COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

F I N A L M I N U T E S

MEETING OF:

STATE BOARD OF DENTISTRY

TIME: 9:01 A.M.

PENNSYLVANIA DEPARTMENT OF STATE

Board Room B

One Penn Center

2601 North Third Street

Harrisburg, Pennsylvania 17110

September 15, 2017

State Board of Dentistry
September 15, 2017

BOARD MEMBERS:

John F. Erhard III, D.D.S., Chairperson
Ian J. Harlow, Commissioner of Professional and Occupational Affairs
Mariellen Brickley-Raab, R.D.H., Secretary
Shawn M. Casey, D.M.D.
David J. Dattilo, D.D.S. - Absent
Lisa P. Deem, D.M.D., J.D.
John E. DeFinnis, D.D.S.
Barbara (Bonnie) L. Fowler, Public Member
Theresa A. Groody, EFDA - Absent
Alice Hart Hughes, Esquire, Public Member
Andrew S. Matta, D.M.D. - Absent
Arlene G. Seid, M.D., M.P.H., Department of Health
Rebecca Zehring, Office of Attorney General

BUREAU PERSONNEL:

Kerry E. Maloney, Esquire, Board Counsel
Paul J. Jarabeck, Esquire, Board Prosecution Liaison
Lisa M. Burns, Board Administrator
Andrea L. Costello, Esquire, Board Prosecutor
John D. Kelly, Esquire, Board Prosecutor
Cynthia Montgomery, Esquire, Regulatory Department

Jacob (Jake) Derrick, Policy Analyst, Department of State, Governor's Policy Office

ALSO PRESENT:

Kalonji Johnson, Department of State, Director of Policy
Morgan Plant, Pennsylvania Dental Hygienists' Association
Lisa Maisonette, President, Pennsylvania Dental Hygienists' Association
Donna Schoenecker, Public Health Dental Hygiene Practitioner, AmeriHealth
Laura DeHennis, Public Health Dental Hygiene Practitioner, Government Relations Chair, Pennsylvania Dental Hygienists' Association

State Board of Dentistry
September 15, 2017

ALSO PRESENT: (Continued)

Barbara Reiprich, Pennsylvania Dental Hygienists' Association, Public Health Dental Hygienist Practitioner
Bruce Terry, D.M.D., President, Pennsylvania Dental Association
Bernie Dishler, D.D.S., Pennsylvania Dental Association
Steve Radack III, D.M.D., Pennsylvania Dental Association
John Basile, D.M.D., Pennsylvania Dental Association
Helen Hawkey, Pennsylvania Coalition for Oral Health
Ron Briglia, D.M.D.
Debra Barr, Dental Hygienist, Public Health Dental Hygienist Practitioner
Robert Lindner, D.M.D. Oral Surgeon
Eric Shelly, D.M.D., Trustee, Academy of General Dentistry
Richard Knowlton, D.M.D., Pennsylvania Academy of General Dentistry
Maria Tacelosky, Trustee, Pennsylvania Dental Association
Matthew Zale, D.M.D., Trustee, Pennsylvania Dental Association
Andrew Stewart, D.D.S., President, Pennsylvania Academy of General Dentistry
Vincent Floryshak, Pennsylvania Academy of General Dentistry
Amber Denney, Pennsylvania Academy of General Dentistry

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State Board of Dentistry

September 15, 2017

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The regularly scheduled meeting of the State Board of Dentistry was held on Friday, September 15, 2017. John F. Erhard III, D.D.S., Chairperson, called the meeting to order at 9:01 a.m. The Board held a moment of silence for families of Hurricanes Harvey and Irma. Chairperson Erhard thanked members of the Dental Board for their commitment and participation.

A quorum was noted to be present.

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Introduction of Board and Audience

[Chairperson Erhard requested the introduction of Board and audience members in Board Room B. Audience members in Board Room A were not recorded.]

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Approval of Minutes of the July 28, 2017 meeting

CHAIRPERSON ERHARD:

Are there any comments?

[The Board discussed corrections to the Minutes.]

CHAIRPERSON ERHARD:

Are there any other comments on the Minutes as edited? I need a motion to

approve?

MS. BRICKLEY-RAAB:

So moved.

MS. HUGHES:

Second.

CHAIRPERSON ERHARD:

All in favor? Opposed the same sign?

[The motion carried unanimously.]

