATES TO: DENTISTS-PATIENTS TERMINATION OF CARE</p>
<p>EFFECTIVE DATE: December 6, 2017</p> <p>NEXT REVIEW DATE: December 2022</p>	<p><u>LICENSED DENTISTS</u></p>


Constance Clark, R.D.H. President


Harry Kamdar, M.B.A., Executive Director

I. Purpose

The Ohio State Dental Board (Board) is committed to ensuring the safe practice of dentistry to the public. The purpose of this policy is to clarify the Board’s position regarding what should be considered when terminating the dentist-patient relationship

Legal Authority

O.R.C. 4715.30 (A) Disciplinary Actions

II. Applicability

The policy applies to termination of the dentist-patient relationship.

III. Definitions

Dentist: O.R.C. 4715.01 which states: Any person shall be regarded as practicing dentistry, who is a manager, proprietor, operator, or conductor of a place for performing dental operations, or who teaches clinical dentistry, or who performs, or advertises to perform, dental operations of any kind, or who diagnoses or treats diseases or lesions of human teeth or jaws, or associated structures, or attempts to correct malpositions thereof, or who takes impressions of the human teeth or jaws, or who constructs, supplies, reproduces, or repairs any prosthetic denture, bridge, artificial restoration, appliance, or other structure to be used or worn as a substitute for natural teeth, except upon the order or prescription of a licensed dentist and constructed upon or by the use of casts or models made from an impression taken by a licensed dentist, or who advertises, offers, sells, or delivers any such substitute or the services rendered in the construction, reproduction, supply, or repair thereof to any person other than a licensed dentist, or who places or adjusts such substitute in the oral cavity of another, or uses the words "dentist," "dental surgeon," the letters "D.D.S.," or other letters or title in connection with his name, which in any way represents him as being engaged in the practice of dentistry. Manager, proprietor, operator, or conductor as used in this section includes any person:

- (A) Who employs licensed operators;
- (B) Who places in the possession of licensed operators[,] dental offices or dental equipment necessary for the handling of dental offices on the basis of a lease or any other agreement for compensation or profit for the use of such office or equipment, when such compensation is manifestly in excess of the reasonable rental value of such premises and equipment;
- (C) Who makes any other arrangements whereby he derives profit, compensation, or advantage through retaining the ownership or control of dental offices or necessary dental equipment by making the same available in any manner for the use of licensed operators; provided that this section does not apply to bona fide sales of dental equipment secured by chattel mortgage. Whoever having a license to practice dentistry or dental hygiene enters the employment of, or enters into any of the arrangements described in this section with, an unlicensed manager, proprietor, operator, or conductor, or who is determined mentally incompetent by a court of competent jurisdiction, or is committed by a court having jurisdiction for treatment of mental illness, may have his license suspended or revoked by the state dental board.

IV. Procedure

It is the position of the Board that the following elements should be satisfied prior to terminating the dentist-patient relationship:

- 1) All efforts should be made to give the patient sufficient notice of termination of dental services. The dentist shall provide written notification and/or documentation in the patient's chart of verbal communication with patient, terminating the dental services.
- 2) All efforts should be made to stabilize the patient's dental condition and not place the patient's dental health in immediate jeopardy.

- 3) Upon written request, a copy of all records should be made available to the patient or subsequent treating practitioner.

Dentists following these minimum guidelines will likely be considered to be following appropriate termination procedures and thus giving an indication that the patient has not been abandoned.

V. Attachments

Dental Practice Act

VI. Monitoring

The supervisory staff overseeing the daily practices of the procedures contained within this policy shall utilize quality tools and instruments to ensure compliance.

An interdisciplinary team comprised of the Director, Deputy Director, and Policy Committee of the Board, shall meet as needed throughout the year to review policies and procedures and integrate collaborative services. Assigned designees may represent each of these respective disciplines. All policies must be documented as an official review in the policy database on an annual basis.

Each year, the policy design team shall review the quality assurance data and results derived from audit reports, quality tools and instruments, legal or investigatory measures, and interdisciplinary team meeting summaries and/or actions, and incorporate the findings and other improvement recommendations as revisions to the current policies and procedures or develop new policies when necessary.

VI. Training

This revised policy requires staff education or training prior to policy implementation.

VII. References

- O.R.C 4715.01 Dentist-dental hygienist definitions
- O.R.C. 4715.30 Disciplinary actions.

