

OHIO STATE DENTAL BOARD
BOARD MEETING

May 9, 2018

Contents

OHIO STATE DENTAL BOARD.....	1
Contents	1
OHIO STATE DENTAL BOARD.....	1
Attendance	1
Call to Order	1
Board Business	1
Introductions	1
Board Members.....	1
Approval of Agenda.....	2
Review of Board Meeting Minutes.....	2
March 7, 2018 Meeting	2
Public Comment/Presentations/Correspondence	2
Presentation – Interactive Dental Seminars.....	2
Presentation – Ohio Dental Association.....	3
Correspondence – Commission on Dental Accreditation	4
Correspondence – Joint Commission on National Dental Examinations	4
Action Items.....	4
Supervisory Investigative Panel Expense Report	4
Recess	4
Enforcement.....	4
Personal Appearances	4
Jonathan J. Runion, D.D.S.	4
Rudyard C. Whipps, D.D.S.....	5
Executive Session.....	5
Decision in the Matter of Jonathan J. Runion, D.D.S.....	6
Decision in the Matter of Rudyard C. Whipps, D.D.S.	6
Proposed Notice(s) of Opportunity for Hearing.....	6

Victor L. McKoy, D.D.S.	6
Proposed Consent Agreement(s)	6
Disciplinary	6
Non-Disciplinary	7
Enforcement Update	7
Closed Cases	8
Licensure.....	8
Dentist(s) – (46)	8
Dental Hygienist(s) – (9)	9
Dental Assistant Radiographer(s) – (300).....	9
Limited Continuing Education – (7)	12
Limited Resident’s – (1)	12
Expanded Function Dental Auxiliary – (2)	12
Coronal Polishing – (25).....	13
Temporary Volunteer – (1).....	13
Graduate(s) of Unaccredited Dental Colleges Located Outside the United States.....	13
General Anesthesia/Conscious Sedation Permit(s).....	13
General Anesthesia.....	13
Conscious Sedation.....	13
Oral Health Access Supervision Permit(s)	14
Dentist(s)	14
Reinstatement Application(s).....	14
Dentist(s)	14
Dental Hygienist(s)	14
Executive Session.....	14
Open Session	15
Committee Reports	15
Law and Rules Review	15
Specialty Recognition and Advertising	15
Anesthesia & Sedation Working Group Update.....	15
Subacute and Chronic Pain Prescribing.....	15
Volunteer Service as a Clinician.....	16
Ad Hoc	16
Review of Expert Resumes	16

Education.....	17
Review of Biennial Sponsor Application(s).....	17
Jurisprudence Examinations for Dentists and Dental Hygienists.....	17
Review of Dental Hygiene Medical Emergency Recognition Course Application(s).....	17
Review of General Anesthesia/Conscious Sedation Permit Renewal Course(s).....	18
Course Content Review.....	18
Policy.....	18
Presentation by Nicholas Vesha, Esq.....	18
Review of Board Policies.....	18
Policies for Board Review and Consideration.....	19
Executive Updates.....	19
President’s Update.....	19
Board Member –Michael Ginder, D.D.S.....	19
Former Board Member –T. Michael Murphy, D.D.S.....	19
Report on the American Association of Dental Boards Mid-year Meeting.....	19
Opioid Crisis.....	19
Specialty Recognition and Advertising.....	20
Board Committees.....	20
Resignation of Public Board Member Ann Aquillo.....	20
Final Meeting for Board Member Constance Clark, R.D.H.....	20
New Appointments to the Board.....	20
Report on the American Association of Dental Boards Meeting.....	20
Executive Director’s Update.....	21
Press Conference on Subacute and Chronic Pain Prescribing.....	21
Board Member Constance Clark, R.D.H.....	22
Former Board Public Member Ann Aquillo.....	22
Legal and ethical issues.....	22
Board Member Michael Ginder, D.D.S.....	22
Anything for the Good of the Board.....	22
Adjourn.....	23
Appendix A.....	24
Appendix B.....	27
Appendix C.....	30
Appendix D.....	37

Appendix E.....	39
Appendix F.....	40
Appendix G.....	42
Appendix H.....	45

OHIO STATE DENTAL BOARD

BOARD MEETING

May 9, 2018

Attendance

The Ohio State Dental Board (Board) met in Room 1948, of The Vern Riffe Center for Government and the Arts, 77 South High Street, 19th Floor, Columbus, Ohio on May 9, 2018. Board members present were:

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

Michael Ginder, D.D.S. was unable to attend the meeting due to illness.

The following guests were also in attendance: Katherine Bockbrader, Esq. of the Ohio Attorney General's Office; David Owsiany, J.D., Nathan DeLong, Esq., and Henry Fields, D.D.S. of the Ohio Dental Association (ODA); Nelson Heise, Clinical Director of the Ohio Physicians Health Program; 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; Larry J. Sangrik, D.D.S. of Interactive Dental Seminars; Marty Saperstein of Saperstein Associates, Inc.; Thomas Perrino, Esq. of Frank R. Recker & Associates; Nicholas Vesha, Esq. of Vesha Law Firm, L.L.C; Staff consisted of Harry Kamdar, M.B.A., Executive Director, Steve Kochheiser, Esq., Deputy Director, Zachary Russell, Legislative and Communications Coordinator, Barb Yehnert, and Kathy Carson, Dental Board Enforcement Officers, and Malynda Franks, Administrative Professional, of the Ohio State Dental Board and other guests.

Call to Order

Ashok Das, D.D.S., introduced himself as the Board President and a general dentist from Mason. After extending greetings to everyone, President Das noted that there was a quorum present and called the meeting to order at approximately 1:29 p.m. He then requested Executive Director Harry Kamdar to facilitate the meeting.

Board Business

Introductions

Board Members

Director Kamdar then introduced the rest of the Board members consisting of Ms. Susan Johnston, the Vice President, Patricia Guttman, DDS, Secretary, Dr. Kumar Subramanian, DDS, Vice Secretary, Bill Anderson, D.D.S., Theodore Bauer, D.D.S., Ms. Constance Clark, RDH, , Dr. Jamillee Krob, RDH, and Dr. Andrew Zucker, DDS.

Director Kamdar stated that Dr. Michael Ginder, a general dentist from Athens was unable to attend the meeting due to illness.

Approval of Agenda

Director Kamdar stated that President Das 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. Zucker, to approve the May 9, 2018 Board meeting agenda as presented.

Motion carried unanimously.

Review of Board Meeting Minutes

March 7, 2018 Meeting

Director Kamdar informed everyone that the draft Minutes from the March 7, 2018 meeting had been forwarded to the Board members for review prior to the meeting and stated that the final version was in their Board Notebooks for approval. He then asked if there was a motion in regards to the Minutes.

Motion by Ms. Clark, second by Ms. Johnston, to approve the March 7, 2018 Board meeting minutes as presented.

Motion carried unanimously.

Public Comment/Presentations/Correspondence

Presentation – Interactive Dental Seminars

Administration of Nitrous Oxide by Dental Staff

Director Kamdar introduced Larry J. Sangrik, D.D.S. of Interactive Dental Seminars who had requested to speak with the members regarding modification to the Dental Practice Act to permit administration of Nitrous Oxide-Oxygen (minimal sedation) by all dental staff. Dr. Sangrik began by thanking the Board members for allowing him to address them in this matter. He then read his *Statement to the Ohio State Dental Board Regarding the Administration of Nitrous Oxide by Dental Staff* [Appendix A] which requests the Board members to consider revising the rules for Basic Qualified Personnel and Expanded Function Dental Auxiliaries be amended to permit them to not just monitor N₂O-O₂ minimal sedation but the ability to administer it with appropriate training and successful examination. Upon completion of the reading, Dr. Sangrik asked if any of the members had any questions regarding his proposal.

Dr. Anderson requested clarification that Dr. Sangrik was suggesting that all dental assistants should be permitted to be trained in administration of N₂O-O₂ minimal sedation regardless of experience. Dr. Sangrik explained that current rules require the assistant to have two (2) years and 3,000 hours of clinical experience prior to being permitted to monitor and that he presumed they would still require that in any amended rule.

Director Kamdar asked Dr. Sangrik if dental team member would have to carry malpractice insurance if his request was granted by the Board. Dr. Sangrik responded by stating that he would defer to the attorneys on that matter although he didn't think any hygienists carry malpractice insurance. Ms. Johnston stated that she carries malpractice insurance.

Director Kamdar shared with Dr. Sangrik that the Board has an Anesthesia and Sedation Work Group and that his request would be forwarded to that group for consideration. He thanked Dr. Sangrik for making the long trip to the meeting. Dr. Sangrik thanked the Board for listening to his request.

Presentation – Ohio Dental Association

Dental Specialty Advertising

Director Kamdar introduced David Owsiany, J.D. as the Executive Director of the Ohio Dental Association (ODA) who had requested to speak with the Board regarding dental specialty advertising. Mr. Owsiany thanked the Board and distributed copies of his brief presentation on Dental Specialty Advertising [Appendix B] explaining the reason/purpose for the Board's consideration of this matter and indicating that the ODA had commissioned a survey of the general public by Saperstein Associates, Inc. to assist in determining public perception with regards to "specialty" or "specialist". He explained that the ODA survey supported the rules as drafted for "Option D" of the five (5) versions of the drafted rules that had been discussed and accepted by the Ohio Specialties Education Advisory Group in July 2017 and presented to the Law and Rules Review Committee at that time. He stated that the independent survey performed by the ODA supported the premise that public perception was that a dentist claiming to be a "specialist" had completed an accredited residency program. Mr. Owsiany then introduced Marty Saperstein of Saperstein Associates, Inc. (SAI) to explain the process used for the public survey performed for the ODA [Appendix C].

Mr. Saperstein gave a brief background on himself along with a notable history of organizations that his company has developed and performed surveys for since 1980. He explained that each study performed by SAI is custom-tailored to a specific circumstance, in this instance the questions focused on four (4) areas of dentistry; two (2) of which were of the nine (9) American Dental Association recognized specialties and two (2) of which were not. He stated that a review of the data provided the following about the consumer responses:

- People linked "specialty" to an accredited program;
- They do not know which specific areas of dentistry are considered a "specialty";
- People linked the notion of "specialty" to a residency program;
- They link the term "specialty" to competence; and
- People link the term to a specific sponsor.

Dr. Anderson questioned whether Mr. Saperstein had asked the people interviewed if they knew where accreditation of dental programs came from and how the 812 people surveyed were selected. Dr. Bauer noted that Mr. Saperstein used the term "competence" rather than "qualified" and commented that there is a perception versus reality with regards to the value of specialty designation to the public. He stated that the term "specialist" carries more weight when a dental practice is seeking the ability to advertise which is not necessarily the truth, however, it perpetuates that perception. Mr. Saperstein commented that all of this was the point of a "confusion study".

Mr. Owsiany summarized for the members why they were here at this point in time to debate this issue. He stated that the Board is the only entity in Ohio to regulate the practice of dentistry, therefore they know the importance of this decision. He stated that the Commission on Dental Accreditation (CODA) has been evaluated and is accredited by the U.S. Department of Education as the only entity for accrediting graduate dental programs.

Mr. Owsiany reiterated that previous courts have recommended that dental specialty advertising can be misleading which is why this survey was performed. He stated that the ODA survey supports CODA-accredited residency programs as a determining factor for specialty designation. He commented that almost all healthcare specialties require formal training in an accredited institution or program. Mr. Owsiany concluded by stating that Option D of the proposed rules allows the Board to protect the public, defend their position, and remain consistent with the rest of health care.

Director Kamdar thanked Mr. Owsiany and Mr. Saperstein for their presentation.

Correspondence – Commission on Dental Accreditation

Call for Nominations to CODA Review Committee Positions

Director Kamdar stated that the first correspondence was from the Commission on Dental Accreditation [Appendix D]. CODA was requesting nominations for their Review Committee positions. He told Board members that if they had any recommendations they would like to make in this regard they should contact Dr. Das or himself by the end of the week.

