OHIO STATE DENTAL BOARD

BOARD MEETING

May 8, 2019

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OHIO STATE DENTAL BOARD
BOARD MEETING
May 8, 2019

Attendance
The Ohio State Dental Board (Board) met in Room 1948, of The Vern Riffe Center for Government and the Arts, 77 South High Street, 19th Floor, Room 1948, Columbus, Ohio on May 8, 2019 beginning at 1:30 p.m. Board members present were:

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

Andrew Zucker, D.D.S. was not present.

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); and Michele Carr, R.D.H. and Michelle Porter, R.D.H. representing the Ohio Dental Hygienists’ Association. Staff consisted of Harry Kamdar, M.B.A., Executive Director, Steve Kochheiser, Esq., Deputy Director, Zachary Russell, Chief of Operations and Legislative Affairs, and Malynda Franks, Administrative Professional, of the Ohio State Dental Board and other guests.

Call to Order
Kumar Subramanian, D.D.S. noted that there was a quorum present and called the meeting to order at approximately 1:33 p.m.

Board Business
Introductions
Board Members
President Subramanian had the board members introduce themselves.

President Subramanian noted that Dr. Andrew Zucker was unable to attend the meeting.

Approval of Agenda
President Subramanian asked if there was a motion to approve the agenda with the caveat to amend the agenda due to any extenuating circumstances.

Motion by Dr. Anderson, second by Dr. Krob, to approve the May 8, 2019 Board meeting agenda as presented.

Motion carried unanimously.
Review of Board Meeting Minutes
March 6, 2019 Meeting
President Subramanian informed the Board that the draft Minutes from the March 6, 2019 meeting had been forwarded to the members for review prior to the meeting and indicated that the final version was in the Board Notebook for approval. He then asked if there was a motion regarding the Minutes.

*Motion by Ms. Intihar, second by Dr. Quereshy, to approve the Board meeting minutes as presented.*

Motion carried unanimously.

Public Comment/Presentations/Correspondence
President Subramanian indicated that there were no public comments, presentations, or correspondence for the Board at this time.

Action Items
Supervisory Investigative Panel Expense Report
President Subramanian asked if, Dr. Das as Secretary and Dr. Anderson as Vice Secretary, attested to having spent at least twenty (20) hours per week attending to Board business. Dr. Das and Dr. Anderson affirmed that they had spent twenty (20) hours attending to Board business.

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

Motion carried unanimously.

Enforcement
Report and Recommendations
In the Matter of Antoine E. Skaff, D.D.S.
President Subramanian turned the meeting over to Deputy Director Kochheiser to conduct the portion of the meeting relating to review of Report and Recommendations. Mr. Kochheiser announced that the Board would now consider the Attorney Hearing Examiner’s Report and Recommendation in the matter of Antoine E. Skaff, D.D.S. that was filed by Attorney Hearing Examiner Lawrence D. Pratt, Esq., on March 22, 2019.

Mr. Kochheiser asked for the record if each member of the Board had an opportunity to review the Report and Recommendation, transcript, exhibits, and objections in the matter of Antoine E. Skaff, D.D.S. that were made available on the Board Member Portal?

Roll call: Dr. Anderson – Yes
Dr. Bauer – Yes
Dr. Bean – Yes
Dr. Das – Yes
Dr. Guttman – Yes
Ms. Intihar – Yes
Ms. Johnston – Yes
Dr. Krob – Yes
Dr. Kyger – Yes
Dr. Quereshy – Yes
Mr. Kochheiser informed the Board that Ms. Bockbrader had requested to present oral argument under Revised Code 4715.039 and that the Secretaries had approved. Dr. Skaff did not file a request to present oral argument and was not present for the meeting.

Mr. Kochheiser stated that the Board’s minutes serve as the official record of the proceedings. Ms. Bockbrader will limit her comments to the Hearing Examiner’s Findings of Fact, Conclusions, and Proposed Order in the matter. The Board will only consider the evidence presented during the administrative hearing in this matter and therefore, there would be no questions form Board members. He stated that Ms. Bockbrader would have ten (10) minutes.

*Katherine Bockbrader, Esq.*

Ms. Bockbrader stated that she strongly supported the Report and Recommendation in this case and indicated that the Hearing Examiner did an excellent and thorough job in going through all the evidence, explaining the Medicaid billing process, etc. She said that the Hearing Examiner thoroughly discussed the sentencing of the Federal Judge in the criminal case who found that Dr. Skaff used the privilege of his dental license to engage in over 7,000 individual acts of fraud in one scheme over five and a half years, in addition to fraudulently receiving hundreds of thousands of dollars that he was not entitled to. The West Virginia Board also took disciplinary action against Dr. Skaff for engaging in a related scheme to extract multiple teeth from patients spread out over multiple visits and improperly prescribing opiates to them at each visit.

Ms. Bockbrader stated that perhaps what was most concerning was that both the West Virginia Board and the criminal court noted that Dr. Skaff had stated that he knew he was extracting multiple healthy teeth from patients in some cases and spreading it out so that he could prescribe them opiates at each appointment. Dr. Skaff stated that he knew that some of the patients were addicted at the time while he was giving them opiates and that he was well aware of the opiate epidemic that is rampant in West Virginia.

Ms. Bockbrader cited an example where for one patient in which Dr. Skaff extracted 26 teeth over 28 appointments and gave that patient 260 pain pills. She stated that the court found that Dr. Skaff had prescribed in this manner repeatedly and he told a DEA agent that if he did not perform the dental work in that manner or give the patients the drugs that they wanted then patients would not return and he would lose money.

Ms. Bockbrader said that Dr. Skaff was not only committing financial crimes, he was actually harming patients, violating the standard of care by removing healthy teeth from their mouth, removing teeth one at a time at each appointment, and then giving people drugs knowing that the drugs were going out into the state of West Virginia potentially feeding that person’s addiction or the addiction of others if the patient themselves did not end up using those drugs. She stated that the court said it best when it said that Dr. Skaff’s dental practice was “operating as a criminal enterprise”, and this was not just negligent or even reckless behavior, this was intentional behavior.

Concluding, Ms. Bockbrader stated that Dr. Skaff attempted to paint himself as the victim by stating that he was over charged and over sentenced by the criminal court, but his conduct was reprehensible. Therefore, she asked the Board to approve the Report and Recommendation of the Hearing Examiner in this matter by permanently revoking Dr. Skaff’s license to practice dentistry.
Quasi-Judicial Deliberations

*Motion by Dr. Guttman, second by Ms. Johnston, to recess for the purpose of conducting quasi-judicial deliberations in the matter of Antoine E. Skaff, D.D.S., pursuant to Ohio Revised Code 119. and to reconvene in open session following deliberations.*

Roll call vote:
- Dr. Anderson – Yes
- Dr. Bauer – Yes
- Dr. Bean – Yes
- Dr. Das – Yes
- Dr. Guttman – Yes
- Ms. Intihar – Yes
- Ms. Johnston – Yes
- Dr. Krob – Yes
- Dr. Kyger – Yes
- Dr. Quereshy – Yes
- Ms. Scaramucci – Yes
- Dr. Subramanian – Yes

Motion carried unanimously.

Mr. Kochheiser indicated that only Board members would remain in the room for the deliberations. He stated that members of the public, SIP members who reviewed the investigation of this case, Assistant Attorney General Ms. Bockbrader, and other staff must wait outside. He then requested all 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 deliberations for announcement of a decision in this matter.

Open Session
The Board resumed the open session at approximately 1:46 p.m.

Mr. Kochheiser stated, “Let the record reflect that Dr. Guttman and Dr. Subramanian were the Secretaries in this matter and that they were not present, nor did they participate in the deliberations in this matter. Therefore, they will abstain from final vote.”

Decision in the Matter of Antoine E. Skaff, D.D.S.

*Motion by Dr. Anderson, second by Ms. Johnston, that in the matter of Antoine E. Skaff, D.D.S.:*

*The Board accepts the Findings of Fact and Conclusions of Law of the Hearing Examiner and the Board orders that Antoine E. Skaff’s license to practice dentistry in the State of Ohio is hereby permanently revoked, effective immediately.*

Motion carried. Dr. Guttman and Dr. Subramanian abstained.

In the Matter of Victor H. Nguyen, D.D.S.
Mr. Kochheiser announced that the Board would now consider the Attorney Hearing Examiner’s Report and Recommendation in the matter of Victor H. Nguyen, D.D.S. that was filed by Attorney Hearing Examiner Chester T. Lyman, Jr., Esq., on March 13, 2019.
Mr. Kochheiser asked for the record if each member of the Board had an opportunity to review the Report and Recommendation, transcript, exhibits, and objections in the matter of Victor H. Nguyen, D.D.S. that were made available on the Board Member Portal?

Roll call:

- Dr. Anderson – Yes
- Dr. Bauer – Yes
- Dr. Bean – Yes
- Dr. Das – Yes
- Dr. Guttman – Yes
- Ms. Intihar – Yes
- Ms. Johnston – Yes
- Dr. Krob – Yes
- Dr. Kyger – Yes
- Dr. Quereshy – Yes
- Ms. Scaramucci – Yes
- Dr. Subramanian – Yes

Mr. Kochheiser informed the Board that Dr. Nguyen did not file a request to present oral argument and was not present for the meeting and that Ms. Bockbrader had not requested to present oral argument under Revised Code 4715.039.