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Report of Prosecutorial Division

[Andrea L. Costello, Esquire, Board Prosecutor, presented the VRP Consent Agreement for File No. 17-46-06780.]

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[John D. Kelly, Esquire, Board Prosecutor, presented the Consent Agreements for File No. 16-46-01994, File No. 15-46-11919, File No. 16-46-02160, File No. 16-46-12439, and File No. 16-46-14909.]

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[Paul J. Jarabeck, Esquire, Board Prosecutor, presented Consent Agreements for File No. 12-46-07736, File No. 12-46-07737, and File No. 16-46-06736.]

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Correspondence

[Chairperson Erhard noted correspondence from the

American Association of Oral and Maxillofacial Surgeons with regard to anesthesia safety in the practice of oral and maxillofacial surgery.]

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Report of Board Counsel

[Kerry E. Maloney, Esquire, Board Counsel, noted several motions for discussion as well as proposed Adjudications and Orders, a Final Adjudication and Order and another case file. He further noted the exposure draft regulation will be discussed in detail.

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Status of Regulations

PHDHP-Expansion of Practice Sites

[Chairperson Erhard addressed expansion of practice sites. He stated the Board received a letter from the Pennsylvania Dental Hygienists' Association requesting the addition of three locations to regulated settings for public health dental hygiene practice. He noted this initiative was presented to the Board for the Board's consideration, that the Board did not initiate this process. This request was made possible by the passage of House Bill 25, which is now Act 60 in 2015 which changed the language of acceptable practice sites for public health dental hygienists from institutions to locations.

Those sites proposed for expansion are private setting of hospice and homebound patients, primary care setting including pediatric settings and childcare settings. Chairperson Erhard indicated that an ad hoc committee chaired by Dr. Lisa Deem reviewed the matter further and reported back to the Board at the October 2016 meeting recommending that the Board go forward with deliberations. Chairperson Erhard indicated the Board accepted that recommendation, and on the advice of Counsel, referred it to the regulations and legislative review committee of the Board.

It was noted that the Chair of that committee at that time, Dr. Ivan Lugo, conducted a special public comment and input session in January 2017. Dr. Lugo recommended that this Board be vigilant in moving forward in order to be not interpreted as condoning supervised neglect and recommended accomplishing this goal by means of a process that considers evidence-based implementation.

At the July 2017 meeting of this Board, after a lengthy discussion, it was obvious that a decision could not be reached. The Chairperson moved to continue action on this request until today's meeting. He noted the participation of representatives of

stakeholders to comment and the time required for review and consideration of those comments, he suggested those comments be submitted to the Board prior to today's meeting. At today's meeting, each Board member would be given time to make a statement on the proposed request.

The Board can move forward with the request, reject the request, or amend and move forward as modified or amended, or they may not. An explanation of the regulatory process was provided.

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[BEGIN VERBATIM AS REQUESTED.]

[Comments from Board members, as requested to be recorded as verbatim, as follows:]

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Ian Harlow, Commissioner of Professional and Occupational Affairs read as follows:

As Commissioner of Professional and Occupational Affairs, I would like to join the Department of Health and Human Services to express the Wolf Administration’s complete support of the proposed regulation expanding the practice locations of the public health dental hygiene practitioners as it increases access to care.

The proposed change to the regulations,

specifically section (c)(4), is designed to increase public access to necessary dental care safely and responsibly.

The expansion of practice sites will not expand the scope of practice of the public health dental hygiene practitioners and will not change the requirement that the practitioner refer each patient to a licensed dentist on an annual basis.

This expansion will serve to increase access to care and is already allowed under the Dental Law and the regulations of the Board. And this expansion will encourage increased referrals to licensed dentists for further and complete dental care.

Again, the Wolf administration fully supports increasing access to dental care and supports all of the professionals who play a role in contributing to the vital dental health of our citizens.

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Barbara (Bonnie) L. Fowler, Public Member, commented as follows:

I'd like to just take a moment to express my appreciation for the Board process. You've explained the external process with the leadership of Dr. Erhard, Dr. Lugo and Dr. Deem getting us to this point in time.

Pennsylvania is in the midst of a paradigm shift in the provision of oral healthcare. It began in the lead up to the establishment of the PHDHP as a category of licensure in 2010, continued through the expansion of authorized practice sites from public health institutions to settings and to this point where we now have the opportunity to significantly impact the education and preventive oral healthcare of the public, not just the destitute and the disenfranchised. And to strategically reject a de facto two-tier system of service delivery in the Commonwealth by adopting in full the provisions of this exposure draft.

