

OHIO STATE DENTAL BOARD  
BOARD MEETING

November 7, 2018

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# OHIO STATE DENTAL BOARD

## BOARD MEETING

November 7, 2018

### Attendance

The Ohio State Dental Board (Board) met in Room 1948, of The Vern Riffe Center for Government and the Arts, 77 South High Street, 19th Floor, Columbus, Ohio on November 7, 2018. Board members present were:

Susan Johnston, R.D.H., Vice President

Patricia Guttman, D.D.S., Secretary

Bill Anderson, D.D.S.

Theodore Bauer, D.D.S.

Canise Bean, D.M.D.

Tracy Intihar, Public member

Jamillee Krob, R.D.H.

Faisal Quereshy, D.D.S.

Mary Kaye Scaramucci, R.D.H.

Andrew Zucker, D.D.S.

The Board President Ashok Das, D.D.S. and Vice Secretary Kumar Subramanian, D.D.S., were unable to attend the meeting.

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

### Call to Order

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

### Board Business

#### Introductions

##### Board Members

Director Kamdar thanked everyone for attending the Board meeting and then introduced the rest of the Board members consisting of Patricia Guttman, D.D.S., Secretary, Bill Anderson, D.D.S., Theodore Bauer, D.D.S., Canise Bean, D.M.D., Tracy Intihar, the Board's Public Member, Jamillee Krob, D.H.Ed., R.D.H., Faisal Quereshy, M.D., D.D.S., Mary Kay Scaramucci, R.D.H., and Andrew Zucker, D.D.S.

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

#### Approval of Agenda

Director Kamdar asked if there was a motion to approve the agenda with the caveat to amend the agenda due to any extenuating circumstances.

*Motion by Dr. Zucker, second by Dr. Quereshy, to approve the September 12, 2018 Board meeting agenda as presented.*

Motion carried unanimously.

## Review of Board Meeting Minutes

### September 12, 2018 Meeting

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

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

Motion carried unanimously.

## Public Comment/Presentations/Correspondence

### Correspondence – Ohio Department of Job and Family Services

#### *Training Manuals for Mandated Reporters of Elder Abuse*

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

## Action Items

### Supervisory Investigative Panel Expense Report

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

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

Motion carried with Dr. Guttman abstaining.

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

## Executive Session

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

Roll call vote: Dr. Anderson – Yes

Dr. Bauer – Yes  
Dr. Bean – Yes  
Dr. Guttman – Yes  
Ms. Intihar – Yes  
Ms. Johnston – Yes  
Dr. Krob – Yes  
Dr. Quereshy – Yes  
Ms. Scaramucci – Yes  
Dr. Zucker – Yes

Motion carried unanimously.

Director Kamdar indicated that he would attend the executive session along with Mr. Kochheiser and Ms. Bockbrader. He then requested all other guests and staff to leave the meeting and to take all personal items, including briefcases, purses, cell phones, tablets, etc. with them when exiting the room. He stated that they would be invited back in upon conclusion of the Executive Session.

### Open Session

At 3:10 p.m. the Board resumed open session. The meeting session opened with a brief discussion regarding the rest of the agenda. The Board decided that the meeting would continue with Committee Reports prior to returning to the rest of the original agenda.

## Committee Reports

### Ad Hoc

#### Disciplinary Guidelines - Category VII Continuing Education Violations

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

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

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

### Education

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

### Minutes

Dr. Krob informed the members that the September 12, 2018 Committee Minutes were reviewed and accepted without modification via consensus by the committee members.

### Review of Biennial Sponsor Application(s)

Dr. Krob then indicated that the Committee members had been asked to review six (6) Biennial Sponsor and Biennial Sponsor Renewal Applications with one (1) additional application from the previous meeting that had required additional information. She indicated that the Committee had reviewed and was recommending approval for Biennial Sponsorship of continuing education be granted to the seven (7) applicants with several receiving retroactive approval. Dr. Krob indicated that the retroactively approved applicants would be notified that going forward they will not be considered for retroactive approval. Approval was granted to the following:

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

### Dental Assistant Radiographer Initial Training

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

### 4715-8-01 Continuing Education Requirements Draft

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

### Continuing Education Revision Workgroup

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

### Topics for Next Meeting:

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

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

Motion carried unanimously.

## Law and Rules Review

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

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

## Minutes

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

## Updates

### *Anesthesia and Sedation Working Group*

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

### *4715-6-03 Prescribing for Subacute and Chronic Pain*

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

### *Omnibus Bill Working Group*

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

## 2019 Rules to Review

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

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

### *Omnibus Bill Working Group*

Ms. Intihar explained that a primary focus of the Working Group was to reduce the Dental Practice Act by ten percent (10%) through the removal of unnecessary regulations. She stated that the process was fairly simple in that they would review and research with a focus on stakeholder outreach and engagement with the ultimate drivers being to reduce and simplify the law governing dentistry. She said that the intent was to have the law

make more sense with the hope to have a draft in place by the beginning of Summer 2019 in order to kickstart discussions of their proposals in July 2019.

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

Motion carried unanimously.

### Policy/Scope of Practice Committee

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

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

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

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

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

#### Best Practices - Obstructive Sleep Apnea

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

#### Administration of Silver Diamine Fluoride

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

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

Motion carried unanimously.

## Enforcement

### Proposed Consent Agreement(s)

The Board reviewed three (3) proposed consent agreements. The names of the individuals/licensees were not included in the documents reviewed by the Board. The names of the individuals/licensees have been added to the minutes for public notice purposes. Mr. Kochheiser provided a summary of the proposed consent agreements.

## Disciplinary

*Marcia A. Irving-Ray, D.D.S.*

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

Motion carried unanimously.

*Pamela Jenkins, Radiographer, EFDA Applicant*

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

Motion carried unanimously.

## Non-Disciplinary

*Ahmed Atarchi, B.D.S.*

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

Motion carried unanimously.