Quasi-Judicial Deliberations

**Motion by Dr. Guttman, second by Dr. Kyger, to recess for the purpose of conducting quasi-judicial deliberations in the matter of Victor H. Nguyen, D.D.S., pursuant to Ohio Revised Code 119. and to reconvene in open session following deliberations.**

Roll call vote:

- Dr. Anderson – Yes
- Dr. Bauer – Yes
- Dr. Bean – Yes
- Dr. Das – Yes
- Dr. Guttman – Yes
- Ms. Intihar – Yes
- Ms. Johnston – Yes
- Dr. Krob – Yes
- Dr. Kyger – Yes
- Dr. Quereshy – Yes
- Ms. Scaramucci – Yes
- Dr. Subramanian – Yes

Motion carried unanimously.

Mr. Kochheiser indicated that only Board members would remain in the room for the deliberations. He stated that members of the public, SIP members who reviewed the investigation of this case, Assistant Attorney General Ms. Bockbrader, and other staff must wait outside. He then requested all 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 deliberations for announcement of a decision in this matter.
Open Session
The Board resumed the open session at approximately 2:20 p.m.

Mr. Kochheiser stated, “Let the record reflect that Dr. Guttman and Dr. Subramanian were the Secretaries in this matter and that they were not present, nor did they participate in the deliberations in this matter. Therefore, they will abstain from final vote.”

Motion by Dr. Anderson, second by Dr. Quereshy, that in the matter of Victor H. Nguyen, D.D.S.:

The Board accepts the Findings of Fact.

The Board modifies the Conclusions of Law. Conclusions of law paragraphs 6 and 9 are modified to find no violation of R.C. 4715.30(A)(11) and (15), and find a violation of R.C. 4715.30(A)(6) and (8). The rationale for this modification is the following: the Board in its expertise finds that it charged Dr. Nguyen in the Notice of Opportunity for Hearing, marked as Exhibit 1, with a violation of R.C. 4715.30(A)(6) and (8) and the facts and evidence prove these allegations. Conclusions of Law paragraph 8 is modified to eliminate this paragraph. The rationale for this modification is the following: the Board in its expertise finds that paragraph 8 discusses a Consent Agreement identified as Exhibit 4, however, Dr. Nguyen has never signed a Consent Agreement with the Board and Exhibit 4 is a Scheduling Letter. The Board accepts the remaining conclusions of law.

The Board hereby modifies the Recommendation in the Hearing Examiner’s Report and Recommendation and orders that Victor H. Nguyen’s license to practice dentistry in the State of Ohio is hereby indefinitely suspended, effective immediately, and Victor H. Nguyen must comply with the terms of his court-ordered community control and community service imposed by the Tuscarawas County Common Pleas Court on July 31, 2018. The terms of reinstatement are as follows: Victor H. Nguyen must serve a suspension of not less than eighteen (18) months and complete his court-ordered probationary period, then submit an application for reinstatement of his license that demonstrates he qualifies for licensure (including the completion of any continuing education requirements and demonstration of good moral character). Upon reinstatement, Victor H. Nguyen shall be subject to a probationary period of eighteen (18) months. The rationale for the modification is the following: The Board in its expertise finds that this adequately protects the public by ensuring compliance with the court’s order.

Motion carried. Dr. Guttman and Dr. Subramanian abstained.

Proposed Consent Agreement(s)
The Board reviewed two (2) proposed Consent Agreements. The names of the individuals/licensees were not included in the documents reviewed by the Board. The names of the individuals/licensees have been added to the minutes for public notice purposes. Deputy Director Kochheiser provided a summary of the proposed consent agreements.

Non-Disciplinary
Rany Bous, B.D.S.
Motion by Dr. Subramanian, second by Dr. Bauer, to approve the proposed consent agreement for Rany Bous, B.D.S., license number 30.025771 limiting his practice to orthodontics.

Motion carried with Dr. Das and Dr. Anderson abstaining.
Motion by Dr. Bean, second by Ms. Intihar, to approve the proposed consent agreement for Fengyuan Zheng, B.D.S., license number 30.025770 limiting his practice to prosthodontics.

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

Proposed Notice(s) of Opportunity for Hearing
The Board reviewed two (2) proposed Notices of Opportunity for Hearing. The names of the individuals/licensees were not included in the documents reviewed by the Board. The names of the individuals/licensees have been added to the minutes for public notice purposes. Deputy Director Kochheiser provided a summary of the proposed Notices of Opportunity for Hearing.

Erin A. Gibbons, R.D.H.
Motion by Dr. Krob, second by Dr. Subramanian, to approve the proposed notice of opportunity for hearing for Erin A. Gibbons, R.D.H., license number 31.015713, and case number 19-43-1086.

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

Edward R. Hills, D.D.S.
Motion by Dr. Subramanian, second by Dr. Quereshy, to approve the proposed notice of opportunity for hearing for Edward R. Hills, D.D.S., license number 30.020127, and case number 18-18-1427.

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

Enforcement Update
Deputy Director Kochheiser began the Enforcement Update by informing the Board that there was were two (2) cases pending hearing with one scheduled in July. He said there are no cases pending Hearing Examiner’s Report and Recommendation, twelve (12) licensees and certificate holders under current suspension, thirty-five (35) licensees and certificate holders with older suspensions, and currently the Board has one-hundred and thirty-one (131) active cases. Deputy Director Kochheiser said that there was one (1) referral to QUIP and no licensees actively participating in QUIP. He informed the members that there were fifty-eight (58) cases which have been investigated and reviewed by the Board Secretaries and are recommended to be closed with two (2) warning letters issued. Deputy Director Kochheiser noted that there are thirty-eight (38) licensees currently on probation. He indicated that there are sixty-three (63) cases that have been open for longer than 90 days as noted in the charts in the Board Notebook.

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 provided a list of the cases to be closed with the Board.

The following cases are to be closed:

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<th>Case Number 1</th>
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<th>Case Number 3</th>
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<td>18-47-1338</td>
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Prior to the vote to close the above listed cases, Deputy Director Kochheiser inquired as to whether any of the Board members had any personal knowledge that the cases that were being voted on today involved either themselves or a personal friend.

Roll call:

Dr. Anderson – No
Dr. Bauer – No
Dr. Bean – No
Dr. Das – No
Dr. Guttman – No
Ms. Intihar – No
Ms. Johnston – No
Dr. Krob – No
Dr. Kyger – No
Ms. Scaramucci – No
Dr. Subramanian - No

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

*Motion by Dr. Subramanian, second by Dr. Krob, to close the above fifty-eight (58) cases.*

Motion carried unanimously.

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

**Executive Session**

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

Roll call vote:

Dr. Anderson – Yes
Dr. Bauer – Yes
Dr. Bean – Yes
Dr. Das – Yes
Dr. Guttman – Yes
Ms. Intihar – Yes
Ms. Johnston – Yes
Dr. Krob – Yes
Dr. Kyger – Yes
Ms. Scaramucci – Yes
Dr. Subramanian – Yes

Motion carried unanimously.

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

Open Session
At 2:49 p.m. the Board resumed open session. President Subramanian stated that the Board would now continue with the rest of the agenda.

Licensure
President Subramanian stated that the Board’s Licensing Coordinator Samantha Slater had prepared a report of the licenses, certifications, and registrations that have been issued by the Board staff since reported at the last meeting in February. He explained that before the Board was the listing of license, registration, and certification numbers of issuance by the Board staff for ratification by the Board.

Dentist(s) – (59)

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**Dental Hygienist(s) – (10)**

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Limited Teaching – (1)

71.000261  Hany Zakhary

Limited Continuing Education – (11)

LCE.000382  Matthew Giulianelli  LCE.000388  Naif Sinada
LCE.000383  Jason Ganong  LCE.000389  Travis Moore
LCE.000384  Daniel Van Galder  LCE.000390  Angela Smith
LCE.000385  Mitchell Persenaire  LCE.000391  Shereen Elsahy
LCE.000386  David Hernly  LCE.000392  Wael Roumani
LCE.000387  James Eash

Limited Resident’s – (8)

RES.004049  Inga Wierup  RES.004053  Paul Kim
RES.004051  Wisam Musa  RES.004054  Liam Smyth
RES.004052  Nour Hejazin  RES.004056  Juan Marcano
RES.004050  Jaehee Hong  RES.004055  Andrew Vo

Expanded Function Dental Auxiliary – (20)

EFDA.002969  Diane J Mack  EFDA.002978  Keisha Sykes
EFDA.002970  Mckenna Gerstner  EFDA.002979  Elaina Rotuno
EFDA.002976  Christina Poulos  EFDA.002981  Aqib Shafi
EFDA.002973  Luci Ann Griego  EFDA.002982  Sarah R Newbold
EFDA.002977  Jamey M Dalrymple  EFDA.002983  Brandy L. Haught
EFDA.002972  Ashley Boyd  EFDA.002984  Kayla Kopp
EFDA.002971  Stephanie M Pawul  EFDA.002985  Lyndsey Cilles
EFDA.002974  Brittany Smith  EFDA.002986  Christina Commissio
EFDA.002975  Hannah Mathies  EFDA.002987  Sonamben Patel
EFDA.002980  Nameer Al-Hashimi  EFDA.002988  Karen Bise
Coronal Polishing – (30)

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Motion by Ms. Johnston, second by Dr. Bauer, 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

President Subramanian stated that the Board’s Licensing Manager Samantha Slater had reviewed a dental license application from a graduate of an unaccredited dental college located outside the United States and had provided the detailed information for their review. He stated that the candidate has completed a 2-year residency program in general dentistry and has met all other requirements as listed in Ohio Administrative Code Rule 4715-18-01 for licensure. He then recommended approval for Dr. Yael Joseph Garcia to receive a license to practice dentistry in Ohio.