Correspondence – Joint Commission on National Dental Examinations

National Dental Examiners' Advisory Forum – June 20, 2018

Director Kamdar informed the members that the second correspondence for their review was from the Joint Commission on National Dental Examinations informing them of the upcoming annual National Dental Examiners' Advisory Forum on June 20, 2018 [Appendix E]. He asked that any member of the Board wishing to attend should contact him at the Board office within the next day or two (2). Mr. Kamdar noted that participants had the opportunity to attend in person or to listen via webinar to the proceedings of the meeting.

Action Items

Supervisory Investigative Panel Expense Report

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

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

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

Recess

Director Kamdar then informed those in attendance that the Board would take a brief recess before beginning the Enforcement Section of the agenda.

Enforcement

Personal Appearances

Jonathan J. Runion, D.D.S.

Ms. Yehnert stated that this was Dr. Runion's fourth appearance before them on his first consent agreement with the Board. She reviewed his history with the Board members and stated he remains in compliance with the terms of his Consent to date and that Dr. Runion was before them to request an increase in his work privileges.

Upon questioning by the Board members, Dr. Runion stated that he felt he was doing well and shared with the members that it was nice to settling back into the routine of work and finding meetings, especially his Wednesday meetings which were very fulfilling. Along with his caduceus and AA/NA meetings he has gotten involved in church leadership group and he spends more time with his boys, ages 7 and 5, who participate in Lacrosse and Hockey. He stated that he has found a good connection and become involved Tony Robbins' Life Coach Seminars which he also finds fulfilling.

When asked by Director Kamdar what his specific request of the Board was that day, Dr. Runion explained the current practice schedule which he maintains around 20 hours is so in order that he does not violate the 24 hour

maximum he is currently restricted to by the Board. He indicated that he likes to travel to obtain his continuing education and the Tony Robbins seminars and a full reinstatement would allow him to make up time missed on the week before or after he travels. He indicated that he feels he would still maintain 20-24 hours of clinical practice during a normal scheduled week but that up to 40 hours would allow him to comfortably travel and attend the Tony Robbins events.

Director Kamdar stated that they appreciated Dr. Runion's sharing his update with the Board and then asked him to remain as they would be discussing his request during the Executive Session immediately following the next Personal Appearance interview.

Rudyard C. Whipps, D.D.S.

Request for Reconsideration

Director Kamdar informed the Board that they had received a written request from Dr. Whipps attorney, Edward Whipps, Esq. to reconsider their earlier decision regarding Dr. Whipps' practice hours and Board appearances [Appendix F]. He then asked Deputy Director Steve Kochheiser to further explain Mr. Whipps letter of request for reconsideration.

Mr. Kochheiser explained to the members that Dr. Whipps had appeared before them at the March 2018 Board meeting wherein the Board limited his practice to 24 hours per week and no more than eight (8) hours per day. Additionally, the members stipulated that Dr. Whipps should not appear before the Board for reconsideration of additional work privileges until the July 25, 2018 Board meeting. Dr. Whipps attorney filed a written request on April 12, 2018, presenting new information and asking the Board to reconsider its decision regarding Dr. Whipps' next appearance before them.

Director Kamdar then stated that they would be discussing this request during the Executive Session.

Executive Session

Motion by Ms. Clark, second by Ms. Johnston, to move the Board into executive session to consider the investigation of charges or complaints against licensees pursuant to Section 121.22(G)(1) of the Ohio Revised Code.

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

Motion carried unanimously.

Director Kamdar stated that he, along with Mr. Kochheiser and Ms. Bockbrader would remain in the room during the Executive Session. He requested all other guests and staff to leave and take their personal belongings with them as they left the room. He explained that they would be invited to return to the meeting at the conclusion of the Executive Session.

Open Session

The Board resumed open session at 3:23 p.m.

Decision in the Matter of Jonathan J. Runion, D.D.S.

Motion by Ms. Johnston, second by Dr. Anderson, to increase the number of practice hours for Dr. Jonathan J. Runion up to forty (40) hours per week of active clinical practice and remain in full compliance with the terms of his consent agreement with the Board, and that Dr. Runion must return for a personal appearance before the Supervisory Investigative Panel in August 2018 for a status interview and a subsequent personal appearance before the full Board at the December 5, 2018 meeting.

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

Decision in the Matter of Rudyard C. Whipps, D.D.S.

Motion by Dr. Zucker, second by Dr. Krob, to increase the number of practice hours for Dr. Rudyard C. Whipps, D.D.S. up to thirty-two (32) hours and not more than eight (8) hours per day of active clinical practice per week and remain in full compliance with the terms of his consent agreement with the Board, and that Dr. Whipps must return for a personal appearance before the Supervisory Investigative Panel in July 2018 for a status interview and a subsequent personal appearance before the full Board at the September 12, 2018 meeting.

Motion carried with Dr. Das 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.

Proposed Notice(s) of Opportunity for Hearing

The Board reviewed one (1) 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 the charges.

Victor L. McKoy, D.D.S.

Motion by Ms. Johnston, second by Dr. Krob, to approve the proposed notice of opportunity for hearing and forward it to Victor L. McKoy, D.D.S., license number 30.018049, case numbers 15-25-0227, 16-25-1355, 17-25-1211.

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

Proposed Consent Agreement(s)

The Board reviewed five (5) proposed consent agreements. The names of the individuals/licensees were not included in the documents reviewed by the Board. The names of the individuals/licensees have been added to the minutes for public notice purposes. Mr. Kochheiser provided a brief summary of each of the proposed consent agreements.

Disciplinary

Erin Gibbons, R.D.H.

Motion by Dr. Krob, second by Dr. Bauer, to approve the proposed consent agreement for Erin Gibbons, R.D.H., license number 31.015713, and case number 17-43-1422.

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

Jennifer E. King, R.D.H.

Motion by Ms. Johnston, second by Dr. Zucker, to approve the proposed consent agreement for Jennifer E. King, R.D.H., license number 31.015714, and case number 17-18-1398.

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

James M. Pelagalli, D.D.S.

Motion by Ms. Johnston, second by Dr. Bauer, to approve the proposed consent agreement for James M. Pelagalli, D.D.S., license number 30.017970, and case number 18-18-1096.

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

Sarah J. Rooker, EFDA

Motion by Dr. Anderson, second by Dr. Zucker, to approve the proposed consent agreement for Sarah J. Rooker, EFDA, registration number EFDA.002777, and case number 18-57-1153.

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

Non-Disciplinary

Tarek Elshebiny, B.D.S.

Motion by Dr. Krob, second by Ms. Johnston, to approve the proposed consent agreement for Tarek Elshebiny, B.D.S., license number 30.021441.

Dr. Das questioned issuance of this consent agreement as he thought that the Board had filed a previously approved amendment requiring international dental applicants to complete a 2-year General Practice or Advanced Education in General Dentistry residency, or 2-year advanced standing dental degree completion in an accredited dental program in order to apply for licensure in Ohio. Dr. Subramanian clarified that the amendments to Ohio Administrative Code rule 4715-18-01 have been considered and recommended to be approved by the Law and Rules Review Committee but the rule has not yet been filed with the Joint Committee on Agency Rule Review. He informed the members that the Ohio dental schools have been advised that the Board will no longer be accepting applications for licensure in Ohio and issuing consent agreements limiting an international dental candidate to a specialty upon completion of other specialty residency programs beginning in 2020.

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

Enforcement Update

Deputy Director Kochheiser began the Enforcement Update by informing the Board that there was one (1) case pending hearing which has been scheduled for hearing later this month. He stated that there was one (1) case pending a Hearing Examiners Report and Recommendation. Mr. Kochheiser stated that there were still forty-eight (48) licensees and certificate holders under suspension, and one hundred and twenty-six (126) active cases. He said that there were no new referrals to and no licensees actively participating in QUIP. He informed the members that there were thirty-seven (37) cases which have been investigated and reviewed by the Board Secretaries and are recommended to be closed with two (2) warning letters having been issued. Mr. Kochheiser noted that there are twenty-four (24) licensees currently on probation. He indicated that there are forty-eight (48) cases that have been open for longer than 90 days as noted 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.", Deputy Director Kochheiser reviewed the cases to be closed with the Board.

The following cases are to be closed:

17-18-1124	18-25-1006	18-47-1010
17-18-1365	18-25-1044	18-57-1036
17-18-1391	18-25-1051	18-57-1071
17-21-1423	18-25-1053	18-60-1004
17-25-1309	18-25-1058	18-62-1028
17-52-1384	18-25-1083	18-67-1054
17-57-1088 - WL	18-29-1067	18-73-1012
17-57-1317 - WL	18-29-1075	18-74-1059
17-70-1418	18-31-1029	18-76-1049
17-76-1242	18-31-1066	18-77-1033
18-09-1024	18-31-1068	18-87-1052
18-18-1035	18-31-1070	
18-21-1042	18-43-1056	

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

Roll call:

- Dr. Anderson – No
- Dr. Bauer – No
- Ms. Clark – No
- Dr. Das – No
- Dr. Guttman – No
- Ms. Johnston – No
- Dr. Krob – No
- Dr. Subramanian – No
- Dr. Zucker – No

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

Motion by Ms. Johnston, second by Dr. Krob, to close the above thirty-seven (37) cases.

Motion carried unanimously.

Director Kamdar thanked Deputy Director Kochheiser for providing the Enforcement Report and Update.

Licensure

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

Dentist(s) – (45)

30.025317	Sarah Hansen	30.025318	Stephanie Brooks
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30.025321	Michael Kantor	30.025343	Kristina Wolf
30.025322	Eric Snyder	30.025339	Rosemary Chaban
30.025319	Sasha Valentin	30.025337	Lucas Mcguire
30.025320	Chitwan Pal Singh Sachdev	30.025346	Kashif Bhatti
30.025323	Sandra Fox	30.025344	David Maricondo
30.025325	Nathanael Baker	30.025345	Ryan Pasiewicz
30.025324	Matthew Popper	30.025347	Mackenzie Hoban
30.025326	David Shoaf	30.025349	Alyssa Rassi
30.025327	Rachael Maerz	30.025348	Thomas Shannon
30.025328	Michael Shapiro	30.025350	Sameh Arsanious
30.025329	Richard Cordero	30.025351	Nader Abu-El-Hawa
30.025330	Maria Botros	30.025352	Mitesh Patel
30.025332	Manisha Gupta	30.025353	Mark Valrose
30.025331	Robert Gentile	30.025354	Dustin Timmerman
30.025333	Zarrar Duraiz	30.025355	Carolyn Belyshev
30.025335	Michael Antone	30.025357	Molly Lebow
30.025334	Angela Cook	30.025356	Daniel Krajci
30.025336	Sara Golkari	30.025360	Prisca Khadka Chhetri Dhakal
30.025342	Robert Wood, li	30.025359	Luke Tibbitts
30.025341	Carol Patel	30.025358	Shayna Mattox
30.025338	Sean Kelly	30.025361	Andy Suh
30.025340	Josetta Defrancisco		

Dental Hygienist(s) – (9)

31.015636	Melissa Derby	31.015641	Shelby Paul
31.015637	Aileen Cosby	31.015642	Krissi Clymer
31.015638	Kelsey Bennett	31.015643	Alexis Garland
31.015639	Deanna Huff	31.015644	Emily Grubb
31.015640	Ashley Witter		

Dental Assistant Radiographer(s) – (300)

51.032905	Mason Gabriel	51.032917	Kamar Mayingwa
51.032916	Haitham Oweis	51.032927	Amelia Coleman
51.032913	Jessica Pearce	51.032925	Kayna Wooten
51.032914	Mackenzie Roberts	51.032924	Elizabeth Colglazier
51.032911	Peyton Lynn	51.032926	Madison Horner
51.032910	Grace Letarte	51.032928	Ashley Jones
51.032909	Kateryna Khomiak	51.032931	Kylee Sayers
51.032912	Erika Harris	51.032929	Martha Salazar
51.032915	Leslie Baker	51.032932	Elanie Risbon
51.032908	Emily Coulter	51.032930	Alysia Leos
51.032907	Lindsy Haynes	51.032933	Natalie Davis
51.032906	Elaina Cullins	51.032934	Blanca Rodriguez
51.032920	Callie Russell	51.032940	Michael Aldridge
51.032919	Brittany Williamson	51.032948	Nina Carroll
51.032921	Erynn Fullen	51.032945	Lacey Eiford
51.032923	Megan Baker	51.032937	Harley Baker
51.032918	Amannie Abu-Kweik	51.032935	Ashley Johnson
51.032922	Madeline Seaman	51.032936	Halie Gibson

