

OHIO STATE DENTAL BOARD

BOARD MEETING

MAY 18, 2016

Contents

Attendance..... 1

Call to Order 1

Board Business 1

 Introduction of Board Members 1

 Welcome New Board Members 1

Approval of Agenda..... 2

Review of Board Meeting Minutes 2

 March 9, 2016 2

Public Comment/Presentations/Correspondence 2

 Larry J. Sangrik, D.D.S. – Continuing Education Sponsorship..... 2

 Cameron McNamee and Kevin Flaharty of the Ohio Board of Pharmacy – Terminal Distributor of Dangerous Drugs (TDDD) 3

Supervisory Investigative Panel Report 5

Action Items 5

Enforcement..... 5

 Personal Appearances..... 5

 James Randy Franklin, D.D.S. 5

 Scott Schumann, D.D.S. 6

Executive Session 7

 In the Matter of James Randy Franklin, D.D.S..... 8

 In the Matter of Scott Schumann, D.D.S. 8

Enforcement Report..... 8

 Review of Proposed Consent Agreement(s) 8

 Disciplinary 9

Enforcement Update..... 9

 Closed Cases..... 9

90-Day Report.....	11
Licensure.....	12
License/Certification/Registration Report (Approved by the Licensure Section)	12
Dentist(s).....	12
Dental Hygienist(s).....	13
Dental Assistant Radiographer(s)	13
Limited Resident’s.....	18
Limited Continuing Education	18
Coronal Polishing	18
Expanded Function Dental Auxiliary.....	19
Oral Health Access Supervision Permits	19
Dental Hygienist.....	19
Permits – General Anesthesia/Conscious Sedation.....	20
General Anesthesia.....	20
Conscious Sedation.....	20
Reinstatement Application(s)	20
Yissell Carpentino-De Jesus, D.M.D.	20
Brigit Kowalczyk, R.D.H.	20
Committee Reports	21
Ad Hoc.....	21
Education	21
Biennial Sponsor Application(s).....	21
CE Audit Update.....	22
Permanent vs. Biennial vs. Board Accepted Continuing Education Sponsors.....	22
Strategic Priority #3 – Establishing Remediation Education Guidelines.....	22
Strategic Priority #4 – Develop Online C.E. Tracking and Monitoring.....	24
Law and Rules Review.....	24
Operations	25
Policy.....	25
Scope of Practice	26
Executive Updates	26
President’s Update	26

Commission on Dental Competency Assessments Steering Committee	26
Commission on Dental Accreditation Site Visit – Case Western Reserve University.....	27
Dental Team Summit – June 7, 2016.....	27
American Association of Dental Boards Mid-year Meeting – April 10 - 11, 2016	27
Correspondence – American Dental Education Association (ADEA)	28
AADB is looking for volunteers.....	28
American Board of Dental Examiners Meeting.....	28
American Dental Association Correspondence to Senator Richard Durbin Regarding Opioid Abuse	29
Executive Director’s Update.....	29
Board Position on the Opioid Crisis.....	29
New Website	29
Dental Laboratory Registration	29
Committee Meetings	29
Ohio Department of Health Emergency Contact Database	30
Licensing Transition.....	30
Strategic Plan Tracker.....	30
Anything for the Good of the Board	30
Farewell to Board Member – W. Chris Hanners, D.D.S.....	30
Adjourn.....	31
Appendix A	32
Appendix B	35
Appendix C	45
Appendix D	47

OHIO STATE DENTAL BOARD

BOARD MEETING

MAY 18, 2016

Attendance

The Ohio State Dental Board (Board) met in Room 1960, of The Vern Riffe Center for Government and the Arts, 77 South High Street, 19th Floor, Columbus, Ohio on May 18, 2016, beginning at 2:00 p.m. Board members present were:

Marybeth Shaffer, D.M.D., President	Patricia Guttman, D.D.S.
Constance Clark, R.D.H., Vice President	Chris Hanners, D.D.S.
Ashok Das, D.D.S., Secretary	Jeanne Huber, R.D.H.
Bill Anderson, D.D.S.	Burton Job, D.D.S.
Ann Aquillo	Susan Johnston, R.D.H.

The Vice Secretary Martin Chambers, D.D.S. and Charles Smith, D.D.S. were not present to the meeting.

The following guests were also in attendance: Katherine Bockbrader, Esq. of the Ohio Attorney General's Office, Nick Goutz from the Office of the Governor, Nathan DeLong, Esq. of the Ohio Dental Association (ODA); Mark Wenzel, D.D.S., of the ODA's Dentists Concerned for Dentists; Michele Carr, R.D.H., Director of The Ohio State University College of Dentistry Department of Dental Hygiene, Larry J. Sangrik, D.D.S. Owner of Interactive Dental Seminars, Cameron McNamee and Kevin Flaharty of the Ohio Board of Pharmacy, Kelly Long of the Ohio Physicians Health Program, Greg McDonald, D.D.S., former Board member, Harry Kamdar, M.B.A., Executive Director, Lyndsay Nash, Esq., Deputy Director, Kathy Carson and Barb Yehnert, Dental Board Enforcement Officers, and Malynda Franks, Administrative Professional, of the Ohio State Dental Board and other guests.

Call to Order

Dr. Marybeth Shaffer introduced herself as the Board President, a general dentist from Columbiana. After extending greetings to everyone President Shaffer noted that there was a quorum present and called the meeting to order at approximately 2:08 p.m.

Board Business

Introduction of Board Members

Welcome New Board Members

President Shaffer took a moment to congratulate Dr. Ashok Das on his reappointment to the Board for a second term. She then introduced the two (2) newest members of the Board; Dr. Burton Job an oral and

maxillofacial surgeon from Akron, Ohio and Dr. Bill Anderson a general dentist from Findlay, Ohio. She congratulated and welcomed them both to the Board.

President Shaffer then introduced the rest of the Board members. She introduced Ms. Connie Clark, the Board's Vice President and a dental hygienist from Dublin, Dr. Chris Hanners, a general dentist from Piketon, Dr. Patricia Guttman, a general dentist from Columbus, Ms. Jeanne Huber, a dental hygienist from Dayton, Ms. Susan Johnston, a dental hygienist from Columbus, and Ms. Ann Aquillo, the Board's Public member from Powell.

President Shaffer noted that the Board's Vice Secretary, Dr. Martin Chambers and Dr. Charles Smith were not in attendance to the meeting.

Approval of Agenda

Motion by Ms. Johnston, second by Ms. Clark, to approve the May 18, 2016 Board meeting agenda as presented.

Motion carried unanimously.

Review of Board Meeting Minutes

March 9, 2016

Motion by Ms. Johnston, second by Ms. Aquillo, to approve the March 9, 2016 Board meeting minutes as presented.

Motion carried unanimously.

Public Comment/Presentations/Correspondence

Larry J. Sangrik, D.D.S. – Continuing Education Sponsorship

President Shaffer welcomed Dr. Larry Sangrik and requested he come forward in order that he might address the full Board.

Dr. Sangrik introduced himself to the Board as a licensed dentist in Ohio and the sole proprietor of his continuing education business, Interactive Dental Seminars. He then read his statement [Appendix A] to the Board members requesting them to adopt a policy recognizing the American Dental Association Continuing Education Recognition Program (ADA CERP) and Academy of General Dentistry (AGD PACE) continuing education providers as Permanent Sponsors of continuing education for the Board rather than Board-accepted sponsors. At the conclusion of his statement, Dr. Sangrik thanked the Board for their time and in expectation of a new Board policy regarding permanent sponsors, indicated that he was also submitting his "Application for Dental Hygiene Medical Emergency Recognition Course in Ohio" for their consideration for approval.

President Shaffer thanked Dr. Sangrik for his time and stated that she was referring this matter to the Education Committee for further discussion and consideration.

Dr. Sangrik questioned when he would have a response indicating that he had submitted his request for consideration of this matter almost two (2) months prior, that the Board now has an attorney on staff, and additional attorneys at their disposal through the Office of the Attorney General.

President Shaffer informed Dr. Sangrik that the Education Committee would be meeting again next month immediately prior to the Board meeting but that any recommendation to the full Board would be based upon completion of their research and discussions regarding this matter.

President Shaffer noted that she had received some correspondence that she would share with the members of the Board during her President's Report later in the meeting.

Cameron McNamee and Kevin Flaharty of the Ohio Board of Pharmacy – Terminal Distributor of Dangerous Drugs (TDDD)

Next President Shaffer welcomed Cameron McNamee and Kevin Flaharty of the Ohio Board of Pharmacy who were there to speak with the Board regarding a Senate Bill 319, specifically on the Terminal Distributor of Dangerous Drugs license.

Mr. McNamee thanked the Board members for inviting representatives of the Ohio Board of Pharmacy (Pharmacy Board) to come speak on this important initiative. He explained that the Pharmacy Board was working on a bill developed in cooperation across state government at the directive of the Governor's Office and administration regarding opiate drug diversion. Governor Kasich's 2016 Mid-Biennium Review proposes additional reforms to strengthen oversight by the Pharmacy Board to encourage responsible treatment and prevent overdoses. A number of different issues were being addressed such as increased access to naloxone, improving access to treatment, and better regulation of existing treatment providers. Mr. McNamee stated that he was here before them to ask for the Board's support to close the exemption that exists in Pharmacy Board licensure that allows any sole proprietor, single shareholder, limited liability company, or any medical, veterinarian, dental, or healthcare provider practice that orders controlled substances to distribute controlled substances without Pharmacy Board oversight. Together these entities ordered more than 6.5 million doses of controlled substances in 2015 which included three (3) million doses of controlled substance opiates. Currently, the Pharmacy Board regulates prescriber practices of which 3900 have controlled substances on site. The proposed legislation would bring all prescriber practices under the same regulatory scheme to ensure oversight to prevent drug diversion, to ensure the security of drug stocks, and to allow the Pharmacy Board to conduct product inspections of these facilities to ensure compliance with Pharmacy Board rules and regulations that are currently being followed by other entities such as pharmacies, emergency medical services, hospitals, and other physician clinics.

Continuing, Mr. McNamee said an important aspect of the Terminal Distributor of Dangerous Drug (TDDD) licensure is the ability for the Pharmacy Board to perform background reviews to ensure that individuals who are requesting access to order controlled substances have displayed that they are responsible prescribers. He provided an example: a physician sent in an application and during their normal review process it was discovered that the physician had been sanctioned by the State Medical Board of Ohio (Medical Board) for excessively and inappropriately prescribing controlled substances, failing to record the reasons for prescribing the controlled substances in patient records, and treating patients without performing or documenting having performed an appropriate medical examination for the patient. The Pharmacy Board ultimately denied the

physicians TDDD license. One item of concern is that the physician or sole proprietor can then update their business model and they are no longer subject to any oversight by the Pharmacy Board.

Ms. McNamee informed the members that the Pharmacy Board along with the Medical Board, Ohio Board of Nursing, and the Ohio Veterinary Medical Licensing Board have all been working collaboratively as members of the Governor's Cabinet Opiate Action Team (GCOAT) which represents the agencies in support of this bill. The Medical Board voted last week to support the bill and spoke specifically to this provision in their testimony to the Senate Health and Human Services Committee.

Upon questioning by the Board members, Mr. McNamee explained that according to wholesaler data there were 420 dentists or dental specialists in 2015 that had ordered controlled substances that did not hold TDDD licenses through the Pharmacy Board. Of the top five (5) entities ordering liquid controlled substances, four (4) were dentists and those numbers included 103,750 milliliters of fentanyl which had been ordered to their offices. In 2015, over 350 dentists ordered controlled substances. Any Ohio Automated Rx Reporting System (OARRS) complaints or cases of inappropriate ordering were reported to the Dental Board for investigation. Mr. McNamee stated that this legislation was not proposed because the Pharmacy Board feels that this process is not working but rather to ensure that every prescriber is adhering to standard security control regulations for their drug stock. Pharmacy Board investigators recognized concerns when inspecting prescriber offices such as failure to maintain proper records, failure to maintain security control, preventing unauthorized individuals unsupervised access to narcotics, allowing access to inventory, as well as improper disposal of controlled substances. The proposed legislation would allow for the Pharmacy Board to inspect those dental offices that order controlled substances on Schedules 2 through 5 to ensure regulation.

Dr. Job expressed that this legislation would mostly affect oral surgery offices or offices wherein conscious sedation was being provided. The Board already has a process and procedures in place to provide for inspection and evaluation of those types of providers. Additionally, further regulation and oversight is provided by the Drug Enforcement Administration (DEA) which requires dentists to hold licenses in order to purchase controlled substances.

Mr. McNamee stated that it was his understanding that the Dental Boards process to which Dr. Job referred was focused on the ability of the oral surgeon or appropriately trained dentist to perform or demonstrate their ability to provide conscious sedation and/or general anesthesia. In looking at the Dental Practice Act, there are no specific security or control requirements, no specific recordkeeping requirements, and the permit is tied to the dental license and not the facility such as that which is regulated by the Pharmacy Board.

Dr. Job stated that the Board shares the Governors concerns regarding the abuse of narcotics but expressed the greater concern in who is responsible for the oversight. Traditionally, it has been within the Dental Boards purview to oversee dentists and their practices. If specific recommendations such as periodic inspections or recommendations were made to the Board, then the Board members could consider and act upon them to work in the same vein in trying to control any problems. The Board performs periodic inspections of dental offices for regulation of sterilization procedures and other dental issues and it would not be difficult to add random inspection for controlled substances if it was determined by the legislature. At this point the Dental Board has been unaware of any problems with drug abuse coming through dental offices which have not already been referred to the Board and acted upon. Dr. Job expressed that the Board would be willing to

work with the Pharmacy Board on this process but felt that this matter should not require oversight by two (2) regulatory boards to accomplish this objective.