Motion by Ms. Johnston, second by Dr. Bean, to grant a license to practice dentistry in the state of Ohio to Dr. Yael Joseph Garcia.

President Subramanian informed the Board members that amended rule 4715-18-01 became effective which now requires graduates of unaccredited dental colleges to attend and graduate from a CODA-accredited 2-year General Practice Residency (GPR) or Advanced Education in General Dentistry (AEGD) program in order to obtain a license in the state of Ohio. He further explained that the Supervisory Investigative Panel has agreed to continue issuing licenses limited to non-general dentistry residents who are currently enrolled or enrolled prior to March 31, 2019 in accredited programs that are not in general dentistry.

Motion carried unanimously.

General Anesthesia/Conscious Sedation Permit(s)

President Subramanian stated that the Board’s Anesthesia Consultant, Gregory Ness, D.D.S., had reviewed the following individuals who have applied for General Anesthesia or Conscious Sedation Permits. Evaluations have been conducted and the applicants have been recommended to receive a General Anesthesia or Conscious Sedation Permits in the modality as listed.
General Anesthesia
Dr. Richard Cordero, Springboro, Ohio

Motion by Dr. Quereshy, second by Dr. Krob, to approve the general anesthesia permit application for Dr. Michael Shapiro.

Motion carried unanimously.

Oral Health Access Supervision Permit(s)
President Subramanian stated that the Board’s Licensing Manager had reviewed the applications and recommended that the following individuals receive Oral Health Access Supervision Permits.

Dentist(s)
Dr. Lisa Marshall, Troy, Ohio
Dr. Joseph Zaino, Kenton, Ohio

Motion by Ms. Scaramucci, second by Dr. Krob, to grant Oral Health Access Supervision permits to Drs. Marshall and Zaino.

Motion carried unanimously.

Reinstatement Application(s)
President Subramanian stated that the Board’s Licensing Manager had reviewed and approved four (4) dental reinstatement application and recommended that the Board ratify the reinstatement application.

Dentist(s)
Sakthi Kesavan, D.D.S.
David Krueger, D.D.S.
Michael Sullivan, D.D.S.
Jennifer Zavoral, D.D.S.

Motion by Dr. Bauer, second by Dr. Kyger, to reinstate the licenses of Drs. Kesavan, Krueger, Sullivan, and Zavoral to practice dentistry in the state of Ohio.

Motion carried unanimously.

President Subramanian stated that the Board’s Licensing Manager had reviewed and approved four (4) dental hygiene reinstatement applications and recommended that the Board ratify the following reinstatement applications.

Dental Hygienist(s)
Joyce Boyd, R.D.H.
Sharmin Brahmbhatt, R.D.H.
Jane Fox, R.D.H.
Jennifer Swartz, R.D.H.

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

Motion carried unanimously.
Committee Reports

Ad Hoc
Dr. Anderson informed the Board members that the Ad Hoc Committee met that morning in the Vern Riffe Building in Room 1932. The meeting was called to order at 9:50 a.m. with all the members in attendance; Dr. Anderson, Dr. Bauer, Ms. Intihar, Dr. Krob, and Dr. Kyger. He stated that staff members in attendance were Director Kamdar, Mr. Kochheiser, Mr. Russell and Ms. Franks. Dr. Anderson indicated that there was no “Old Business” to report.

New Business

Expert Application Review
Dr. Anderson stated that the Committee had reviewed and discussed two (2) applicants for Expert Witnesses for the Board; Dr. Michael Fioritto and Dr. Ali Syed.

Dr. Fioritto is from Mentor, Ohio. His application indicates that his area of expertise is in general dentistry and dental implants. He is a Diplomate of the American Board of Oral Implantology/Implant Dentistry since 2013 and a national lecturer on dental implant surgery and dental implant prosthetics. The Committee recommended that the Board approve Dr. Fioritto as an expert witness for the Board.

Dr. Anderson stated that the second application was from Dr. Ali Syed.

Dr. Syed is from Cleveland, Ohio. His application indicates that his area of expertise is in oral and maxillofacial radiology. The committee found him to be well-qualified and that he has co-authored many articles and journals. However, Dr. Syed is currently practicing under a Limited Teaching License and the Committee agreed that an Expert Witness for the Board should hold a full dental license in order to be able to testify in a court in the State of Ohio. The Committee agreed that Dr. Syed’s application should be tabled until the Committee could determine whether Dr. Syed was able to obtain a full dental license in Ohio.

Topics for next Meeting
Dr. Anderson stated that topics for their next committee meeting included further review of the application for Dr. Syed, a discussion on how to encourage more Experts for the Board and reviewing the current listing of Expert Witnesses for the Board to determine areas of need.

Motion by Ms. Johnston, second by Dr. Kyger, to approve the Ad Hoc Committee report as presented and approve the expert application of Dr. Michael S. Fioritto.

Motion carried unanimously.

Education
Dr. Krob stated that the Education Committee meeting was called to order at 10:35 a.m. that morning in room 1932 of the Vern Riffe Center. She said that in addition to herself, Committee members Dr. Ashok Das and Dr. Faisal Quereshy were present along with staff members, Director Kamdar, Mr. Russell and Ms. Franks. Dr. Krob noted that other Board members and guests were also in attendance.

Minutes
Dr. Krob informed the members that the March 6, 2019 Committee Minutes were reviewed and accepted without modification via consensus of the committee members.
Continuing Education Audit – Update
Dr. Krob stated that Ms. Franks and Director Kamdar had provided an update on the proposed soft launch of the new process to evaluate licensee audits, how criteria are measured, and how delinquency and non-compliance will be handled. The end-goal is to have a practice that is perpetual and real-time.

Review of Biennial Sponsor Application(s)
Renewal
Dr. Krob then indicated that the Committee members had reviewed three (3) renewal applications for biennial sponsorship. The Committee recommended to approve the following sponsor applications:

Dr. Greg Austria
Dental Education Adventures, L.L.C.
Vlad Shapiro, D.D.S. Shapiro and Baker Periodontics and Dental Implants

Initial
Dr. Krob stated that in addition to the renewal applications, the Committee reviewed one (1) initial application for biennial sponsorship. The Committee recommended to approve the sponsor application for Capital City Periodontics and Implantology. This approval is applicable for courses offered during the remainder of the biennium (which expires December 31, 2019), at which time the sponsor must renew sponsorship. This will be communicated to the applicant sponsors.

Review of Course(s)
Dental Assistant Radiographer Initial Training
Dr. Krob informed the Board members that the Committee had reviewed an application for the Dental Assistant Radiographer Initial Training Course from Choffin School of Accredited Dental Assisting. She stated that Choffin, which has an accredited dental assisting program through the Commission on Dental Accreditation (CODA) and has already been approved to provide the initial training via their full dental assisting program, was now applying to provide the initial training as a 7-hour stand-alone course. She stated that the Committee recommended to approve the application.

Anesthesia/Conscious Sedation Permit Renewal
Dr. Krob said that the Committee members also reviewed the Anesthesia Permit Renewal course submitted by the Ohio Dental Society of Anesthesiology regarding recognition and management of sedation-anesthesia complications and courses. The application was reviewed and approved by the Dental Board’s Anesthesia Consultant, Dr. Gregory Ness. The Committee recommended approval of the application.

Motion by Dr. Quereshy, second by Ms. Intihar, to approve the Education Committee report and the recommendation for approval of the Biennial Sponsor applications, Anesthesia Permit Renewal Course, and Dental Assistant Radiographer Initial Training Course.

Motion carried unanimously.

Law and Rules Review
President Subramanian stated that the Law & Rules Review Committee met that morning in Room 1948 in the Verne Riffe Center at 11:22 a.m. The meeting was attended by all members of the committee; Dr. Bean, Dr. Guttman, Ms. Scaramucci, Ms. Intihar, Mr. Eric Richmond from the Ohio Dental Association (ODA), and Mr.
Andrew Huffman who was sitting in for Matt Whitehead representing the Ohio Dental Hygienists’ Association (ODHA). Board staff in attendance were Executive Director Kamdar, Mr. Kochheiser, Mr. Russell, and Ms. Franks.

Minutes
President Subramanian informed the members that the Committee had reviewed and unanimously approved the minutes from the March 2019 meeting as presented.

Anesthesia and Sedation Working Group
President Subramanian said that Mr. Kochheiser was diligently working on the draft language for the anesthesia and sedation rules and expects to have a draft for review during the June or July meeting.

Section 4715-8 Continuing Education
President Subramanian indicated that the Committee had a significant discussion on the rules regarding continuing education sponsorships and more specifically, continuing education being provided by local study clubs. He stated that the Committee has decided to table those rules so that all members may have the opportunity to review those sections and provide their input to him and Mr. Kochheiser. Board member input should be submitted by the end of the month so that their discussions may be completed at the June meeting. He reiterated that he would like all members of the Board to take the time to read through the rules regarding continuing education and submit their input as soon as possible before the end of the month so that this matter may be concluded at the June meeting.