Public healthcare is not site specific. The education, licensure, regulations, insurance requirements and commitment to comprehensive services of PHDHPs does not mutate downward if she or he is providing services within the scope of practice independent of supervision by a dentist in a pediatrician's office or at the bedside of a homebound patient.

There is no reason to believe that PHDHPs will not work diligently in the best interest of their patients, the highest standard of care, to alleviate confusion or concern about compliance with referral to

a dentist for diagnosis and treatment.

The new paradigm that's forming may well be circular rather than vertical in which all healthcare providers, dental and medical, work collaboratively within their full potential to support and reinforce the highest standards of care for Pennsylvanians.

I really look forward to Pennsylvania dental health providers through leaders and their professions helping to guide us through the challenging times of change to positive solutions and approaches that we need. We cannot improve the oral healthcare of the public by withholding the services of qualified valued professionals.

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Mariellen Brickley-Raab, R.D.H., Secretary, commented as follows:

First of all, I would like to thank everyone for their comments, whether you are for the draft or opposed to the draft because you gave me the opportunity to look at things from every perspective.

What I started to do when I was looking is I thought, well, let me look at the -- I read the dental hygiene practitioners, I read the dental and their thoughts, and then I was curious to see what the health people in Pennsylvania had to say.

So just to let everyone know, Keystone Rural Health Consortia, they provide services to local head start programs, adult daycare, primary care settings and childcare settings, assisted living residents, homebound patients, and other facilities; and they were in favor of the draft.

The Pennsylvania Rural Health Association works with rural areas suffering the shortage of dental health professionals. They also were in favor of the draft but did have some language that they would like to see added. Public citizens for children and youth stated that 100,000 Pennsylvania children have no health insurance and do not get oral healthcare.

The Pennsylvania ACHIEVA supports more than 12,500 people with intellectual and development disabilities and families. They are one of PA's largest disability organizations, and they expressed concern of limited transportation, unusual changes in routine that affect the individuals and unfamiliar environment and mobility issues. So that was why they were in favor of the draft.

The PA Coalition of Oral Health Utilization of PDHPs would advance the information of the 2017-2020 oral health plan.

AmeriHealth -- and if I'm not saying these

correctly, excuse my pronunciation -- Caritas Pennsylvania also was in favor. And Liberty Resources and Vision of Equality and the Pennsylvania Health Law Project were also in favor of it. The Pennsylvania Health Law states that one in three children, 33 percent in low income households have untreated tooth decay according to data from the Department of Human Services. Dental decay affects five times as many children as asthma and nearly half of all children, 48 percent will experience dental decay by the age of 8, according to their data.

Among the 1.2 million children enrolled in Pennsylvania's Medicaid program, only 59.9 percent had at least 1 dental visit in 2015. Among the 1.6 million adults enrolled in Medicaid, only 39 percent accessed dental services in the preceding six-month period, according to the program's most recent consumer survey.

The reason I bring this to your attention is I really am involved in evidence-based research, and I really needed to find some statistics to look at this problem. I then went to look at the people that were opposed to the draft, and I was looking for themes that may be what was causing all the folks to actually oppose it.

Some of the themes that I noticed were many patients and parents or guardians of minor patients will believe they and their dependents' teeth and oral health have been adequately treated by seeing a PHDHP and a physician. I would only hope that the PHDHP would be able to discuss with the parents what procedures are being done and then, as they're supposed to, give a referral to a dentist so these people can have a dental home.

Another one was that PHDHPs are educated to their discipline, but their education severely lacks the depth of education and knowledge to keep the patient safe, to diagnose, the treatment plan, and to understand all the large array of patient needs, desires, options, and available treatments. With that one, I got a little concerned because I worked with dental hygiene students at Montgo, actually, and I thought, this doesn't make any sense.

What I think is perhaps people are unaware of what the curriculum for a dental hygiene student is, so I did go to the website and looked it up. They take a theory and practice of dental hygiene I, dental anatomy, dental radiology, theory and practice of dental hygiene II, histology and pathology of oral tissues, periodontics I, material in dentistry, dental

pain control which is local anesthesia, theory and practice expanded function dental, theory and practice of dental hygiene IV and periodontics II along with community dentistry.

These courses are pretty comprehensive. I won't go into it in detail, but if you go to the website, you can actually get an overview of what each course offers to the hygienist. I hope that would help to dispel the fear that the hygienist is not capable of providing their scope of practice.