51.032938	Debra Paul	51.032983	Julia Davenport
51.032939	Asjerai Stephens	51.032982	Katie Kagel
51.032947	Lobar Khushvaktova	51.033001	Ebony Bivins
51.032944	Feda Shweiki	51.033003	Codee Dean
51.032946	Ajure Jones	51.033002	Payton Ambrose
51.032942	Amairany Rodriguez	51.032991	Breanna Korth
51.032943	Emily Sprinkle	51.032994	Nuha Grada
51.032941	Abigail Holt	51.032996	Kylee Ooten
51.032951	Riquel Monahan	51.032998	Emily Fitch-Gibson
51.032953	Nicole Bugaj	51.032999	Cassady Bigham
51.032952	Desiree Addis	51.033000	Yaima Castillo
51.032954	Ashley Mack	51.032992	Amber Coward
51.032950	Brittany Trowbridge	51.032993	Jaskirat Kaur
51.032949	Dasia Mason	51.032997	Shaina Limbeck
51.032955	Sara Thornsberry	51.032995	Mollie Kaple
51.032957	Pam Palcisko	51.033008	Samantha Hastings
51.032958	Jami Austin	51.033010	Erika Jones
51.032956	Jessica Reebel	51.033011	Emmalee Fannin
51.032959	Allison Russell	51.033006	Patchena Gurdon
51.032962	Keona Knight	51.033007	Darcie Morlan
51.032960	Jaleea Darden	51.033004	Elisabeth Flora
51.032961	Breck Ripke	51.033009	Heather Montagino
51.032985	Alexus Terry	51.033005	Markala Washington-Murray
51.032964	Brooke Maleski	51.033018	Mariah Carter
51.032971	Samantha Greene	51.033020	Maddison Beatty
51.032965	Dashanna Price	51.033014	Tara Yang
51.032966	Mckenzie Brucker	51.033019	Sidney Phrakornkham
51.032967	Jennifer Phillips	51.033012	Ruby Fawley
51.032968	Melinda Backlund	51.033013	Ilana Sark
51.032980	Maitri Trivedi	51.033021	Jessica Bible
51.032970	Shawna Miller	51.033017	Taylor Johnson
51.032989	Elizabeth A Brigham	51.033015	Dawson Fontana
51.032979	Jenna Bridges	51.033016	Emma Tobias
51.032988	Maria Urquiza	51.033022	Tonya Ickes
51.032987	Nicole Stevens	51.033023	Keely Neal
51.032981	Deborah Cooper	51.033033	Devanee Feliciano
51.032974	Macala Riedy	51.033035	Brooke Sheets
51.032973	Hope Dials	51.033038	Catherine Gild
51.032975	Marissa Warner	51.033026	Katelyn Ferricci
51.032976	Michelle Williams	51.033027	Connie Hearn
51.032969	Taylor Kozelka	51.033032	Cassandra Steitz
51.032984	Barbara Insprucker	51.033031	Kori Hulit
51.032978	Mary Weatherhead	51.033034	Erin Vanhouten
51.032990	Rickell Finnell	51.033037	Danielle Hale
51.032977	Makenna Gonzales	51.033040	Amber Johnson
51.032963	Mykhaylyna Yushchyshyn	51.033041	Mikayla Barnes
51.032986	Lindsey Erwin	51.033042	Laura Hoover
51.032972	Maggie Allen	51.033024	Lacy Ross

51.033039	Jamie Keith	51.033084	Tracy Hughey
51.033029	Gopi Patel	51.033085	Erica Hallinan
51.033043	Brashawn Curry	51.033087	Wendy Ballard
51.033028	Kristyle Byrd	51.033099	Corin Finklea
51.033036	Skylar Holocker	51.033089	Taylor Watkins
51.033030	Whitney Hughes	51.033088	Amber Fiedler
51.033025	Lisa West	51.033090	Sarah Robbins
51.033044	Autumn Rains	51.033095	Marissa Wiggins
51.033046	Roshendi Smith	51.033093	Deanna Duke
51.033045	Alannah Torre	51.033097	April Laird
51.033048	Trina Davis	51.033091	Amber Frederick
51.033049	Tammy Sidle	51.033098	Breanna Roth
51.033047	Emily Roberts	51.033096	Elizabeth Kirk-Chapman
51.033054	Erin Bruns	51.033092	Jessica Alferez
51.033051	Ann Jadischke	51.033094	Kelsey Beall
51.033052	Ashley Woods	51.033102	Shelbie Gillem
51.033056	Kirsten Grant	51.033101	Alexis Brown
51.033057	Lisa Wakefield	51.033100	Faliceonna Lopez
51.033055	Barb Eilerman	51.033103	Tiara Powell
51.033058	Dominique Taylor	51.033105	Riley Davis
51.033053	Erin Filisky	51.033107	Julie Moreland
51.033050	Laura Jones	51.033108	leasha Nelson
51.033059	Hunter Keown	51.033104	Tamaura Fowlkes
51.033060	Sarah Morlan	51.033106	Josephine Weber
51.033061	Amanda Stanziale	51.033112	Rohneisha Latham
51.033063	Katelyn Davis	51.033109	Scott Nadler
51.033062	Ann Lowry	51.033111	Carrie McClure
51.033065	Nicole Rainey	51.033113	Jessica Munnich
51.033064	April Brady	51.033110	Janira Hernandez
51.033066	Jessica Love	51.033117	Amanda Heise
51.033068	Rebekah Yater	51.033118	Christina Hayes
51.033070	Lisa Miller	51.033121	Leanne Saffer
51.033067	Kadora Kynard	51.033122	Kelsey Conn
51.033069	Ashley Stumbo	51.033115	Nathan Rennicker
51.033074	Carli Winstel	51.033119	Claire Christie-Holt
51.033076	Jessica Souder	51.033116	Crystal Carrington
51.033071	Rebecca Pyles	51.033120	Autumn Marshall
51.033072	Chasity Wendling	51.033114	Natalie Lewis
51.033073	Karly Childers	51.033126	Sara Williamson
51.033075	Therea Gardner	51.033124	Margaret Emmons
51.033079	Carly Newman	51.033127	Larisa Lomeli
51.033081	Monica Lawson	51.033123	Jessica Shane
51.033080	Ronni Benko	51.033128	Gabriela Gardine
51.033077	Diamond Horton	51.033125	Samantha Janda
51.033078	Rachel Horton	51.033129	Deneen King
51.033083	Logan Scott	51.033130	Tracie Kauffman
51.033082	Katerina Sese	51.033132	Heather Morris
51.033086	Porscha Moore	51.033131	Rachelle Weaver

51.033133	Kristopher Quintana	51.033165	Sydney Teal
51.033134	Lea Williamson	51.033168	Courtney Cannon
51.033140	Heather Clevinger	51.033174	Rhonda Rushnok
51.033137	Sarah Collins	51.033175	Monica Bartley
51.033135	Charmaine Burson	51.033169	Rachel Danison
51.033141	Jennifer Mueller	51.033172	Katherine Teece
51.033138	Jordanne Hazenfield	51.033170	Kaylee Meininger
51.033136	Stephanie Harris	51.033171	April Devenport
51.033139	Melissa Day	51.033173	Syreda Goodgame
51.033142	Taylor Fryer	51.033177	Breana Hicks-Odoms
51.033143	Melody Payne	51.033181	Lexis Williamson
51.033144	Sierra Nelson	51.033176	Ana Graber
51.033145	Alexys Mastel	51.033178	Rayshunda Scott
51.033156	Kayla Lasage	51.033180	Janeil Hartman
51.033157	Morgan Alley-Miller	51.033179	Marlene Brown
51.033154	Abigail Neiswander	51.033182	Carine Kayayan
51.033149	Erin Mcanespie	51.033183	Courtney Howard
51.033147	Kaylee West	51.033188	Paris Pitts
51.033148	Lindsay Hand	51.033200	Susan Hahn-Hamamoto
51.033151	Katelynn Wheeler	51.033185	Aubrie Chaffins
51.033152	Taylor Mettler	51.033184	Kelsa Temple
51.033146	Olivia Hay	51.033186	Taylor Johnson
51.033150	Chelsie Dunson	51.033187	Hannah Reynolds
51.033153	Christine Carrington	51.033189	Jamie Dudley
51.033155	Melissa K Tennery	51.033190	Shelby Sapp
51.033158	Houssein Moussa Robleh	51.033192	Katrina Yates
51.033160	Morgan Wood	51.033191	Valarie Yeo
51.033159	Allison Begley	51.033193	Carrie Burrell
51.033196	Amber Lester	51.033194	Rupinder Mathaun
51.033161	Kimberely Allen	51.033195	Angela Tormasi
51.033197	Sarah Pietch	51.033198	Ki Paw Gay Win
51.033163	Cheryl Smith	51.033199	Brandi Yates
51.033164	Josie Limes	51.033203	Katelyn Thompson
51.033162	Logan Heft	51.033204	Amber Austin
51.033166	Brook Brown	51.033201	Manpriya Singh
51.033167	Kalia Bailey	51.033202	Alysa Bregitzer

Limited Continuing Education – (7)

LCE.000336 Matthew Charles Laurich

Limited Resident's – (1)

RES.003927 Amit Prabhakar Chavan
 RES.003928 Shayna Mattox
 RES.003929 Mustafa Hamawi
 RES.003930 Carole Wehbe
 RES.003932 Najd Aswad

RES.003931 Lilia Ferral
 RES.003933 Deena Elbatawi
 RES.003934 Alexis Chauhan
 RES.003935 Francisco Azpiazu Flores
 RES.003936 Alexander Desman

Expanded Function Dental Auxiliary – (2)

EFDA.002769 Rebecca Goedert

EFDA.002770 Kimberly Hill

Coronal Polishing – (16)

CP.001909	Marcia Bowden	CP.001917	Daisy Valverde
CP.001910	Montana Decker	CP.001918	Mesha Warren
CP.001911	Kayla Anderson	CP.001919	Austin Stone
CP.001912	Michelle Craigo	CP.001920	Elizabeth A Dorizas
CP.001913	Jennifer C Rohr	CP.001922	Robyn Tresch
CP.001915	M Jenalle Craig	CP.001921	Melanie Hess
CP.001914	Christine Sturgell	CP.001923	Jessica Cozart
CP.001916	Jessica Devault	CP.001924	Andrew Pepley

Temporary Volunteer – (1)

VOLTEMP.000005 Ajapal Bhangu

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

Motion carried unanimously.

Graduate(s) of Unaccredited Dental Colleges Located Outside the United States

Director Kamdar stated that the Board's Licensing Manager had reviewed a dental license application from Dr. Sharmeen Chaudhry, a graduate of Baqai Dental College, University of Karachi in Karachi, Pakistan. Dr. Chaudhry then completed a two-year Advance Education in General Dentistry (AEGD) residency from the University of Connecticut School of Dental Medicine in 2005. She has passed both Part I and Part II of the National Board, her regional board examination, the Board's jurisprudence exam, and has a passing score on her Test of English as a Foreign Language (TOEFL) examination. Dr. Chaudhry meets all the criteria in Ohio Administrative Code rule 4715-18-01 for the Board to issue a dental license.

Motion by Dr. Subramanian, second by Dr. Zucker, to grant Dr. Sharmeen Chaudhry a license to practice dentistry in the state of Ohio.

Motion carried unanimously.

General Anesthesia/Conscious Sedation Permit(s)

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

General Anesthesia

Melissa Fisher, D.D.S., Cincinnati, Ohio

Jan Slapnicka, D.D.S., Columbus, Ohio

Conscious Sedation

Ryan Meers, D.D.S., Columbus, 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.