Rules for Filing
President Subramanian informed the Board members that the balance of the rules up for consideration at this time were discussed with only minor recommended changes to be made accordingly. He stated that with those minor changes being made the Committee was recommending that the following No Change and Amended rules be considered by the full Board for a vote to initial file:

4715-3-01 Definitions.
4715-5-01.1 Requirements for initial licensure for dentists.
4715-9-01.3 Monitoring of nitrous oxide-oxygen (N2O-O2) minimal sedation; education or training requirements.
4715-9-03 Requirements for initial licensure for dental hygienists.
4715-15-26 Evidence.
4715-22-01 Volunteer’s certificate issued to retired dentist or dental hygienist to provide free services to indigent and uninsured persons; immunity.

Motion by Dr. Anderson, second by Dr. Das, to approve the rules as listed for initial filing with the Joint Committee on Agency Rule Review (JCARR), the Secretary of State’s Office, and the Office of Small Business.

Motion carried unanimously.

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

Motion carried unanimously.

Scope of Practice Committee
Dr. Bauer informed the members that the Scope of Practice Committee met earlier that morning at 9:02 a.m. in room 1918 of the Vern Riffe Center. He indicated that all Committee members were in attendance.
Minutes
Dr. Bauer stated that the minutes from the previous meeting in March were approved without comment or changes.

Sleep-related Breathing Disorders Position Statement
Dr. Bauer indicated that the final draft of the Sleep-related Breathing Disorders (SRBD) Position Statement was reviewed and approved by the Committee with one minor grammatical change and was now ready for consideration by the full Board.

Motion by Dr. Bauer, second by Ms. Johnston, to approve the Position Statement: Role of the Dentist in the Treatment of Sleep-related Breathing Disorders.

Motion carried unanimously.

Discussion Topics

Teledentistry and Silver Diamine Fluoride Application
Dr. Bauer stated that an update on the recently passed teledentistry bill and its implications on SDF application was provided by Deputy Director Kochheiser and Zach Russell. The prospective model for the administration of SDF was discussed and a position statement on the topic will be tabled until rules are finalized.

Pediatric Airway Assessment
Dr. Bauer explained that the Committee had discussed the role of the dentist in pediatric airway assessment and referral. The committee determined that this falls within the already approved SRBD position statement and the point was made that additions to this position statement can be made in the future if the committee sees fit.

Position Statement on In-office Phlebotomy
Dr. Bauer said the Committee continued their earlier discussion regarding a potential position statement with respect to in-office phlebotomy and concluded that no such statement was indicated at this time. Members also discussed the irregularities among dental programs with respect to the extent phlebotomy/venipuncture education is provided to dental students.

Board Certification in Addiction
Dr. Bauer stated that Board Certification in Addiction Medicine was brought up again and its potential positive impact to public health. He stated that President Subramanian was awaiting more information on the possibility of dentists accessing this education since currently they are not permitted to pursue this educational pathway, as only medical doctors are able to do so.

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

Motion carried unanimously.

Executive Updates

President’s Update
President Subramanian took a moment to congratulate Director Kamdar for the excellent testimony he provided to the House and Senate Finance committees on the Board’s budget request for FY 2020 and FY 2021 biennium and related matters. He commented that the discussion and question and answer session were so informative that Director Kamdar’s testimony has brought accolades from not only interested stakeholders, but from other
outside agencies as well. President Subramanian also said that the Auditor of State audit of the Ohio State Dental Board was completed this month and the Board was successful under the stewardship of Director Kamdar. He then congratulated Director Kamdar and staff.

President Subramanian stated that as a board, the primary objective is protection of the public. He said that in this regard the Board should work together with other entities on projects such as the Ohio Ethics Commission to maintain integrity and respect for the law, and also, with the DeWine-Husted administration’s innovateOhio platform. He encouraged all the members of the Board to work in tandem with others to help with the opioid epidemic, improve access to care, and use technology for the betterment of absolute patient protection. Also, he talked about how the Board could promote educating the public through routine visits at dental offices on the dangers of vaping to oral health and overall health outcomes especially with older teenagers and young adults.

Executive Director’s Update
Director Kamdar thanked President Subramanian for his recognition and stated that it was an honor and a privilege to provide testimony before the House of Representatives Finance Committee and the Senate Finance Committee to present the Board’s budget needs for the next biennium. He informed the members that they have been fiscally conservative and frugal with expenses. Director Kamdar also discussed Board priorities involving opioid prescribing and concerns regarding vaping.

Director Kamdar then asked the Board members to start looking at their calendar for next year. He stated that they will soon be selecting dates for Board meetings for next year and suggested that it be modeled after the dates for this year. Discussions will be held at the next Board meeting and dates will be finalized at the following month’s meeting.

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

Adjourn
President Subramanian adjourned the meeting at 3:13 p.m.
Appendix A

Position Statement: Role of the Dentist in the Treatment of Sleep-related Breathing Disorders

Date: May 8, 2019

The Ohio State Dental Board (Board) is committed to ensuring the safe practice of dentistry to the public. The purpose of these recommendations is to address inquiries regarding the role of the dentist in the treatment of a patient with sleep-related breathing disorders. Sleep-related breathing disorders (SRBD) - disorders characterized by disruptions in normal breathing patterns, including snoring, upper airway resistance syndrome, and obstructive sleep apnea.

Although a dentist “diagnoses or treats diseases or lesions of human teeth or jaws, or associated structures,” SRBD is a potentially life-threatening medical condition with numerous implications on systemic health and requires the diagnosis of a licensed physician. R.C. section 4715.01. If the patient presents with a history or clinical findings consistent with SRBD, it is recommended that the dentist refer that patient to their primary care physician to coordinate diagnosis and treatment by a medical provider. The need for, and appropriateness of, a home sleep apnea test (HSAT) must be based on the patient’s medical history and a face-to-face examination by a medical provider, either in person or via telemedicine.

It is the duty of the diagnosing medical provider to determine if oral appliance therapy is indicated in the treatment of a specific patient. The dentist is uniquely qualified to obtain the necessary records to fabricate intra-oral appliances for the therapeutic benefit of individuals suffering from SRBD when this course of therapy is recommended by the treating medical provider. The dentist shall determine which appliance is best suited for the dentition of the patient and also suitable for reaching the objectives set forth by the referring medical provider.

The dentist shall ensure the fit on the intra-oral structures is such that the therapeutic benefit is able to be fully realized by the patient. It is recommended that titration of the device, follow up care, and/or any adjustments that have an unknown impact on the systemic issues surrounding SRBD be overseen by the treating medical provider. Identification and management of the potential occlusal, orthodontic, and temporomandibular side effects will be among the responsibilities of the dentist when these patients present for routine periodic examination. Patients presenting at routine examination with concerns regarding efficacy of SRBD treatment will be referred back to the treating medical provider for evaluation.

References

   https://www.ada.org/~/media/ADA/Member%20Center/Files/The-Role-of-Dentistry-in-Sleep-Related-Breathing-Disorders.pdf?la=en

Appendix B

Rules to Initial File

4715-3-01 Definitions
4715-5-01.1 Requirements for initial licensure for dentists.
4715-9-01.3 Monitoring of nitrous oxide-oxygen (N2O-O2) minimal sedation; education or training requirements.
4715-9-03 Requirements for initial licensure for dental hygienists.
4715-15-26 Evidence.
4715-22-01 Volunteer’s certificate issued to retired dentist or dental hygienist to provide free services to indigent and uninsured persons; immunity.
Ohio Administrative Code
Rules to Initial File

4715-3-01 Definitions

Definition of terms are listed by category. Categories are listed alphabetically.

(A) Advertising terms

1. "Invasion of privacy" - to encroach upon or violate a person's personal, intimate, and/or private space.
2. "Misrepresentation" - to represent falsely, wrongly, or misleadingly.
3. "Overreach" - to get the better of, especially by deceit or trickery; to outwit; to reach too far; to cheat others.
4. "Reasonably dignified" - possessing distinction, poise, honor, esteem.
5. "Reasonably restrained" - moderation in action or expression.
6. "Undue influence" - using power in an excessive or unreasonable way to produce effects, either, directly, indirectly, or through an intermediary.
7. "Unreasonable interference" - to unreasonably come between so as to impede, hinder or obstruct