The other thing I wanted to bring to your attention is one of the main -- for us, we're calling it a public health dental hygiene practitioner, but across the country, it's called direct access states. The definition of that is the ability of a dental hygienist to initiate treatment based on their assessment of patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist and maintain a provider-patient relationship.

This has been going on across the country since 2008. There were 28 states that participated in the progression of direct access. In 2011, there were 38 states, and in 2017 as of June, there were 40 states participating in this program. I just wanted to give

us an idea that we are not the cutting edge here and it's not like we're creating rocket science and have to be nervous; however, I do want to say that we are all, as dental professionals, very concerned about patients.

We're all kind of a type A personality. We all want the best, and also change is very scary. We have had a paradigm, as Bonnie had discussed, that was mainly solo practice and now it's branching out, and I think we really need to take a good hard look and decide where we want to go. I also would like to bring up the fact that we have had this position for a while and never, since I've been on the Board, has any public health dental hygiene practitioner been brought before this Board for disciplinary actions, and I think that's a pretty good thing.

In any event, I would hope that the Board would go forward and move this draft.

Thank you very much.

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John E. DeFinnis, D.D.S., commented as follows:

I'm just an old dentist who's going to speak from his heart. I've been in practice 50 years. I saw a lot of change. I started out using silver points, and now the new dentist don't even know what silver points

are anymore.

I was on Lisa's committee. We met for over two hours. The only people in the room were pretty much hygienists. We didn't have any dentists. We had a representative from the Pennsylvania Dental Association, a Secretary, who couldn't really be involved in the discussion.

I felt that -- I'm an eye-to-eye person. You need to be in a room and hash some of this out. As far as I can see, the main objection is the situation with the physician's office. I got a kick out of one of the letters where they said some of the faux pas of physicians trying to make a dental diagnosis or not making a dental diagnosis. I found that over and over again. I was on a hospital board at a rural hospital for over 20 years, and I tried to help educate our physicians in that regard so that we didn't make a lot of faux pas in the emergency room area.

It's all about access to care and safety, and, you know, I don't see a big problem from safety with this expansion. I would like to see better language in that area, particularly, and that's where I'm coming from. Let me see if there was anything else. I'm just so sorry that we seem to be polarized in this issue because, to me, it's all good.

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Rebecca Zehring, Office of Attorney General, commented as follows:

I share in the concerns that were presented about patients being confused about the actual dental services they would be receiving from the PHDHP and thought that they would not seek follow-up care with an actual dentist.

In addition, every day I deal with consumers who are confused about payment for health-related services. Any time there is a mixture of medical, dental and/or vision benefits, there can be a question of who's paying for the services. For example, an individual's health insurance may not cover the services of the PHDHP at say a wellness visit, which could result in the claim being denied and then the patient being billed for the services.

The letter from the PA Law Project seems to indicate that medical assistance may cover this type of service; however, I don't know that other insurance carriers will do the same. My duty is to protect consumers, so at this point, I cannot support something that could potentially create more confusion and have a financial impact on PA consumers.

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Lisa P. Deem, D.M.D., J.D., commented as follows:

Under enabling legislation, a licensing board is charged with the responsibility and authority to oversee the profession and to regulate licensed professionals to protect the public health and safety. Improving access to healthcare is not included in the general powers of the State Board of Dentistry.

The Board receives many letters opposed to the expansion as well as in support of it. I consider the comments of the interested parties in forming my own opinion. United States trained dentists complete a rigorous, highly competitive, four-year professional school curriculum, post a four-year college experience that includes intense training and testing.

In general and oral pathology, oral diagnosis and medicine, general anatomy and pharmacology. Dental hygienists typically receive a two-year associate's degree from a community college. And physicians receive a total of three to five hours of oral healthcare training.

In her letter, former Senator Patricia Vance advocated expanding locations because homebound patients, quote, simply want to have their teeth cleaned in their own home, end quote.

There is nothing simple about the provision of

oral healthcare. And it is disappointing to see the lack of appreciation that so many have for dentists and the complexities that they must manage in providing safe, quality care. From diagnosing dental disease and oral cancer to recognizing the impact and interaction of medications on a patient's oral and overall health, allowing and expanding the under supervised treatment of patients gives me pause. It should give us all pause.

As a dental hygienist wrote, quote, this expansion may allow more Pennsylvanians to get dental care but at what cost, end quote.