## Enforcement Update

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

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

The following cases are to be closed:

17-76-1129 - WL	18-18-1220	18-23-1321
18-00-1251	18-18-1250 - WL	18-25-1072
18-00-1287	18-18-1263	18-25-1073
18-09-1057 - WL	18-18-1264	18-25-1094
18-15-1101	18-18-1272	18-25-1227
18-15-1275	18-18-1295	18-25-1233
18-18-1158	18-18-1298	18-25-1242
18-18-1166	18-18-1337	18-25-1271
18-18-1178	18-18-1339	18-25-1278
18-18-1206	18-21-1288 - WL	18-25-1283
18-18-1208	18-21-1366	18-25-1285

18-25-1299	18-35-1232	18-71-1284
18-25-1320	18-41-1306	18-71-1324
18-25-1326	18-47-1301	18-76-1259
18-25-1352	18-48-1243	18-76-1274
18-28-1161	18-48-1294	18-76-1292
18-29-1293	18-50-1218 - WL	18-76-1296
18-29-1325	18-50-1277	18-76-1315
18-31-1167	18-50-1279	18-77-1088
18-31-1225	18-50-1286	18-77-1270
18-31-1252	18-57-1129 - WL	18-77-1319
18-31-1257	18-57-1194 - WL	18-79-1241
18-31-1273	18-57-1246	18-84-1196 - WL
18-31-1281	18-57-1253	18-85-1267
18-31-1303	18-57-1268	
18-31-1331	18-71-1262	

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

Roll call:

- Dr. Anderson – No
- Dr. Bauer – No
- Dr. Bean – No
- Ms. Intihar – No
- Ms. Johnston – No
- Dr. Krob – No
- Dr. Quereshy – No
- Ms. Scaramucci – No
- Dr. Zucker – No

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

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

Motion carried unanimously.

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

## Delegation of Authority to Negotiate Settlement

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

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

Motion carried unanimously.

## Licensure

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

### Dentist(s) – (26)

30.025577	Warren Vallerand	30.025592	Alexandra Wenzel
30.025579	Yuwakshi Marwaha	30.025591	Diaa Zora
30.025578	Mayssa Salti	30.025590	Katrina Andrea Co
30.025580	Waseem Faraj	30.025593	Kartheek Dobbala
30.025582	Vilma Trimarchi	30.025594	Luis Ochoa
30.025581	Jasmina Saric	30.025596	Joy Arthur
30.025584	Ben Ottoson	30.025595	Robert Stephens
30.025583	Robert Russell	30.025597	Tristan Parry
30.025585	Lyanna Barnecet Perez	30.025598	Francis Cararie
30.025586	Ahmad Khalil	30.025599	Reginald Baker Jr
30.025587	Naser Khan	30.025600	Jennifer Harr
30.025588	Steven Rowan	30.025601	Stephanie Armanious
30.025589	Gary Moore	30.025602	Mary Graham

### Dental Hygienist(s) – (13)

31.015902	Kellsie Nason	31.015910	Matlyn Flanigan
31.015903	Tracy Hayton	31.015911	Trisha Giza
31.015904	Katherine Howard	31.015912	Whitney Shockley
31.015905	Susana Lozano	31.015914	Veronica Lopez
31.015906	Miranda Klosterman	31.015913	Erika Gentner
31.015908	Marivic Keeton	31.015915	Erika Burger
31.015909	Shawna Murphy		

### Dental Assistant Radiographer(s) – (182)

51.033729	Chelsea Geckler	51.033732	Rebecca Lemaster
51.033733	Melissy Moore	51.033734	Jaylen Curtis
51.033719	Adam Morris	51.033735	Mya Sandiford
51.033727	April Call	51.033718	Krystal Colegrove
51.033720	Yulia Varich	51.033736	Jordan Vierheller
51.033721	Allison Vaughn	51.033741	Stephen Bing
51.033722	Ismahan Afdal	51.033738	Heather Malloy
51.033723	China Adams	51.033739	Astrid Juarez Soto
51.033724	Shannon Carr	51.033742	Leslie Roberts
51.033725	Samantha Castle	51.033737	Ashley Moore
51.033726	Shaunie Castle	51.033740	Courtney Updegraff
51.033728	Nitzya Diaz	51.033750	Brittany Antognazzi
51.033730	Jordan Burton	51.033743	Angel Ralph
51.033731	Kirstein Eubanks	51.033744	Sophia Bantner

51.033745	Sarah Barnett	51.033789	Danielle Skaggs
51.033746	Caitlin Clapper	51.033797	Dorothy Matusic
51.033747	Jacey Deitrich	51.033799	Abigail Starcher
51.033748	Amanda Freeman	51.033792	Katherine Dieble
51.033749	Kari Heavener	51.033791	Erin Janowski
51.033751	Jaelyn Rhodes	51.033798	Jamie Striker
51.033752	Roni Bickmeyer	51.033801	Tabitha Whitehead
51.033753	Olivia Brettschneider	51.033802	Monica Rowles
51.033754	Ashley Baker	51.033800	Brittany Porter
51.033764	Brooklyn Gill	51.033803	Curtisha Allen
51.033767	Rebecca Parker	51.033806	Chevelle Franz
51.033755	Destyni Davis	51.033807	Amanda Stevens
51.033756	Alexis Lamp	51.033810	Jennifer Luckett
51.033757	Amanda Lyons	51.033805	Sarah Curry
51.033758	Jennifer Partin	51.033804	Kaitlin Lasure
51.033759	Charlea Revennaugh	51.033809	Melissa Miller
51.033760	Nikki Snyder	51.033808	Ashley Brown
51.033761	Shekinah Thompson	51.033811	Amari Poole
51.033765	Nicole Ross	51.033812	Kelly Kendrick
51.033766	Chelsea Vincent	51.033814	Kennedi Lairson
51.033763	Brittany Coll	51.033815	Ashley Austin
51.033762	Jessica Carrocce	51.033816	Samantha Branham
51.033768	Thefany Ayala	51.033813	Ashley Kithcart
51.033770	Caitlin Smith	51.033817	Nicole Wyckoff
51.033769	Tiffany Shaw	51.033818	Sonnie Sauvinsky
51.033772	Kiera Streaty	51.033819	Alexis Fish
51.033771	Julia Soltys	51.033820	Justis Murnahan
51.033780	Davern Holloway	51.033823	Rachel Wilson
51.033773	Pamela Herald	51.033822	Morgan Babic
51.033778	Tyra Reynolds	51.033824	Lucas Gearhart
51.033776	Janayia Hill	51.033821	Cierra Flowers
51.033775	Paris French	51.033827	Jessica Miller
51.033774	Mona Dada	51.033828	Danelle Dennison
51.033777	Diana Jurado-Estrada	51.033829	Mckenzie Deuble
51.033781	Cynthia Lyons	51.033834	Brittini Banks
51.033779	Lottiah Smith	51.033830	Dawn Wooten
51.033783	Savanna Thompson	51.033832	Karina Bagdasarova
51.033782	Michelle Martinez	51.033833	Jordan Delgado
51.033784	Mckal Basil	51.033826	Jessica Overbeck
51.033785	Nanette Vega	51.033825	Anna Brittenham
51.033786	Wael Alchwikh	51.033831	Megan Huss
51.033787	Renee Cathers	51.033835	Lauren Jenkins
51.033794	Jonah Standley	51.033840	Ramandeep Pandher
51.033793	Hanna Donelson	51.033837	Kristian Gordon
51.033796	Nita Baird	51.033839	Abigail Jones
51.033795	Taylor Morgan	51.033836	Tia Goins
51.033788	Shelby Knox	51.033838	Carrie Wallace
51.033790	Taylor Smith	51.033842	Pamela Landwehr