Mr. McNamee clarified that the Pharmacy Board is charged with enforcing Chapter 3719, which is the controlled substances section of the Ohio Revised Code and from their perspective they already inspect twenty-one (21) licensed dental offices, in addition to veterinary and physicians' offices. They have the trained staff whose focus has always been on the security and prevention of drug diversion. Traditionally, other boards are focused on the practice of dentistry, medicine, and veterinary medicine of which they do not want to get involved. However, the Pharmacy Board has been charged by the legislature in overseeing the Controlled Substances Act and that is where the two (2) boards diverge.

Upon further questioning, Nick Goutz of the Office of the Governor informed the members that the introduction of this legislation was authorized by Governor Kasich in April of this year.

President Shaffer concluded the discussions by stating that this legislation was pending, that the Pharmacy Board was requesting the Boards support for the legislation and then thanked Mr. McNamee and Mr. Flaharty for their time in presenting the point of view for the Pharmacy Board. She then stated that the members would take the information provided and discuss it.

Supervisory Investigative Panel Report

Dr. Das, as Secretary, attested that he had spent in excess of twenty (20) hours per week attending to Board business. President Shaffer indicated that Dr. Chambers, the Board's Vice Secretary, was not in attendance to the meeting but attested that he had spent in excess of twenty (20) hours per week attending to Board business.

Motion by Ms. Aquillo, second by Ms. Johnston, to approve the Supervisory Investigative Panel report.

Motion carried unanimously.

Action Items

President Shaffer noted that there were no "Action Items" being brought forth for consideration at this time.

Enforcement

Personal Appearances

James Randy Franklin, D.D.S.

President Shaffer then turned the meeting over to Dental Board Enforcement Officer, Barb Yehnert to provide the summary for the Personal Appearance of Dr. James Randy Franklin.

Ms. Yehnert thanked President Shaffer and then gave the members a brief history in the matter of Dr. Franklin. She stated that Dr. Franklin had entered into an Impairment Consent Agreement (Consent) with the Board on July 22, 2015 and that he had his first appearance before the Board on October 21, 2015. At that time, Dr. Franklin's license to practice was reinstated and twenty (20) hours of work privileges were granted. Dr.

Franklin appeared before the Board on December 9, 2015 requesting full work privileges which were not granted but he was requested to appear before them at the February, 2016 meeting of the Board.

Ms. Yehnert state that Dr. Franklin made his third appearance before them on February 3, 2016 wherein he was granted up to thirty-two (32) hours of working privileges and invited Dr. Franklin to return for a fourth interview during the May, 2016 meeting of the Board wherein they would consider full working privileges.

Concluding her summary, Ms. Yehnert informed the members that Dr. Franklin remains in compliance with the terms of his Consent with the Board.

Upon questioning by the Board, Dr. Franklin informed the Board he wanted to thank the Board for personally representing the profession, protecting the public, and said that he appreciated their service. He stated that things have been going very well, his relationships were stronger, and his business has prospective buyers. He stated that he is looking to the long-term and open to any opportunities that come his way. He said that he would probably let someone buy the practice, allow for a transition period where they could buy portions of the business as the years would go, and that he would probably continue working as an employee dentist. He stated that he has no desire to own a practice anymore and have wants no more management stress.

President Shaffer thanked Dr. Franklin for sharing his information and stated that the Board would discuss this matter during executive session.

Scott Schumann, D.D.S.

Ms. Yehnert gave the members a brief history in the matter of Dr. Scott Schumann. She stated that Dr. Schumann had entered into his first Impairment Consent Agreement with the Board on July 18 2002, that he had his first appearance before the Board on December 6, 2002 wherein his license was reinstated, and that on December 6, 2007 he completed the five (5) years of probation required by that Consent Agreement with the Board.

Ms. Yehnert informed the members that Dr. Schumann entered into his second Impairment Consent Agreement (Consent) on October 30, 2015. She stated that he made his first appearance in regards to his most recent Consent on December 9, 2015 wherein his request for reinstatement was denied but he was asked to return for an appearance before the Board in February, 2016. Dr. Schumann made his second appearance for this recent Consent on February 3, 2016 wherein his license to practice was reinstated and twenty-four (24) of work privileges were granted and he was asked to return for appearance at the meeting today for any request of additional work privileges.

Concluding her summary, Ms. Yehnert informed the members that Dr. Schumann is appearing before them for his third appearance to request full-time work privileges and informed them that he remains in compliance with the terms of his Consent with the Board.

Upon questioning by the Board, Dr. Schumann thanked the members for allowing him to appear before them and that he was grateful to be a dentist in the state of Ohio. He informed the members that this has been a hardship since last November, either not working or working only part-time. The hardship was for him personally, as well as his staff in that they had difficulties finding an associate or a substitute dentist who would work part-time and allow the staff to be able to work full time since I he was only permitted to work

24 hours/week. They have lost patients and staff but he was humbly asking to be granted to return to work full time. In the beginning his recovery system had been designed to remain unchanged so that when he went back to full-time practice there would be no changes. Dr. Schumann said that his meetings and aftercare all work with a full-time schedule along with meetings with his sponsor, OPHP, and drug testing. He commented that he has really great support and that his team is in support of him. He then thanked them for their time.

For clarification President Shaffer stated that at his last appearance she had inquired about his drug of choice and he had offered that it was alcohol. She stated in a review of some of his records, some questions came up in that regard. She asked Dr. Schumann if alcohol was the only drug of choice or did he have another.

Dr. Schumann said that he understood the question to be "What was your INITIAL drug of choice?" He explained that alcohol was the original drug of choice and then later on it became cocaine. President Shaffer asked Dr. Schumann if his support group was able to handle those dual addictions to which he commented "Yes."

President Shaffer thanked Dr. Schumann for sharing his information and stated that the Board would discuss this matter during executive session.

Executive Session

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

Roll call vote: Dr. Anderson – Yes
Ms. Aquillo – Yes
Ms. Clark – Yes
Dr. Das – Yes
Dr. Guttman – Yes
Dr. Hanners – Yes
Ms. Huber – Yes
Ms. Johnston – Yes
Dr. Job – Yes
Dr. Shaffer – Yes

Motion carried unanimously.

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

Roll call vote: Dr. Anderson – Yes
Ms. Aquillo – Yes
Ms. Clark – Yes
Dr. Das – Yes
Dr. Guttman – Yes
Dr. Hanners – Yes
Ms. Huber – Yes

Ms. Johnston – Yes
Dr. Job – Yes
Dr. Shaffer – Yes

Motion carried unanimously.

President Shaffer requested Director Kamdar, Ms. Nash, and Ms. Bockbrader to attend the Executive Session at the appropriate time to provide the legal update.

Open Session

At 3:29 p.m. the Board resumed open session.

In the Matter of James Randy Franklin, D.D.S.

President Shaffer welcomed everyone back to the open session of the Board, informed those in attendance that Dr. Bill Anderson did not take part in the deliberations in this matter, and then stated that the Board would like to make a motion in the Matter of James Randy Franklin, D.D.S.

Motion by Dr. Hanners, second by Ms. Aquillo, that the Ohio State Dental Board reinstate the license of James Randy Franklin, D.D.S. to full working privileges and that Dr. Franklin must still comply with all the other terms of his impairment consent agreement with the Board.

Motion carried with Dr. Anderson abstaining.

President Shaffer stated that the record should reflect that Dr. Anderson did not take part in the deliberations concerning the matter of Dr. Franklin's reinstatement to full-time privileges.

In the Matter of Scott Schumann, D.D.S.

President Shaffer asked if there was a motion to be made in the matter of Scott Schumann, D.D.S.

Motion by Ms. Johnston, second by Ms. Aquillo, that the Ohio State Dental Board reinstate the license of Scott Schumann, D.D.S. to full working privileges and that Dr. Schumann must still comply with all the other terms of his impairment consent agreement with the Board

Motion carried unanimously.

Enforcement Report

Review of Proposed Consent Agreement(s)

The Board reviewed four (4) 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.

Disciplinary

Jeffrey J. Becker, D.D.S.

Motion by Ms. Johnston, second by Dr. Hanners, to approve the proposed consent agreement for Jeffrey J. Becker, D.D.S., license number 30.018193 and case numbers 11-39-0378 and 14-89-0337.

Motion carried unanimously.

David R. Beckman, D.D.S.

Motion by Ms. Johnston, second by Ms. Clark, to approve the proposed consent agreement for David R. Beckman, D.D.S., license number 30.018940, case number 16-18-1129.

Motion carried unanimously.

Sabrina E. Mickel, D.D.S.

Motion by Ms. Johnston, second by Ms. Clark, to approve the proposed consent agreement for Sabrina E. Mickel, D.D.S., license number 30.019421 and case number 16-18-1105.

Motion carried unanimously.

Robert M. Rouzaud, D.D.S.

Motion by Ms. Aquillo, second by Ms. Johnston, to approve the proposed consent agreement for Robert M. Rouzaud, D.D.S., license number 30.019103, and case number 15-18-0063.

Motion carried unanimously.

Enforcement Update

Ms. Nash began the report by informing the Board that there are two (2) cases pending hearings both of which have been scheduled before hearing examiners and that there are no pending Hearing Examiners Report and Recommendations. She indicated that there were currently forty-five (45) licensees and certificate holders under suspension, forty-five (5) licensees on probation, and informed the Board members that there were two hundred and nine (209) active cases. Ms. Nash said that there was one (1) licensee actively participating in QUIP and no new referrals to QUIP. She informed the members that there were one hundred and seventeen (117) cases which have been investigated and reviewed by the Board Secretaries and are recommended to be closed with two (2) warning letters issued.

Closed Cases

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

The following cases are to be closed:

13-71-0273	14-71-0241	15-18-0413
13-71-0360	15-05-0473	15-18-0475-To Be Closed-WL
13-71-0378	15-09-0551	15-18-0482
14-53-0035	15-13-0452	15-18-0529

15-18-0552	16-18-1059	16-77-1012
15-21-0428	16-18-1071	15-78-0530
15-24-0368	16-25-1001	16-18-1008
15-25-0439	16-25-1015	16-18-1048
15-25-0483	16-25-1025-To Be Closed - WL	16-18-1060
15-25-0492	16-25-1036	16-18-1073
15-25-0504	16-25-1037	16-18-1097
15-25-0512	16-25-1085	16-18-1098
15-25-0517	16-25-1090	16-18-1164
15-25-0536-To Be Closed - WL	16-28-1039	16-23-1143
15-25-0537-To Be Closed - WL	16-29-1029	16-25-1013
15-25-0550	16-31-1017	16-25-1050
15-25-0554	16-31-1041	16-25-1093
15-27-0427	16-42-1084	16-25-1125
15-29-0549	16-43-1028	16-25-1127
15-31-0392	16-45-1066	16-25-1136
15-31-0477	16-47-1088	16-25-1154
15-37-0474	16-52-1006	16-25-1170
15-45-0424-To Be Closed - WL	16-57-1042	16-31-1007
15-45-0511	16-76-1065	16-31-1030
15-52-0553	16-85-1040	16-31-1121
15-57-0491	14-50-0355	16-31-1144
15-57-0499	15-18-0125	16-40-1077
15-60-0538	15-18-0485	16-41-1075
15-71-0525	15-18-0514	16-50-1138
15-73-0515	15-18-0544	16-51-1096
15-77-0254	15-21-0503	16-57-1049
15-84-0438	15-25-0437	16-57-1064
16-02-1004	15-25-0526	16-57-1074
16-02-1032	15-31-0422	16-57-1124
16-05-1089	15-31-0423	16-60-1076
16-18-1021	15-31-0467	16-77-1102
16-18-1033	15-50-0501	16-77-1145
16-18-1057	16-76-1002	16-77-1165
16-18-1058	15-77-0502	16-77-1168

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

Roll call: Dr. Anderson – No

Ann Aquillo – No
Ms. Clark – No
Dr. Das – No
Dr. Guttman – No
Dr. Hanners – Abstain
Ms. Huber – No
Dr. Job – No
Ms. Johnston - No
Dr. Shaffer– No

President Shaffer then called for a motion to close the cases.

Motion by Ms. Johnston, second by Ms. Aquillo, to close the above one hundred and seventeen (117) cases.

Roll call vote: Dr. Anderson – Yes
Ms. Aquillo – Yes
Ms. Clark – Yes
Dr. Das – Yes
Dr. Guttman – Yes
Dr. Hanners – Yes
Ms. Huber – Yes
Ms. Johnston – Yes
Dr. Job – Yes
Dr. Shaffer – Yes

Motion carried unanimously.

90-Day Report

Ms. Nash then reviewed the 90-Day Report with the members. She stated that of the ninety (90) cases reflected in the report by age, 30% were between 90-119 days, 14% were 120-149 days old, 10% were 150-179 days old, and 46% were 180 days old or older. She then explained to the members of the Board that the Supervisory Investigative Panel (SIP) had met after these reports were created and therefore the reports at the meeting in June would be significantly different.