(B) Anesthesia/sedation terms

1. "Administration" - providing, applying, or injecting a drug or other therapeutic agent for a patient of record, including providing a patient with a single dose of a controlled substance or other dangerous drug that is to be used incidental to, or contemporaneously with, a planned procedure, with the intent of being an integral and indicated action to properly initiate and complete the dental procedure within the standard of care in dentistry.
2. "Analgesia" - the diminution or elimination of pain.
3. "Anxiolysis" - the diminution or elimination of anxiety.
4. "Enteral/oral conscious sedation" - The use of a single drug administered orally or sublingually at one time on a given treatment day, or combination of drugs administered concomitantly orally or sublingually at one time on a given treatment day, in order to provide sedation or anxiolysis for dentistry. If the dosage is determined to be inadequate and an increased dosage is required to sufficiently provide sedation or anxiolysis, the practitioner must reschedule the patient for a subsequent appointment on a different day. All enteral/oral sedatives shall be administered at the same time and only once during any given treatment day unless the administering dentist is permitted to provide intravenous conscious sedation or general anesthesia.
5. "Combination inhalation-enteral conscious sedation (combined conscious sedation)" - conscious sedation using enteral agents, as indicated in paragraph (B)(4) of rule 4715-3-01 of the Administrative Code, and nitrous oxide/oxygen inhalation sedation. Nitrous oxide/oxygen used in combination with sedative agents may produce conscious or deep sedation or general anesthesia.
6. "Conscious sedation" - a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command, and that is produced by a pharmacologic or non-pharmacologic method, or a combination thereof. In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of conscious sedation.
(7) "Continual" - repeated regularly and frequently in a steady succession.
(8) "Continuous" - prolonged without any interruption at any time.
(9) "Deep sedation" - an induced state of depressed consciousness, accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or to respond purposefully to physical stimulation or verbal command, and is produced by a pharmacologic or non-pharmacologic method, or combination thereof.
(10) "Enteral" - any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa [i.e., oral, rectal, sublingual].
(11) "General anesthesia" - an induced state of unconsciousness accompanied by partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal command, and is produced by a pharmacologic or non-pharmacologic method, or combination thereof.
(12) "Immediately available" - on site in the facility and available for immediate use.
(13) "Inhalation" - a technique of administration in which a gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.
(14) "Local anesthesia" - the elimination of sensation, especially pain, in one part of the body by regional injection of a drug.
(15) "Minimal sedation" - a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.
(16) "Moderate sedation" - a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
(17) "Parenteral" - a technique of administration in which the drug bypasses the gastrointestinal (GI) tract [i.e., intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), intraocular (IO)].
(18) "Time-oriented anesthesia record" - documentation at appropriate intervals of drugs, doses and physiologic data obtained during patient monitoring.
(19) "Topical anesthesia" - the elimination of sensation, especially pain, in one part of the body by skin or mucous membrane surface application of a drug.
(20) "Transdermal/transmucosal" - a technique of administration in which the drug is administered by patch or iontophoresis.

(C) Prescribing terms
(1) "Acute pain" - pain that normally fades with healing, is related to tissue damage or trauma, significantly alters a patient's typical function and is expected to be time limited.
(2) "Dentist" - a person holding a license under Chapter 4715. of the Revised Code to practice dentistry.
(3) "Extended-release or long-acting opioid analgesics" - a controlled substance opioid analgesic, as defined in section 3719.01 of the Revised Code, that includes any of the following:
(a) The drug has United States food and drug administration approved labeling indicating that it is an extended-release or controlled release formulation; or
(b) The drug is administered via a transdermal route; or
(c) The drug contains methadone.
(4) "Morphine equivalent dose" - the conversion of various opioid analgesics to the same amount of morphine by the use of accepted conversion tables provided by the state of Ohio board of pharmacy at [http://www.ohiopmp.gov/MED_Calculator.aspx](http://www.ohiopmp.gov/MED_Calculator.aspx).

(5) "Minor" - an individual under the age of eighteen years of age who is not emancipated.

(6) "Opioid analgesic" - has the same meaning as in section 3719.01 of the Revised Code and means a controlled substance that has analgesic pharmacologic activity at the opioid receptors of the central nervous system, including but not limited to the following drugs and their varying salt forms or chemical congeners: buprenorphine, butorphanol, codeine (including acetaminophen and other combination products), dihydrocodeine, fentanyl, hydrocodone (including acetaminophen combination products), hydromorphone, meperidine, methadone, morphine sulfate, oxycodone (including acetaminophen, aspirin, and other combination products), oxymorphone, tapentadol, and tramadol.

(D) Dental personnel

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

(2) "Unlicensed dentist" - a graduate of an accredited dental school who has not successfully passed all examinations or completed the application requirements for licensure in Ohio as set forth in section 4715.10 of the Revised Code and the agency rules of this board; or the holder of a license to practice dentistry in Ohio which has been suspended or revoked by board action.

(3) "Graduates of unaccredited dental colleges located outside the United States" - a graduate of a dental school that is located outside the United States and is not accredited by the American Dental Association Commission on Dental Accreditation.

(4) "Dental student" - a student in good standing currently enrolled in an accredited dental school.

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

(6) "Unlicensed dental hygienist" - a graduate of an accredited dental hygiene school or program who has not successfully passed all examinations or completed the application requirements for licensure in Ohio as set forth in section 4715.21 of the Revised Code and the agency rules of this board; or the holder of a license to practice dental hygiene in Ohio which has been suspended or revoked by board action.

(7) "Certified assistant" - a dental assistant who maintains current certification by completion of the continuing education requirements upon successfully passing the "Certified Dental Assistant" (CDA) certification examination of the Dental-Dental assisting national board (DANB) or the certification examination of the Ohio commission on dental assistant certification (OCDAC).

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

(9) "Advanced qualified personnel" (hereinafter referred to as expanded function dental auxiliaries or EFDA's) - those persons who have passed the Ohio state dental board designated examination for expanded function dental auxiliaries who may perform advanced remediable
intra-oral dental tasks and/or procedures under the direct supervision and full responsibility of a licensed dentist.

Upon submitting proof of successful completion of acceptable training on a form prescribed by the board and signed by the chief administrative officer of the program at the accredited institution, the following applicants shall be admitted to the state board designated examination for expanded function dental auxiliary:

(a) "Unlicensed dentist" - a graduate of an accredited dental school unless his license is under suspension or revocation by the board.

(b) "Dental student" - a dental student in good standing and currently enrolled in an accredited institution, upon recommendation of the dean.

(c) "Graduates of unaccredited dental colleges located outside the United States" - a graduate of a dental school located outside the United States that is not accredited by the American dental association commission

(d) "Certified assistant" - a certified assistant if he or she has satisfactorily completed training in advanced remediable intra-oral dental tasks and/or procedures through an accredited educational institution or program whose educational standards are recognized and/or accredited by the American dental association commission.

(e) "Licensed dental hygienist" - a graduate of an accredited dental hygiene program if he or she has satisfactorily completed training in advanced remediable intra-oral dental tasks and/or procedures through an accredited educational institution or program whose educational standards are recognized and/or accredited by the American dental association commission.

(f) "Unlicensed dental hygienist" - a graduate of an accredited dental hygiene program if he or she has satisfactorily completed training in advanced remediable intra-oral dental tasks and/or procedures through an accredited educational institution or program whose educational standards are recognized and/or accredited by the American dental association commission.

The curriculum must include clinical experience.

(10)"Dental auxiliaries" - dental auxiliaries are all persons, not licensed to practice dentistry in Ohio, who assist in the dental practice.

(a) Subject to those more specific laws or rules regulating the functions of basic qualified personnel, expanded function dental auxiliaries and hygienists, a dental auxiliary may, under the personal supervision and full responsibility of a licensed dentist, assist in the concurrent performance of supportive procedures, and may assist with the administration of drugs, medications, and inhalation anesthetic agents, including nitrous oxide.

(b) Further, parenteral injections for the administration of drugs, including local anesthetic agents may not be delegated to dental auxiliaries unless they are appropriately licensed in the state of Ohio.

(11)"Dental health care workers" - dental health care workers are all personnel utilized by a licensed dentist who assist in a dental practice and who may be exposed to body fluids such as blood or saliva.
Disciplinary terms

1. "Revocation" - permanent loss of license to practice in Ohio with no ability to apply for licensure in this state in the future.

2. "Suspension" - loss of license to practice for a specific period of time (definite suspension) or until specific conditions are met (indefinite suspension). In the case of indefinite suspension, the board may specify a minimum period of time during which the licensee may not practice, in addition to other conditions for reinstatement of license.

3. "Restriction" - license to practice is restricted in some way (e.g., licensee is prohibited from practicing a certain specialty or procedure or prescribing, etc.) or is subject to terms and conditions specified by the board. The restriction can be permanent or temporary.

4. "Probation" - a specific type of restriction wherein the license to practice remains dependent upon compliance with terms and conditions specified by the board (e.g., periodic appearances, drug logs, reports by treating practitioners, etc.). The probation period may be for a definite or indefinite period of time. In the case of indefinite probation, the board may establish a minimum probationary period, with provisions for termination of probation at the board's discretion thereafter.

5. "Censure/reprimand" - the licensee is formally and publicly reprimanded in writing.

Educational terms

1. "Accreditation" - a procedure for recognizing or certifying that an educational institution or program meets prescribed standards that qualify its graduates for entitlement to take the state board designated examination.

2. "Accredited educational institution or program" - an educational institution or program accredited by one or more of the following:
   - American dental association commission (ACGME); responsible for the accreditation of dental and dental-related education within the United States and Canada.
   - Accreditation council for graduate medical education (ACGME); responsible for the accreditation of post-doctoral medical training programs within the United States.
   - The Joint commission on accreditation of healthcare organizations (JCAHO); responsible for the evaluation and accreditation of health care organizations and programs in the United States. An independent, not-for-profit accrediting organization which sets professionally based standards and evaluates the compliance of health care organizations.
   - Accredited dental school" - a dental school accredited by the American dental association commission (ACGME) on dental accreditation.
   - Accredited dental hygiene program" - a dental hygiene program accredited by the American dental association commission on dental accreditation.
   - Accredited dental assisting program" - a dental assisting program accredited by the Commission on dental accreditation.