51.033841	Cailee Greenwald	51.033876	Lakota Marshall
51.033847	Linda Wade	51.033871	Jasmine Sellers
51.033845	Olivia Thomas	51.033873	Joseph Morris
51.033843	Joleayah Scrutchen	51.033872	Brittanie Mcphail
51.033844	Stephanie Shaw	51.033875	Priyasilpa Ghantasala
51.033846	Bobbi Box	51.033874	Rachel Rapp
51.033850	Dominique Vidovich	51.033877	Kristin Abner
51.033848	Torri Beloat	51.033879	Reilly Steffel
51.033849	Katie Jacobs	51.033880	Brittany Bryan
51.033851	Brooke Wallace	51.033878	Byran Shivers
51.033852	Tricia Forsythe	51.033881	Elisabeth Gabbard
51.033853	Alisha Foster	51.033882	Taylor Trabel
51.033855	Rachel Carcell	51.033883	Melissa Gibson
51.033856	Toni Jones	51.033884	Alejandra Brunzman
51.033854	Ivee Brubaker	51.033886	Courtney Skinner
51.033857	Amanda Holland	51.033887	Helana Sorial
51.033858	Emily Malm	51.033885	Lori Wilder
51.033859	Miranda Doughman	51.033891	Leslie Bauman
51.033860	Latavia Choate	51.033889	Brianna O'brien
51.033861	Mckayla Callicutt	51.033888	Monica Stone
51.033864	Amy Minniti	51.033890	Payge Lowe
51.033863	Kareema Bell	51.033893	Briana Cunningham
51.033862	Taylor Leeder	51.033892	Madison Switzer
51.033865	Brooke Clark	51.033894	Natalie Mosher
51.033867	Kayla Paul	51.033895	Christen Carper
51.033869	Amanda Starkey	51.033897	Alyssa Maguire
51.033868	Christina Philips	51.033898	Amy Dallmann
51.033866	Emily Moore	51.033896	Lakin Tolson
51.033870	Jaclynne Deichert	51.033899	Tyla Bergman

#### Limited Resident's – (3)

RES.004043	Majd Hasanin	RES.004045	Raven Alexander
RES.004044	Abubaker Salih		

#### Limited Teaching – (1)

71.000260	Betina Porto
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#### Limited Continuing Education – (9)

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

#### Expanded Function Dental Auxiliary – (14)

EFDA.002945	Grace Rader	EFDA.002949	Jada Rodriguez
EFDA.002946	Brittany Paliscak	EFDA.002948	Niki Lakes
EFDA.002947	Karry Loch	EFDA.002950	Raechel Feehan

EFDA.002951	Briana Handell	EFDA.002955	Taylor Powell
EFDA.002952	Veronica J Scott	EFDA.002956	Kristin Davila
EFDA.002953	Allison Grooms	EFDA.002957	Bridget Chmielewski
EFDA.002954	Shawna Deweese	EFDA.002958	Lobna Alassil

#### Coronal Polishing – (14)

CP.002001	Allison Yochman	CP.002007	Emily Sydenstricker
CP.002003	Denys Rivera	CP.002009	Heather Brown
CP.002002	Laquetis Robinson	CP.002010	Faryal Imtiaz
CP.002004	Lauren Smith	CP.002012	Hayley Modock
CP.002005	Lorraine Ortiz	CP.002011	Yaricelis Millan
CP.002006	Tonya Huth	CP.002013	Georgina Rojas
CP.002008	Savannah Hunt	CP.002014	Tiffany Lynn

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

Motion carried unanimously.

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

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

Dr. Khalid Azzouz

Dr. Chadi Bachour

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

Motion carried unanimously.

#### General Anesthesia/Conscious Sedation Permit(s)

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

##### General Anesthesia

Dr. Maximillian Beushausen, Canton, Ohio

Dr. Steven Cudney, Beavercreek, Ohio

Dr. Matthew Popper, Mayfield Heights, Ohio

##### Conscious Sedation

Dr. Benjamin Kwok, Hilliard, Ohio – Oral for children 12 years or younger

Dr. Nathan Minter, Norton, Ohio – Intravenous

Dr. Rhett Olsen, Columbus, Ohio – Intravenous

Dr. Phing Saurer, Dublin, Ohio – Intravenous

*Motion by Dr. Anderson, second by Dr. Quereshy, to approve the general anesthesia and intravenous conscious sedation permit applications for the dentists as listed.*

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

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

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

Dr. Anderson called the question.

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

#### Oral Health Access Supervision Permit(s)

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

##### Dentist(s)

Yas Saleem, D.D.S., Kenton, Ohio

##### Dental Hygienist(s)

Amanda Lewis, R.D.H., Dayton, Ohio

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

Motion carried unanimously.

#### Reinstatement Application(s)

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

##### Dentist(s)

John Hall, D.D.S.

Rami Mouded, D.D.S.

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

Motion carried unanimously.

## Dental Hygienist(s)

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

Marguerite Connor, R.D.H.

Terrie Sigler, R.D.H.

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

Motion carried unanimously.

## Executive Updates

### President's Update

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

### American Association of Dental Boards Meeting Report

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

### Executive Director's Update

#### FY 2017/2018 Annual Report

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

### December Board Meeting

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

Director Kamdar informed the members that they will be inviting Ann Ginder, wife of former Board member Dr. Michael Ginder, to present her with a certificate recognizing Dr. Ginder's accomplishments and service to the Board and to the profession. At that time, the Board will also be dedicating a plaque with the inscription "Dr.

Michael Ginder Conference Room” and it will be affixed to a wall in the conference room located within the Dental Board offices.