Oral Health Access Supervision Permit(s)

Director Kamdar stated that the Board's Licensing Manager had reviewed the application and recommended that the following individual receive an Oral Health Access Supervision Permit.

Dentist(s)

Rina Gudelman-Segal, D.D.S., Toledo, Ohio

Motion by Dr. Krob, second by Dr. Zucker, to grant an Oral Health Access Supervision permit to Rina Gudelman-Segal, D.D.S.

Motion carried unanimously.

Reinstatement Application(s)

Director Kamdar stated that the Board's Licensing Manager had reviewed four (4) dental and 4 (four) dental hygiene reinstatement applications and recommended that the following individuals be reinstated to practice.

Dentist(s)

Mark Hochberg, D.D.S.

Lawrence Kalaskey, D.D.S.

Steven Lewis, D.D.S.

Janice Townsend, D.D.S.

Dental Hygienist(s)

Lisa Brooks, R.D.H.

Calvin Leonard, R.D.H.

Melisa Lewis, R.D.H.

Jennifer Smith, R.D.H.

Motion by Dr. Krob, second by Ms. Johnston, to reinstate the licenses to practice dentistry and dental hygiene in the state of Ohio.

Motion carried unanimously.

Executive Session

Motion by Ms. Johnston, second by Dr. Anderson, 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
Ms. Clark – Yes
Dr. Das – Yes
Dr. Guttman – 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 4:35 p.m. the Board resumed open session.

Committee Reports

Director Kamdar stated there would be a change in the Committee Reports section of the agenda for logistical purposes. He asked Dr. Subramanian to provide the report for the Law and Rules Review Committee first.

Law and Rules Review

Specialty Recognition and Advertising

Dr. Subramanian began his report by stating that he was requesting Dental Board staff work on amending the language in Options B and D that was before the members.

Motion by Dr. Subramanian, second by Dr. Bauer, to amend Options B and D to remove any references to Commission on Dental Accreditation (CODA) accredited program and instead replace that language with “successful completion of an advanced education program accredited by the U.S. Department of Education in any dental school or in a hospital that was accredited by one of the following entities; the Accreditation Council for Graduate Medical Education (ACGME), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the Joint Commission on Accreditation Of Hospitals (JCAH) or the Joint Commission”.

Motion carried unanimously.

Anesthesia & Sedation Working Group Update

Dr. Subramanian informed the Board that the Laws & Rules Committee met that morning in Room 1914 of the Vern Riffe Center beginning with an update from the Chair of the Anesthesia & Sedation Work Group, Mr. Kochheiser. The purpose of the group is to clean up the archaic or historic rules, regulations & guidelines that are used in the issuance of Conscious Sedation & General Anesthesia Permits for clinicians. The group is currently working on providing the Board with new updated rules and regulations that would reflect current protocols and serve the Board well and the public with adequate protection in the near future. Due to scheduling conflicts, the group has decided to move their final meeting to summer and hopes to have a final outline for the Board to review by the July meeting.

Subacute and Chronic Pain Prescribing

Dr. Subramanian stated that the Committee had begun discussions on the proposed prescribing for subacute and chronic pain draft rule. He stated that Dr Anderson brought forth a question about paragraph (A)(6) of the draft rule regarding who can prescribe for subacute and chronic pain. Dr. Anderson stated that the current rule as written makes interpretation difficult and is unclear whether it precludes any general dentist from being able to

prescribe in these situations even with adequate training. Dr. Subramanian clarified that the draft did include all dentists with adequate and/or appropriate training.

Dr. Subramanian informed the members that Director Kamdar took the time to outline the importance of the issue and the need to regulate and reduce the number of pills being prescribed. He said that Director Kamdar explained that the current draft serves as a starting point for this piece of the opioid legislative puzzle. The Director stressed the fact that the rule is a living, breathing article of governance that can be changed as needed, once those involved have had some time to look into the statistics and usage as data is obtained. The Director had also reiterated the fact that the rule is set to have a public comment/hearing phases and objections to the verbiage can be sent and addressed accordingly.

Dr. Subramanian stated that the counsel for the Board and Deputy Director Mr. Kochheiser explained that the draft was prepared with a framework. He stated that the strength of the rule is in Sections B-J which outlines the criteria that need to be followed for subacute and chronic prescribing. Dr. Subramanian continued by stating that the guidelines for these rules have similar steps that need to be addressed at timely intervals and that these are not limited to just Dental Board licensees, but also to the Medical & Nursing Boards licensees as well. He stated that at the end of the discussion, a minor typographical change was made in Line 2 of draft rule and the draft rule was approved by the Committee to be forwarded for review at the Full Board meeting.

Volunteer Service as a Clinician

Dr. Subramanian stated that Nathan DeLong from the Ohio Dental Association (ODA) requested some clarification on the proposed amendments to the continuing education (CE) for volunteer services provided under the CE rules. Recent changes to the statute allow for more CE hours to be accepted under this category and questioned whether they could continue providing the documentation and CE certificates as they have in the past. Mr. DeLong had indicated to the Committee that the ODA is comfortable with the changes as proposed so long as proper consent has been obtained from any patients. Additionally, collection of a nominal fee for registration of patients for the care is permitted in order to defray the cost of personnel to register patients as long as any treatment provided by dentists and dental hygienists remains a volunteer service with no remuneration and they can then be awarded CE credits.

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

Motion carried unanimously.

Ad Hoc

Review of Expert Resumes

Dr. Guttman informed the members that the Ad Hoc Committee had met that morning to review resumes of potential experts to be utilized in Board investigations and hearings. She stated that the Committee was recommending approval of the following individuals as experts in their respective specialty areas:

- Shelley D. Shults, F.N.P., D.D.S., D.ABDSM - General Dentistry
- Igor Kantorovich, D.M.D., M.S.D. - Endodontics
- Dale A. Baur, D.D.S., M.D. - Oral and Maxillofacial Surgery
- Kelly S. Kennedy, D.D.S., M.S. - Oral and Maxillofacial Surgery
- Bradley Allen Purcell, D.D.S., M.S. - Prosthodontics

Ms. Johnston raised concerns regarding the expert that testified during a case recently adjudicated by the Board, stating that the expert purportedly had not read certain relevant materials in the case. It was explained that the individual's expertise is unrivaled but that Ms. Johnston's feedback would be taken under advisement.

Dr. Guttman stated that the Committee would begin work on the 2017-2018 Strategic Priorities and Key Action Items at their next meeting beginning with Mr. Kochheiser and Mr. Russell's update on #14 Standardization of investigations protocol.

Motion by Dr. Subramanian, second by Dr. Zucker, to approve all expert applications and the Ad Hoc Committee Report as presented.

Motion carried unanimously.

Education

Review of Biennial Sponsor Application(s)

Dr. Krob stated that the Committee had met at 8:30 a.m. that morning in Room 1924 with all members, guests, and additional Board members present. She indicated that a presentation by Marcia Mann of CE Broker has been postponed until the June 2018 meeting since the executive office was informed that integration of CE Broker into the e-License system would not be completed until mid-May. The Committee had also tabled their discussions on the Biennial approval process to a later date. Dr. Krob then indicated that the Committee members had been asked to review twelve (12) Biennial Sponsor and Biennial Sponsor Renewal Applications for consideration of approval prior to the meeting. She indicated that the Committee recommended approval for Biennial Sponsorship of continuing education for the following:

Assist 4 Dentist, L.L.C.

Stephen J. Belli, D.D.S., M.S. – Belli & Streit Orthodontics

BeTrice Casada

CLE Study Club

Christopher A. Connors, D.M.D., M.S. Westshore Periodontics and Dental Implants

Jeffrey B. Dworkin, D.D.S., M.S.

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

Harris Periodontics & Implant Dentistry

Heath Dental Laboratory

Michael B. Lee, D.D.S.

Elizabeth Mueller, D.D.S. & Associates

Women in Dentistry Study Club

Dr. Krob indicated that one application had been received in its entirety the night before the meeting and so it has been tabled for discussion at the next meeting in June.

Jurisprudence Examinations for Dentists and Dental Hygienists

Dr. Krob stated that the Committee had reviewed one jurisprudence examination question on prescribing that was submitted by Dr. Bauer and they approved the question to be added to the dental jurisprudence exam.

Review of Dental Hygiene Medical Emergency Recognition Course Application(s)

Dr. Krob stated that the Committee had been asked to review three (3) Dental Hygiene Medical Emergency Recognition Course applications for consideration of approval prior to the meeting. She indicated that the Committee recommended approval for the following:

Shawnee State University

- Medical Emergencies in the Dental Office

Ohio Dental Association

- When to Call 911: Medical Emergencies in the Dental Office
- Medical Emergencies in the Dental Office: Medical Emergencies for LIFE!

Review of General Anesthesia/Conscious Sedation Permit Renewal Course(s)

Dr. Krob stated that the Committee had been asked to review three (3) General Anesthesia/Conscious Sedation Permit Renewal courses for consideration of approval prior to the meeting. She indicated that the Committee recommended approval for the following:

Ohio Dental Society of Anesthesiology

- Medical Emergency High Fidelity Simulation Education Seminar (2 sessions)
- ODSA Annual Scientific Session

Course Content Review

Dr. Krob informed the Board that the Committee held discussions on submission of five (5) courses for appropriate and acceptable content. The Committee recommended approval of the following:

The Ohio State University

- Well-being and resilience in healthcare providers

Dr. Krob stated that the conference being hosted by AK Allison Projects for Sustainability was not being considered since they are currently not a recognized sponsor of CE and they have not submitted an application to be approved as a provider. She indicated that the other three (3) courses as listed did not meet the requirements of appropriate or approved course content under the guidelines as listed in the Dental Practice Act.

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

Motion carried unanimously

Policy

Presentation by Nicholas Vesha, Esq.

Ms. Johnston stated that the Policy Committee met that morning at 9:35 a.m. in room 1924 with all members were present. She indicated that she had amended the agenda to allow for a presentation by Nicholas Vesha, Esq. who spoke to the Committee on guidance and information. He had suggested that a Board “code of ethics” similar to that of the American Dental Association would be beneficial to lawyers who were asked questions from clients. He had illustrated a real-world example on records from an attorney blog page wherein the end result was for the client to contact the Ohio State Dental Board to obtain an answer to their question. Ms. Johnston stated that Mr. Vesha’s presentation was in an effort to provide more clarifying information to licensees and the public without having to contact the Board for every answer.

Review of Board Policies

Ms. Johnston stated that she and Ms. Franks had reviewed a listing of approximately 55 Board policies for prioritization and review by the Committee. Subsequently, Deputy Director Kochheiser had been asked to review the same listing to determine whether the policies should remain policies or whether they could be broken down

into three (3) categories; Policies, Position Statements, and Best Practices Guidelines. Of the total policies, which included recently reviewed, revised, reformatted and approved policies over the past two (2) years, Mr. Kochheiser recommended five (5) policies be reviewed, redrafted, and kept as policies for the Board. He then recommended that nine (9) policies be redrafted into Position Statements. Mr. Kochheiser then recommended that three (3) topics discussed at recent Scope of Practice Committee meetings be drafted into Best Practices Guidelines.

Policies for Board Review and Consideration

Ms. Johnston indicated that the Committee had reviewed their final draft policy regarding the disposal of sharps. She stated that they were recommending approval of the following policy:

- J-620 Policy on Disposal of Sharps[Appendix G]

On a final note, she stated that she was requesting the Committee and the rest of the Board members review the listing of recommended Policies, Position Statements, and Best Practices Guidelines as listed on the agenda and submit any comments or suggestions to her directly.

Motion by Dr. Subramanian, second by Dr. Zucker, to approve Policy J-620 Policy Regarding the Disposal of Sharps and the Policy Committee Report as presented.

Motion carried unanimously.

Executive Updates

President's Update

Board Member –Michael Ginder, D.D.S.

President Das began his report by stating he would try to keep his report brief. He informed the members that they were all aware that fellow Board member, Michael Ginder, D.D.S. was facing some health challenges. He asked that they all keep Dr. Ginder in their hearts and prayers as he recuperates over the next few weeks and months. He suggested that the Board may consider holding a future Board meeting in Athens near where Dr. Ginder lives and asked Director Kamdar to explore the feasibility of that idea.