3. "Continuing education" means educational and scientific courses consisting of activities designed to review existing concepts and techniques, to convey information beyond the basic dental education and to update knowledge on advances in scientific, and clinical practice related subject matter, including evidence based dentistry wherein the objective is to improve the knowledge, skills and ability of the individual to provide the highest quality of service to the public and the profession.

4. "Remedial education" means a prescribed educational intervention that is designed to restore an identified practice deficiency of a licensee to conformity with the accepted standards of the profession. Remediation includes, but is not limited to, successful
(G) General terms
(1) "Must/shall" - indicates an imperative need and/or duty; an essential or indispensable item; mandatory.
(2) "Should" - indicates the recommended manner to obtain the standard; highly desirable.
(3) "May" - indicates freedom, or liberty to follow a reasonable alternative.
(4) "Immediately available" - on site in the facility and available for immediate use/review/inspection.
(5) "All" - the whole extent or quantity of; every one of; the entire number of.

(H) Impairment
(1) "Impairment" - means impairment of ability to practice under accepted standards of the profession because of physical or mental disability, or dependence on alcohol or other drugs, or habitual or excessive use or abuse of alcohol, drugs or other substances. Impairment includes inability to practice in accordance with such standards, and inability to practice in accordance with such standards without appropriate treatment, monitoring and supervision.
(2) "Inability to practice" - means impairment of ability to practice under accepted standards of the profession because of physical or mental disability, dependence on alcohol or other drugs, or excessive use of alcohol or other drugs.
(3) "No longer drug or alcohol dependent" - means a demonstration of abstinence from alcohol, and from drugs or substances that may impair the ability to practice.
(4) "Relapse" - means any use of, or obtaining for the purpose of using, alcohol or other drugs or substances that may impair the ability to practice, including a return to the pattern of impairment activities, by one previously diagnosed and treated for drug or alcohol abuse or dependence. This does not apply to substances obtained pursuant to the direction of a treating physician who has knowledge of the patient’s history and the disease of addiction, or pursuant to the direction of a physician in a medical emergency.

(I) Infection control
(1) "Appropriate disinfectant" - a diluted bleach solution, EPA-registered tuberculocides, sterilants, or products registered against HIV/HBV, provided the surfaces have not become contaminated with agents or volumes of or concentrations of agents for which higher level disinfection is recommended.
(2) "Chemical sterilization process" - use of a sterilant cleared by the food and drug administration in a 510 (K) in accordance with the manufacturer’s instructions.
(3) "Immediate remedial action" - after the first positive spore test occurs, a second biological spore test must be performed according to manufacturer’s guidelines. In the event a second positive biological spore test occurs, the device must be removed from service until repaired.
(4) "Overgloving" - placing one disposable glove over another disposable glove between patients when the first glove is contaminated.

(J) Levels of knowledge
(1) "Familiarity" - a simplified knowledge for the purpose of orientation and recognition of general principles.
(2) "In-depth" - a thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding (highest level of knowledge).

(K) Levels of skill
(1) "Exposed" - the level of skill attained by observation of or participation in a particular activity.
(2) "Competent" - displaying special skill or knowledge derived from training and experience.
(3) "Proficient" - the level of skill attained when a particular activity is accomplished with repeated quality and a more efficient utilization of time (highest level of skill).

(L) Miscellaneous terms

(1) Construction

(a) Where a pronoun of one gender appears in these rules, it shall be interpreted to mean or include the pronoun of the other gender where appropriate.

(2) "Casts" - any platform from which a restoration is constructed.

(3) "Director of continuing education practicum" - the director of a continuing education practicum must be a dentist licensed to practice in the state of Ohio.

(4) "Emergency" - a sudden, generally unexpected occurrence or set of circumstances demanding immediate action.

(5) "Final impression for digital capture" - the digital or analog image or compilation of images approved and submitted by the supervising dentist for the construction of casts which is captured by the digital scanning of any hard or soft tissue bearing area, whether intra-orally or extra-orally for the purpose of fabricating a prosthesis.

(6) "Final placement or removal of appliances" - the word "final" as used in paragraphs (B) and (C) of rule 4715-11-06 of the Administrative Code means the last step in the therapeutic process concerning the placement, replacement or removal of a removable appliance, or a fixed appliance directly attached to a tooth or teeth by cementation, direct bonding or other similar process, and the same applies to appliances utilized for the correction of malpositions of the teeth. The temporary placement of any appliance is not considered the final placement in the therapeutic process.

(7) "License" - a current valid license, registration, certificate or permit issued pursuant to sections 4715.01 to 4715.99 of the Revised Code, which has not been revoked or suspended.

(8) "Licensee" - the holder of a current valid license, registration, certificate or permit issued pursuant to sections 4715.01 to 4715.99 of the Revised Code, which has not been revoked or suspended.

(9) "Treatment day" - any portion of any day during which treatment is rendered to a patient constitutes a treatment day.

(M) Personal information system

(1) "Access" as a noun means an opportunity to copy, view, or otherwise perceive whereas "access" as a verb means to copy, view, or otherwise perceive.

(2) "Acquisition of a new computer system" means the purchase of a "computer system," as defined in this rule, that is not a computer system currently in place nor one for which the acquisition process has been initiated as of the effective date of the board rule addressing requirements in section 1347.15 of the Revised Code.

(3) "Computer system" means a "system," as defined by section 1347.01 of the Revised Code that stores, maintains, or retrieves personal information using electronic data processing equipment.

(4) "Confidential personal information" (CPI) has the meaning as defined by division (A)(1) of section 1347.15 of the Revised Code and identified by rules promulgated by the board in accordance with division (B)(3) of section 1347.15 of the Revised Code that reference the federal or state statutes or administrative rules that make personal information maintained by the board confidential.

(5) "Employee of the board" means each employee of the dental board, as well as each member of the dental board appointed to the board pursuant to section 4715.02 of the Revised Code.

(6) "Incidental contact" means contact with the information that is secondary or tangential to the primary purpose of the activity that resulted in the contact.
(7) "Individual" means natural person or the natural person's authorized representative, legal
counsel, legal custodian, or legal guardian.

(8) "Information owner" means the individual appointed in accordance with division (A) of section
1347.05 of the Revised Code to be directly responsible for a system.

(9) "Person" means natural person.

(10) "Personal information" has the same meaning as defined in division (E) of section 1347.05 of the
Revised Code.

(11) "Personal information system" means a "system" that "maintains" "personal information" as
those terms are defined in section 1347.01 of the Revised Code. "System" includes manual and
computer systems.

(12) "Research" means a methodical investigation into a subject.

(13) "Routine" means common place, regular, habitual, or ordinary.

(14) "Routine information that is maintained for the purpose of internal office administration, the
use of which would not adversely affect a person" as that phrase is used in division (F) of section
1347.01 of the Revised Code means personal information relating to the board's employees that
is maintained by the board for administrative and human resource purposes.

(15) "System" has the same meaning as defined by division (F) of section 1347.01 of the Revised
Code.

(16) "Upgrade" means a substantial redesign of an existing system for the purpose of providing a
substantial amount of new application functionality, or application modifications that would
involve substantial administrative or fiscal resources to implement, but would not include
maintenance, minor updates and patches, or modifications that entail a limited addition of
functionality due to changes in business or legal requirements.

(N) Military personnel/veterans

(1) For the purposes of Chapters 4715-1 to 4715-40 of the Administrative Code, and except as
otherwise provided, the following definitions shall apply:

(a) "Active duty service members" means any member of the armed forces of the United States
performing active duty under title 10 of the United States Code.

(b) "Armed forces: means the armed forces of the United States, including the army, navy, air
force, marine corps, coast guard, or any reserve components of those forces; the national
guard of any state; the commissioned corps of the United States public health service; the
merchant marine service during wartime; such other service as may be designated by
congress; or the Ohio organized militia when engaged in full-time national guard duty for a
period of more than thirty days.

(c) "Applicant" means an individual who applies to the board for a license, permit, certificate,
or registration or renewal, reinstatement or reactivation of a license, permit, certificate, or
registration to practice as:

(i) A licensed dentist;

(ii) A licensed dentist with an anesthesia or conscious sedation permit;

(iii) A licensed dental hygienist;

(iv) A dental x-ray machine operator; or

(v) An expanded function dental auxiliary.

(d) "Service member" means any person who is serving in the armed forces.

(e) "Merchant marine" includes the United States army transport service and the United States
naval transport service.

(f) "Veteran" means any person who has completed service in the armed forces, including the
national guard of any state, or a reserve component of the armed forces, who has been
discharged under honorable conditions from the armed forces or who has been transferred

to the reserve with evidence of satisfactory service.

(O) Special needs program

(1) "Special needs program" - a program that is operated through a school district board of
education or the governing board of an educational service center; the board of health of a city
or general health district or the authority having the duties of a board of health under section
3709.05 of the Revised Code; a national, state, district, or local dental association; or any other
public or private entity recognized and approved by the state dental board.

(P) Supervision

(1) "Supervision" - acts are deemed to be under the supervision of a licensed dentist when
performed in a dental facility wherein a licensed dentist is physically present at all times during
the performance of such acts and such acts are performed pursuant to his or her order, control
and full professional responsibility. Such acts shall be performed only after examination and
diagnosis by said dentist and in accordance with said dentist’s treatment plan for the procedure
to be performed by the licensed dental hygienist, certified assistant, expanded function dental
auxiliary, and/or dental x-ray machine operator. This definition is subject to the exceptions
noted in sections 4715.22, 4715.39, 4715.56 and 4715.64 of the Revised Code.