### Anything for the Good of the Board

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

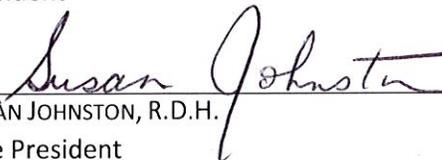
### Adjourn

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



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ASHOK DAS, D.D.S.  
President



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SUSAN JOHNSTON, R.D.H.  
Vice President

## Appendix A

**Ohio****Department of  
Job and Family Services**John R. Kasich, Governor  
Cynthia C. Dungey, Director

October 5, 2018

**TO:** Ashok Das, DDS, President  
Ohio State Dental Board**FROM:** Carla K. Carpenter, Deputy Director  
Office of Families and Children

A handwritten signature in blue ink that reads "Carla K. Carpenter".

**SUBJECT: ELDER ABUSE MANDATORY REPORTER TRAINING MATERIALS**

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

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

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

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

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

30 East Broad Street  
Columbus, Ohio 43215  
[jfs.ohio.gov](http://jfs.ohio.gov)

An Equal Opportunity Employer and Service Provider

## Appendix B

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### Franks, MINDY

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

Sent from my iPhone

Begin forwarded message:

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

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

Thank you  
Kumar Subramanian

Appendix C

Ohio State Dental Board  
Disciplinary Guidelines – Category VII: CE Violations  
Draft Revisions – Version 1

Audit Result Classification	Action Taken		
1 <sup>st</sup> Level Requirements	2 <sup>nd</sup> Level Requirements	3 <sup>rd</sup> Level Requirements	
<p><b>Classification 1:</b> Licensee has completed the required number of CE hours w/in the biennium &amp; CE is &gt; 50% compliant with Dental Practice Act</p>	<p><b>Warning Letter</b></p> <ul style="list-style-type: none"> <li>Licensee must complete/submit valid CE to complete the balance of minimum number of acceptable hours w/in 30 days of date of Warning Letter. These CE hours shall not be used toward current biennial requirements for renewal.</li> <li>Automatic Audit next biennium</li> </ul> <p>If requirements of Warning Letter are <b>NOT</b> met</p> <ul style="list-style-type: none"> <li>Forwarded to Enforcement/SIP for Disciplinary Action</li> </ul>	<p><b>Enforcement</b></p> <p><b>Minimum 1<sup>st</sup> Offense</b> Licensee must complete/submit w/in 30 days of date of Disciplinary Action:</p> <ul style="list-style-type: none"> <li>Number of CE hours to complete required CE hours for past renewal.</li> <li>2- hour course in Ethics.</li> </ul> <p>These hours shall not be used toward current biennial requirements for renewal;</p> <ul style="list-style-type: none"> <li>Automatic Audit next biennium.</li> </ul> <p>If requirements are <b>NOT</b> met</p> <ul style="list-style-type: none"> <li>Forwarded to Enforcement/SIP for Disciplinary Action.</li> </ul>	<p><b>Enforcement</b></p> <p><b>Minimum 2<sup>nd</sup> Offense</b></p> <ul style="list-style-type: none"> <li>Minimum 7 calendar day indefinite suspension until any outstanding shortage of CE hours have been rectified; and</li> <li>2- hour course in Ethics prior to reinstatement of license.</li> </ul> <p>These hours shall not be used toward current biennial requirements for renewal;</p> <ul style="list-style-type: none"> <li>Mandatory submission of CE hours prior to November 1 of renewal year.</li> </ul> <p><b>Enforcement</b></p> <p><b>Minimum 3<sup>rd</sup> Offense</b></p> <ul style="list-style-type: none"> <li>Minimum 15 calendar day indefinite suspension until any outstanding shortage of CE hours have been rectified; and</li> <li>4- hour course in Ethics prior to reinstatement of license.</li> </ul> <p>These hours shall not be used for current biennial requirements for renewal;</p> <ul style="list-style-type: none"> <li>Mandatory submission of CE hours prior to November 1 of renewal year for next 2 bienniums</li> </ul>

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	1 <sup>st</sup> Level Requirements	Action Taken	2 <sup>nd</sup> Level Requirements	3 <sup>rd</sup> Level Requirements
<p><b>Audit Result Classification</b></p> <p><b>Classification 2:</b> Licensee has completed the required number of CE hours w/in the biennium &amp; CE is &lt; 50% compliant with Dental Practice Act</p>	<p><b>Warning Letter</b> Licensee must complete/submit w/in 30 days of date of Warning Letter:</p> <ul style="list-style-type: none"> <li>Number of CE hours to complete required CE hours for past renewal; and</li> <li>2- hour course in Ethics. These hours shall not be used toward current biennial requirements for renewal.</li> <li>Automatic Audit next biennium</li> </ul> <p>If requirements of Warning Letter are <b>NOT</b> met</p> <ul style="list-style-type: none"> <li>Forwarded to Enforcement/SIP for Disciplinary Action</li> </ul>	<p><b>Enforcement</b> Licensee must complete/submit w/in 30 days of date of Disciplinary Action:</p> <ul style="list-style-type: none"> <li>Number of CE hours to complete required CE hours for past renewal; and</li> <li>4- hour course in Ethics. These hours shall not be used toward current biennial requirements for renewal.</li> <li>Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year and completed renewal by December 31.</li> </ul> <p>If requirements are <b>NOT</b> met</p> <ul style="list-style-type: none"> <li>Forwarded to Enforcement/SIP for Disciplinary Action.</li> </ul>	<p><b>Enforcement</b> <b>Minimum 1<sup>st</sup> Offense</b></p> <ul style="list-style-type: none"> <li>Minimum 7 calendar day indefinite suspension until any outstanding shortage of CE hours have been rectified; and</li> <li>4- hour course in Ethics prior to reinstatement of license. These hours shall not be used toward current biennial requirements for renewal;</li> <li>Mandatory submission of CE hours prior to November 1 of renewal year for next 2 bienniums and completed renewal by December 31.</li> </ul> <p><b>Enforcement</b> <b>Minimum 2<sup>nd</sup> Offense</b></p> <ul style="list-style-type: none"> <li>Minimum 15 calendar day indefinite suspension until any outstanding shortage of CE hours have been rectified; and</li> <li>4- hour course in Ethics prior to reinstatement of license. These hours shall not be used toward current biennial requirements for renewal;</li> <li>Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year for next 2 bienniums and completed renewal by December 31.</li> </ul>	