Many of those advocating for the expansion refer to the benefits that will be afforded our most vulnerable citizens. It is the very vulnerability of these patients who are often severely medically and dentally compromised who require the most closely supervised care, not less or none at all.

Pennsylvania legislators impose this law in the interest of improving access to care. The legislator saw fit to disregard and dismiss the importance of an examination by a dentist. As Board members we know better. However, we are bound to uphold existing law which the Board had no input in enacting. Since under supervised public health dental hygienists are

required to merely recommend an examination by a dentist but not require one. More unsupervised treatment could result in fewer comprehensive oral evaluations by those most qualified to perform them.

While the Board receives many letters with comments and anecdotal experiences on the issue, there were no assessments of PHDH practice. Unless the law is changed to require a dentist to perform an examination at least once per year, I cannot support expanding unsupervised treatment locations.

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Shawn M. Casey, D.M.D., commented as follows:

I'm against the proposed expansion draft for public dental health hygiene practitioners and my reasons are as follows: Practice settings one through ten are consistent with the underlying fundamental public policy and legislative intent which is to provide the informed, the aged, incapacitated and people in need who are unable to present themselves to a dental care facility with dental care by allowing the hygienist to go to the patient. I don’t have a problem with that.

What I do have an issue with is the fullest expansion of law, number 11, which states, an office or a clinic of a physician who was licensed by a State

Board of Medicine or a State Board of Osteopathic Medicine completely disregards, obliterates and candidly insults the underlying public policy and legislative intent as it assumes that the aged, the informed, the incapacitated, et cetera, is capable or willing to present to a doctor's office.

If the proposed patient is capable of presenting to the doctor's office, then logically they can also go to a dental office. The bottom line here is if they can go to see the doctor, they can see a dentist.

It is absurd the expansion that is not only insulting to the dental professionals, but to the Pennsylvania General Assembly, our state representatives, the state senators that enacted this law in the first place.

Number 11 does not, repeat, does not have nothing to do with the prisoners lodged in correctional facilities, the bedridden patients at healthcare facilities, personal care homes and proliving centers, et cetera. In the legal world, number 11 is called nonsequestered. It's misplaced, does not fit, does not follow logic and has no place in the statute.

Let me provide you some facts and statistics that support my argument against this proposed number 11. According to the Health Policy Institute, 97, repeat,

97 percent of the public insured children live within 15 minutes of a Medicaid dentist; 96 percent of the public insured children live in areas where there's at least 1 Medicaid dentist per 2,000 insured children within a 15-minute travel time; 89 percent of the population live in areas where there is at least 1 dentist per 5,000 population within a 15-minute travel time. Therefore, this is not warranted. This is not a crisis.

I would like to propose a question to this Board and we all know they're going to be fair. But just bear with my thoughts here. What happens when a hygienist is at a medical office and determines that the patient needs a root canal. Who's going to complete the necessary treatment? We all know the general practitioner, the ob/gyn and the cardiologist is not going to do it because they're dental services that are provided that professional dentists or dental specialists are capable of providing. This example demonstrates that if number 11 is included, hygiene will now be practiced at the wrong place in derogation of the legislative intent. And this is how we arrived at these absurd scenarios which we are now discussing. It's the wrong thing to do.

Again, I feel the bottom line is number 11 does

not belong in this draft.

I would also like to make a comment about letters from the stakeholders which there was a lot of them. And overwhelming amount was against this petition. And the response, there was a petition that was signed with over 500-plus names and 200 comments that commented against this.

I would also like to note there was also three times as much letters that were against this. Thank you.]

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Arlene G. Seid, M.D., M.H.P., Department of Health, commented as follows:

First, a point of clarification. The hospice and home health were always part of the Healthcare Facilities Act and the Healthcare Facilities Act was a part of the original practice locations.

Now for my statement. For whatever reason, there is -- access to care should proceed at least on one side. And thus, the Department of Health supports the current proposed draft. Because we believe it provides improved access to dental care. While we acknowledge not necessarily ideal dental care, DOH believes that the benefits in presenting many of the dental issues and the systems benefit of good

preventative care will help to mitigate some of the issues associated on the transactional or visit quality.

DOH believes that he regulatory components of the Department of Health, the Department of Human Services and the Department of State will be sufficient to ensure safety and to provide feedback on the impact of these changes. At the very least, it will give another avenue to address complete associated quality issues and at best may provide some quality oversite.