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

(3) "Personal supervision" - acts are deemed to be under the personal supervision of the licensed
dentist when the dentist is personally operating on a patient and authorizes an auxiliary to aid
treatment by concurrently performing supportive procedures.

(4) "Under the direction of" - pursuant to division (A) of section 4715.16 of the Revised Code, acts
are deemed to be under the direction of a licensed dentist when performed in a dental facility
wherein a licensed dentist is physically present at all times during the performance of such acts
and performed pursuant to his or her control and oversight. Acts are also deemed to be under
the direction of a licensed dentist when performed in connection with residency programs
approved by the American dental association commission on dental accreditation
and operated in accordance with the guidelines for the supervision of residents as set forth in
the accreditation standards.

(Q) Tasks and/or procedures categories

(1) "Basic remediable intra-oral and extra-oral dental tasks and/or procedures" - those dental tasks
and/or procedures which do not create irreparable changes within the oral cavity and/or the
contiguous structures and which are set forth in rule 4715-11-02 of the Administrative Code.

(2) "Advanced remediable intra-oral dental tasks and /or procedures" - all tasks and/or procedures,
with consideration of the soft tissue, involved in the art or placement of preventive or
restorative materials limited to the following:
(a) Placement of sealants;
(b) Amalgam restorative materials; and
(c) Non-metallic restorative materials, including direct-bonded restorative materials.

(3) "Irremediable tasks and/or procedures" - irremediable tasks and/or procedures are those which,
when performed, may create irreparable changes within the oral cavity or contiguous
structures. Further, parenteral injections for the administration of drugs, including local
anesthetic agents, are considered to be irremediable tasks under agency 4715 of the Administrative Code.

(4) "Surgery" means any procedure that involves cutting or otherwise infiltrating hard or soft human tissue, including but not limited to gingivae, bone and tooth structure, by mechanical means, including, laser surgery, therapeutic ionizing radiation, and therapeutic ultrasound.

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4715-5-01.1 Requirements for initial licensure for dentists.

(A) Applicants for licensure to practice dentistry as provided in sections 4715.10, 4715.11 and 4715.12 of the Revised Code, shall furnish satisfactory proof of the following on a form prescribed and provided by the state dental board:

1. Be at least eighteen years of age; and
2. Be of good moral character; and
3. Be a graduate of an accredited dental college, or a graduate of an unaccredited dental college located outside the United States and meets the requirements set forth in rule 4715-18-01 of the Administrative Code; and
4. Has successfully passed all parts of the examination given by the joint commission on national dental examinations; and
5. Provides evidence of successfully passing all components based on a conjunctive scoring method of one of the following regional board examinations: the North east regional board of dental examiners, inc. (NERB), the Central regional dental testing service, inc. (CRDTS), the Southern regional testing agency, inc. (SRTA), the central regional dental testing service, inc. (CRDTS), northeast regional board of dental examiners, inc. (NERB), the commission on dental competency assessments (CDCA), the southern regional dental testing agency, inc. (SRTA), the council of interstate testing agencies, inc. (CITA), or the Western regional examining board (WREB); or
6. Possesses a license in good standing from another state for five years and has actively engaged in the legal and reputable practice of dentistry in another state or in the armed forces of the United States, the United States public health service, or the United States department of veterans' affairs for five years immediately preceding application.
7. Have successfully completed a dental residency program accredited or approved by the commission on dental accreditation and administered by an accredited dental college or hospital, as attested to by the director of the program on a form prescribed and provided by the board.

(B) Each applicant shall successfully pass a written jurisprudence examination approved by the state dental board on the statute and rules governing the practice of dentistry in the state of Ohio.

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Prior Effective Dates: 5/15/03, 6/7/04, 5/22/09

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4715-9-01.3 Monitoring of nitrous oxide-oxygen (N2O-O2) minimal sedation; education or training requirements.

Each licensed dental hygienist seeking to monitor nitrous oxide-oxygen (N2O-O2) minimal sedation must have completed a basic life-support training course certified by the American heart association, the American red cross, or the American safety and health institute, and remain current at all times when monitoring N2O-O2 minimal sedation. In order to monitor N2O-O2 minimal sedation the dental hygienist must have completed the education and examination requirements set forth in rule 4715-11-02.1 of the Administrative Code for the monitoring of N2O-O2 minimal sedation for basic qualified personnel excepting that the licensed dental hygienist is not required to complete the stipulations set forth in paragraph (A)(40)(b) of rule 4715-11-02 of the Administrative Code.

Completion of basic life-support and all education and examination requirements for the administration of N2O-O2 minimal sedation shall be documented on a form supplied by the board, with any necessary supporting information attached. This form shall be maintained in the facility(s) where the dental hygienist is working. The board retains the right and authority, upon notification, to audit, monitor or request evidence demonstrating adherence to Chapter 4715. of the Revised Code and/or agency 4715 of the Administrative Code.

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Five Year Review (F Y R) Dates: 10/05/2016 and 07/01/2019
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Statutory Authority: 4715.03, 4715.39
Rule Amplifies: 4715.23, 4715.39
Prior Effective Dates: 12/24/2010

4715-9-03 Requirements for initial licensure for dental hygienists.

(A) Applicants for licensure to practice dental hygiene as provided in section 4715.21 of the Revised Code, shall furnish satisfactory proof of the following on a form prescribed and provided by the state dental board:

(1) Be at least eighteen years of age; and

(2) Be of good moral character; and

(3) Be a graduate of an accredited school of dental hygiene; and

(4) Have successfully passed all parts of the examination given by the joint commission on national dental examinations; and

(5) Provides evidence of successfully passing all components based on a conjunctive scoring method of one of the following regional board examinations: the north east regional board of dental examiners, inc. (NERB), the central regional dental testing service, inc. (CRDTS), the southern regional testing agency, inc. (SRTA) the central regional dental testing service, inc. (CRDTS), the northeast regional board of dental examiners, inc. (NERB), the commission on dental competency assessments (CDCA), the southern regional dental testing agency, inc. (SRTA), the council of interstate testing agencies, inc. (CITA), or the western regional examining board (WREB).

(B) Applicants for licensure to practice dental hygiene as provided in section 4715.27 of the Revised Code, shall furnish satisfactory proof of the following on a form prescribed and provided by the state dental board:
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(1) Be at least eighteen years of age; and
(2) Be of good moral character; and
(3) Be a graduate of an accredited school of dental hygiene; and
(4) Has successfully passed all parts of the examination given by the joint commission on national
dental examinations; and
(5) Holds a license in good standing from another state and has actively engaged in the legal and
reputable practice of dental hygiene in another state or in the armed forces of the United
States, the United States public health service, or the United States department of veterans'
affairs for five years immediately preceding application; and
(6) Proves to the satisfaction of the board the intention to practice dental hygiene in this state.

Each applicant for licensure to practice dental hygiene shall successfully pass a jurisprudence
dental hygiene in the state of Ohio.

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Rule Amplifies: 4715.21, 4715.27
Prior Effective Dates: 5/15/03, 6/7/04

4715-15-26 Evidence.
The "Ohio rules of evidence" may be taken into consideration by the board or its attorney hearing
examiner in determining the admissibility of evidence, but shall not be controlling. The "Ohio rules of
evidence" are readily available to attorneys and may be found at public libraries, bookstores, and on the
The attorney hearing examiner may permit the use of electronic or photographic means for the
presentation of evidence.

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Prior Effective Dates: 11/10/2000, 04/07/2005

4715-22-01 Volunteer's certificate issued to retired dentist or dental hygienist to provide free services to indigent and uninsured persons; immunity.

(A) Terms
(1) As used in this rule, "indigent and uninsured person" means a person who meets all of the following
requirements:
   (a) The person's income is not greater than two hundred per cent of the current poverty line as defined
   by the United States office of management and budget and revised in accordance with Section 673(2)
   (b) The person is not eligible to receive medical assistance under Chapter 5162. of the Revised Code,
disability assistance medical assistance under Chapter 5115. of the Revised Code, or assistance under
any other governmental health care program.
   (c) Either of the following applies:
(i) The person is not a policy holder, certificate holder, insured, contract holder, subscriber, enrollee, member, beneficiary, or other covered individual under a health insurance or health care policy, contract, or plan.

(ii) The person is a policy holder, certificate holder, insured, contract holder, subscriber, enrollee, member, beneficiary, or other covered individual under a health insurance or health care policy, contract or plan, but the insurer, policy, contract, or plan denies coverage or is the subject of insolvency or bankruptcy proceedings in any jurisdiction.

(2) As used in this rule, "health care facility or location: means a hospital, clinic, ambulatory surgical facility, office of a health care professional or associated group of health care professionals, training institution for health care professionals, or any other place where medical, dental or other health-related diagnosis, care, or treatment is provided to a person.

(3) As used in this rule, "nonprofit health care referral organization" means an entity that is not operated for profit and refers patients to, or arranges for the provision of, health-related diagnosis, care, or treatment by a health care professional or health care worker.

(4) As used in this rule, "operation" means any procedure that involves cutting or otherwise infiltrating human tissue by mechanical means, including surgery, laser surgery, ionizing radiation, therapeutic ultrasound, or the removal of intraocular foreign bodies. "Operation" does not include the administration of medication by injection, unless the injection is administered in conjunction with a procedure infiltrating human tissue by mechanical means other than the administration of medicine by injection. "Operation" does not include routine dental restorative procedures, the scaling of teeth, or extractions of teeth that are not impacted.