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Audit Result Classification	1 <sup>st</sup> Level Requirements	2 <sup>nd</sup> Level Requirements	3 <sup>rd</sup> Level Requirements
<p><b>Classification 3:</b> Licensee has <b>NOT</b> completed the required number of CE hours w/in the biennium</p>	<p><b>Warning Letter</b> If Licensee answered "NO" to Completion of CE question upon renewal:</p> <ul style="list-style-type: none"> <li>Licensee must complete/submit w/in 30 calendar days of date of Warning Letter:</li> <li>Number of CE hours to complete required CE hours for past renewal;</li> <li>4- hour course in Ethics.</li> </ul> <p>These hours shall not be used toward current biennial requirements for renewal.</p> <ul style="list-style-type: none"> <li>Automatic Audit next biennium</li> </ul> <p>If requirements are <b>NOT</b> met</p> <ul style="list-style-type: none"> <li>Forwarded to Enforcement/SIP for Disciplinary Action.</li> </ul>	<p><b>Enforcement</b> If Licensee answered "NO" to Completion of CE question upon renewal:</p> <ul style="list-style-type: none"> <li>Licensee must complete/submit w/in 30 calendar days of date of Warning Letter:</li> <li>Number of CE hours to complete required CE hours for past renewal;</li> <li>4- hour course in Ethics.</li> </ul> <p>These hours shall not be used toward current biennial requirements for renewal.</p> <ul style="list-style-type: none"> <li>Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year.</li> </ul> <p>If requirements are <b>NOT</b> met</p> <ul style="list-style-type: none"> <li>Forwarded to Enforcement/SIP for Disciplinary Action.</li> </ul>	<p><b>Enforcement</b> <b>Minimum 1<sup>st</sup> Offense</b></p> <ul style="list-style-type: none"> <li>Minimum 7 calendar day indefinite suspension until all outstanding shortage of CE hours have been completed; and</li> </ul> <p>Within 45 calendar days of date of Disciplinary Action, licensee must complete in a directly interactive presentation format:</p> <ul style="list-style-type: none"> <li>Additional 6.0 CE hours for dental hygienists/10.0 hours dentists; and</li> <li>4- hour course in Ethics.</li> </ul> <p>These hours shall not be used toward current biennial requirements for renewal.</p> <ul style="list-style-type: none"> <li>Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year for next 2 bienniums and completed renewal by December 31.</li> </ul> <p><b>Enforcement</b> <b>Minimum 2<sup>nd</sup> Offense</b></p> <ul style="list-style-type: none"> <li>Minimum 15 calendar day indefinite suspension until all outstanding shortage of CE hours have been completed; and</li> </ul> <p>Within 45 calendar days of date of Disciplinary Action, licensee must complete in a directly interactive presentation format:</p>