Proceeding on, Ms. Nash reviewed the 90-Day Report by type with the Board members, indicating that of the major categories, there were 62% awaiting SIP review. She explained that 9% were under review of an expert, 9% were issued a subpoena and are waiting on issues/requested subpoenas, 7% of the cases were pending consent agreements/notice of opportunity/QUIP, 4% were re-assigned due to the original investigator not returning to work until the July, 4% of the cases were with prosecutors or awaiting information from the complainant, and 2% were in other categories.

President Shaffer thanked Ms. Nash for the Enforcement Report and Update.

Licensure

License/Certification/Registration Report (Approved by the Licensure Section)

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

Dentist(s)

Motion by Ms. Johnston, second by Ms. Huber, to approve the licensure report for the following dental licenses issued by a regional board examination:

30. 024675	Afshar, Andrew	30. 024708	Crowley, Justin
30. 024676	Doss, Laura	30. 024709	Emery, Kelly
30. 024677	Mckendall, Alexis	30. 024710	Falcone, Anthony
30. 024678	Melland, Michael	30. 024711	Fike, Kayla
30. 024679	Nguyen, Minh	30. 024712	Gall, Warren
30. 024680	Noll, Daniel	30. 024713	Gehlert, Taryn
30. 024681	Sun, Joyce	30. 024714	Gioiello, Douglas
30. 024682	Young, Andrew	30. 024715	Gold, Matthew
30. 024683	Chhibber, Aditya	30. 024716	Grill, Kevin
30. 024684	Choi, Hye, Won	30. 024717	Hall, Richard
30. 024685	Eslami, Azadeh	30. 024718	Hinkley, Alexandra
30. 024686	Danczak, Andrew	30. 024719	Hobbs, Mitchell
30. 024687	Fisher, Melissa	30. 024720	Jaronyk, Laura
30. 024688	Haddad, Elias	30. 024721	Kelley, Morgan
30. 024689	Karp, Richard	30. 024722	Kryszan, Christina
30. 024690	Mirchel, Ryan	30. 024723	Kushnir, Ben
30. 024691	Seneviratne, Saliya	30. 024724	Kwok, Benjamin
30. 024692	Smith, Lindsay	30. 024725	Maylor, Robb
30. 024693	Daughtery, Maegan	30. 024726	Miller, Cody
30. 024694	Elfiky, Omar	30. 024727	Minnillo, Jack
30. 024695	Guasteferro, Karlene, A	30. 024728	Moon, Eun, Sang
30. 024696	Meers, Ryan	30. 024729	Oswald, Shannon
30. 024697	Sacramento, Lesley	30. 024730	Parker, Christopher
30. 024698	Mena, Emmanuela	30. 024731	Roemisch, David
30. 024699	Rackley, Eric	30. 024732	Roth, Jordan
30. 024700	Nguyen, Andre	30. 024733	Sherman, Zachary
30. 024701	Oneill, Brendan	30. 024734	Shiflett, Justin
30. 024702	Atwood, Jarek	30. 024735	Smithson, James
30. 024703	Beers, Gregory	30. 024736	Stueve, Zachary
30. 024704	Boothby, Emily	30. 024737	Vallo, Andrew
30. 024705	Capetillo, Jeremy	30. 024738	Woehrmyer, Heather
30. 024706	Cheng, Kit, Yee	30. 024739	Yarovitsky, Dmitriy
30. 024707	Cook, Darcy, R		

Motion carried unanimously.

Dental Hygienist(s)

Motion by Ms. Johnston, second by Ms. Huber, to approve the licensure report for the following dental hygiene licenses issued by a regional board examination:

31. 015037	Dalton, Rachel	31. 015060	Bragg, Makenzie
31. 015038	Frost, Heather	31. 015061	Carder, Jessica
31. 015039	Minogue, Allison	31. 015062	Fetzer, Emma
31. 015040	Murphy, Tiffany	31. 015063	Fischer, Daniela
31. 015041	Holdway, Bobbi	31. 015064	Gooden, Brittani
31. 015042	Myers, Elizabeth	31. 015065	Gremling, Katlynn
31. 015043	Waldron, Melissa	31. 015066	Knape, Marina
31. 015044	Koza, Elizabeth	31. 015067	Lammers, Alison
31. 015045	Ashley, Devon	31. 015068	Louk, Vaida
31. 015046	Parks, Heather	31. 015069	Malone, Jaliedy
31. 015047	Peelish, Jennifer	31. 015070	Pepper, Jessica
31. 015048	Adams, Taylor	31. 015071	Prater, Brooke
31. 015049	Balyo, Carlee	31. 015072	Rauch, Lindsey
31. 015050	Bennett, Staci	31. 015073	Stine, Mary
31. 015051	Beshears, Elizabeth	31. 015074	Trazkovich, Rebecca
31. 015052	Engle, Chelsie	31. 015075	Whited, Jacqueline
31. 015053	Black, Brianna	31. 015076	Compton, Kristin
31. 015054	Hamilton, Kirstie	31. 015077	Dentkos, Kayla
31. 015055	Hoover, Rianna	31. 015078	Hagee, Nadya
31. 015056	Huber, Mickey	31. 015079	Nicolay, Samantha
31. 015057	Meyerhoeffer, Holly	31. 015080	Satterwaite, Kari
31. 015058	Sherer, Vanna	31. 015081	Solt, Abigail
31. 015059	Von, Lehmden, Katherine	31. 015082	Whitmore, Emily

Motion carried unanimously.

Dental Assistant Radiographer(s)

Motion by Ms. Aquillo, second by Ms. Johnston, to approve the licensure report for the following dental assistant radiographer certificates issued by: acceptable certification or licensure in another state, certification by the Dental Assisting National Board (DANB) or the Ohio Commission on Dental Assistant Certification (OCDAC), or successful completion of the Board-approved radiography course:

51. 029619	Akers, Samuel	51. 029622	Cain, Kimberlie
51. 029620	Beane, Maiya	51. 029623	Carmichael, Jasmine
51. 029621	Bowman, Gwendolyn	51. 029624	Cordes, Keturah

51. 029625	Cramer, Jamie	51. 029667	Double, Sarah
51. 029626	Crago, Ciarra	51. 029668	Flynn, Kim
51. 029627	Crider, Amanda	51. 029669	Frost, Katherine
51. 029628	Crose, Genevieve	51. 029670	Graham, Heaven
51. 029629	Detwiler, Emily	51. 029671	Grove, Megan
51. 029630	Drake, Karen	51. 029672	Harvan, Jenna
51. 029631	Eadeh, Cynthia	51. 029673	Ibrahim, Maryou
51. 029632	Fignar, Brittany	51. 029674	Johnson, Ariane
51. 029633	Frederick, Holly	51. 029675	Juris, Melanie
51. 029634	Gomez, Alexis	51. 029676	King, Bunny
51. 029635	Grow, Velvet	51. 029677	Link, Emily
51. 029636	Henderson, Shamara	51. 029678	Maselli, Casey
51. 029637	Huang, Xueshan	51. 029679	Mcgonnell, Nicole
51. 029638	Kerchner, Kacie	51. 029680	Perrine, Kellie
51. 029639	Konrad, Kelly	51. 029681	Rohland, Dylan
51. 029640	Lehman, Carol	51. 029682	Saied, Abanob
51. 029641	Mclaughlin, Amy	51. 029683	Tella, Stephen
51. 029642	Mendiola, Janelle	51. 029684	Williams, Tawnee
51. 029643	Miller, Angela	51. 029685	Zlocki, Janie
51. 029644	Murray, Keairrah	51. 029686	Ball, Erin
51. 029645	Nause, Bryan	51. 029687	Bennett, Eudora
51. 029646	Nesbit, Haley	51. 029688	Bilskiy, David
51. 029647	Ooten-Prichard, Ashton	51. 029689	Bittner, Seth
51. 029648	Parker, Macy	51. 029690	Bowman, Rebekah
51. 029649	Parman, Kylee	51. 029691	Carpenter, Mikayla
51. 029650	Prather, Rhianna	51. 029692	Criss, Kylee
51. 029651	Rotuno, Elaina	51. 029693	Deleonibus, Gina
51. 029652	Dhillon, Ruhi	51. 029694	Engle, Faith
51. 029653	Rush, Lacy	51. 029695	English, Lindsay
51. 029654	Schopfer, Anna	51. 029696	Gronowski, Brittany
51. 029655	Scriver, Katie	51. 029697	Hopper, Kyrach
51. 029656	Snyder, Hali	51. 029698	Joyce, Samantha
51. 029657	Suber, Victoria	51. 029699	Keech, Dawnda
51. 029658	Sweeney, Katherine	51. 029700	Kendall, Addie
51. 029659	Wallick, Kristina	51. 029701	Konen, Kate
51. 029660	Williams, Shardeshia	51. 029702	Locker, Kyler
51. 029661	Zarkovacki, Lillian	51. 029703	Madden, Sharron
51. 029662	Carver, Pamela	51. 029704	Mcginnis, Heather
51. 029663	Chambers, Crystal	51. 029705	Mead, Elizabeth
51. 029664	Chancey, Shaylynn	51. 029706	Murphy, Christy
51. 029665	Cook, Dashaya	51. 029707	Oney, Kayla
51. 029666	Devlin, Kaitlyn	51. 029708	Patterson, Megan

51. 029709	Proitsis, Anastasia	51. 029751.	Aldammad, Ala, Aldin
51. 029710	Roberts, Cydney	51. 029752	Binkley, Peyton
51. 029711	Rombach, Julie	51. 029753	Booker, Juaniqua
51. 029712	Seel, Jaclyn	51. 029754	Brown, Sierra
51. 029713	Sharaba, Natalie	51. 029755	Bullard, Nicole
51. 029714	Thompson, Jamie	51. 029756	Burkhardt, Kristin
51. 029715	Vance, Melissa	51. 029757	Clayton, Taylor
51. 029716	Williams, Dawn	51. 029758	Coble, Christine
51. 029717	Yarbrough, Celine	51. 029759	Cole, Robbin
51. 029718	Bush, Lauren	51. 029760	Dalko, Jacqueline
51. 029719	Cox, Amanda	51. 029761	Deutschle, Wendy
51. 029720	Dimofski, Alex	51. 029762	Fyffe, Breanna
51. 029721	Hale, Brea	51. 029763	Gabriel, Jami
51. 029722	Leep, Savannah	51. 029764	Gekonde, Maureen
51. 029723	Sands, Breanna	51. 029765	Gregory, Ashley
51. 029724	Sefert, Chelsea	51. 029766	Harris, Deja
51. 029725	Sickles, Amanda	51. 029767	Hollinger, Carrie
51. 029726	Soltis, Jennalee	51. 029768	Martin, Miranda
51. 029727	Webb, Kaitlyn	51. 029769	Nagy, Kayla
51. 029728	Akers, Lauren	51. 029770	Naranjo, Freselanda
51. 029729	Bellamy, Jessica	51. 029771	Piper-Sparks, Crystal
51. 029730	Burcham, Candice	51. 029772	Rihaly, Jordan
51. 029731	Burns, Alivia	51. 029773	Robey, Trina
51. 029732	Canterbury, Melisa	51. 029774	Rushton, Jodi
51. 029733	Carawan, Michelle	51. 029775	Sokolowski, English
51. 029734	Dunajcik, Ellen	51. 029776	Satchell, Taylor
51. 029735	Gee, Heather	51. 029777	Sauer, Sierra
51. 029736	Guzman, Karen	51. 029778	Sharp, Jasmin
51. 029737	Jobe, Mary	51. 029779	Shaw, Victoria
51. 029738	Kessler, Ashley	51. 029780	Strozier, Brittany
51. 029739	Mastracchio, Melissa	51. 029781	Townley, Jessica
51. 029740	Mcatee, Bailey	51. 029782	Vargas, Yesenia
51. 029741	Mcintosh, Kristen	51. 029783	Watkins, Paige
51. 029742	Pereira, Jacqueline	51. 029784	Atherton, Melanie
51. 029743	Richards, Jashae	51. 029785	Bruns, Courtney
51. 029744	Roberts, Laina	51. 029786	Burns, Monica
51. 029745	Sahin, Sarah	51. 029787	Cox-Calwise, Jabraun
51. 029746	Schmidt, Erin	51. 029788	Gallagher, Zoe
51. 029747	Thilavong, Aleesa	51. 029789	Israel, Sherry
51. 029748	Vencill, Courtney	51. 029790	Maynard, Jennifer
51. 029749	Wells, Ashley	51. 029791	Owens, Elisa
51. 029750	Ahmed, Ruqiyo	51. 029792	Phillips, Brookelynn