We acknowledge that there are many unknowns in terms of the true impact of this measure. The populations affected and what the ultimate cost to the entire system will be. But yet we believe that this measure will improve access to dental care.

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Alice Hart Hughes, Esquire, Public Member, commented as follows:

First I'd like to compliment and praise each member of the Board for their very thoughtful remarks. I'm really impressed.

But what everyone has avoided, whether it's because they don’t want to call it out, is following a trail. Part of the issue here is the reimbursement rate for the care to these patients who are receiving

Medicaid. And it's great that 89 percent of Medicaid patients live within a five-mile radius of a dentist but they're not going and the dentists aren't seeing them.

We've been told for the last 20 years that dental health is important to our health and how our teeth are tells us a lot about how we are physically with regard to every other functionality of our bodies.

I am in favor of this proposal because it seeks to serve those who are not served. If they were being served, if the dentists were seeing these patients, we wouldn't have this conundrum today. If the service was being provided, we wouldn't need public health and public health dental hygienist practitioners. The fact of the matter is we do. I don't know how else to address the issue when dental health is so important.

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Kerry E. Maloney, Esquire, Board Counsel, commented as follows:

Obviously, I won't be stating whether I'm for or opposed to this because that's not my role. I did want to clarify a few things as far as the process that got us here and where it goes from here.

As the Board's well-aware, the exposure draft went out prior to, I believe it was in May but prior

to the July 2017 Board meeting. And it sought within 30 days comments on the exposure draft.

We received a good number of comments and reviewed and discussed those at the July 2017 Board meeting. Because of the differing opinions and the inability to come to a consensus at that Board meeting, we decided to table it and discuss it again today.

And while the technical due date for comments to the exposure draft had elapsed a long time ago, we continue to receive comments and the Board agreed to receive and review those comments. And when I say comments, I don't mean that they dribbled in.

As you've seen on the agenda, I didn't count them, but there are well over 50 maybe even approaching 70 or 80 comments. And of course, the quantity of comments for or against don't really matter, it's what's mentioned in those comments. And so it's the content of the comments that matter more than the number.

So that's what got us here today. Then going forward, I believe the Board recognizes, this is an exposure draft. The Board today is voting whether to send it forward. So then we start to initiate the rulemaking process which as the Chair has outlined

will include not only a Board review of the language and the comments later on, but the allowances for public comment again and also for the House Professional Licensure Committee and the Senate Consumer Protection and Licensure Committee and the Independent Regulatory Review Commission, for all of those to review and comment, as well as the Governor's Office, the Office of General Counsel, the Office of Attorney General, many, many reviews for legality and policy purposes.

So with that context and that process in mind, as you vote on this, and judged from the comments today I believe that the Board understands that, but by reviewing the other comments, the Public Health/Dental Health Practitioner scope of practice already exists. Today's vote doesn't change that. So the requirement that they practice within their scope exists now and will continue to exist.

This will not change that. This exposure draft in addition to clarifying some of the public welfare and health care facility language by including that language that's already in the act, this location site addition does not change anything else except for where the health care practitioner, the public dental health care practitioner may practice.

As you will see that's consistent throughout the already allowable sites is that these are places or programs that are regulated somehow. The Health Care Facilities Act places obviously are regulated by those, Public Welfare are regulated by those. And this additional one is regulated by the State Board of Medicine and Osteopathic Medicine. So these are all regulated sites. These are not sites that -- for example, a kiosk in the mall where they're allowed to do the practice.

So with all of those things in mind, I believe that after the Chair's words that we can move to a vote. And again, the vote is to initiate the rulemaking process. This is by no means final. There will be more public comments and more Board discussions.

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[There was discussion regarding whether this matter would be moved forward behind the AED requirements in the office, policy statement on Botox and dermal fillers and mobile vans. Mr. Maloney explained these additional items are in various stages of going forward and the current matter regarding expansion sites would not be placed ahead of the other rulemaking packages.]

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John F. Erhard, III, D.D.S., commented as follows following commending the members of the Board for their exceptional, well-thought of comments on the issue:

Let me begin by saying that the request for the expansion sites has thoroughly merited in the review that we have given it. Without a doubt, the proposal is well intended, bringing as many citizens as possible to dental health is undeniable. I think we all agree on that. And I'm confident that the numerous comments offered to the Board, this is important, have been done so without prejudice and are by no means self-serving.