Appendix J

<p>POLICY NUMBER B-503</p>	<p>POLICY TITLE: Policy Regarding Treatment Within the Scope of Dental Hygiene Practice</p>
	<p>RELATES TO: DENTAL HYGIENE SCOPE OF PRACTICE</p>
<p>EFFECTIVE DATE: December 6, 2017</p> <p>NEXT REVIEW DATE: December 2022</p>	<p><u>LICENSED DENTAL HYGIENISTS</u></p>

Constance Clark R.D.H.

Constance Clark, R.D.H., President

Harry Kamdar

Harry Kamdar, M.B.A., Executive Director

I. Purpose

The Ohio State Dental Board (Board) is committed to ensuring the safe practice of dentistry to the public. The purpose of this policy is to clarify the Board’s position regarding the development of technologies and techniques dental hygienists may utilize and their relationship to scope of practice.

Legal Authority

- O.R.C. 4715.01 Dentists – dental hygienist definitions
- O.R.C. 4715.23 Practice limitations.
- O.A.C. 4715-9-01 Permissible practices of a dental hygienist.

Education and Training

O.R.C. 4715.21 License application.

O.A.C. 4715-9-03 Requirements for initial licensure for dental hygienists.

II. Applicability

The policy applies to the treatment within scope of dental practice for licensed dentists and dental hygienists.

III. Definitions

Dental hygienist The American Dental Association (ADA) defines the profession of dental hygiene as, including but not limited to:

- Patient screening procedures; such as assessment of oral health conditions, review of the health history, oral cancer screening, head and neck inspection, dental charting and taking blood pressure and pulse
- Taking and developing dental radiographs (x-rays)
- Removing calculus and plaque (hard and soft deposits) from all surfaces of the teeth
- Applying preventive materials to the teeth (e.g., sealants and fluorides)
- Teaching patients appropriate oral hygiene strategies to maintain oral health; (e.g., tooth brushing, flossing and nutritional counseling)
- Counseling patients about good nutrition and its impact on oral health
- Making impressions of patients' teeth for study casts (models of teeth used by dentists to evaluate patient treatment needs)
- Performing documentation and office management activities

IV. Procedure

Using these definitions, the Board considers available scientific evidence, educational requirements of the Commission on Dental Accreditation (CODA) accredited dental hygiene programs and peer reviewed accredited educational programs consistent with an evidenced based approach to dentistry, to aid in its determination of the scope of dental hygiene practice.

The ADA has a code of ethical and professional conduct for the practice of dentistry. The American Dental Hygienists' Association (ADHA) has the Bylaws & Code of Ethical Conduct which governs the conduct of dental hygiene membership. All dentists and dental hygienists must be aware of their own limitations and level of training in determining their individual competence levels within the scope of practice of dentistry and dental hygiene. Using these bylaw and ethical and professional standards each dental hygienist chooses how to practice dental hygiene. The expectation, for all patients, is the dental hygienist is competent in providing adequate and appropriate treatment.

V. Attachments

- Form: Permissible Practices Documentation for Dental Hygienists

- The ADA Principles of Ethics and Code of Professional Conduct, November 2016
- The ADHA Bylaw and Code of Ethics, June 13, 2016

VI. Monitoring

The supervisory staff overseeing the daily practices of the procedures contained within this policy shall utilize quality tools and instruments to ensure compliance.

An interdisciplinary team comprised of the Director, Deputy Director, and Policy Committee of the Board, shall meet as needed throughout the year to review policies and procedures and integrate collaborative services. Assigned designees may represent each of these respective disciplines. All policies must be documented as an official review in the policy database on an annual basis.

Each year, the policy design team shall review the quality assurance data and results derived from audit reports, quality tools and instruments, legal or investigatory measures, and interdisciplinary team meeting summaries and/or actions, and incorporate the findings and other improvement recommendations as revisions to the current policies and procedures or develop new policies when necessary.

VI. Training

This revised policy requires staff education or training prior to policy implementation.

VII. References

O.R.C. 4715.01	Dentists – dental hygienist definitions
O.R.C. 4715.21	License application.
O.R.C. 4715.23	Practice limitations.
O.A.C. 4715-9-01	Permissible practices of a dental hygienist.
O.A.C. 4715-9-03	Requirements for initial licensure for dental hygienists.