Former Board Member –T. Michael Murphy, D.D.S.

Dr. Das said that he would like to take the opportunity to observe a moment of silence in respect of the late T. Michael Murphy, D.D.S., a former Board member who passed away recently. The Board then observed a moment of silence.

Report on the American Association of Dental Boards Mid-year Meeting

Dr. Das stated that he and Vice President Johnston had attended the American Association of Dental Boards (AADB) Mid-year meeting which was held last month in Chicago. He was requesting Ms. Johnston to provide the report out on the meeting upon completion of the rest of his President's Report.

Opioid Crisis

Dr. Das stated that it is important for the Board to continue its work in ensuring that there are adequate rules in place for the prescribing of opioids and treating acute, subacute and chronic pain. As always, the Board welcomes feedback from stakeholders regarding the proposed subacute and chronic pain rule. He went on to state that many heard the Board members robust discussions earlier that day and they will keep having those discussions

until the issue is finalized. Dr. Das said that it was his understanding that Dr. Subramanian did a fantastic presentation at the Governor's press conference on the Board's behalf and thanked him for representing.

Specialty Recognition and Advertising

Dr. Das stated that regarding the specialty issue, it is very important that the Board continue to take all precautionary steps when making critical decisions regarding potential rule changes. These precautionary steps extend to the perception of those outside the Board. The Board will not hesitate to seek opinions and advisory statements from external entities before making such critical decisions. He stated that the Board needs to hear from everyone in order to make an informed decision. The Board should not be bullied or forced into its decision, as what they do now affects what happens over the next 20 years. Therefore, he stated that the Board members have to be very careful of how rules are written based on the decisions they make.

Board Committees

Dr. Das stated that they would be streamlining the number of committees in order to provide plenty of time for their discussions. The Operations Committee will be phased out and Scope of Practice Committee will again be merged with the Policy Committee. Ms. Johnston and Dr. Ginder will be the Co-chairs with Ms. Johnston leading the discussion until Dr. Ginder can return which will hopefully be soon.

Resignation of Public Board Member Ann Aquillo

Dr. Das commented that the Board members were all aware that our public member of the Board, Ms. Ann Aquillo, resigned from the Board due to the extremely hectic nature of her senior executive position with her employer. Dr. Das stated that Ms. Aquillo felt she could not give the necessary time and attention to the Board that she wanted and therefore, has tendered her resignation. He commented that the members wished her well.

Final Meeting for Board Member Constance Clark, R.D.H.

Dr. Das informed the members that this was Ms. Clark's last meeting with the Board as she has termed out. He stated that they are very grateful for her contributions to the Board over the years and that they would be inviting her back to a future meeting to formally recognize her. Ms. Clark receive a round of applause from the group.

New Appointments to the Board

Concluding, Dr. Das stated that they would keep the members apprised of any new appointments of Board members as they happen and then turned the rest of the President's Report over to Ms. Johnston to provide the AADB report.

Report on the American Association of Dental Boards Meeting

Ms. Johnston began by distributing copies of her report [Appendix H] to the Board members and reviewed some of the highlights of her report as follows:

- AADB meeting began with the dental hygiene caucus and American Dental Hygienists' Association (ADHA) Executive Director Ann Battrell asking dental hygiene members to discuss alternatives to board examinations "piggy-backing" on American Dental Association (ADA) proposals for the licensure examinations. She stated that the consensus of the group was that an alternative board exam which does not include a patient clinical portion does not protect the public. A resolution will be proposed at the ADHA annual conference which will be held in Columbus this year.
- The first dental therapist in the lower 48 states, Christy Jo Fogarty, was in attendance to the meeting and is now a Board member for the state of Minnesota. Ms. Fogarty informed them that midlevel legislation was now pending in 15 states.

- Dr. Crowley, ADA President, also spoke. ADA supports:
 - Mandatory CE on opioids
 - Restrictions on prescribing
 - Mandatory use of prescription databases (such as OARRS) by prescribers; and
 - CODA curriculum for mandatory opioid CE
- Presentations by American Student Dental Association Vice President Alexandra Howell and Chair Dr. Lamont MacNeil covered “Demographics, Trends and Current State of Dental Education”. Of note: 50% of new graduates enter private practice directly after graduating but interest in advanced dental education is very strong. There is a nationwide shortage of dental faculty which is a real risk to the future of dental education.
- AADB representatives to CODA indicated that CODA had just earned a 7-year certification from the U.S. Department of Education.
- The Joint Commission is now working on a new integrated National Board examination which will be merged into one exam by 2020.
- Corporate Dentistry – Dental Management Service Organizations (DMSOs) are immune to lawsuits and Heartland Dental is owned by the Ontario Teacher’s Union of which employees answer to Equity Firms. Texas and Wisconsin are reviewing legislation that puts Dental Support Organizations (DSOs) under the purview of the dental boards. Ohio may be seeing similar legislation in the future.
- AADB provided a short presentation on a new service they are providing “Ethics and Boundaries Assessment Services, LLC”. Ethics essays are graded by seven (7) individuals and state dental boards can utilize this service in consent agreements as part of required education.
- Illinois is now permitting dentists to provide flu vaccines under the auspices that they should consider themselves “primary care providers”.
- Silver Diamine Fluoride (SDF) presentation by Milona Van Kanegan, DDS, MS, MP was very detailed and informative. The Board might consider some of the information from this presentation if it chooses to pursue a Best Practices Guideline on SDF.
- Attorney Update
 - Specialty Recognition - North Carolina’s new regulations
 - Standard of Care – National vs. Community Standard
 - Top Regulatory Cases – discussion on decisions of cases that possibly assist other types of regulatory boards
- Interim therapeutic dental restoration by dental hygienists program is making headway into access to care.

Ms. Johnston stated that there was a lot of information provided in her report and was recommending to other members that if they have the opportunity to attend one of these meetings, they would find it very informative as the presentations are very relevant to issues across the country that all dental boards are currently facing.

Executive Director’s Update

Press Conference on Subacute and Chronic Pain Prescribing

Director Kamdar informed the members that a joint press conference was held regarding subacute and chronic pain proposed rules on May 2 by the Governor’s Office. The Medical Board, Pharmacy Board, Nursing Board, and Dental Board were all represented regarding treating subacute and chronic pain. He emphasized that the door is open for input from stakeholders as there will be 3-4 opportunities for feedback. He stated that the Board is

happy to listen to feedback and make amendments when possible. He offered a special thanks to Dr. Subramanian for speaking on behalf of the Board and indicated the press conference could be viewed on a video clip on Facebook.

Board Member Constance Clark, R.D.H.

Director Kamdar stated that he wanted to publicly thank Ms. Clark for her contributions. He stated that they were all going to miss her and that she needed to come back once in a while to keep it real for them. He reiterated Dr. Das' comment on inviting her back for formal recognition.

Former Board Public Member Ann Aquillo

Director Kamdar also wanted to thank Ms. Aquillo who is extremely busy with her primary job and as Dr. Das stated, they would also recognize her at a future meeting for her contributions to this Board.

Legal and ethical issues

Director Kamdar commented that in regards to legal and ethical issues, he wanted to reemphasize Dr. Das' comments that the Board will not hesitate to involve external entities when it comes to obtaining advisory statements on critical issue as this is in the best interest of Board members, in the best interest of the Board itself, and in the best interest to consumers and the profession in order that decisions are not overturned in the future because of some perception issues or legal and ethical issues.

Board Member Michael Ginder, D.D.S.

Director Kamdar provided one final comment regarding Dr. Ginder as he recuperates from his illness, that they will all certainly keep him in their thoughts and prayers. He asked the members to consider holding one of their future meetings in the Athens area where Dr. Ginder resides. They would be discussing the logistics on feasibility of doing it.

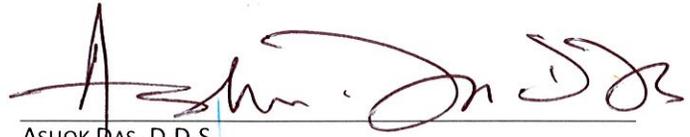
Anything for the Good of the Board

Director Kamdar asked if there were any matters that Board members wished to discuss. There being none, he stated the next Board meeting was on June 13, 2018 and due to travel plans of President Das, he is requesting the members to possibly flipping the Board meeting with the Committee meetings on that day. He stated that if agreeable with the other members, they would begin the Board meeting at 9:00 a.m. on that day and then hold the committee meetings in the afternoon. Ms. Johnston asked for a clarification as to committee discussions and whether they would be reported out at the next meeting in July and Director Kamdar responded affirmatively. Dr. Krob mentioned that the Education Committee had potentially scheduled a presentation by CE Broker and it would need to be worked out logistically.

Director Kamdar asked the stakeholders in attendance to the meeting to make note that the June Board meeting would begin at 9:00 a.m. and then in the afternoon they would hold the committee meetings.

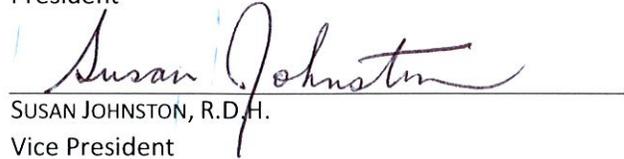
Adjourn

President Das adjourned the meeting at 5:24 p.m.



ASHOK DAS, D.D.S.

President



SUSAN JOHNSTON, R.D.H.

Vice President

Appendix A

**Statement to the
Ohio State Dental Board
Regarding the
Administration of Nitrous Oxide by Dental Staff**

**May 9, 2018 ☉ Columbus, Ohio
Larry J. Sangrik, D.D.S.**

My name is Larry J. Sangrik. I am a licensed dentist in the State of Ohio. However, I am not appearing here today in that capacity. Instead, I am appearing as the sole proprietor of *Interactive Dental Seminars*, a business chartered in Ohio and recognized by the Ohio State Dental Board (OSDB) as a provider of dental continuing education.

Fear of treatment, along with financial concerns, remain the two leading reasons cited by the public site for avoiding dental care. While the Ohio State Dental Board is charged with insuring that dental care in Ohio is delivered in a safe manner, the Board is concurrently responsible to insure that the laws and rules under its jurisdiction do not carry such an undesirable burden on licensees that Ohio patients are discouraged from receiving dental treatment. To do so, would be disadvantageous not only to the individual, but the public health of the state's population as a whole.

Over recent decades, dentistry has increased in complexity and invasiveness. Concurrently, the public's expectation of comfort during treatment has increased. Today's dental patient expects to receive sophisticated dental services in a comfortable, anxiety-free manner. It is widely acknowledged that the use of sedation during dental treatment is increasing and will likely continue to do so.

The practice of dentistry affords many options to address both the management of pain and anxiety. These include general anesthesia, moderate anesthesia care and oral sedation. However, no technique has a longer or higher record of safety than nitrous oxide sedation.

Having practiced dentistry in Ohio since 1979 I have witnessed the evolution of the Board's regulations regarding nitrous oxide. When I graduated dental school and started practice, OSDB rules only permitted an individual with a dental license to utilize nitrous oxide.

As the practice of dental hygiene evolved and the importance of root planing became apparent, the Board took its first tentative steps into the utilization of staff during nitrous oxide sedation. Licensed dental hygienists, with formal training, were allowed to monitor (but *not* administer) a patient under nitrous oxide sedation.

Although this approach was recognized for a considerable number of years, it was a failure from a legal perspective from the onset.

- 1) Proper nitrous oxide sedation is a dynamic process. The patient's depth of sedation *and* the volume of gas delivered need to be monitored and *adjusted* throughout the appointment. To comply with the rules, the dentist needed to be summoned by the hygienist with each operation of the nitrous oxide unit.
- 2) If a dentist was sedating a patient with nitrous oxide, the dentist needed to remain physically present at the patient's side during the procedure. Since leaving the patient with a dental assistant would be considered abandonment, the only legal remedy was to cancel dental hygiene appointments when the doctor's primary patient was being sedated.

The result was widespread violation of the rules.