51. 029793	Renke, Sarah	51. 029835	Cricks, Sarah
51. 029794	Speir, Wendy	51. 029836	Freeman, Kelli
51. 029795	Wheeler, Amy	51. 029837	Koran, Kristy
51. 029796	Wickham, Dakotah	51. 029838	Lamere, Amanda
51. 029797	Arledge, Lauren	51. 029839	Loze, Shelby
51. 029798	Bratnik, Alexandria	51. 029840	Matsko, Yelizar
51. 029799	Brown, Jeromy	51. 029841	Mckee, Faith
51. 029800	Bushee, Tiffany	51. 029842	Meenan, Connie
51. 029801	Combs, Vanessa	51. 029843	Meredith, Amanda
51. 029802	Conway, Daejennae	51. 029844	Oconner, Carol
51. 029803	Dorman, Kasey	51. 029845	Rios, Ashley
51. 029804	Falldorf, Alivia	51. 029846	Rose, Brittany
51. 029805	Faller, Courtney	51. 029847	Santora, Giacomo
51. 029806	Garove, Chasidee	51. 029848	Smith, Lauren
51. 029807	Grensted, Kayla	51. 029849	Taylor, Onisha
51. 029808	Huber, Jennifer	51. 029850	Caldwell, Melissa
51. 029809	Justice, Erica	51. 029851.	Charlton, Shelby
51. 029810	Kimbrough, Precious	51. 029852	Fitch, Yuko
51. 029811	Kirch, Tasha	51. 029853	Fontana, Ashley
51. 029812	Kortowich, Kennedy	51. 029854	Friedl, Regina
51. 029813	Martin, Brooke	51. 029855	Graves, Michelle
51. 029814	Melillo, Taylor	51. 029856	Hetrick, Alexis
51. 029815	Mercer, Megan	51. 029857	Hou, Chengjie
51. 029816	Mestemaker, Aleesha	51. 029858	Kuehn, Yoko
51. 029817	Miller, Amber	51. 029859	Meadows, Jessica
51. 029818	Montell, Victoria	51. 029860	Mosley, Laquandra
51. 029819	Ray, Taylor	51. 029861	Powers, Shiloh
51. 029820	Sawyers, Kimberly	51. 029862	Rivera, Erica
51. 029821	Scholz, Maria	51. 029863	Thomas, Taylor
51. 029822	Scott, Mikaila	51. 029864	Westrick, Rachel
51. 029823	Scurlock, Allyson	51. 029865	Wise, Shelly
51. 029824	Senser, Jessica	51. 029866	Wood, Miranda
51. 029825	Silbaugh, Courtney	51. 029867	Alhamwi, Aiad
51. 029826	Smith, Kristi	51. 029868	Alonzo, Erika
51. 029827	Taylor, Savannah	51. 029869	Bailey, Bobbi
51. 029828	Yakopovich, Tiffany	51. 029870	Barber, Kaytlin
51. 029829	Bender, Katey	51. 029871	Boda, Katie
51. 029830	Chambers, Brandy	51. 029872	Derosa, Amanda
51. 029831	Aliff, Amber	51. 029873	Finch, Brandy
51. 029832	Anderson, Alissa	51. 029874	Grubbs, Ashley
51. 029833	Blake, April	51. 029875	Hablutzel, Sarah
51. 029834	Corrigan, Evelyne	51. 029876	Hudson, Tawanna

51. 029877	Johnson, Tawana	51. 029919	Farley, Dawn
51. 029878	Kettler, Sarah	51. 029920	Garrison, Tressa
51. 029879	Kolberg, Morgan	51. 029921	Gibson, Deanna
51. 029880	Light, Morghan	51. 029922	Green, Shalonda
51. 029881	Lillard, Brie	51. 029923	Hall, Sierra
51. 029882	Marcum, Gladys	51. 029924	Henderson, Brianna
51. 029883	Mcgee, Mikayla	51. 029925	Henninger, Eden
51. 029884	Osborne, Taylor	51. 029926	Hill, Tamia
51. 029885	Patel, Krishmaben	51. 029927	Hunter, Shaelynn
51. 029886	Rogers, Michaela	51. 029928	Huynh, Lora
51. 029887	Rudd, Amber	51. 029929	Jackson, Johniesha
51. 029888	Schiessler, Cynthia	51. 029930	Johnson, Ashley
51. 029889	Summers, Kelsey	51. 029931	Leslie, Ellen
51. 029890	Sutherland, Taylor	51. 029932	Macke, Rebecca
51. 029891	Bailey, Jenna	51. 029933	Owens, Hannah
51. 029892	Barfield, Erica	51. 029934	Perkins, Hannah
51. 029893	Bartrum, Cydney	51. 029935	Potts, Bridgette
51. 029894	Bradford, Madison	51. 029936	Ramirez, Taylor
51. 029895	Cantley, Aimie	51. 029937	Richardson, Lashara
51. 029896	Ganesamurthy, Yamuna	51. 029938	Rivera, Isabela
51. 029897	Gates, Renee	51. 029939	Rodriguez, Maria
51. 029898	Glowacki, Rachel	51. 029940	Runyon, Cassandra
51. 029899	Hines, Caitlin	51. 029941	Stivender, Abigail
51. 029900	Kozar, Allyson	51. 029942	Stoll, April
51. 029901	Linder, Danielle	51. 029943	Stowers, Ashley
51. 029902	Nealon, Patricia	51. 029944	Taulbee, Shelby
51. 029903	Oconnor, Michelle	51. 029945	Thomas, Kaitlyn
51. 029904	Seaton, Bethany	51. 029946	Thorat, Jayashree
51. 029905	Wilson, Jasmine	51. 029947	Toomajan, Tatiana
51. 029906	Gase, Aisha	51. 029948	Walker, Wayneisha
51. 029907	Aguilar, Pia	51. 029949	Weber, Paige
51. 029908	Auvil, Mckenzie	51. 029950	Wilson, Tyavia
51. 029909	Banks, Deyonna	51. 029951.	Hankerson, Shamika
51. 029910	Benner, Shelby	51. 029952	Harris, Princess
51. 029911	Bickford, Jennifer	51. 029953	Mims, Paris
51. 029912	Brandt, Samantha	51. 029954	Amburgy, Misty
51. 029913	Braude, Kayla	51. 029955	Bell, Ashley
51. 029914	Campbell, Jazmine	51. 029956	Brinley, Makena
51. 029915	Chiclowe, Brenda	51. 029957	Cadonic, Autumn
51. 029916	Covert, Briana	51. 029958	Culley, Allison
51. 029917	Davis, Madison	51. 029959	Day, Nichole
51. 029918	Durr, Matthew	51. 029960	Fulcomer, Michelle

51. 029961	Giese, Jayne	51. 029973	Roach, Chastity
51. 029962	Gilbert, Meranda	51. 029974	Ross, Jenifer
51. 029963	Henderlight, Amanda	51. 029975	Stanley, Amber
51. 029964	Hickling, Mistylee	51. 029976	Steele, Makayla
51. 029965	Hillman, Jenna	51. 029977	Sweat, Shaquela
51. 029966	Jones, Erin	51. 029978	Testruth, Korielle
51. 029967	Lowe, Kelley	51. 029979	Vang, Der
51. 029968	Monreal, Marilyn	51. 029980	Vang, Pa
51. 029969	Ohler, Carly	51. 029981	Yamamoto, Miho
51. 029970	Petretic, Nicole	51. 029982	Yevtukh, David
51. 029971	Quinn, Angeline	51. 029983	Zanin, Hailey
51. 029972	Reffitt, Samantha		

Motion carried unanimously.

Limited Resident's

Motion by Ms. Johnston, second by Ms. Aquillo, to approve the licensure report for the following limited resident's licenses:

RES.3664	Srinivasan, Soorya	RES.3670	Candelario, Benitez, Yesell
RES.3665	Al, Wann, Nada	RES.3671	Marwaha, Yuwakshi
RES.3666	Elbarnashawy, Sherif	RES.3672	Montalvo, Laura
RES.3667	Manton, Jesse	RES.3673	Trimarchi, Vilma
RES.3668	Abu, Manneh, David	RES.3674	Turriago, Javier
RES.3669	Ahmed, Mohamed		

Motion carried unanimously.

Limited Continuing Education

Motion by Ms. Johnston, second by Ms. Clark, to approve the licensure report for the following limited continuing education license:

LCE.309	Wang, Benjamin
---------	----------------

Motion carried unanimously.

Coronal Polishing

Motion by Ms. Aquillo, second by Ms. Johnston, to approve the licensure report for the following coronal polishing certificates issued by: certification by the Dental Assisting National Board (DANB) or the Ohio Commission on Dental Assistant Certification (OCDAC) and completion of the requirements necessary to obtain certification:

CP. 1576	Howard, Ech'o	CP. 1578	Rucker, Martin
CP. 1577	Arnold, Kelley	CP. 1579	Shaw, Jessica

CP. 1580	Oum, Daryl	CP. 1592	Weekly, Mary, E
CP. 1581	Brown, Olivia	CP. 1593	Ball, Chelsey
CP. 1582	Richardson, Sara	CP. 1594	Muldoon, Alexandra
CP. 1583	Simon, Lori	CP. 1595	Rysz, Sarah
CP. 1584	Rodriguez, Ericka	CP. 1596	Troyer, Miriam
CP. 1585	Kiser, Valerie	CP. 1597	Buczowski, Dawn, M
CP. 1586	Nicholas, Dagmar	CP. 1598	Lanik, Kathy, J
CP. 1587	Wells, Shelby	CP. 1599	Monnin, Alyssa
CP. 1588	Foss, Kayla	CP. 1600	Watson, Tessa
CP. 1589	Gooding, Robin	CP. 1601	Barnes, L, Tanya, M
CP. 1590	Fraley, Heather, D	CP. 1602	Busler, Christina
CP. 1591	Moritz, Lindsay	CP. 1603	Maddy, Samantha

Motion carried unanimously.

Expanded Function Dental Auxiliary

Motion by Ms. Johnston, second by Dr. Anderson, to approve the licensure report for the following expanded function dental auxiliary registrations issued by: certification by the Dental Assisting National Board (DANB) or the Ohio Commission on Dental Assistant Certification (OCDAC) and completion of the requirements necessary to obtain registration:

EFDA.2355	Owca, Marsha	EFDA.2360	Hagee, Nadya
EFDA.2356	Asser, Faye	EFDA.2361	Nicolay, Samantha
EFDA.2357	Ropp, Hannah	EFDA.2362	Satterwaite, Kari
EFDA.2358	Daley, Megan, Louise	EFDA.2363	Solt, Abigail
EFDA.2359	Kreilick, Carrie		

Motion carried unanimously.

Oral Health Access Supervision Permits

Motion by Ms. Clark, second by Ms. Johnston, that the following applicants have met the requirements necessary to obtain permits to practice under the oral health access supervision program:

Dental Hygienist

Heidi Smith, R.D.H. - Pickerington

Motion carried unanimously.

Permits – General Anesthesia/Conscious Sedation

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

General Anesthesia

Lauren Graham Bourell, D.D.S. - Sylvania, Ohio

David Shall, D.D.S. – Sylvania, Ohio

Motion by Ms. Clark, second by Ms. Aquillo, to grant permits to the applicants for General Anesthesia Permits as listed.

Motion carried with Dr. Hanners absent.

Conscious Sedation

Sarah Ash, D.D.S., Pickerington, Ohio – Intravenous

Vincent Donatelli, D.D.S., Columbus, Ohio – Intravenous

Scott R. Hills, D.D.S., Bryan, Ohio – Intravenous

Trisha R. McNamara, D.D.S., Cincinnati, Ohio – Non-intravenous Parenteral

Brent Newby, D.D.S., West Chester, Ohio – Intravenous

Chad W. Ollom, D.D.S., Lima, Ohio - Intravenous

Motion by Ms. Clark, second by Ms. Johnston, to grant permits to the applicants for Conscious Sedation Permits as listed for the specified modality.

Motion carried with Dr. Hanners absent.

Reinstatement Application(s)

Yissell Carpentino-De Jesus, D.M.D.

Motion by Ms. Johnston, second by Dr. Das, to reinstate the license of Yissell Carpentino-De Jesus, D.M.D. to practice dentistry in the state of Ohio.

Motion carried with Dr. Hanners absent.

Brigit Kowalczyk, R.D.H.

Motion by Ms. Huber, second by Ms. Johnston, to reinstate the license of Brigit Kowalczyk, R.D.H. to practice dental hygiene in the state of Ohio.

Motion carried unanimously.

Committee Reports

Ad Hoc

Ms. Clark stated that the Ad Hoc Committee met earlier at 11:30 a.m. in room 1918. She stated that it had been a very interesting meeting and was apologetic to those who could not attend. The Committee reviewed the criteria that we had been discussed at the last meeting on becoming a board expert and their thoughts and comments that had been made on whether or not the Board should be renewing these expert contracts on a regular basis. She stated that they decided to consider that issue in depth at another time. She stated that they had reviewed the resume of Dr. Larry Towing from Zanesville Ohio and was recommending the Board to consider his approval as an expert.

Ms. Clark stated that the Committee had discussed Strategic Planning Priority #5 - New Disciplinary Guidelines and decided that they would like to come up with a matrix grid of graduated sanctions. They will be continuing to work on that at this point and did not have anything to present at this time.

Ms. Clark informed the members that another thing they talked about was Strategic Planning Priority #2 – Portability and Reciprocity. They had very limited time but did have a conversation about looking at some of the matrices set up by other boards.

Motion by Ms. Johnston, second by Ms. Aquillo to approve the Ad Hoc Board Operations Committee Report and Dr. Larry Towing as a Board expert.

Mr. Kamdar added that they had a robust discussion on the administration, dispensation, and distribution of controlled substances and that this matter is in our old disciplinary guidelines. He recommended that they look at it more closely to ensure that they are embracing the Governors aggressive initiative for addressing the opiate crisis.

Board members expressed that they would be willing to work with the Pharmacy Board if they think that we need to have inspections, additional security or guidelines about narcotics. However they did not agree with sending in another licensing regulatory board to provide this oversight.

Motion carried unanimously.