With that in mind, I've reflected on this issue fully within the context that this is by no means a turf war, an attempt at independent practice by hygienists, or a challenge by dentists based on monetary considerations. All that -- all those thoughts must be taken out of the equation when you consider this.

Why? Because we want to arrive at an intelligent decision that best serves the citizens of Pennsylvania. Trust me, I've spent a significant amount of time as you all have investigating and

reflecting on this issue.

And I'd like to present to this Board a comment and suggestion that I think could be palatable to all the parties involved. And most importantly, will meet the needs of the public.

A little background to mention, I'll go through it briefly. Dental hygienists must complete after high school two years, a 32-week education. They then must challenge a state and national board examination for licensure. Public Health dental hygienists must have a dental hygiene license and have worked 36 hours approximately full time for two years -- 3,600 hours. I'm sorry.

A Public Health dental hygienist must also carry a liability insurance policy and a continuing education requirements for dental hygienists and Public Health dental hygienists are the same 20 hours every two years. However for a Public Health dental hygienists, 5 of those 20 hours must involve Public Health.

Under general supervision, a dental hygienist or a Public Health dental hygienist may treat ASA I and ASA-II patients. That's under general supervision by a dentist. Those ASA patients are individuals without systemic disease or only exhibit mild systemic

disease. Each individual patient's classification is determined by the treating doctor with input from the dental hygienist or the Public Health dental hygienist.

ASA III, ASA IV and ASA V patients are those patients that suffer severe incapacitating or life-threatening disease and may only be treated under the supervision directly of a dentist who has examined the patient, authorized treatment, accepted responsibility for the treatment and is physically present at the location of treatment.

Dental hygienists may perform oral hygiene education and preliminary patient screening without dental supervision, direct or general. Public health dental hygienists are required to document annual patient referrals to a dentist but are not responsible for patient compliance, and they may continue without compliance to provide their services regardless of patient compliance.

Most, if not all, of the currently approved locations and its institutions, are areas where there are significant dental facilities. Adequate lighting, auxiliary personnel who are trained in forms of life support, locations in which public health dental hygienists may provide services on a fairly regular

routine basis that enables the public health dental hygienist to be familiar to a certain degree with each of their patients and their personal needs.

Additionally, these institutions are inspected for safety, among other things, on a regular basis by a recognized authority. Some, perhaps very many, of the proposed new locations do not offer the same supporting infrastructure nor, to the best of my knowledge, are they inspected for what is essential for acceptable hands-on care.

At first blush, adoption of the requested location additions might seem less controversial than what we are reviewing today, an easy fix to access to care, but that's in a perfect world. Who knows that more than the members of this Board? If we issued a dental license or a dental hygiene license and were assured that that practitioner going forward would adhere perfectly to our standards, there would be no need for disciplinary action. Licenses would never be suspended, revoked, or censured. Patients would never be in harm's way. Prescription rules would be followed to the letter, even here today. We don't have to go any farther than that. That's not reality.

So when coming to the issue of expanding locations, we need to consider situations that might

occur -- that might place people's safety and health in jeopardy. We need to think about outliers because it isn't a perfect world.

For example, if during a procedure in a private home childcare setting, a young child moves inadvertently, and the public health dental hygienist's instrument slips and that individual's tongue is cut or their mouth, I can assure that most dentists in this room have seen that happen in their office. Is that public health dental hygienist equipt to deal with that situation through experience or training? Are the necessary armamentaria available to deal with that situation, when you have an emotional young child bleeding profusely in a nonmedically prepared environment; that's a concern?

What if the patient has a diabetic seizure or unrelated medical emergency in a home setting? What happens when things go wrong? Who assures that adequate support is available? Who assures that the instrument employed meet OSHA standards? Who assumes responsibility in a medical office where dental services are performed? Who is ultimately responsible in each of these environments? These questions need to be addressed.

In looking into the request to treat hospice or

homebound patients, I cannot help but believe that these patients are, for the most part, ASA III, ASA IV, or ASA V patients. As you know, currently these patients require treatment under the direct supervision of a dentist in a dental office. I'm not certain exactly what treatment public health dental hygienists wish to provide hospice patients or even homebound patients.

Are these patients ambulatory; are they bedridden or chairridden? How would those conditions affect the quality of treatment? It would not be a stretch, and I think it was mentioned earlier, to believe that a majority of homebound patients are those patients who require the more sophisticated treatment regimens. Certainly, the underserved are more likely to have more complicated dental pathology than those who are served on a routine basis. Usually, this means more sophisticated treatments.