(5) For purposes of this rule, a "health care worker" means a person other than a health care professional who provides medical, dental, or other health-related care or treatment under the direction of a health care professional with the authority to direct that individual's activities, including medical technicians, medical assistants, dental assistants, orderlies, aides, and individuals acting in similar capacities.

(6) For purposes of the rule, a "volunteer" means an individual who provides any medical, dental, or other health-related care or treatment without the expectation of receiving and without receipt of any compensation or other form of remuneration from an indigent and uninsured person, another person on behalf of an indigent and uninsured person, any health care facility or location, any nonprofit health care referral organization, or any other person or government entity.

(7) For the purposes of this rule, a person shall be considered "retired" from the practice of dentistry or dental hygiene if the person's license has been surrendered or allowed to expire with the intention of ceasing to practice as a dentist or dental hygienist for remuneration.

(B) Purpose
The state dental board may issue, without examination, a volunteer certificate to a person who is retired from practice so that the person may provide dental services to indigent and uninsured persons at nonprofit shelters or health care facilities.

(C) Application
(1) An application for a volunteer's certificate shall include all of the following:
   (a) A copy of the applicant's degree from dental college or school or dental hygiene college or school.
   (b) One of the following, as applicable:
      (i) A copy of the applicant's most recent license to practice dentistry or dental hygiene issued by a jurisdiction in the United States that licenses persons to practice dentistry or dental hygiene.
(ii) A copy of the applicant's most recent license equivalent to a license to practice dentistry or dental hygiene in one or more branches of the United States armed services that the United States government issued.

(2) Evidence of one of the following, as applicable:
(a) The applicant has maintained for at least ten years prior to retirement full licensure in good standing in any jurisdiction in the United States that licenses persons to practice dentistry or dental hygiene.
(b) The applicant has practiced as a dentist or dental hygienist in good standing for at least ten years prior to retirement in one or more branches of the United States armed services.

(D) Restrictions

(1) The holder of a volunteer's volunteer certificate may provide dental services only on the premises of a nonprofit shelter or health care facility and only to indigent and uninsured persons.
(2) The holder shall not accept any form of remuneration for providing dental services while in possession of the certificate.
(3) Except in a dental emergency, the holder shall not perform any operation.
(4) The board may revoke a volunteer's volunteer certificate on receiving proof satisfactory to the board that the holder has engaged in practice in this state outside the scope of the holder's certificate or that there are grounds for action against the person under section 4715.30 of the Revised Code.

(E) Renewal

(1) A volunteer's volunteer certificate shall be valid for a period of three years, and may be renewed upon the application of the holder, unless the certificate was previously revoked under paragraph (D) of this rule. The board shall maintain a register of all persons who hold volunteer's volunteer certificates. The board shall not charge a fee for issuing or renewing a certificate pursuant to this rule.
(2) To be eligible for renewal of a volunteer's volunteer certificate, the holder of the certificate shall certify to the board completion of sixty hours of continuing dental education that meets the requirements of section 4715.141 of the Revised Code and the rules adopted under that section, or completion of eighteen hours of continuing dental hygiene education that meets the requirements of section 4715.25 of the Revised Code and the rules adopted under that section, as the case may be. The board may not renew a certificate if the holder has not complied with the appropriate continuing education requirements. The nonprofit shelter or health care facility in which the holder provides dental or dental hygiene services may pay for or reimburse the holder for any costs incurred in obtaining the required continuing education credits.
(3) The board shall issue to each person who qualifies under this section for a volunteer's volunteer certificate a wallet certificate and a wall certificate that state that the certificate holder is authorized to provide dental services pursuant to the laws of this state. The holder shall keep the wallet certificate on the holder's person while providing dental services and shall display the wall certificate prominently in the nonprofit shelter or health care facility where the holder primarily practices.

(F) Immunity

(1) The holder of a volunteer's volunteer certificate issued pursuant to this rule is subject to the immunity provisions in section 2305.234 of the Revised Code.
(2) Subject to paragraphs (F)(5) and (F)(6)(c) of this rule, a dentist or dental hygienist who is a volunteer and complies with paragraph (F)(2)(a) of this rule is not liable in damages to any person or government entity in a tort or other civil action, including an action on a dental or other health-related claim, for injury, death, or loss to person or property that allegedly arises from an action or omission of the volunteer in the provision of dental services at a nonprofit shelter or health care facility to an indigent and uninsured
person of dental care or treatment, including the provision of samples of medicine and other medical products, unless the action or omission constitutes willful or wanton misconduct.

(a) To qualify for the immunity described in paragraph (F)(1) of this rule, a dentist or dental hygienist shall do all of the following prior to providing diagnosis, care, or treatment:

(i) Determine, in good faith, that the indigent and uninsured person is mentally capable of giving informed consent to the provision of the diagnosis, care, or treatment and is not subject to duress or under undue influence;

(ii) Inform the person of the provisions of this rule, including notifying the person that, by giving informed consent to the provision of the diagnosis, care, or treatment, the person cannot hold the health care professional liable for damages in a tort or other civil action, including an action on a dental or other health-related claim, unless the action or omission of the health care professional constitutes willful or wanton misconduct;

(iii) Obtain the informed consent of the person and a written waiver, signed by the person or by another individual on behalf of and in the presence of the person, that states that the person is mentally competent to give informed consent and, without being subject to duress or under undue influence, gives informed consent to the provision of the diagnosis, care or treatment subject to the provisions of this rule. A written waiver under this paragraph shall state clearly and in conspicuous type that the person or other individual who signs the waiver is signing it with full knowledge that, by giving informed consent to the provision of the diagnosis, care, or treatment, the person cannot bring a tort or other civil action, including an action on a dental or other health-related claim, against the health care professional unless the action or omission of the health care professional constitutes willful or wanton misconduct.

(3) Subject to paragraphs (F)(5) and (F)(6)(c) of this rule, health care workers who are volunteers are not liable in damages to any person or government entity in a tort or other civil action, including an action upon a dental or other health-related claim, for injury, death, or loss to person or property that allegedly arises from an action or omission of the health care worker in the provision of dental services to an indigent and uninsured person of dental, or other health-related diagnosis, care, or treatment, unless the action or omission constitutes willful or wanton misconduct.

(4) Subject to paragraphs (F)(5) and (F)(6)(c) of this rule and to the extent that the registration requirements of section 3701.071 of the Revised Code apply, a health care facility or location associated with a dental or dental hygiene volunteer as described in paragraph (F)(2) of this rule or a health care worker as described in paragraph (A)(5) of this rule, or a nonprofit health care referral organization as described in paragraph (A)(3) of this rule is not liable in damages to any person or government entity in a tort or other civil action, including an action on a dental or other health-related claim, for injury, death, or loss to person or property that allegedly arises from an action or omission of the dentist or dental hygienist or worker or nonprofit health care referral organization relative to the shelter or facility, dental or other health-related diagnosis, care or treatment provided to an indigent and uninsured person on behalf of or at the health care facility or location, unless the action or omission constitutes willful or wanton misconduct.

(5) Exemptions to immunity

(a) Except as provided in paragraph (F)(5)(b) of this rule, the immunities provided by paragraphs (F)(1) to (F)(4) of this rule are not available to a health care professional, health care worker, nonprofit health care referral organization, health care facility or location if, at the time of an alleged injury, death, or loss to person or property, the health care professional or health care workers involved are providing one of the following:
(i) Any dental or other health-related diagnosis, care, or treatment pursuant to a community service work order entered by a court under division (B) of section 2951.02 of the Revised Code as a condition of probation or other suspension of a term of imprisonment or imposed by a court as a community control sanction pursuant to sections 2929.15 and 2929.17 of the Revised Code.

(ii) Performance of an operation to which any one of the following applies:
   (a) The operation requires the administration of deep sedation or general anesthesia,
   (b) The operation is a procedure that is not typically performed in an office,
   (c) The individual involved is a health care professional, and the operation is beyond the scope of practice or the education, training, and competence, as applicable, of the health care professional.

(b) Paragraph (F)(5)(a) of this rule does not apply when a health care professional or health care worker provides, diagnosis, care or treatment that is necessary to preserve the life of a person in a medical emergency.

(6) Miscellaneous legal considerations regarding immunity
   (a) This rule does not create a new cause of action or substantive legal right against a health care professional, health care worker, or nonprofit shelter or health care facility.
   (b) This rule does not affect any immunities from civil liability or defenses established by another section of the Revised Code or available at common law to which a health care professional, health care worker, nonprofit health care referral organization, or health care facility or location may be entitled in connection with the provision of emergency or other diagnosis, care, or treatment.
   (c) This rule does not grant an immunity from tort or other civil liability to a health care facility or location for actions that are outside the scope of authority of health care professionals, health care workers, or nonprofit health care referral organization.
   (d) This rule does not affect any legal responsibility of a health care professional or health care worker to comply with any applicable law of this state or rule of an agency of this state.
   (e) This rule does not affect any legal responsibility of a nonprofit shelter or health care facility to comply with any applicable law of this state, rule of an agency of this state, rule of an agency of this state, or local code, ordinance, or regulation that pertains to or regulates building, housing, air pollution, water pollution, sanitation, health, fire, zoning, or safety.

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