Education

Ms. Johnston informed the Board members that the Education Committee had met earlier that morning at 8:30 a.m. She stated that the members had reviewed sponsor and course applications that had been submitted since the previous meeting in March 2016 for compliance with the requirements set forth in the Dental Practice Act and Board guidelines. Ms. Johnston informed the Board that there were five (5) Biennial Sponsor applications and seven (7) Biennial Sponsor Renewal applications for 2016-2017 that were being recommended for approval.

Biennial Sponsor Application(s)

2016-2017 Biennial Sponsor Application(s)

BioCurve Medical Instruments

Comprehensive Oral & Maxillofacial Surgery Center
The Dental Coach
Matthew Parker, D.D.S.
Manish Valiathan, M.D.S., D.D.S., M.S.D.

2016-2017 Biennial Sponsor Renewal Application(s)

Assist 4 Dentist, L.L.C.
Terry V. Gruelle, D.M.D., M.S.
James I. Matia, D.D.S., M.S.D., Inc.
Elizabeth Mueller, D.D.S. & Associates
Sea of Smiles Pediatric Dentistry
Seattle Study Club of Akron
Steve Shufflebarger, D.D.S.

CE Audit Update

Continuing on, Ms. Johnston stated that under “Old Business” the committee had been informed of the status of the CE Audit and those licensees that were selected for random audit of their continuing education. She stated that the staff had reviewed up to the letter “L”.

Permanent vs. Biennial vs. Board Accepted Continuing Education Sponsors

Ms. Johnston commented that the members had discussed Permanent vs. Biennial vs. Board-accepted continuing education sponsors and reviewed statute 4715.141(B) and 4715.25(C) which specifically states the organizations that can be Permanent Sponsors. In light of the earlier statement provided by Dr. Larry Sangrik, the committee would like to refer this to the Board attorney for further clarification.

Strategic Priority #3 – Establishing Remediation Education Guidelines

Ms. Johnston informed the Board that she had provided the following information on Remedial Education during the Education Committee meeting but was providing it to them as an update on the committees work on Strategic Plan Priority #3 – Establishing Remediation Education Guidelines. She read the following:

“Remedial Education courses are designed to meet sanctions imposed by Board issued agreed orders (QuIP). The courses may consist of didactic content or both didactic and clinical instruction. The courses contain essential elements described in each agreed order and addresses an individual dentist or dental hygienist competency deficiencies.

Courses approved to meet Ohio State Dental Board remedial requirements must include:

- an individualized comprehensive assessment designed to evaluate dentist or dental hygienist practice competency
- develop a written individualized remediation plan to ensure minimum competency that may include a period of monitoring and follow-up;
- if requested by the Board, provide the remediation plan to the Board for review and approval;
 - provide the education, resources, tools and support that the remediation plan requires;
 - provide a written report to the licensee and the Board upon the successful completion of the remediation plan.

- Every remediation program order shall require the person subject to the order to participate in a program of education and study that will include a course in dental or dental hygiene jurisprudence and ethics.

A remediation program will be available:

- for individuals with no prior disciplinary history with the Board;
- for violations of the Dental Practice Act or the Dental Hygiene Practice Act...or Board rules that are proposed for resolution through the issuance of a Warning, a Warning with Stipulations or other non-criminal violations of board rules and regulations.

Violations involving sexual misconduct, criminal conduct, intentional acts, falsification, deception, chemical dependency, or substance abuse will NOT be eligible for resolution through remediation programs.

Board of Dentistry Remediation Programs may include:

Learning Objectives

The learning objectives for each remediation program will be tailored to the mandated requirements of the Ohio State Dental Board

Course topics may include, but are not limited to:

- Dental Record Keeping
- Diagnosis & Treatment Planning
- Endodontics
- Implantology
- Oral Pathology
- Patient Communication
- Prosthodontics, Fixed/Removable
- Restorative Dentistry
- Risk Management
- Other topics

Faculty/Educators

- Any CODA approved dental school or dental hygiene school or remediation program educators
- Any continuing education providers accepted by the ADA, ADHA, or Ohio State Dental Board
- Accepted Permanent Continuing Education Providers or Biennial continuing education providers
- Any accredited school or remediation program approved by any state board of dentistry
- The American Association of Dental Boards Assessment and Remediation Programs:
- The American Association of Dental Boards approved remedial educators or remedial education programs including the D-Prep program which includes:
 - *The American Association of Dental Boards (AADB) has partnered with the University of Maryland School of Dentistry, Marquette University School of Dentistry and Louisiana State*

University School of Dentistry to offer the Dentist Professional Review and Evaluation Program (DPREP), the intent of which is to detect and evaluate deficiencies in dental practitioners referred to the program by their boards. In the ongoing effort to protect the public, the program has been designed to identify practitioners who either need remediation or who should not continue in the practice of dentistry. Dental practitioners referred to this program by their boards will be assessed and may have the opportunity to participate in an enhancement program that will address these deficiencies and enable them to return to dental practice.

- *The Expert Review Assessment (ERA) program is a service provided to dental boards in need of an independent expert witness in disciplinary case review. The AADB will refer the state dental board to a specially trained expert assessor who will review the practitioner's patient care and treatment and/or the practitioner's conduct and offer an opinion regarding whether or not that care, treatment and conduct met applicable standards.*

Strategic Priority #4 – Develop Online C.E. Tracking and Monitoring

Ms. Johnston stated that the Committee had furthered their discussions on Strategic Plan Priority #4 – Develop online C.E. tracking and monitoring and would like to invite representatives of CEZoom and CE Broker along with John Stamper of MyCETool to come and address the Board in July. The CE auditing process is extremely cumbersome and these tracking services may be able to eliminate the necessity of continuing education auditing through on-line continuing education tracking.

At the request of Vice President Clark, a short discussion followed wherein Ms. Johnston amended her report to indicate that the representatives of the various continuing education tracking companies would be invited to attend the Board meeting in June.

Motion by Ms. Clark, second by Dr. Das to accept the report and to approve the applications as presented.

Motion carried unanimously.

Law and Rules Review

President Shaffer provided the Law and Rules Review Committee report in Dr. Chambers' absence. She informed the Board members that the Committee had met earlier that day and received an update of the rules that were completed during the 2015 review year. The Board had posted the rules for public comment, submitted the rules in December and early January to the Office of Common Sense Initiative, and had just received the last of the recommendations the previous week. President Shaffer stated that the projected target date for the Board's Public Rules Hearing would be during the Board meeting in July.

President Shaffer stated that the Committee had reviewed the amendments to rule 4715-5-06 that were discussed and recommended at the previous meeting. Under "New Business" the Committee had discussed the amendments made during the previous meeting on the rule regarding adverse occurrences. She stated that the committee had discussed the matter of specialty designation and advertising specialty services under rules 4715-5-04 and 4715-13-05. Additionally, they had furthered their discussions on rule 4715-18-01 regarding foreign dental graduates. She concluded by stating that the Committee would be continuing their

discussions on these rules, as well as their Strategic Plan Objective of working on the statute and rules during their next meeting in June.

Motion by Ms. Johnston, second by Ms. Aquillo, to approve the Laws and Rules Review Committee report as presented.

Motion carried unanimously.

Operations

Ms. Aquillo informed the Board members that the Operations Committee met earlier today in room 1918 at 9:52 a.m. with Ms. Clark, Dr. Hanners, Mr. Kamdar and herself attending. She stated that the committee did not have any "Old Business" to attend to on the agenda so they went through the Strategic Priorities that have been assigned to the Operations Committee. She stated that she did not have anything to report but an update on where they are in this process and that they had a lengthy conversation on standardizing the investigative process and the protocols. Ms. Aquillo reminded the chairs that each committee is responsible for a number of strategic priority to make sure that you are thinking about those responsibilities carefully. Mr. Kamdar will be in contact with the respective chairs to make sure they are getting the help that they need. We will probably need to schedule additional meeting times and that she appreciates their patience and support as they work through that project.

Motion by Ms. Johnston, second by Ms. Huber, to approve the Operations Committee report.

Motion carried unanimously.

Policy

Ms. Johnston informed the Board members that the Policy Committee had met earlier today in room 1924 at 11:30 am this morning and a quorum was present. She stated that the task for this meeting was to begin reviewing current Board policies to determine if they remained relevant and effective, to revise the language of the policy or to rescind the policy if need be. The Committee members reviewed and discussed the nine (9) current Board policies and based on their discussions, they were recommending the following:

To Rescind:

- Policy For Re-Entry Into The Practice Of Dental Hygiene By Dental Hygienists Who Have Not Practiced Within Five Years Immediately Prior To Application For Licensure By Criteria Approval In The State Of Ohio.
- Policy Regarding Bleaching Services Offered in Mall Kiosks and Salons By Non-licensed Dental Personnel.
- Policy On Therapeutic Prescribing
- Policy To Clarify Requirements for Corporate Names.
- Policy For Acceptable Application Procedures And Continuing Education Guidelines For Sponsors Of Continuing Education

To Revise:

- Policy Regarding Oral Conscious Sedation

To Reformat Using New Template:

- Policy Regarding The Monitoring Of Nitrous Oxide-Oxygen (N₂O-O₂) Minimal Sedation By Qualified Dental Assistants And Dental Hygienists.

To Research Other Regulatory Board Policy:

- Policy Regarding Handling Of Investigations Involving Sitting Board Members

Ms. Johnston said that the committee members discussed at length The Policy Regarding The Board Secretary's Ability To Reinstatement A License On Behalf Of The Ohio State Dental Board and it was the consensus of the members that the Board consider development of procedural guidelines regarding the reinstatement of a disciplined licensee by the Board Secretary rather than have this set forth in Board policy as there are too many unknown parameters and situations for one policy to encompass.

Ms. Johnston distributed a copy of recommended revisions to the Policy Regarding Oral Conscious Sedation that the Committee would like reviewed. They plan to meet again next month to continue working through the policies.

Motion by Ms. Aquillo, second by Dr. Das, to approve the Policy Committee report.

Motion carried unanimously.

Scope of Practice

Dr. Das informed the Board members that the Scope of Practice Committee met that morning to begin working on Strategic Plan Priority #7 that will define the scope of dental practice. He stated that there was a lot of discussion on how to define dentistry and that the Committee will still be discussing it further at the next meeting.

Motion by Ms. Clark, second by Dr. Anderson to approve the Scope of Practice Committee report.

Motion carried unanimously.

Executive Updates

President's Update

Commission on Dental Competency Assessments Steering Committee

President Shaffer informed the members that they had received a resume a few weeks back for Dr. Paul Kelley. She stated that Dr. Kelley's name was sent on to the Commission on Dental Competency Assessments (CDCA), formerly NorthEast Regional Board of Dental Examiners, Inc. (NERB) to be considered as a consultant examiner years ago. Dr. Kelley had been approved by the Board at that time but apparently that there was a glitch and his name never got submitted to the CDCA for approval. Therefore Dr. Kelley's name never came up before

the Steering Committee. President Shaffer indicated that Dr. Hanners was now asking the current Board to reconsider approving submission of Dr. Kelley's name to the CDCA as a Consultant Examiner.

Motion by Ms. Clark, second by Ms. Aquillo, to approve Dr. Paul Kelley for recommendation to the Commission on Dental Competency Assessment Steering Committee for consideration as a Consultant Examiner.

Motion carried unanimously.

Commission on Dental Accreditation Site Visit – Case Western Reserve University

President Shaffer informed the members that the Board had received an invitation from the American Dental Association (ADA) Commission on Dental Accreditation (CODA) regarding an accreditation site visit at Case Western Reserve University. The Board is permitted to present a representative to go on the site visit, however, they do not have the authority to vote. It is only an observation role. President Shaffer indicated that members should contact Director Kamdar should they want to attend the site visit and the Director would make the right connections for any sitting member.

Dental Team Summit – June 7, 2016

President Shaffer informed the Board that the Ohio Dental Hygienists' Association (ODHA) is sponsoring the Ohio Dental Team Summit (Summit) on June 7, 2016. Unfortunately, the Summit is scheduled when she and Ms. Clark will be attending the CDCA Steering Committee that day as the President and Vice President of the Board and Ms. Johnston will be attending as the appointed representative dental hygiene member of the CDCA. President Shaffer has asked Ms. Huber to attend the Summit with Director Kamdar but if Ms. Huber is unable to attend they may be in contact with other members of the Board to see if they would like to attend the Summit.

American Association of Dental Boards Mid-year Meeting – April 10 - 11, 2016

President Shaffer expressed her thanks to Ms. Johnston for her report on the American Association of Dental Boards Mid-year Meeting that was distributed to the Board members. She stated that she wished to highlight a few items from that report. She then stated:

“There were 48 areas represented at the mid-year meeting which welcomed the AADB's new Executive Director, Mr. Richard Hetke. The AADB is establishing a Foundation and looking for Board members. The new website is ready to launch with enhancements. The AADB composite has been mailed to all Boards.

Please take time to explore the link to the Surgeon General's report on oral health in America. An excellent report was given by Dr. Renee Collins and Dr. Art Jee on how we arrived here. Discussion followed on midlevel provider legislation that was introduced or recently enacted. There are 38 states with no legislation. CODA has written the guidelines for approval of educational institutions wishing to apply for accreditation through the commission, but as yet none have applied. The IOM report reveals more children seeing the dentist and less adults seeking routine care. 45 million live in shortage areas. This calls for an enhanced workforce including perhaps the need for additional training for an anesthesia assistant and licensing virtual dentistry through teledentistry. Portability of licensure and reciprocity are significant in this environment. Some states are permitting an expanded scope of practice with vaccinations included in the dental privilege.