Appendix K



Ohio State Dental Board
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Constance Clark, RDH, President

Harry N. Kamdar, MBA, Executive Director

Public Records Request Policy of the Ohio State Dental Board

I. Purpose:

The purpose of this policy is to establish office procedures for responding to requests for public records made pursuant to Ohio Revised Code (ORC) Section 149.43, Availability of public records. This policy supersedes all previous public records policies.

II. Defining Public Records:

A "public record" is defined as any document, device, or item, regardless of physical form or characteristic (i.e. paper, documents, photocopies, maps, drawings, photographs, e-mail, computer disks, audio, and video tape recordings) that is created by a public office, received by a public office, or coming under the jurisdiction of a public office which serves to document the organization, functions, policies, decisions, procedures, operations, or other activities of the office. This definition is broad enough to encompass almost anything a governmental unit utilizes to carry out its duties and responsibilities.

These records must be organized and maintained so that they are readily available for inspection and copying.

There are certain exceptions to disclosure under R.C. Section 149.43 which include, but are not limited to, medical records, trial preparation records, attorney client work product of communications, confidential law enforcement investigatory record, and more specific to the Ohio State Dental Board is R.C. 4715.03D), which states in pertinent part:

"Proceedings of the board relative to the investigation of a complaint or the determination whether there are reasonable grounds to believe that a violation of this chapter has occurred are confidential and are not subject to discovery in any civil action."

III. Response Timeframe

Public Records are available for inspection during regular business hours (Monday through Friday, 8am to 5pm), with the exception of State of Ohio government holidays. Public records are made available for inspection within those time frames. If the requestor does not want to inspect the records at Board offices, but would rather receive copies of records, they will be made available within a reasonable period of time. What is a reasonable period of time is determined by the number/volume of records requested, whether the records are on site or in off-site storage, and whether a legal review is required.

Each request is sent to the Deputy Director for review and evaluation of the estimated length of time required to gather the records. The Deputy Director can approve the immediate release of routine requests. Routine requests include, but are not limited to, notices of opportunity for hearing, consent agreements, copies of board meeting materials, etc. These requests are satisfied within three business days and then logged by the Board's Enforcement Secretary in the Board's official log.

Non-routine requests are reviewed by the Deputy Director, who consults with the Executive Director prior to releasing the records.

IV. Handling Requests

While requests do not need to be in writing and there is not specific language required, the requestor must at least identify with sufficient clarity to allow the office to identify, retrieve and review the records. If it is not clear what records are being sought, the Deputy Director will contact the requestor for clarification and, if needed, can assist the requestor in revising the request by informing the requestor of the manner in which the office keeps its records.

A log of all public records requests will be maintained in the office. The log will consist of the name of the individual/group making the request (if that information is provided), the date of the request and the date the items were sent, what specific items were released (i.e. number of pages, case number, copies, etc.) and the name of the Board employee(s) completing the request. The Board also maintains a copy of what was provided to the requestor(s).

The Board is not under any obligation to create records or provide information to the requestor. A record must exist on the date it is requested. An electronic record is deemed to exist on the date of the request if a Board computer or program is able to produce the record through simple sorting, filtering or querying. Although the Board is not required to do so by law, the Board will attempt to accommodate requestors by generating these records when it makes sense and is practical under the circumstances.

The Board will provide the records in the manner requested (ie paper, electronic, flash drive, etc.).

V. Confidential or Privileged Records

Records which are deemed confidential attorney client communications and/or created in preparation for trial will be redacted or withheld in their entirety. These records will be reviewed by the Deputy Director and/or the Board's Assistant Attorney General, both of whom are able to make the determination that the records are not subject to release under the public records act.

VI. Denial or Redaction of a Request

If the requestor makes an ambiguous or overly broad request for public records, the request may be denied by the Board, but the denial letter will provide the requestor the opportunity to submit a revised request and will inform the requestor of the manner in which records are maintained and accessible by the office.

When the Board denies a request and/or redacts or withholds records, the Board will provide an explanation, in writing, including the legal authority to do so. If redactions are necessary to only certain information in a document, the remainder of the information will be provided and will not be redacted.

VII. Costs

While the Board has the ability to charge the requestor with the actual cost of paper, flash drives and mailing costs, the Board does not require the requestor to pay these costs.

(effective March 24, 2017)