In 2010, the OSDB studied the problem and developed the new rules which were implemented in 2011 and remain in force today.

Two new levels of staff privileges were introduced.

In addition to monitoring, dental hygienists could train to administer nitrous oxide sedation. This allowed dental hygiene patients to receive nitrous oxide sedation in both a safe and affordable manner. The hygienist could properly operate the nitrous oxide machine without the patient paying to have the dentist to operate the unit.

Secondly, properly trained dental assistants were authorized to monitor patients on nitrous oxide sedation. This allowed a dentist to leave his/her primary patient in order to check a hygiene patient without being guilty of patient abandonment or the dental assistant being guilty of practicing dentistry without a license.

Since implementation of these rules, I have presented over 30 nitrous oxide monitoring and/or administration courses in Ohio either for various dental meetings or independently as *Interactive Dental Seminars*. Over 1000 Ohio dentists, hygienists and assistants have attended. In that capacity I have heard observations from all levels of the dental profession about the needs of both dentists and assistants as it pertains to nitrous oxide sedation.

There are two circumstances that, while posing no evidence of adverse safety issues to the public, are technical violations of the rules and policies of the Ohio State Dental Board. Based on numerous conversations, I suspect that in both situations, dentists and staff merely "take their chances" and violate the regulations. However, if discovered, both the doctor and the staff person are subject to disciplinary action.

The first involves the use of Expanded Function Dental Assistants (EFDAs). These individuals are highly trained dental assistants that are commonly used during the second half of a restorative dental appointment. Following administration of local anesthesia, a dentist excavates decay and prepares the tooth. The EFDA then steps in as the primary clinician and places the restoration (e.g. composite). If the patient is sedated with nitrous

3

oxide, the EFDA is technically prohibited from operating the machine to wean the patient off the nitrous oxide as the appointment ends. To be in compliance, the dentist must either ① terminate the nitrous oxide before turning the patient over to the EFDA or ② make several return trips to the treatment room to end the sedation. In both cases, the doctor's time is wasted negating the value of delegating the procedure. If the Board is serious about safely containing the cost of dental treatment, the safe use of EFDAs must be optimized, not discouraged.

The second involves those dentists performing surgical procedures, especially oral surgeons and periodontists. The surgical (i.e. bloody) nature of these two dental disciplines means that it is often impractical for the clinician to physically operate the nitrous oxide unit during treatment. This is particularly true during implant placement, a procedure that often involves modest sedation like nitrous oxide, but requires a higher degree of attention to sterile technique. It appears to be common practice that, despite the regulations to the contrary, the clinician merely orders the assistant to operate the nitrous oxide unit on his or her behalf.

Although it appears that these are common, albeit illegal, practices throughout Ohio, there is no evidence of any harm to the public. In fact, I have not read of a complication from nitrous oxide sedation for *any* reason by *any* level of operator being reported to the OSDB since my career began in 1979.

Moreover, despite OSDB's different curricula for monitoring versus administering candidates, the similarities are so great that the majority of individuals providing education in this area provide a common lecture to both groups and only separate the two groups for purposes of practical experience and testing.

I recommend to the Ohio State Dental Board that dental assistants be allowed to train to administer nitrous oxide sedation in a manner similar to dental hygienists. I further recommend that the educational criteria for dental assistants be identical to that of dental hygienists.

Finally, I recommend that the Ohio State Dental Board make this privilege available to all levels of dental assisting. Failure to do so will add confusion if an individual works for an oral surgeon or periodontist and then becomes employed by a general dentist. (i.e. Does the assistant lose privileges based on the employer? What if a general dentist is performing implant surgery?)

Furthermore, while new dental assistants often seek "*Certified Dental Assistant*" status as part of their training, many existing dental assistants are not certified. The profession's most highly experienced dental assistants remain "*Basic Qualified Personnel (BQPs)*" because certification was not common when they entered the profession. There is no scientific or educational basis to support the premise that BQP dental assistants are less capable of passing a nitrous oxide course than other classes of assistants.

I call upon the Board to act upon this matter. I thank you for your time and consideration.

Appendix B

Dental Specialty Advertising

**Presentation to Ohio State Dental Board
May 9, 2018**

David J. Owsiany, JD
Executive Director, Ohio Dental Association

Dental Specialty Advertising

- Ohio General Assembly has charged the Ohio State Dental Board with protecting the public from false and misleading advertising.
- Ohio Revised Code Section 4715.30 (A)(3)- License Holder is “Subject to disciplinary action by the State Dental Board” for “advertising services in a false or misleading manner or violating the board’s rules governing...manner of advertising.”

Dental Specialty Advertising

- Fifth Circuit
 - “We do not suggest that the [Texas Dental] Board may not impose appropriate restrictions in the area of dental specialist advertising. The plaintiffs agree that advertising as a specialist is potentially misleading and that reasonable regulation is appropriate. We hold only that the Board has not met its burden on the record before us.”
 - “The Board may satisfy its burden with empirical data, studies, anecdotal evidence, or history, consensus, and simply common sense.”

Dental Specialty Advertising

- OSDB Ohio Specialties Education Advisory Group
 - July 13, 2017 – Five alternatives – options A thru E
- Survey results support option D
 - Accredited residency program

Dental Specialty Advertising

- Commission on Dental Accreditation (CODA)
 - Independent agency
 - Recognized by US Department of Education
 - Assess quality of academic programs
 - Culture of continuous improvement
 - Establish criteria for professional certification and licensure
 - Must be “separate and independent” from the institutions/programs being evaluated
- Accredited Residency Programs
 - Consistent with rest of health care

Appendix C



The Ohio Dental "Specialist" Survey

Saperstein Associates, Inc. | May 2018



Methodology

- Telephone interviews were conducted with 812 Ohio residents, 18 or older, selected at random.
- Collectively, the interviews focused on four areas of dentistry: dental implants, orthodontia, TMJ disorders, and oral surgery.
- Each resident was queried on two of the areas, assigned randomly, using the following guide:

dental implants, then orthodontia (n = 66)
dental implants, then TMJ disorders (n = 63)
dental implants, then oral surgery (n = 70)
orthodontia, then dental implants (n = 69)
orthodontia, then TMJ disorders (n = 75)
orthodontia, then oral surgery (n = 60)
TMJ disorders, then dental implants (n = 66)
TMJ disorders, then orthodontia (n = 66)
TMJ disorders, then oral surgery (n = 67)
oral surgery, then dental implants (n = 75)
oral surgery, then orthodontia (n = 71)
oral surgery, then TMJ disorders (n = 64)

3

- The guide netted for each area at least 400 interviews:

Dental implants:	n = 410
Orthodontia:	n = 408
TMJ disorders:	n = 400
Oral surgery:	n = 407
- The interviews were conducted with adults on cell phones (95%) and land-lines (5%).
- The Margin of Error, or MoE, for a random sample of 812 interviews is ± 3.4 percentage points at the 95 percent level of confidence. The comparable figure for a random sample of 400 interviews is ± 4.9 percentage points.
- The data were weighted to more accurately reflect known population parameters.

4

The survey respondents represent Ohio's adult population on several dimensions, including gender, age, race, education, and housing.

	Actual*	Sample		Actual*	Sample
Gender			Race		
Male	48%	49%	Black	12%	10%
Female	52%	51%	White	82%	84%
Age			Other	6%	6%
18 to 24	12%	11%	Education		
25 to 34	16%	14%	< Bachelor's	75%	71%
35 to 44	16%	15%	Bachelor's ≥	25%	29%
45 to 54	18%	21%	Housing		
55 to 64	18%	18%	Own	66%	67%
65 or older	20%	21%	Rent	34%	32%

*Sources: 2012-2016 American Community Survey 5-Year Estimates and 2010 Census Summary File 1

The Questions

- **As I mentioned, this survey is about the dental profession here in Ohio. So, first, have you, yourself, been to a dentist, for any reason, during the past two years?**
 - Yes
 - No
 - Don't know / Not sure

- **Was that a general dentist, a specialist, or have you been to both?**
 - General dentist only
 - Specialist only
 - Both
 - Don't know / Not sure

- **And, specifically, what kind of specialist was that? (open-ended)**

7

- **If a dentist in your community advertised as a specialist in _____,* would you be inclined to think that he or she had completed an accredited residency program in _____,* in addition to dental school, or not?**
 - Yes
 - No
 - Don't know / Not sure

- **If a dentist in your community advertised as a specialist in _____,* would you be inclined to think that he or she was more qualified, less qualified, or just as qualified as a general dentist who does _____?***
 - More qualified
 - Less qualified
 - Just as qualified
 - Don't know / Not sure

*dental implants, orthodontia, TMJ disorders, oral surgery

8

- If you learned that a dentist in your community who advertised as a specialist in ____* had not completed an accredited residency program in ____,* would you be more likely or less likely to choose that dentist, or wouldn't that make a difference?
 - More likely
 - Less likely
 - No difference
 - Don't know / Not sure

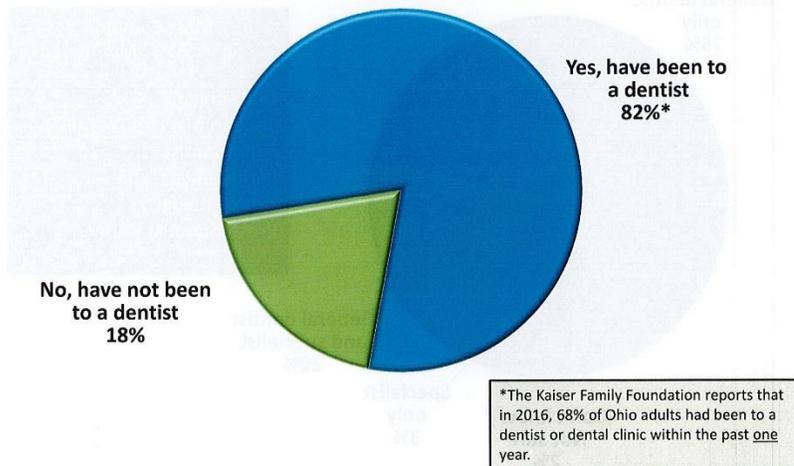
*dental implants, orthodontia, TMJ disorders, oral surgery

9

Summary of Findings

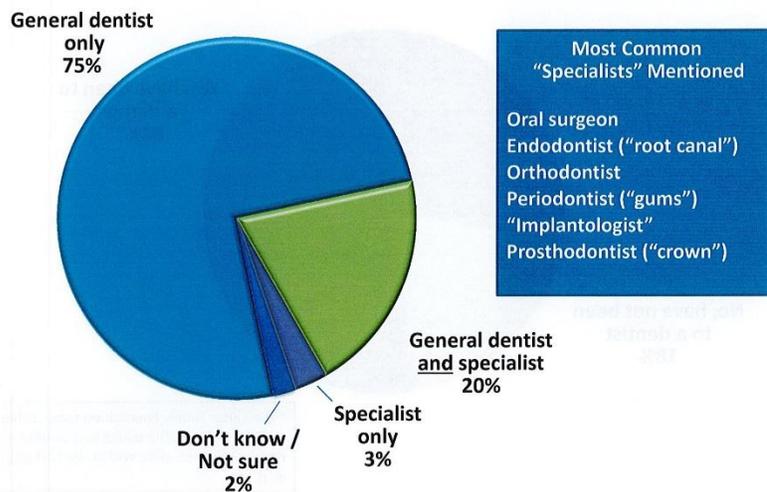
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“... have you, yourself, been to a dentist, for any reason, during the past two years?”



11

“Was that a general dentist, a specialist, or have you been to both?”