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			<ul style="list-style-type: none"><li>• Additional 6.0 CE hours for dental hygienists/10.0 hours dentists; and</li><li>• 4- hour course in Ethics. These hours shall not be used toward current biennial requirements for renewal.</li><li>• Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year for next 2 bienniums and completed renewal by December 31.</li></ul>
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<p><b>Classification 4:</b> Licensee has <b>NOT</b> completed the required number of CE hours w/in the biennium</p>	<p><b>Warning Letter</b> If Licensee answered “YES” to Completion of CE question upon renewal:  <ul style="list-style-type: none"> <li>• Licensee must complete/submit w/in 45 calendar days of date of Disciplinary Action:                             <ul style="list-style-type: none"> <li>○ Number of CE hours to complete required CE hours for past renewal;</li> <li>○ Additional 6.0 CE hours for dental hygienists/10.0 hours dentists in a directly interactive presentation format; and</li> <li>○ 4- hour course in Ethics.</li> </ul> </li> </ul>                     These hours shall not be used toward current biennial requirements for renewal.  <ul style="list-style-type: none"> <li>• Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year for next 2 bienniums and completed renewal by December 31.</li> </ul>                     If requirements are <b>NOT</b> met  <ul style="list-style-type: none"> <li>• Forwarded to Enforcement/SIP for Disciplinary Action.</li> </ul> </p>	<p><b>Enforcement</b> If Licensee answered “YES” to Completion of CE question upon renewal:  <ul style="list-style-type: none"> <li>• Licensee must complete/submit w/in 45 calendar days of date of Disciplinary Action:                             <ul style="list-style-type: none"> <li>○ Number of CE hours to complete required CE hours for past renewal;</li> <li>○ Additional 6.0 CE hours for dental hygienists/10.0 hours dentists in a directly interactive presentation format; and</li> <li>○ 6- hour course in Ethics.</li> </ul> </li> </ul>                     These hours shall not be used toward current biennial requirements for renewal.  <ul style="list-style-type: none"> <li>• Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year for next 2 bienniums and completed renewal by December 31.</li> </ul>                     If requirements are <b>NOT</b> met  <ul style="list-style-type: none"> <li>• Forwarded to Enforcement/SIP for Disciplinary Action.</li> </ul> </p>	<p><b>Enforcement</b> <b>Minimum 1<sup>st</sup> Offense</b>  <ul style="list-style-type: none"> <li>• Minimum 7 calendar day indefinite suspension until all outstanding shortage of CE hours have been completed; and</li> </ul>                     Within 45 calendar days of date of Disciplinary Action, licensee must complete in a directly interactive presentation format:  <ul style="list-style-type: none"> <li>• Additional 6.0 CE hours for dental hygienists/10.0 hours dentists; and</li> <li>• 6- hour course in Ethics.</li> </ul>                     These hours shall not be used toward current biennial requirements for renewal.  <ul style="list-style-type: none"> <li>• Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year for next 2 bienniums and completed renewal by December 31.</li> </ul> </p> <p><b>Enforcement</b> <b>Minimum 2<sup>nd</sup> Offense</b>  <ul style="list-style-type: none"> <li>• Minimum 15 calendar day indefinite suspension until all outstanding shortage of CE hours have been completed; and</li> </ul>                     Within 45 calendar days of date of Disciplinary Action, licensee must complete in a directly interactive presentation format:</p>
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			<ul style="list-style-type: none"> <li>• Additional 6.0 CE hours for dental hygienists/10.0 hours dentists; and</li> <li>• 8- hour course in Ethics. These hours shall not be used toward current biennial requirements for renewal.</li> <li>• Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year for next 2 bienniums and completed renewal by December 31.</li> </ul>
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<p><b>Classification 5:</b> Failure to respond timely to CE Audit Request. Licensee has completed the required number of CE hours w/in the biennium &amp; CE is compliant with Dental Practice Act</p>	<p><b>Warning Letter</b> Licensee must complete/submit w/in 30 days of date of Disciplinary Action:</p> <ul style="list-style-type: none"> <li>• 2- hour course in Ethics.</li> </ul> <p>These hours shall not be used toward current biennial requirements for renewal.</p> <ul style="list-style-type: none"> <li>• Automatic Audit next biennium</li> </ul> <p>If requirements are <b>NOT</b> met</p> <ul style="list-style-type: none"> <li>• Forwarded to Enforcement/SIP for Disciplinary Action</li> </ul>	<p><b>Enforcement</b> Licensee must complete/submit w/in 30 days of date of Disciplinary Action:</p> <ul style="list-style-type: none"> <li>• 2- hour course in Ethics.</li> </ul> <p>These hours shall not be used toward current biennial requirements for renewal.</p> <ul style="list-style-type: none"> <li>• Mandatory submission of biennial CE hours prior to November 1 of renewal year.</li> </ul> <p>If requirements are <b>NOT</b> met</p> <ul style="list-style-type: none"> <li>• Forwarded to Enforcement/SIP for Disciplinary Action.</li> </ul>	<p><b>Enforcement</b> <b>Minimum 1<sup>st</sup> Offense</b></p> <ul style="list-style-type: none"> <li>• Minimum 7 calendar day definite suspension;</li> <li>• 2- hour course in Ethics.</li> </ul> <p>These hours shall not be used toward current biennial requirements for renewal.</p> <ul style="list-style-type: none"> <li>• Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year.</li> </ul> <p><b>Enforcement</b> <b>Minimum 2<sup>nd</sup> Offense</b></p> <ul style="list-style-type: none"> <li>• Minimum 15 calendar day definite suspension;</li> <li>• Mandatory submission of CE hours prior to November 1 of renewal year for next 2 bienniums and completed renewal by December 31</li> </ul>
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Disciplinary Guidelines – Category VII: CE Violations  
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<p><b>Classification 6:</b> Failure to respond timely to CE Audit Request. Licensee has <b>NOT</b> completed the required number of CE hours w/in the biennium &amp;/or CE is <b>NOT</b> compliant with Dental Practice Act</p>	<p><b>Enforcement</b> Licensee must complete/submit w/in 30 days of date of Disciplinary Action:</p> <ul style="list-style-type: none"> <li>• Number of CE hours to complete required CE hours for past renewal;</li> <li>• 4- hour course in Ethics.</li> </ul> <p>These hours shall not be used toward current biennial requirements for renewal.</p> <ul style="list-style-type: none"> <li>• Mandatory submission of CE hours prior to November 1 of renewal year.</li> </ul> <p>If requirements are <b>NOT</b> met</p> <ul style="list-style-type: none"> <li>• Forwarded to Enforcement/SIP for Disciplinary Action.</li> </ul>	<p><b>Enforcement</b> Licensee must complete/submit w/in 45 calendar days of date of Disciplinary Action:</p> <ul style="list-style-type: none"> <li>• Number of CE hours to complete required CE hours for past renewal;</li> <li>• Additional 6.0 CE hours for dental hygienists/10.0 hours dentists in a directly interactive presentation format; and</li> <li>• 4- hour course in Ethics.</li> </ul> <p>These hours shall not be used toward current biennial requirements for renewal.</p> <ul style="list-style-type: none"> <li>• Mandatory submission of biennial CE requirements for renewal by November 1 of current renewal year for next 2 bienniums and completed renewal by December 31.</li> </ul> <p>If requirements are <b>NOT</b> met</p> <ul style="list-style-type: none"> <li>• Forwarded to Enforcement/SIP for Disciplinary Action.</li> </ul>	<p><b>Enforcement</b> <b>Minimum 1<sup>st</sup> Offense</b></p> <ul style="list-style-type: none"> <li>• Minimum 7 calendar day indefinite suspension;</li> <li>• Additional 6.0 CE hours for dental hygienists/10.0 hours dentists in a directly interactive presentation format; and</li> <li>• 8- hour course in Ethics.</li> </ul> <p>These hours shall not be used toward current biennial requirements for renewal.</p> <ul style="list-style-type: none"> <li>• Mandatory submission of CE hours prior to November 1 of renewal year for next 2 bienniums and completed renewal by December 31.</li> </ul> <p><b>Enforcement</b> <b>Minimum 2<sup>nd</sup> Offense</b></p> <ul style="list-style-type: none"> <li>• Minimum 15 calendar day indefinite suspension;</li> <li>• Additional 12.0 CE hours for dental hygienists/20.0 hours dentists in a directly interactive presentation format; and</li> <li>• 8- hour course in Ethics.</li> </ul> <p>These hours shall not be used toward current biennial requirements for renewal.</p> <ul style="list-style-type: none"> <li>• Mandatory submission of CE hours prior to November 1 of renewal year for next 2 bienniums and completed renewal by December 31.</li> </ul>
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Ohio State Dental Board  
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<b>Classification 7:</b> Extension/Waiver Requests/ Extenuating Circumstances	<b>Enforcement/SIP Review</b> Forwarded to Enforcement/SIP for Disciplinary Action.	<b>Enforcement Minimum 1<sup>st</sup> Offense</b> Forwarded to Enforcement/SIP for Disciplinary Action.	<b>Enforcement Minimum 2<sup>nd</sup> Offense</b> Forwarded to Enforcement/SIP for Disciplinary Action.
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November 7, 2018

## Appendix D

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

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

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

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

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

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

Attendance at meetings has increased by approximately 10 %.

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

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

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

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

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

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

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

**Next Speaker was Joe Crawley, President of the ADA.**

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

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

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

[https://dentalboards.org/AADB\\_AccessMembers\\_Only/](https://dentalboards.org/AADB_AccessMembers_Only/)

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

AADB Central Office

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

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

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

ADEA was represented by Dr. Stewart. He described Interprofessional Education for Collaborative Practice. Slides are available on the AADB Website and the slides will describe how students from 2 or more healthcare professions learn about, from, and with each other.

**Dental Student Jeffrey Kerst, VP of ASDA, next spoke about Grassroots advocacy.**

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

Exam Design, Kurt Geisinger, PhD

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

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

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

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

How to evaluate a test based on data

Mental Measurements Yearbook

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

Purpose of the Testing Program

Validity Structure and Resources of the Testing Program

Examination Content

Content Framework and Test Specifications

Item Development and Selection

Form Development and Review; Pilot Testing; Creation of Final Exam; Psychometric Review of Operational Tests; Comparability across Forms,

Examination Administration

Eligibility and Application

Administration Sites

Test Administrators and Proctors

Procedures for Administration Record Keeping

Fairness and Diversity

Accommodations Fairness for Diverse Groups

Scoring and Reporting

Scoring and Scaling

Determining Cut Scores

Exam Security and Privacy

Exam Material Security

Security and Privacy of Examinee Data

Administration ease of the test

How test takers react to the test

Uses to which the test should not be put

Cost considerations

Availability in other languages...for those with disabilities (protected groups)

Key Issues in the Evaluation of Tests and Assessments

Depends upon the intended audience

Access?