A presentation by ADEA by Dr. Perry was informative on licensure. They are against a patient based exam and challenged boards to a TELL, SHOW, DO. First they will inform and support legislative studies on licensure. Second, the schools will open their doors to CODA site visits, work with testing agencies and DO-develop data on the never pass rates, costs, logistics, and portability of multiple pathways to licensure. Kathleen O'Laughlin, Executive Director of the ADA continued on with this as her most important objective as she needs new members and ASDA has championed this goal as the students do not like the patient based model.

Limiting specialty advertising to ADA recognized specialties was deemed to be difficult to support in light of the recent court rulings. We were advised not to limit advertising in any way. Reporting requirements for infractions were reviewed and it was advised to take remediation in the least intrusive way. Suspensions or surrenders of any kind are reportable.

I want to thank the Board for giving Ms. Johnston and I the opportunity to attend the mid-year meeting. We were encouraged to send our attorneys to the AADB meeting. The annual meeting is scheduled on October 18-19 in Denver. Please direct any questions to Ms. Johnston or myself."

President Shaffer asked Ms. Johnston if there was anything she would like to add to her report on the meeting.

Ms. Johnston commented that the Board members had received her comprehensive report on the AADB Mid-year Meeting [Appendix B] and then she took a few moments to further detail specific highlights from her report.

Correspondence – American Dental Education Association (ADEA)

President Shaffer informed the members that she had received a letter from Marsha Pyle, D.D.S., M.Ed., Chair and R. Lamont MacNeil, D.D.S., M.Dent.Sc., Board Director the of ADEA Council of Deans of the American Dental Education Association (ADEA) regarding the reiteration of the ADEA Council of Deans in opposition to the use of human subject, patient-based components of clinical licensure examinations. She then read the letter into the minutes of the meeting [Appendix C].

AADB is looking for volunteers

President Shaffer informed the members that they had received a correspondence from the AADB requesting interested parties in supporting the AADB Assessment Services Program to serve on its advisory board which includes the oversight of the three (3) programs; DPrep, Expert Review Assessment, and Remediation. She stated that anyone interested should contact Mo Miskell at the AADB if they were interested. Additionally, she informed the members that the AADB was seeking any jurisdictions that were interested in joining a dental regulatory compact similar to what the nursing profession has established and what the medical and physical therapy professions are currently pursuing. She stated that she would be following up on this initiative with Ms. Clark and report back to the full Board once they had more information.

American Board of Dental Examiners Meeting

President Shaffer informed the members that the next American Board of Dental Examiners (ADEX) meeting was scheduled for August 7, 2016. She stated that ADEX sets the criteria for the examining bodies to adhere to and commented that former Board member Eleanore Awadalla, D.D.S. would be serving her last term as our ADEX representative. She stated that the new Board representative, former Board member Mary Ellen

Wynn, D.D.S. would begin her term after the meeting in August and that members should direct any questions/concerns to the appropriate representative.

American Dental Association Correspondence to Senator Richard Durbin Regarding Opioid Abuse

President Shaffer noted that the Ohio Dental Association had recently allowed the Ohio Board of Pharmacy to submit an article that was published in their most recent "ODA Today" regarding the issues surrounding opioid abuse and their presentation before the Board that day. As a response to this matter she read a letter to the members from Carol Gomez Summerhays, D.D.S., President and Kathleen T. O'Laughlin, D.M.D., M.P.H., Executive Director of the ADA which summarized what the ADA has been doing to help keep opioid pain medication from becoming a source of harm in our communities [Appendix D].

Executive Director's Update

Board Position on the Opioid Crisis

Director Kamdar began by stating he wished to build on Presidents Shaffer's remarks regarding our Board's position on the Governor's initiative to aggressively deal with the opiate crisis. We are active members of the Governor's Cabinet Opiate Action Team (GCOAT) and in an effort to be actively involved with the legislation that the Pharmacy Board spoke about earlier, he had Dr. Wallace sitting in on a conference call with him and the Pharmacy Board to get a better understanding of where they are coming from and to better explain where the Dental Board is coming from traditionally in its regulatory directives.

New Website

Director Kamdar said that they are continuing to work on the board website trying to enhance it. He explained that this has been a very slow process while working with the Department of Administrative Services (DAS) on this project. Eventually, he may have to consider coming back to this body to request approval to seek an outside contractor in order to improve the Board website. Director Kamdar expressed his thanks to staff member Erica Pleiman who has been helping to spearhead this process. He stated that they would be "ratcheting it up the ladder" in an effort to get it the attention it needs to get it up to speed and running.

Dental Laboratory Registration

Director Kamdar we've been approached by Eric Thorn, Esq., Chief Staff Executive of the National Association of Dental Labs who would like to hold a conference call with the Board in conjunction with the Ohio Dental Lab Association. He stated that it is his understanding that they have approached the Board in the past regarding dental lab registration. He stated that he would be in discussions with these two (2) groups via a conference call and inform them of the discussions.

Committee Meetings

Director Kamdar informed the members that some of the chairs of the committees have approached him about how the meetings are being scheduled and overlapping. The Board has six (6) standing committees: Education, Scope of Practice, Law and Rules Review, Operations, Policy, and Ad Hoc. Most of the committees have very full agendas and now have the Strategic Planning Priorities in addition and with the Priorities there was insufficient time allotted to address these matters on Wednesday morning before the Board meetings. So we may have to look outside that meeting time zone at the possibility of holding public committee meetings between Board meetings in order to accomplish the agendas and the Priorities. Director Kamdar stated that

he respects the time each member has committed and while not wanting to overdo it, he would still want to be able to accomplish these priorities. Maybe we aspires to unrealistic expectations to attend all committee meeting and he is unsure if that is practical. He commented that maybe the members should put greater reliance on those members that are assigned to each committee, or they may have to come up with a different formula for the number of Board members assigned to each committee. He stated that he and the staff have spent an inordinate amount of time attempting to schedule these committee meetings and even moved back the start time of this Board meeting to allow more time for committee meetings. Director Kamdar stated that he would be discussing all these options with President Shaffer and leave it up to her for guidance on how to proceed.

Ohio Department of Health Emergency Contact Database

Director Kamdar stated that the Board has been asked by the Ohio Department of Health to assist in putting together an emergency contact information database. They are asking for all medical practitioners to provide pertinent information regarding themselves and contact information for this emergency contact database in order that they will have the ability to perform statewide notifications in the event of an emergency. Unless we have any objections, they are asking the Board to send an e-mail communication out with a link to a survey to obtain that information.

Licensing Transition

Director Kamdar stated that there is a statewide licensure transition for most regulatory boards. He asked them to keep June 27, 2016 in mind because that is our Boards "Go Live" date. He reminded the members that the Board does not have a full-time IT staff member devoted to the various issues that may arise and that we rely on DAS for our computer, software, and internet support. He asked the members to have patience and keep this in mind at the end of June if we experience some of the inevitable transitioning issues.

Strategic Plan Tracker

Director Kamdar expressed his thanks to the Board members for providing feedback on the Strategic Plan Tracker. He stated that he would be making the final changes for submission and approval at the next Board meeting. He stated that he would be in contact with the relevant committee chairs to see determine what assistance they would need in meeting their deadlines for their respective priorities, whether it be assigning staff, scheduling extra meetings, etc.

Anything for the Good of the Board

Farewell to Board Member – W. Chris Hanners, D.D.S.

President Shaffer stated

"Dr. Chris Hanners, on behalf of the Ohio State Dental Board, I want to take this opportunity to thank you for all of your service over the past five (5) years. Before coming on to the Board, Dr.Hanners' remarkable fiscal acumen was identified and he was asked to evaluate the financial situation of the Dental Board. His nod of acceptance for the budget became necessary for Board approval. He was quick to find any discrepancies, becoming so thorough in his task that he required an audit of the Secretary, who at the time was me.

Although reluctant to serve in a more public position Chris has served as chair of finance committee and served on the Education Committee, Scope of Practice, Policy, Law and Rules, Ad Hoc Committee, and Operations. His comments are appreciated by all members and given due deliberation when voiced. We will miss his outstanding hospitality.

Dr. Chris Hanners has served the Board, the profession, and the public in a manner that has demonstrated his level of commitment to the Board. Dr. Hanners' service has brought great credit upon himself, the Ohio State Dental Board, and the citizens of the State of Ohio. We thank you for everything you have done in your years as a member of the Board and we wish you the best in all of your future endeavors."

President Shaffer then requested everyone to join her in a warm round of applause for Dr. Hanners.

Adjourn

Motion by Ms. Clark, second by Dr. Das, to adjourn the meeting.

Motion carried unanimously.

President Shaffer adjourned the meeting at 5:07 p.m. and reminded the Board members that their next meeting would be June 15, 2016.



Marybeth Shaffer, D.D.S.
President



Constance Clark, R.D.H.
Vice President

Appendix A

Larry J. Sangrik, D.D.S. - Statement

Statement to the **Ohio State Dental Board**

May 18, 2016 ♦ **Columbus, Ohio**
Larry J. Sangrik, D.D.S.

My name is Larry J. Sangrik. I am a licensed dentist in the State of Ohio. However, I am not appearing here today in that capacity. Instead, I am appearing as the sole proprietor of Interactive Dental Seminars, a business chartered in Ohio that nationally provides continuing education to dentists, hygienists, clinical dental assistants and dental business staff.

Recently, in preparing for an out-of-state lecture, I was comparing the Ohio Dental Practice Act to that of several other states. It came to my attention that the Ohio Administrative Code makes no reference to dental continuing education courses offered by PACE sponsors of the Academy of General Dentistry or CERP sponsors of the American Dental Association.

When I called Mindy Franks at the OSDB office regarding this issue, I was told that it was her recollection that the Board had accepted PACE and/or CERP providers because they were under control of their respective organizations.

Interactive Dental Seminars is a dental continuing education company which is nationally accepted by the PACE program of the AGD.

Based on Mindy's comments, I wrote Executive Director Harry Kamdar a letter on March 2, 2016 contending that Interactive Dental Seminars appears to be a permanent CE sponsor. As such, Interactive Dental Seminars is eligible to directly offer: ① medical emergency preparedness courses for dental hygienists seeking advanced practice privileges, ② nitrous oxide administration courses for dental hygienists and ③ nitrous oxide monitoring courses for dental assistants.

Subsequently, I received a conference call from Deputy Director Lyndsay Nash and Mindy Franks, that explained that the OSDB had, by policy, defined PACE and CERP courses as "accepted" by the Board for CE credit. However, although the courses were accepted, these sources of CE were not considered "sponsors." This position was then reinforced in writing in the March 29th letter of Director Kamdar.

I asked, both on the phone and in writing, for the date and verbiage of the motion at which the decision to "accept" continuing education courses from PACE and CERP providers was made. No response has been received.

It is my contention that the apparent action of the OSDB unintentionally exceeded their authority because it is in conflict with the Ohio Administrative Code. The OAC is clear in both its intent and its requirements in five ways.

1) For continuing education to be eligible for Ohio dental professionals to use toward their license renewal, it must originate from a "sponsor." There is no provision for some type of entity to exist other than a "sponsor" to provide continuing education needed by Ohio's dental professionals.

2) Section 4715-8-02 of the Ohio Administrative Code (OAC) uses the phrase, "*Sponsors shall be as follows:*" The code then enumerates two, *and only two*, methods in paragraphs (A) and (B). These are "Permanent" and "Biennial" sponsors. There is no ambiguity in either intent or direction. The OSDB lacks the statutory authority to "accept" continuing education from any source *unless* the OSDB *concurrently recognizes* that source as either a permanent or biennial CE sponsor.

3) OAC Section 4715-8-02 (A) (9) gives the Board *broad powers* to name "entities" as permanent sponsors, even without their knowledge or consent. In effect, the Board can name any entity a permanent sponsor at any time for any reason they deem appropriate.

4) By contrast, the Board is *prohibited by statute* from naming an entity a biennial sponsor without that party's knowledge or consent. OAC Section 4715-8-03 (A) clearly states *before* recognition as a biennial sponsorship can be recognized, the potential sponsor *must*: ① "make application," ② "include[ing] a fee," and ③ "submit evidence" to the Board. If those three actions by the applicant are lacking, a biennial sponsorship cannot be granted. The Board cannot consider all CERP or PACE continuing education providers from across the nation to be biennial sponsors during the term of their accreditation because the above conditions were never met.

5) The Board appears confused by the phrase, "permanent sponsor." For example, the Department of Dentistry at the Cleveland Clinic may offer dental CE courses as a permanent sponsor because the hospital is accredited by the "Joint Commission on Accreditation of Healthcare Organizations (JCAHO)." [See OAC 4715-8-02 (A) (8)] In the unlikely event the Cleveland Clinic were to lose its JCAHO accreditation, the hospital will concurrently lose its permanent CE sponsorship with the OSDB. When that accreditation is restored, *permanent* (not biennial) CE sponsorship would automatically be restored. All these changes would have occurred *independent of any overt action by the Board*.