12

		Dental Implants (n=410)	Orthodontia (n=408)	TMJ Disorders (n=400)	Oral Surgery (n=407)
If a dentist in your community advertised as a specialist in _____, would you be inclined to think that he or she had completed an accredited residency program in _____, in addition to dental school, or not?	Yes	78%	88%	73%	90%
	No	14%	8%	15%	5%
	DK	8%	4%	12%	5%
If a dentist in your community advertised as a specialist in _____, would you be inclined to think that he or she was more qualified , less qualified, or just as qualified as a general dentist who does _____?	More	68%	70%	65%	68%
	Less	5%	6%	4%	5%
	Just as	23%	21%	26%	24%
	DK	4%	3%	5%	3%
If you learned that a dentist in your community who advertised as a specialist in _____ had not completed an accredited residency program in _____, would you be more likely or less likely to choose that dentist, or wouldn't that make a difference?	More	5%	5%	5%	5%
	Less	79%	81%	70%	79%
	No dif	15%	13%	23%	15%
	DK	1%	1%	2%	1%

Appendix D

Franks, Mindy

From: Kamdar, Harry
Sent: Wednesday, April 04, 2018 11:25 AM
To: Franks, Mindy; Russell, Zachary
Subject: Board correspondence - May 9th meeting -FW: Call for Nominations to CODA Review Committee Positions

From: Commission on Dental Accreditation [mailto:ADAemail@updates.ada.org]
Sent: Wednesday, April 04, 2018 10:24 AM
To: Kamdar, Harry <Harry.Kamdar@den.ohio.gov>
Subject: Call for Nominations to CODA Review Committee Positions


CODA Alert

Call for Nominations to CODA Review Committee Positions

The Commission on Dental Accreditation (CODA) requests nominations to fill upcoming vacancies on review committees. This call for nominations is for:

- Five General Dentists, one should be a Practitioner (Predoctoral Dental Education, Endodontics Education, Oral and Maxillofacial Surgery Education, Pediatric Dentistry Education and Periodontics Education Review Committees)
- One Allied Educator (Predoctoral Dental Education Review Committee)*
- One Specialty Dentist (Postdoctoral General Dentistry Education Review Committee)
- One Higher Education/Hospital Administrator (Postdoctoral General Dentistry Education Review Committee)
- One Higher Education Administrator (Dental Hygiene Education Review Committee)
- One Dental Assisting Educator (Dental Assisting Education Review Committee)*
- One Dental Assisting Practitioner (Dental Assisting Education Review Committee)
- Two Dental Hygiene Educators (Dental Hygiene Education Review Committee)*

- One Dental Hygiene Practitioner (Dental Hygiene Education Review Committee)
- Six Public Members (Various 2018 Review Committees and 2019 CODA Board of Commissioners)

*Prior or current experience as a Commission site visitor required

The deadline for all nominations is June 1, 2018. The criteria for selection and Review Committee Nomination Forms are found at: <https://www.ada.org/en/coda/accreditation/accreditation-news/call-for-nominations>

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- Commission on Dental Accreditation
- Accreditation Standards
- CODA Staff
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Appendix E



Dear All,

The Joint Commission on National Dental Examinations (JCND E) is pleased to inform you that the annual National Dental Examiners' Advisory Forum (NDEAF) will occur at 9:00 am CT on June 20, 2018. The NDEAF's new webinar format provides the opportunity for all members of every state dental board to participate, while minimizing disruptions to board members' schedules. The JCND E's annual meeting directly follows NDEAF and NDEAF participants – either joining in person or via webinar – are welcome to listen as the JCND E conducts its business concerning the National Board Examinations.

The JCND E will soon provide additional information regarding meeting details and travel information as the meeting date nears, but for now we ask that you please *Save the Date*. This meeting will take place at the ADA headquarters building in Chicago, IL, and will also be available as a live webinar for those unable to travel to Chicago. If your state board would like to send a delegate to attend in person, funding will be provided for one designee (airfare, transportation to /from airport, one night hotel, and per diem). Your questions are welcome and can be sent to nbexams@ada.org.

The JCND E appreciates the opportunity to share its efforts to provide high quality information to dental boards concerning candidate qualifications for licensure. Your participation and input is extremely important to this texting program and the NDEAF provides an invaluable venue for communication regarding the National Board Examinations.

On behalf of the JCND E, I look forward to your participation on June 20.

Many Thanks,

A handwritten signature in black ink, appearing to read "Lisa Heinrich-Null", is written over a light-colored, textured background.

Dr. Lisa Heinrich-Null

Chair, JCND E

Appendix F

EDWARD F. WHIPPS & ASSOCIATES

ATTORNEYS & COUNSELORS AT LAW

495 SOUTH HIGH STREET, SUITE 370
COLUMBUS, OHIO 43215

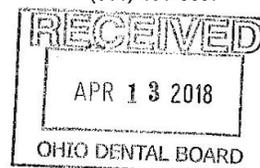
Edward F. Whipps
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FAX (614) 461-6010
efwhipps@efwhipps.com

DUBLIN OFFICE
(614) 461-6007

April 12, 2018



Ohio State Board of Dentistry
77 South High Street
17th Floor
Columbus, Ohio 43215

Re: Rudyard C. Whipps. DDS

Dear Board Members,

I am writing to you as counsel for Rudyard Whipps, and more importantly, as his father. At your last board meeting, you advised Dr. Whipps that he would be invited back to meet with the board, but not until your July, 2018 meeting. One of the board members spoke up to remind him that this was his third relapse. I gathered that it was the board's intention to make clear to Dr. Whipps that this is an extremely serious matter and that the repeated relapses justify being quite cautious before authorizing him to practice more than 24 hours per week.

In Dr. Whipps' testimony before you, he did not make clear the extent to which he has had to add extensive hours as an Uber and Lift driver in order to meet his financial obligations. Dr. Whipps has a family to support and therefore has no other responsible choice. He does this in addition to regularly attending AA and Caduceus meetings as well as complying with all requests, which can come on any given day, from the Ohio Physicians Health Program to be screened for drugs and alcohol. Dr. Whipps has and continues to do all of this without complaint. I am proud of him for fully accepting the consequences of his behavior.

This letter is, however, entirely my idea. I understand your board's need to fully protect the public from the potential dangers of a licensee who has a history of alcohol or drug abuse. I served as a member of the Ohio State Board of Psychology for ten years and in that capacity, I had to deal with the issue of alcohol and drug abuse on numerous occasions. Protection of the public was always foremost in our minds, however, we also considered it important to protect the public interest by doing our best to not only require full compliance with our directives but also to permit licensees to return to the practice of their profession when we were confident that compliance would be maintained.

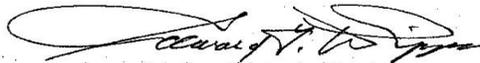
Ohio State Board of Dentistry
Page 2 of 2

Dr. Whipps has fully complied with all board mandates and he is further willing to commit himself to contract directly with the Ohio Physicians Health Program to submit to any and all requests for continued screening so long as he holds a license to practice dentistry. This commitment will, therefore, continue even after the usual five years of probation and his contract with the Board is completed. Accordingly, this extraordinary commitment to be tested for the duration of his dental licensure insures the public will be permanently protected from any further relapse.

If Dr. Whipps can be authorized to practice significantly more than the current limit of 24 hours per week, he could reduce or eliminate the need to drive extensive hours for Uber and Lift, and spend more quality time with his family. I submit this shift will make him a more rested and effective dentist.

Please, therefore, consider my request that Dr. Whipps be permitted to present himself to you for further consideration at your next board meeting.

Very truly yours,



Edward F. Whipps

EFW/jd

Appendix G

<p>POLICY NUMBER J-620</p>	<p>POLICY TITLE: Policy Regarding the Disposal of Sharps</p>
	<p>RELATES TO: DISPOSAL OF SHARP ITEMS THAT ARE CONTAMINATED WITH PATIENT BLOOD AND SALIVA THAT ARE POTENTIALLY INFECTIVE AND POSE THE RISK OF BLOODBORNE PATHOGEN TRANSMISSION TO THE PUBLIC; CONTAINERS</p>
<p>EFFECTIVE DATE: Month/Day/Year</p> <p>NEXT REVIEW DATE: Month/Day/Year</p>	<p><u>LICENSED DENTISTS</u></p>

Ashok Das, D.D.S., 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 disposal of contaminated sharps used in the dental office.

Legal Authority

O.R.C. 4715.03 Board organization-examinations.
O.A.C. 4715-20-03 Disposal of sharps.

Education and Training

None

Minimum Practice Requirement

None

II. Applicability

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

III. Definitions

Sharp The Occupational Safety and Health Administration (OSHA) Federal Standard defines a sharp as any contaminated object that can penetrate the skin. All of the following can be put in a sharps container, including but not limited to:

1. Needles
2. Burs
3. Lab Knives
4. Scalpels
5. Broken glass
6. Exposed ends of dental wires
7. Disposable suture sets
8. Disposable biopsy forceps

IV. Procedure

The Ohio State Dental Board refers to the Ohio Environmental Protection Agency (EPA) standards and the Federal Centers for Disease Control (CDC) standards regarding the disposal of sharps.

Infectious Sharps: All infectious sharps must be placed in a sharps container. Each sharps container must meet the OSHA standards for sharps containers.

1. All used disposable syringes and needles, scalpel blades, and other sharp items should be placed in appropriate puncture-resistant containers located close to the area where they are used. When these containers are full and ready for disposal, these containers must be able to be securely closed.
2. Sharps containers must be clearly labeled with a biohazard symbol and clearly labeled as containing contaminated sharps.

Monthly generation log: Small generators (50 pounds or less of infectious waste per month) are required to maintain a monthly generation log of the amount of infectious waste generated each calendar month.

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.R.C. 4715.03 Board organization-examinations.
- O.A.C. 4715-20-03 Disposal of sharps.
- Ohio EPA Guidance Document – Small Generators of Infectious Waste
- CDC Guidelines: Sharps Disposal Containers

Appendix H

AADB Meeting Chicago April 22 and 23, 2018

Ann Battrell, ADHA Executive Director, was present and wanted the DH members to discuss alternative board exams as per what the ADA is proposing. Dental Hygienist Board Members present agreed to discuss, but consensus was that an alternative board exam which does not include a patient clinical portion does not protect the public. There may be a resolution proposed at the ADHA annual conference (held in Columbus this June) regarding alternative licensure exams. Ms. Battrell urged Board Members to speak to or speak against the resolution and to share their expertise.

The first dental therapist in the lower 48 states, Christy Jo Fogarty, is now a dental board member in the state of Minnesota. She was present at the meeting and said that midlevel legislation is pending in 15 states.

AADB President's Opening Remarks (Norm Magnuson, President AADB)

Introduction of past AADB presidents, introduction of new members of state boards, notable guests Ann Battrell, ADHA; Joe Crawley, ADA; Cindy Gurley, DANB, California Dental Association, ASDA president, ADEA, American Board of Orthodontics; Association of Dental Support Organizations and Exhibitors.

Welcome from the ADA, Dr. Joe Crawley:

Dr. Crawley states that we must encourage high standards in dentistry. Dr. Crawley says that the ADA is issuing a call to action supporting the "modernization of the clinical licensure exam".

Dr. Crawley states that the ADA is addressing the opioid crisis, and said that the ADA has been committed to this for "many years". He told the audience about two cases of respected dentists whose sons died of heroin overdoses and the each dentist is using his and her tragedy to address this by speaking to dental professionals across the country. The ADA supports:

- Mandatory CE on opioids
- Restrictions on prescribing
- Mandatory use of prescription databases (such as OARRS) by prescribers
- CODA curriculum for mandatory opioid CE

Dr. MacNeil, Chair of the Board of ADEA

Dr. MacNeil said that ADEA has 20,000 members. ADEA was established in 1923 and includes 66 dental schools and 700 advanced training programs. Headquarters is located in Washington DC.

Richard Hetke, Executive Director of the AADB, State of the Organization

500 members, 70% active state board members, and former board members and life members

The AADB employs 5 team members, two full-time, 3 part-time. They also contract with outside vendors including an accountant, and IT. The AADB will have a budget deficit this year. The AADB de-coupled from the ADA this year because the ADA is meeting in Hawaii. The AADB annual meeting will be held in Chicago at the Palmer House Hilton this year in September. Topics for the Annual Meeting will include election of officers and board members, a presentation by the FTC on key issues facing state boards and state board members, and teledentistry.

And the AADB has tele-seminars on teledentistry and other subjects. The AADB has issued a call for suggestions on topics and even solicits self-made presentations offered to the AADB for inclusion in their tele-seminars.