Are there test items available for inspection?

Are there multiple forms of the test?

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

Administration of the EXAM is Critical

Consequences? How many times can the student retake the exam?

Will test be available to foreign dentists? Will it be fair? Offered in other languages?

Accommodations for people with disabilities?

Are potential misuses of test identified?

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

**The test cannot be based on dental school curriculums.**

The exam must be based on what the dentist will actually do on the job.

Who developed the test plan? On what basis. Who wrote the items? How is the test plan being updated?

Validity, Reliability (reproducibility), Fairness

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

What kind of pre -testing was performed?

Sample size?

Who interpreted data?

Reliability

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

Validity

**Always based on evidence. This is the LEGAL argument.**

Criterion related validity (not appropriate for licensing)

**Who will evaluate the quality of work?**

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

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

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

**Who wrote the test?**

**What are the qualifications of writers?**

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

## Question And Answer Portion

Q: The use of a human subject?

A: Medicine has gone to actors.

Concerns: reliable estimates are difficult with random patients.

Dentistry does not use random patients.

Dental Exam Patient selection should be fair, evenly defined, and measured for validity.

Q: What are the Testing Trends?

A: Admission tests need no more tweaking

**Licensure testing : Dentists should have ongoing licensing competency exams**

Ethics issues are the biggest downfall of licensees

DLOSCE Development of the Dental Licensure OSCE

Canada is developing an alternative dental licensure exam (now offering OSCE) will offer DLOSCE.

**JOINT COMMISSION is part of the ADA**

Q: which state boards are in favor?

A: Mixed Reactions

Q: Virtual OSCE...what happens when computers go down?

A: These exams will be offered at Prometrics Centers. Exam will be shut down, test takers will come again another day.

Q: How is the ADA handling the conflict of interest inherent in developing this exam, be on controlling boards of CODA etc.

A: ADA is very aware of conflict of interests and are addressing them

Q: how much will this test cost?

A: don't know. Will be announced at the end of 2019.

Q: Why not add hands-on clinical skills? A 3<sup>rd</sup> party evaluation of hand skills?

A: The mind tells the hands what to do. If you have cognitive skills, you will have the hand skills.

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

## Reports of representatives to ADA

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

CODA: 2 controversial issues

Issue of off-site learning. Should this be part of accreditation? Or is this an “experience” for the student

Language of “Specialty” no longer used. Now uses “Specific Interest Programs”

## Sunday September 23

7:30 Dental Hygiene Caucus

Scope of Practice issues (should be uniform across all of the states)

FTC addressing restriction of trade

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

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

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

Typically imposed by state governments

More than 20 % of all employed 25-64 year old workers are licensed

Licensing is much more common in some sectors than others

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

Licensing is both a public protection and a barrier to entry

Health and safety concerns do not explain all the details of licensing policy

**SUBSTANTIAL variation across states in the strictness of licensing rules****Many licensing requirements not plausibly linked to safety concerns**

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

Details of licensing rules also matter for outcomes like interstate migration

What do we Know About Licensing?

**Substantial wage gap between licensed and unlicensed workers**

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

**Interstate Mobility**

Americans are moving quite a bit LESS than they used to

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

**Other Licensing Costs**

May reduce entrepreneurship

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

Duplicative and burdensome requirements for immigrant workers

Consumer prices increase and output decreases

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

**What Do We NOT Know About Licensing**

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

Very little systematic information about licensing fees and overall applicant burden

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

Who is benefitting? Workers or training organizations?

**Not clear to what extent licensing restrictions are limiting telemedicine but some indications of substantial costs**

Hard to assess how licensing restrictions are limiting entrepreneurship

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

**Occupational Licensing Reform Options**

Policy Conversation

Numerous Federal Trade Commission briefs and analyses

Institute for Justice document “License to Work”

Pioneering collection of state policy information referenced by many researchers and policy makers

White House report (July 2015) proposed best practicing

Limit licensing requirements to those that are necessary for protection of public health and safety

Maximize scope of practice, consistent with competency and training

Minimize procedural obstacles to obtaining a license

Limit licensing restrictions to those with criminal records

**Hamilton Project made similar proposals to the WH report**

Addressed the Scope of Practice to Advance Practice Nurse Practitioners

Robust discussion of licensing in context of antitrust and competition policy

Currently centering on scope of practice reform in the health care sector

## Licensing in the Health Care Sector

25% of licensed workers are in health-care occupations

It's not just about whether a worker is licensed. That license may also restrict trade by that licensee

## Scope of Practice Restrictions

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

## 9:15 am Occupational Licensure: Promoting Competition in Regulated Occupations: Federal Trade Commission Perspectives

Karen A Goldman Office of Policy Planning FTC

## FTC Dual Mission : Competition and Consumer Protection

A range of tools

Law enforcement, research and scholarship, Advocacy

Health care expertise at the agency

## Benefits of Competition

Price

Quality

Access

Innovation

Better value

Non litigation activities to promote competition

**Workshops/hearings**

**Competition and Consumer Protection in the 21<sup>st</sup> Century**

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

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

State bills

Proposed state of Federal regulations

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

**FTC Favors Telehealth**

Barriers may restrict providers from providing services, such as **related to the first encounter**

(Allow the practitioner to decide that)

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

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

Delaware Telehealth FTC Advocacy:

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

Veterans Affairs Telehealth

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

NY State:

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

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

**Talked about Compacts**

Licensure portability but does not usually address scope of practice

**Rules adopted by compacts will supersede individual state laws**

**Caucus Reports**

North: Mary Starshack for Joint Commission

Suggestions to make money

Exam after webinars for CE Credit

New Member reduced registration fees

Outreach to various boards to get new members to get to AADB meetings

Orientation video or slide show regarding why join AADB

Consider board prep classes for money

States need to complete Composites and get to AADB

South:

Endorsed task force

Have our CE courses approved by us and not by ADA

Task force to improve membership

Lower membership costs/registration fees for members who are no longer on their state boards

Increase cost of Whole Board membership

East

Elected representatives to CODA, CDEL etc

Speaker's Bureau to State Boards eg Scope of Practice

Insurance to indemnify board members from litigation

AADB Mission was discussed, add "protect the public"