In short, permanent sponsors can ① attain, ② lose and/or ③ be reinstated to their status without knowledge or action by the OSDB. It is beyond the Board's ability to establish "permanence" to any entity. Cases in point: since this section of the OAC was written at least two universities (*Northwestern and Georgetown*) have closed their dental schools and lost their "permanent sponsor" status. Conversely, new dental schools have opened and gained permanent sponsor status. Within the confines of this section of the OAC, the word "permanent" does not mean "in perpetuity." Rather, "permanent" means an entity,

based on their credentials, is permanently eligible for automatic inclusion as a CE sponsor in Ohio without action of the Board. In retrospect, the term “*automatically credentialed*” might have been more accurate than “*permanent*,” as this reflects the intent of the Code.

Given the above, the Board can easily resolve this issue today by merely adopting a policy accepting PACE and/or CERP continuing education providers as OSDB permanent sponsors of continuing education during the time of the credentialing from their respective organization.

There is precedence for this action. Both dental schools and hospitals are granted “permanent sponsor” status only during the time they maintain accreditation from their respective governing entity. Treating PACE and CERP continuing education providers as permanent sponsors would be an identical situation.

While this approach is easy, I gather the Board is reluctant to do so because the result would be that my business, Interactive Dental Seminars, could directly offer dental continuing education courses that are limited to “permanent sponsors.”

I am aware that the Board does have another alternative. They can take the steps necessary to change OAC Section 4715-8-02 to provide four types of sponsors: permanent, biennial, PACE and CERP.

However, a serious issue arises concerning the *motivation* of the Board in undertaking this approach. Is it *solely* to prevent my business from directly offering medical emergency preparedness and nitrous oxide training to Ohio’s dental auxiliaries?

Clearly, the extraordinary potential exists where the government must develop laws and rules to specifically restrict just one business entity from conducting commerce in a particular area. However, in doing so, the government is obligated to demonstrate a genuine benefit to the public’s interest. Failure to do so leaves open the accusation to unreasonable restraint of trade. I believe the OSDB would be hard pressed to demonstrate that either the dental profession or the general public benefit in a meaningful manner by preventing me to independently present medical emergency or nitrous oxide courses without partnering with an existing permanent sponsor.

I call upon the Ohio State Dental Board to adopt by policy that AGD PACE and ADA CERP continuing education providers be recognized as permanent sponsors in Ohio during the time period that their credentials are in place.

Upon doing so, I would like to submit my “*Application for Dental Hygiene Medical Emergency Recognition Course in Ohio.*”

Thank you for your attention.

Appendix B

Report on American Association of Dental Boards Meeting – April 10-11, 2016 – Susan Johnston, R.D.H.

AMERICAN ASSOCIATION OF DENTAL BOARDS MEETING APRIL 10-11 2016

Opening Remarks (Dr. Eva Ackley, AADB President)

- New Executive Director of AADB Starts April 25 (Mr. Richard Hetke) (letter from Dr. Hetke attached to this report).
- New AADB website launching soon
- Latest events across the country will be on new website
- Assessment services, expert review and remediation programs continue to grow
- Clearing House is very active...mentioned Texas new rule about applicants who must self-query the National Practitioner Data Base (NPDB).

Some state updates:

Kansas Senate Bill-- Dental Board voted to oppose dental therapist bill

Massachusetts (CODA guidelines on dental therapist)

Oregon – Oregon Tribe dental therapist

Vermont Dental Therapists

Virginia- Dental hygienists under remote supervision

Kentucky legislation to approve dentistry

THE EVOLVING DENTAL TEAM

Sunday April 11

SESSION ONE: The Evolving Dental Team

Dr. Renee McCoy-Collins DC

Dr. Arthur Jee, D.C

Looking Into the Future:

- How did we get here
 - discussion regarding the surgeon general's report Oral Health in America (*"The Surgeon General report addresses the inequities and disparities that affect those least able to muster the resources to achieve optimal oral health"*)
 - Surgeon General Report emphasizes the need to increase dental providers, and increase dental programs

- Access to Care and the Affordable Care Act
- New Dental Team
(midlevel providers)
- Payment based on outcomes (instead of paying for procedures done, like prophies, extractions, restorations, payment will be based on patient outcomes. Examples would be how many sealants were actually provided of your eligible child and adolescent patient population? What is the caries rate at certain intervals? What percentage of your patient population engage in preventive care appointments?)
- EHR; increased patient satisfaction, lower costs, and specific reporting of outcomes are new government mandates
- ACA REQUIRES:
 - lower cost
 - increased reporting
 - improved coordination
 - improved patient satisfaction
 - Payment by outcomes

DENTAL WORKFORCE FUTURE TRENDS

- Changes in every aspect dentistry, including delivery of care, how the provider is paid, where the care is provided
- More children are seeing dentists
- Decline of adult population seeking dental care

Who will be treating these patients?

- Five new dental schools, 2 more on the way. Total of 65 dental schools
Graduates are going to mid-size cities and urban fringe
- Huge numbers of dental assisting and dental hygiene allied education
Currently 78 % of all dental care is exams and prophies
- 1/3 of population live in FQHC areas
- Increased needs for pediatric dentistry and anesthesia (beyond nitrous and local)
- Dental Anesthesia assistant being considered and in place in at least one state

Add medications to IVS

Place and remove IVS

- Virtual Dental Home
Telemedicine and Teledentistry

Maryland is looking at this now

How does it affect portability? Reciprocity...

- Prescription Drug Monitoring Programs
- Some suggestions of a “pharmacy techs” in the office
- Dentists administering vaccines, doing screenings (glucometers)
- Defining Who are Specialists?

Referring to the ADA recognized specialties as the only dental specialties has been defined as a restriction of trade. Recommendation by AADB attorney to avoid defining specialties this way.

- Potentially increases by more than 50,000 members of the population that we as boards must regulate.
- Corporate entities do not have to be owned by dentists in some states

How do we assure ONE STANDARD OF CARE?

Teledentistry

ESTABLISHED PATIENT RELATIONSHIP

APPROPRIATE history and evaluations

Verify patient identity and location

Disclose your credentials to patient

Licensed in the jurisdiction where the patient is being treated

Treatment and consultation

Documented evaluation

Documented diagnosis

Contraindication to treatment

Prescription drug history

INFORMED CONSENT

Process includes Internet security measures, hold harmless for technology failures, expressed consent from patient to share information

MEDICAL RECORDS

CONTINUITY OF CARE

EMERGENCY SERVICES AND REFERRALS

HIPAA

Patients must be able to access their records

Portability, virtual dental home, permits, patient complaints, outcomes, which state has jurisdiction? All challenges regulatory and licensing boards will face.

HOW CODA IS Handling the NEW DENTAL WORKFORCE MODEL

- DENTAL THERAPY TIMELINE
- DENTAL THERAPY STANDARDS
- IMPORTANCE OF CODA ACCREDITATION
- RESOURCES

Scope of dental therapists are up to the state dental board

Dental therapy standards are available on the CODA website

extensive and detailed, 3 years of dental therapy program post high-school with acceptance standards and on.

State dental board active member may be invited by the program to observe a site visit.

STANDARDS FOR ADVANCED STANDING (SUCH AS DENTAL HYGIENISTS) ENTRY INTO DENTAL THERAPY PROGRAMS IS UP TO THE INSTITUTION BUT MUST BE ENFORCED EQUITABLY.

Always looking for national licensure site visitors. Go to website (CODA) and look at opportunities.

www.ada.org/en/coda

Infection control update and innovative new CDC tool – high stakes for dental boards

Patient-centered care

Patient safety in parallel with changing workforce

Human behavior is cause of disease transmission – standard precautions

(Rare in dentistry though)

Approach is to give people the tools to make compliance easy

OSAP (Organization for Safety, Asepsis and Prevention) and CDC (Center for Disease Control)

Through MMWR; guidelines established in 2003 still sound science

#1 standard precautions expands universal precautions

Addresses all body fluids (except sweat and tears) and patient to patient transmission as well (bathroom?)

Posters available for download from CDC recommended to be posted in office

Cover your cough

Safe injection practices

What our dental office is doing to protect you

More...

Hepatitis B virus associated with portable dental clinic, also oral surgery practice (patient to patient) through a contaminated surface (source patient had high viral load)

Portable clinics should

- Include an infection control coordinator
- Provide bloodborne pathogen training
- All volunteers have a hep b vaccination

OSAP has a site assessment and checklist for dental settings that use portable dental equipment.

HBV can remain infectious in dried blood for one week and HCV for SIX WEEKS...environmentally stable viruses

Dental Unit Waterlines, biofilm and water quality.... Follow manufacturer's guidelines for cleaning and disinfecting dental water lines.

TOOLS

USER- friendly guide

Summary of Infection Prevention Practices in Dental Settings Basic Expectations for Safe Care

Includes checklists for dental offices

NCCDOHINFO.CDC.GOV

Complex complaints are occurring by patients in complaints to boards

Violations of dental practice act, related to CDC violations of guidelines

CONTEXT ON HOW DENTAL BOARDS CAN APPLY THIS NEW GUIDE

- Continuing education requirements requiring infection control (2 hours each biennium)
- Written exposure control plan—check CDC website for a template
- Waterline maintenance policy (written), following manufacturer's written instructions

Common dental office CDC violations is included in toolkit Summary of Infection Prevention Practices in Dental Settings

Basic Expectations for Safe Care (includes checklists for dental offices)

WHAT ARE THE NEW TOOLS?

CDC Toolkit for compliance and implementation of infection control procedures (toolkit, checklists and recommendations)

The One and Only Campaign

The One & Only Campaign is a public health campaign, led by the Centers for Disease Control and Prevention (CDC) and the Safe Injection Practices Coalition (SIPC), to raise awareness among patients and healthcare providers about safe injection practices. The Campaign aims to eliminate infections resulting from unsafe injection practices

AMERICAN DENTAL EDUCATION ASSOCIATION LICENSURE TASK FORCE

EVELYN LUCAS-PERRY, DDS Speaker

ADEA task force on licensure charged with making recommendations and action items to:

Eliminate patient-based portion of clinical licensure exams.

Minnesota OSCE exam

Speaker did not mention the:

CIF model (Buffalo) still patient-based but integrated within the curriculum because it included patients

AMERICAN DENTAL ASSOCIATION CULTURAL SHIFTS

KATHERINE O'LOUGHLIN Executive Director ADA

Problem: demand for dentistry is falling

Problem: Social issues surrounding Access to Care

Problem: Health care distribution

"Health care reform will impact dentistry minimally" per Dr. O'Loughlin

DSOs are trending upwards rapidly. Ohio has 202 DSO locations

Licensure portability is of utmost concern to millennials because they change jobs every 3 years and change professions as well.

No basis for licensure examination disagreements...

ADA is committed to eliminating the patient subject clinical exam and is committed to licensure portability by asking all states to accept all exams.

Monday April 11

Business meeting

Approved minutes

Approved by-laws as amended

2016-2017 BUDGET ACCEPTED

AADB appointments to ADA committees are now done at mid-year meeting

Dr. Shaffer appointed to CDEL (COUNCIL ON DENTAL EDUCATION AND LICENSURE)

Report of the Caucuses

North- Dr. Sparks (Oklahoma) nominated as Secretary

South – Multi State Compact for licensure portability (South is against this idea—keep it a State priority)

AADB should strongly object to the recent letter sent out to State Boards by ADEA and respond with a letter of their own.

East- Support portability of licensure.. recommend AADB set parameters and guidelines for portability

West- AADB should put together a task force to discuss portability; challenge state boards to come back to annual meeting in Denver with ideas that they have discussed on portability.

CE ZOOM – CE audit software free to states, designed by a board member

Dental Exchange CE tracking, categorizing and auditing ...free for Board and Licensees

THE EVOLVING DENTAL TEAM

Dental Sector Trends Impacting the Dental Workforce Dr. Marko Vujiicic

Health Policy Institute Director (ADA)

- Macro trends
 - **This is a seminal moment in the health care service sector and the ACA is affecting delivery of dentistry**
 - Downward trend is not related to bumps in the economy and is likely permanent
- Children's dental care use is rising, senior dental care use is rising, working age adults use of dental care is declining
- Cost is the prevalent reason people don't go to dentist, and that is across all socioeconomic groups
- Reforms in payment models rewarding dental offices for outcomes (i.e lower CAMBRA scores,)

- Medicaid expansion will result in more adults seeking dental care. Double or triple the amount of adults seeking care....many states will see a boom
- Continued decline of dental use by working age adults with higher incomes
- “Smart” toothbrush (like a Fitbit for the mouth); records brushing behavior and insurance companies are linking the data to insurance premiums for patient
- Dentists will be incentivized to accept and treat high-risk patients and will be “rewarded” for small changes
 - Text reminders to patients (are you taking your medicine?)
 - Car service to appointments (contract with Uber)

Community Dental Health Coordinator: New Dental Team Focus for 21st Century Integrated Care

Like a social worker for dentistry...connecting people with care. Dental Case Management is not defined or coded yet, but in the medical field it is billable. Efforts underway to define and assign a code.

Navigation of the new health care system will be a rapidly growing field

Pilot program began in 2007

There are now 42 CDHC working in 8 states

Promotion with new state participation is goal

Health Literacy is the construct of the system that supports an individual

FQHCs are required to provide transportation and translation services, and can be organized by CDHC

How are these workers paid? IHS facilities hire them

Curriculum can be integrated into current programs, or offered as CEs.

Future of Hygiene and How it fits into the Dental Team; Ann Battrell

Rapidly increasing numbers of dental hygienists, especially when compared to numbers of dentists

New code : scaling in the presence of moderate to severe gingivitis... Will be in effect as of January 1, 2017....