Dental Education Today: Alexandra Howell, ASDA VP and Dr. Lamont MacNeil, Chair

Demographics, Trends and Current State of Dental Education

First the speakers addressed the question “Are there enough dental graduates?” There is an increase in the number of graduates of dental schools, close to the amount of graduates in 1980. However, with the dentists retiring, we are nowhere near the patient to dentist ratio that we were in in 1980. There is a great increase in the number of dental hygiene graduates (331 dental hygiene programs in the US) and there is a slight drop off in the number of dental assisting programs and number of dental assistant graduates. There will be a new dental school opening in Tulsa in the next few years. There continues to be an increase in the number of female dental students and graduates, where the number of female graduates is now greater than 50%. Dental schools are trying to attract Hispanic and African American students; ADEA would like to double the amount of new students from Hispanic and African American backgrounds.

50% of new graduates enter private practice directly after graduating. Interest in advanced dental education is very strong.

The largest percentage of dental faculty are dentists who leave private practice later in their careers. There is a nationwide shortage of dental faculty and is a real risk to the future of dental education. Calibration of faculty is also very difficult due to the part-time nature of much of the clinical instructors. Current faculty is trying to mentor students to go into academia.

Dr. MacNeil also stressed the overwhelming unmet dental needs in the US, particularly among the minority population and the low-income population.

Dr. MacNeil stated that the dental curriculum has changed to increase the number of assessments that students must undergo throughout their education. He admitted that faculty calibration was difficult but both he, and the ASDA VP, gave impassioned testimony to their thoughts that the assessments carried out in school are adequate to gain licensure without an independent clinical exam.

Reports from AADB Representatives

CODA (AADB representative to CODA) stated that CODA has its authority from the Department of Education, and that CODA had just earned a 7-year certification. CODA is considering Dental Specialty Recognition.

Joint Commission:

The Joint Commission is working on a new integrated national board examination and merging part ONE and Part TWO. This National Board exam will be available to students in 2020.

Corporate Dentistry: The Ever Changing Definition of Dental Service Organizations (DSOs)

Investigative Report on DSOs by Dr. Carter Brown

The definition of DSO is changing (It is now Dental SUPPORT Organization) (Used to be SERVICE)

Dr. Brown states that dental schools need to ramp up their Practice Management courses of study. Students do not feel comfortable running practices. He states that Dentist earnings “crashed” two years before the economic turn-down. Dentists are getting “less-busy” at increasing rates. Wait for appointment times is going down,

utilization of dental care is going down, and the majority of the money being spent on dental services is being spent by the Senior population.

Dr. Brown states that collaboration with other medical professionals is a “Sea Change” that needs to be utilized in care and delivery. Dentists need to be able to provide more primary care services like flu shots, vaccinations etc.

Millennials are not seeking out dental health care and Dr. Brown cites his publication Dental Care as a Commodity, where he sites research that Dentists are not seen as Health Care Providers, more like “Service Providers”.

Dr. Brown said that Glass Door rated some Dental Support Organizations, including Pacific Dental. Pros are higher entry level pay and good benefits. Cons are pay goals are not met, opportunities for compensation are not exactly as described, no work-life balance. Ownership includes patient records only. Ownership does not include building or equipment. Dentist is an employee, and answers to many “leaders”, including the Dentist Owner, nearby dentist owners, office manager, lead assistant etc.

DSO with Internal Management: Owned by dentist. Common mission, values and guidelines

DMSO with management contract without outside equity owners. DMSO is totally immune to lawsuits. Heartland Dental is owned by the Ontario Teacher’s Union and employees answer to Equity Firms.

Descriptive statistics for satisfaction outcome measures by practice setting. Work life balance dissatisfaction with DMOs, clinical autonomy dissatisfaction. No opportunities to move up in dentistry.

DSOs establish production quotas and bonuses upon employee dentists’ numbers. DSOs have high stress environments that prioritized profit making. Stipulate that the dentist is subordinate to the DSO. Most employees stay two years. This ultimately reduces growth and slows profits.

Best practice might be private practitioners[1] going into group practices. Economy of scale, work-life balance, cover for each other when gone. Corporations are focusing on the younger dentist practitioner.

Texas and Wisconsin are reviewing possible legislation that puts DSOs under the purview of the Dental Boards. Original bills failed in Wisconsin, but will be introduced again.

S corp. much better than C corp. (for tax purposes). Banks are starting to loan to dentists again.

Consider joining a dental buying club. 30% discount, similar to what the corporations are getting. Patterson, Schein and Benco sued by FTC for not selling at same discount to dental buying clubs.

Insurance companies are creating dental support organizations (Guardian).

Following Dr. Brown’s presentation, there was much discussion by DSO participants about their perceived inaccuracies in the DSO presentation, and many called it slanted.

April 23, 2018

AADB has created ethical essay exams called “**Ethics and Boundaries Assessment Services LLC**”. These essays are based on scenarios of actual cases from state boards and each essay is graded by 7 graders. These graders are board members, attorneys, executive directors and ethics specialists.

This is something that state boards can utilize in consent agreements.

Advocacy: Shaping the Future of Dental Practice

Gary Alder, DDS FAGD

Getting the dentist the right to administer the flu vaccine.

As part of the medical staff at a hospital, speaker had to have a flu vaccine. He would have a medical colleague send a nurse up to administer the vaccine to the speaker and all of his staff. The medical doctor said “why don’t you give the vaccine?” This is how his advocacy efforts started.

“American Academy of Pharmacists has a course on vaccines. All pharmacists take and must pass this course. It is a tough 2-day course.”

Illinois State Dental Society. Have an idea, present to the state dental society board. Test the waters and see who is in favor. *Speaker is a former board member of the Illinois Dental Society.* Speaker first started with a letter, explained his position and asked to be on the agenda.

Next step was taking it to the Illinois House of Delegates. There was significant opposition from fellow dentists. A complicated law finally passed after two years, requiring a standing order from a physician.

Physicians are reluctant to give the standing order, asking first “what is my liability?”

Dentists need to be regarded as Primary HealthCare Providers. Dentists need to *look at the Pharmacy profession* and see how they have redefined themselves and dentists should mirror those efforts. Pharmacists are advocating to be “Primary Care Providers”. Much opposition from Nursing and Medical Boards.

Pharmacy board has a list of medications that dentists usually prescribe. If you deviate from this “list”, the pharmacist will probably call you and ask you “What are you doing?”

Website: CPIA (American College of Physicians) CDC vaccine schedule

You can also subscribe to the CDC website on vaccines www.cdc.gov/vaccines/

Technology and Advancements: Silver Diamine Fluoride: Milona Van Kanegan DDS, MS, MP

Dr. Kanegan is the Illinois State Dental Health Director.

*Case selection is very important.

41.5% of low-income adults over the age 21 have untreated caries.

Areas need to be actively monitored and a follow-up plan needs to be included in the informed consent agreement.

“ASTDD Silver Diamine Fluoride: A game changer in managing caries” (online video about an hour long)

Available in the US under Advantage Arrest

Silver ions are antibacterial. Silver and Fluoride interact with exposed hydroxyapatite to produce calcium fluoride and Silver Phosphate (Ag_3PO_4)

SDF inhibits dentin demineralization, preserves collagen and inhibits collagen breakdown. Increases dentin hardness.

Application takes one to three minutes.

Indications for use:

- Treat dentinal hypersensitivity
- Quickly stabilize uncontrolled dental caries
- Treat patients with high and extremely high caries risk status (e.g. early childhood caries, xerostomia, meth users)
- Treat vulnerable tooth structure (e.g. exposed root)
- Useful in very young pediatric population as surgical caries treatment can be delayed until the child is cognitively older.
- Treat difficult carious lesions (furcations, margin of fixed bridges)
- Treat patients who cannot tolerate routine dental care due to physical or physiological reasons (e.g. dental phobia, autism, or dementia)
- Treat children waiting for restorative care with general anesthesia or sedation
- Treat patients who need care with general anesthesia, but are not good candidates due to medical complexity
- Treat Patient with limited or no access to dental care (e.g. financial limitations)
- Treat patients with limited life expectancy (hospice, hospital, nursing home)

Application:

Dry and apply, 2x per year. Can be applied more frequently for very high risk patients...

Clinical Protocol

- Dental caries prevention education including proper oral hygiene and nutritional counseling
- Obtain consent for use of SDF for caries arresting therapy: Use post procedural pictures

- Provide protective eyewear for patient to wear and cover exposed clothing
- Vaseline- adjacent soft tissue
- Relative isolation: cotton rolls/gauze
- Remove the bulk of saliva with saliva ejector
- Dry lesion with compressed air or with cotton and maintain dry field
- Dispense 1 drop of SDF into deep end of plastic dappen dish
- Bend a micro applicator
- One drop will treat four teeth
- Remove excess material
- Rinse lesion with water
- Repeat protocol for each additional lesion for up to four lesions per visit
- When completed wrap all disposable materials in gloves used and dispose to minimize staining
- Document specific teeth treated with date of service to track application therapy
- Inform patient that the treated lesion will increase in darkness over the next week and that they may experience a metallic taste immediately after the SDF application
- Inform patient/parent/caregiver that the treated areas must be actively monitored and a follow-up evaluation may be necessary to determine if additional interventions are indicated

How safe is SDF?

Contraindication _ silver allergy

Relative contraindication

- Ulcerative gingivitis,
- Stomatitis
- Significant desquamative processes
- Symptoms of pulpitis

May have small white ulcerations after application that will resolve on its own

How much can you use?

1 drop per 10 kg weight of patient per visit

Written and oral consent should be in an appropriate language/literacy level and include picture to inform of staining and that a timely follow-up is indicated.

If SDF comes in contact with skin, don't wipe it... blot it. Stains on skin and tissues normally fade over two-three weeks.

Tooth colored restorations and crowns may discolor if SDF is applied to the area. Put this treatment off until another visit.

Code for reimbursement D1354. Many states are considering reimbursement under Medicaid

Restriction on placement of SDF will impact access to this non-surgical treatment.

Attorney Update

Topics

Specialty Recognition

One state has adopted a regulatory standard (NC)

(very long new regulation) 5 components

- Can't advertise as specialist in any way that is false or misleading
- Recognition of what has been formerly approved as specialists
- If you have gone through a board certification process you can call yourself a "certified specialist" or a "board certified specialist"
- ADA, ABDS, Canadian College of Specialties (?)
- In the future, an equivalent specialty designation (for future appeals)
 - o List the criteria for certification or point to the criteria in your advertisement to the criteria
 - o No separate specialty designation process. This is the dentist's responsibility

- o None of this restricts a dentist's from going out and limiting his or her practice to the specialty, but they cannot advertise as a certified specialist or board certified specialist unless certain parameters are met.

Standard of Care:

National vs. Community Standard

What standards should our board apply? What is our standard of care? Has your board adopted a statement of standard of care?

Top Regulatory Cases

Practitioner who was a licensee with the dept of early learning who had a previous felony conviction and had a permanent revocation of her license. On appeal, getting a lot of traction.

Sexual Abuse by a Physician, license was revoked forever (Shirazi) but given back by a court of appeals.

Egregious case TN board of nursing

An APN was working at three different testosterone clinics who would consume alcohol and also inject herself with testosterone and engaging in sexual relations with patients. Her APN was revoked, her RN was revoked and her license in surrounding states. Nurse appealed but lost due to the due diligence by the Nursing board in delineating the violations

Egregious case Dental: (TN)

Practitioner who raped and attempted to murder a prostitute. An arrest warrant was issued, and the Dental board issued a summary suspension of the license. Practitioner has 7 days to appeal, but practitioner fled the state. Board kept the suspension until the findings of the case. He was found guilty and sentenced to 10 years in prison and the board revoked his license.

Teledentistry

Bill 786 Oregon on telehealth. Must be authorized to use telehealth by the Oregon Board of Dentistry.

Rules Hearing coming up.

Dental Pilot Projects. DHAT for Oregon Tribes (outcome unlikely to be favorable to this pilot project)

Interim therapeutic dental restorations by dental hygienists. This program is making a lot of headway for access to care.