Following resolution

AADB support a national patient-based clinical licensure examination

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

West:

DPREP discussion, suggest a “DPREP light” version

Webinars offered to non-members for a fee

Specialty Discussion, and statutory changes

### **Hygiene: Main topics**

Perio Codes

Scope of Practice across states

FTC restriction of trade evaluations

Silver Diamine Fluoride

Local anesthesia (four states still do not allow)

Support Dental Hygienists as Dental Therapists and access to care

Support lifting of arbitrary restrictions to practice DH

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

Growth across the country continues

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

Code of Ethics (adso.org)

Myths vs. Facts

A Dentist has to own a dental practice (Fact)

High Dentist turnover rate (myth per Speaker)

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

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Currently 3<sup>rd</sup> party payers are attacking dentistry

DSOs can support dentists in this

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

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

1:00 - 1:15 Sponsor Recognition

1:15 -1:30 Corporate Governance

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

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

**Christy Jo Fogarty**

Advanced Dental Therapist

First Class of Dental Therapists in 2009

Metropolitan State University MN

University of MN

8 semesters

10 prerequisites to apply

Advanced Dental Therapist

16 month program

2000 hours required for indirect supervision

Works a lot in Head Start Programs, schools

Fillings

SSC

Space maintainers

Pulpotomies

Extraction of teeth that are mobile

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

700 practicing hours

CODA created standards

Encourages career laddering

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

Exam includes Class III and Class II fillings

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

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

Process insurance

General Supervision

2000 hours of clinical work

Proof of ADT education

Prof of CRDTS/ CDCA exam passage

ADT Candidates are required to complete a 3 part process that includes

- Records review

- A multiple choice patient assessment exam

- An oral interview with the boards licensing and credentialing committee

Dental therapists are more diverse

- Geographically distributed in proportion to the state's population

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

Ongoing challenges

- Credentialing and reimbursement (insurance companies)

- 50% of population she sees must be Medicaid, in health shortage areas, or uninsured

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

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

- Most dentists don't take state welfare,**

- most don't take children under 3,**

- saved emergency room visits**

- many patients have called many dental offices and turned away.**

How many ADT grads per year in MN — 14

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

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

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

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

MN has the worst reimbursement rate for public assistance, HRSA wants comprehensive dental exams (which ADTs cannot do) and wants MN to raise reimbursement rates

Allied Health Para Health, Dental Therapy; The FTCs Scope of Practice Advocacy and it's Application to Dental Therapy Karen Goldman, FTC

APRN policy paper (March 2014)

State-specific actions and comments involving dental hygienists

CODA comments regarding proposed accreditation standards for dental therapy education programs

APRN policy paper (recommend it as a deeper exploration of scope of practice for all states)

<https://www.ftc.gov/system/files/documents/reports/policy-perspectives-competition-regulation-advanced-practice-nurses/140307aprnpolicypaper.pdf>

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

Expanding practice is widely regarded to mitigate practitioner shortage

All health care professionals should be allowed to work to the top of their professional education and training

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

**Analogies to dentistry**

**Will the bill or regulation impede competition?**

**Are there legitimate health and safety justifications?**

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

Some restrictions to care by hygienists and dental therapists

Prior examination requirements

Direct or indirect supervision requirements that require a dentist to be on site

**SC State Board of Dentistry**

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

Deprived disadvantaged students

**FTC alleged restriction of trade, was settled by consent agreement**

**Georgia 2010**

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

FTC alleged restriction of trade and harm to the public

Consent agreement

**Maine Board of Examiners**

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

Restriction of trade and harm to public,

Was rescinded by Maine BOD

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

CODA on the ADT

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

**2017 OHIO**

**Dental therapists required to practice only in underserved settings**

**Set forth supervision requirements**

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

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

Supervision agreement would have allowed dentists to limit practice.

Settings restriction would limit benefits, and creates tension with proposed general supervision requirements. This undercuts any cost savings benefits

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

General Supervision should be default level, with no prior examination requirement.

Allow access to dental hygienists without any level of supervision.

## **SALIVA LIQUID BIOPSY IN THE DENTAL OFFICE**

Personalized precision medicine for disease detection

Reducing health disparities

Accelerating diagnosis

Definitive and pivotal validation of salivary bio markers

Oral cancer detection at early stage

Very discriminatory test, valid and definitive

**Oral systemic connectivity, very well reflected in saliva**

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

Uses extracellular RNA research

What are these biomarkers doing in the saliva? What are they regulating?

Massive data from saliva. Saliva is NOT sterile, has 1000 micro species who have RNA of their own... which makes this a challenge

Applied to a number of oral disease including oral cancer and periodontal disease

Pulmonologists are very interested in this technology due to link to respiratory disease/periodontal disease.

Tumor cells shed pathogenic byproducts into interstitial tissue, then vascular tissue and saliva

This takes a drop of body fluid /electric field induced release and measurement, 15 minutes of substrate, allows scientist to see released electrons in plasma...100% correlation in saliva as well

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

CLIA certified

Intended use clinical practice.

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

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

One drop of saliva is stable for 6 months

## ATTORNEY UPDATE

Specialty Recognition update

Georgia Smile Direct Club

Teledentistry

Sleep therapy/Sleep Apnea

Marijuana states, does it effect your dental practice act

Case Law Update

### Smile Direct Club...

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

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

### We don't know

### Marijuana

Washington, Colorado, Oregon, Nevada, Alaska

Highly regulated, monitored by the liquor control board

Regulated as an impairment (which is difficult to prove...need evidence to support. Presence of marijuana in blood is not enough because it stays in blood stream up to a month.)

**Impairment cases are dependent on witnesses because there are no hard data equating a certain amount of cannabis in blood stream to impairment.**

NO changes to dental practice act

### **Advertising as a specialist**

**NC:** old rule ADA specialties only

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

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

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

### **National Board Bill Proposed**

**Limit private anti-trust damages against occupational licensing boards**

**Filed in July of 2018. HR 6515**

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

Dentist has to have a prescription to make the device

Medical Dr. has to diagnose

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

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

### **Antitrust Cases**

#### **Mark Turner vs. Dentaquest**

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

#### **Kiser vs. Reitz Ohio**

Conclusion: Dr. Kiser was not entitled to fees because Dr. Kiser did not prevail. Board changed their rules on their own.

**OPEN FORUM STATE BOARD ISSUES**

**Portability**

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

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

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

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

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

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