Will be in the perio codes

Teledentistry

- Integration of Oral Health into Medicine
 - Emphasis on inter professional education and practice
 - DH employed in hospitals, nursing homes, pediatric practices
 - Development of new codes for physicians to do oral assessments and Fluoride varnish
- New titles or professional recognition roles
- New Descriptors of Professional relationship between dentists and dental hygienists
- Collaborative practice, Public Health Supervision
- Dental Service Organization Employment of Dental Hygienists

DSO model is “exciting” for dental hygienists. Unique environment to measure value and efficacy of treatment. 9 levels of career advancement for hygienists. Quality measures are used unlike traditional dental offices.

Year in Review-Panel on current trends and difficult cases

Grant Gerber (MD) and Lori Lindley (OR)

Encouraged Boards to send their attorney to the AADB meetings

Topics

- Mobility and Portability
- Reporting Discipline
- Advertising
- AntiTrust

Increasing pressure from trade organizations, federal government, consumers for mobility and portability

Federalism v. State’s Rights

Occupational Licensing: A Framework for Policymakers, July 2015 (White House Report) not favorable to states defining licensure requirements

REPORTING DISCIPLINE

What is reportable?

Is surrender of a permit a reportable action?

Corrective Action Plan is in the National Provider’s Data Bank

Now the NPDB requires reporting of a voluntary surrender of anesthesia permits

Most boards have injunctive relief...use it. (Let courts prosecute)

Advertising and Freedom of Speech

99% of advertising complaints are dentist on dentist

Don't get involved in advertising disputes; remove advertising rules from our documents

ANTITRUST UPDATE

ADOPTING RULES AND REGULATIONS WHICH COULD CONCEIVABLY BE CONSIDERED AS BLOCKING ACCESS TO CARE

Teladoc in Texas case

Teladoc, Inc. is a telehealth company that uses telephone and videoconferencing technology to provide on-demand remote medical care via mobile devices, the internet, video and phone. The company had its initial public offering on July 1, 2015.

Found Medical Board in violation and allowed for treble damages on board members!

AADB should consider filing federal legislation to limit FTC action only to injunctive relief and not allow treble damages

Elimination of State Action Immunity is providing for more anti-trust law suits against boards. Several examples with medical doctors, veterinarians

Active State Supervision is a legislative action to show that boards are being actively supervised and Ohio should consider legislation regarding this.

Appendix C

Correspondence - American Dental Education Association

THE VOICE OF
DENTAL EDUCATION

AMERICAN DENTAL EDUCATION ASSOCIATION

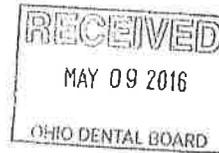
2016-17 BOARD OF DIRECTORS

Cocilo A. Feldman, D.M.D., M.B.A.
Chair of the BoardLeon A. Assael, D.M.D., CMM
Chair-elect of the BoardHuw F. Thomas, B.D.S., M.S., Ph.D.
Immediate Past Chair of the BoardHarold S. (Buddy) Auten
Board Director for the
Corporate CouncilJoan E. Kowolik, B.D.S., LDS, RCS Edin.
Board Director for SectionsDavid M. Shafer, D.M.D.
Board Director for Hospitals and
Advanced Education ProgramsT. Isringhausen, B.S.D.H., RDH, M.P.H.
Board Director for Allied
Dental Program DirectorsR. Lamont MacNeill, D.D.S., M.D.S.
Board Director for DeansRyan Queck, D.D.S.
Board Director for FacultiesTimothy Treat
Board Director for Students,
Residents and FellowsRichard W. Valachovic, D.M.D., M.P.H.
President and CEO

The mission of ADEA is to lead institutions and individuals in the dental education community to address contemporary issues influencing education, research and the delivery of oral health care for the overall health and safety of the public.

655 K Street, NW
Suite 800
Washington, DC 20001
Phone: 202 289 7201
Fax: 202 289 7204
adea.org

April 21, 2016



Dr. Marybeth D. Shaffer
President
Ohio State Dental Board
77 S. High Street
17th Floor
Columbus, OH 43215-6135

Dear Dr. Shaffer:

The American Dental Education Association (ADEA) represents all 66 U.S. dental schools and, subsequently, the deans of these schools. The ADEA Council of Deans (ADEA Council) met at the 2016 ADEA Annual Session & Exhibition in Denver and voted to send this communication to all U.S. state dental boards regarding the issue of portability of licenses and the use of human subjects in clinical licensure examinations.

The ADEA Council is aware that the American Dental Association (ADA) and the ADEA principal officers recently sent a letter to many state dental boards encouraging greater portability of licensure throughout the United States. Given the mobility of this society, the ADEA Council supports this general principle, as dentists now move more frequently and unexpectedly from state to state, often for reasons beyond their control. This is especially true for dentists within their first 10 years of practice, military dentists and dentists with partners in other highly mobile professions. Given the fact that some states and jurisdictions now recognize licenses from other states independent of the type of licensure exam taken initially, the ADEA Council respectfully requests that your board develop reciprocal licensure policies and agreements so that dentists who possess a valid, unrestricted license in any state or jurisdiction in the United States would be eligible for dental licensure and able to practice in your state.

Also, the ADEA Council wishes to reiterate its position in opposition to the use of human subject, patient-based components of clinical licensure examinations. The ADEA House of Delegates in March 2014 unanimously passed a resolution, ADEA 5H-2014, which "recommends the elimination of the human subject/patient-based components of clinical licensure examinations and the adoption of an alternative and validated process for the clinical assessment of candidates for licensure." At the 2016 ADEA Annual Session & Exhibition in March 2016, the ADEA Council reaffirmed its position on licensure and its support of Resolution 5H-2014.

AMERICAN DENTAL EDUCATION ASSOCIATION

Dr. Marybeth D. Shaffer
Page 2
April 21, 2016

Some dental schools have made individual decisions to participate in the Clinical Integrated Format (CIF), also known as the Buffalo Model (CIF-Buffalo), largely to assist their students in navigating the only examination track that currently exists for licensure in certain states. The ADEA Council wishes to state that the decision by dental schools to participate in the CIF-Buffalo version of ADEX examination offered by the Commission on Dental Competency Assessment (CDCA) should not be interpreted as an endorsement of that specific examination format, which still involves participation of human subjects.

In light of the aforementioned, we respectfully ask that you carefully consider the positions of the ADEA Council, as detailed above. These positions were formulated after many hours of thoughtful and careful deliberation and we believe they have the ability to profoundly affect oral health professionals in this country and their capacity to deliver the best care possible to this nation's population.

We welcome the opportunity to discuss these matters in greater detail.

Sincerely,



Marsha A. Pyle, D.D.S., M.Ed.
Chair, ADEA Council of Deans



R. Lamont MacNeil, D.D.S., M.Dent.Sc.
Board Director, ADEA Council of Deans

cc: ADEA Board of Directors
ADEA Council of Deans

Appendix D

American Dental Association Correspondence to Senator Richard Durbin Regarding Opioid Abuse

**ADA American
Dental
Association®**

1111 14th Street, N.W.
Suite 1200
Washington, DC 20005

T 202.898.2400
F 202.898.2437
www.ada.org

May 12, 2016

Honorable Richard J. Durbin
711 Hart Senate Office Building
Washington, DC 20510-1304

Dear Senator Durbin:

On behalf of the American Dental Association (ADA) and our 159,000 members, we are pleased to respond to your letter of May 11, regarding our longstanding efforts to keep prescription opioid pain medications from becoming a source of harm in our communities.

Opioid pain medications—such as hydrocodone (Vicodin®) and oxycodone (OxyContin® and Percocet®)—have become a leading source of drug abuse among teens and young adults. As prescribers of these pain medications, dentists certainly have a role to play in preventing their abuse, misuse, and diversion.

We disagree with your assertion that the ADA and its members have failed to "take responsibility for its role contributing to the opioid and heroin epidemic," and that dentists are taking advantage of "perceived financial incentives to over-treat pain." In fact, the ADA has been actively engaged in trying to address opioid abuse for many years.

Enclosed you will find a summary of what the ADA has been doing to help keep opioid pain medications from becoming a source of harm in our communities. Please note that in 2010, dentists were the third most frequent prescribers of opioid pain medications.¹ By 2012, dentists had fallen to fifth— behind family practitioners, internists, general practitioners, and surgeons.² This is a testament to what dentistry has been doing to address this issue.

We can all do more to keep prescription pain medications from becoming a source of harm in our communities. For our part, the ADA will continue raising professional awareness about prescription opioid abuse, encouraging dentists to complete CERP-recognized³ training in model opioid prescribing, and urging every dentist to register with his or her state prescription drug monitoring program.

We applaud you for joining the fight to address this important issue. If you have any questions, please contact Ms. Mary Dietrich at 202-789-5178 or dietrichm@ada.org. Information is also available at ADA.org/opioids.

Sincerely,

/s/

Carol Gomez Summerhays, D.D.S.
President

CGS:KTO:rjb
Enclosure

/s/

Kathleen T. O'Loughlin, D.M.D., M.P.H.
Executive Director

May 12, 2016
Page 2

¹ SDI: Vector One® National, Total number of prescriptions dispensed in the U.S. by top 10 prescribing specialties for immediate-release opioids, Year 2009, Extracted June 2010.

² IMS Health, National Prescription Audit, United States, 2012.

³ The ADA Continuing Education Recognition Program (ADA CERP) provides ADA members and the dental community a mechanism to select quality continuing dental education courses with confidence that the credits awarded will be recognized for state licensure renewal.

ADA American Dental Association®

America's leading advocate for oral health

Activities to Enlist Dentists to Address Opioid Misuse, Abuse, and Diversion

May 12, 2016

Ever since the *Journal of the American Dental Association* published a cover story in 2011 about the dentist's role in preventing prescription opioid abuse, the ADA has worked on the issue, beginning in earnest that same year when approached by the White House Office of National Drug Control Policy.

Since that time, the Association has taken a number of steps to ensure that its members are aware of the potential for opioid addiction and that they have the tools to prevent it.

- **Continuing education.** For years, the ADA has offered in-person and online continuing education courses on using opioids to manage dental pain in the context of modern drug-seeking behavior. Since at least 2012, there been increasing demand for such training.

Every dentist that attended the Association's 2015 Conference on Dentist Health and Wellness completed a continuing education course on opioid prescribing. And the opioid prescribing courses offered the Association's 2015 annual dental meeting completely sold out.

Thanks, in part, to a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), the ADA has been offering free continuing education webinars covering the latest techniques for recognizing when a when a patient may be seeking opioids for non-medical purposes, and how to briefly counsel and refer those patients for appropriate substance abuse treatment. The webinars are available to members and non-members alike.

The webinars are attractive to dentists because they are free, easy to access, and distinguish pain management in medicine from pain management in dentistry. Above all, they are recognized by the ADA Continuing Education Recognition Program (ADA CERP). State dental boards typically accept CERP-recognized course credits for licensure renewal.

The ADA is finalizing the content for its next round of online courses, which are planned for August and September.

- **Professional Guidelines.** In May 2015, the ADA published an easy-to-use reference manual, "Practical Guide to Substance Use Disorders and Safe Prescribing," which includes techniques dentists can use to identify and respond to suspicious drug-seeking behaviors, including after-hours requests for prescription drugs.

In addition, the Association is updating its *Guideline on the Use of Opioids in the Treatment of Dental Pain*. The guideline will help dentists establish a more appropriate balance between the need to use opioids for effective pain management and their abuse potential. It will also help dental schools develop curriculum for drug abuse prevention,

May 12, 2016
Page 2

and help state dental societies and state boards of dentistry as they establish position papers.

- **AMA Task Force to Reduce Opioid Abuse.** The ADA joined the American Medical Association Task Force to Reduce Opioid Abuse last year. The mission of this coalition of health professional organizations is to improve the design and operation of prescription drug monitoring programs, increase the number of prescribers registered with those programs, and increase the number of health professionals who complete training in model opioid prescribing practices.
- **Medicine Abuse Project.** The ADA has been a member of the Medicine Abuse Project since 2012. This initiative of the Partnership for a Drug-Free America raises awareness of prescription drug abuse and enlists dentists in the fight against it.
- **National Prescription Drug Take-Back Initiative.** The ADA began promoting the Drug Enforcement Administration's National Prescription Drug Take-Back Initiative in 2012. The Association has used the campaign to remind dentists to counsel patients on how to safely secure and dispose of unused medications at home, and encourage patients to attend local Take-Back events.
- **National Recovery Month.** The ADA has been a proponent of the Substance Abuse and Mental Health Services Administration's National Recovery Month since 2004. The ADA uses the campaign to help its members to identify their community's substance abuse treatment resources and learn how to make referrals when indicated.
- **White House Partnership to Address Prescription Drug Abuse.** The ADA last year entered a strategic partnership with the White House to help prevent opioid drug-related overdoses and deaths. The Association pledged to seek an increase to the number of dentists completing its CERP-recognized continuing education webinars on responsible opioid prescribing. The ADA also pledged to seek an increase in the number of dentists who are registered with their state's prescription drug monitoring program (where available).

The ADA has been leveraging these and other programs to raise professional awareness about prescription opioid abuse, encourage dentists to complete CERP-recognized training in model opioid prescribing, and urge every dentist to register with his or her state prescription drug monitoring program.

Find out more at ADA.org/opioids.