I realize there are other services that public health dental hygienists can offer, and I'll address that later on in my comments. Certainly, we are all sympathetic for the less fortunate and the poor. We acknowledge their need for care is no less essential than those who are more fortunate.

I think this is something that came to me. At

our Board's last meeting, we discussed the recognition of foreign-trained dentists and giving them the ability to practice in a dental school environment, not outside environment, not in a faculty practice, in a dental school environment.

These were foreign-trained graduate dentists who had practiced in their countries and had been vetted by the administration of that school. This Board said that's not good enough. We're concerned for the safety of those people in that dental school. We will only accept foreign trained dentists who have gone through a Commission of Dental Accreditation (CODA) program or CODA-equivalent program.

We've been vigilant in protecting the public, even in a dental school. Dental schools are regularly inspected and thoroughly prepared to handle emergencies that may result from dental treatment that has gone awry, and for that matter, they're prepared to treat nondental medical-related emergencies.

In light of that, I ask myself, how can I grant this request for a dental hygienist to treat young or medically compromised patients in an environment that's far less than ideal and compromise when we deny that ability to foreign-trained licensed dentists who have practiced and whose abilities have been vetted by

a dental school.

All that being said, I certainly recognize the necessity to bring as many individuals as possible to the dental care they require, make no mistake about it. Yes, transportation, for many, affordability or financial is a concern, not only to travel to a dental office but I would think equally a concern for travel to a pediatricians office. Obviously, this obstacle needs to be corrected. I don't think it's the Board's duty to do that.

It's encouraging also today that many healthcare facilities are becoming multidisciplinary. This certainly may help reduce the number of trips for medical or dental care. During the break at our last meeting, I had an opportunity to have a sidebar discussion with some dental hygiene educators. Our discussion was informal, certainly. Of course, our discussion centered on this topic today.

In my gut, after reflecting on that conversation, I get the sense that there is a way to achieve many of the well-intention goals related to this proposal without compromising or rendering patients less than normally acceptable care, and I believe this can be accomplished with the understanding of the Pennsylvania Dental Hygienists' Association as well as

our stakeholders.

When attempting to arrive at an acceptable solution to an issue that is viewed differently by opposing enemies, it would surely be a win if both sides were 100 percent satisfied with the outcome. Each party would achieve everything they wanted.

On the other hand, it would be won just as well if each side did not achieve all that they sought but could put aside that 100 percent demand in order to achieve the outcome and would be successful in reaching their desired goal. In business, labor, or whatever type of negotiations, very rarely does one side's opinion totally prevail when the other side totally surrenders its concerns.

That being said, I would vote to support modifying or amending the request in such a fashion to accept additional locations with the proviso that the services performed in these new locations be limited to oral hygiene evaluation and instruction, preliminary screening, and recommended referrals; provide triage but not diagnosis and treatment.

As you know, these services are services provided by dental hygienists now, so there would be no need for further training. More importantly, these services are offered in the best interest of the

patients and can be offered confidently in safety.

In conclusion, I would ask this Board to consider this approach. It may not meet all the desires of all the stakeholders, but I'd like to go forward with this and doing so in a manner I recommended would make us as a Board feel comfortable and confident that the public would be well served in accordance with our obligations to them.

So in following this path, we can expand the locations as requested, address access to care as it pertains to this request, and satisfy the concerns of our stakeholders. If there was no objection, I would like to make a motion for that proposal.

[END VERBATIM AS REQUESTED.]

***

[The Board further discussed modifications to the exposure draft. It was noted that what the Board would be voting on was to send the matter to regulatory for them to draft a regulation for approval, and that the Board was not approving the exposure draft, but approving that the process moves forward and the process be continued. It was further opined that a no vote today means the process ends.

Mr. Maloney explained that the motion was to initiate the rulemaking process. He detailed the

rulemaking process for final publication of the regulation.

Mr. Maloney further explained that clarifying the Healthcare Facilities Act and the Public Welfare Code sections are controversial, so the Board may vote regardless of the extra location site to move forward to explain and clarify those places. He stated that at least the Board would be going forward with a rulemaking package.

Dr. Seid inquired if the Board was looking to change some of the scope of practice of Public Health dentist hygienists or just the scope of practice within some of the expanded locations. Chairperson Erhard indicated the proposal would just be the scope within the expanded locations.

Dr. Erhard requested the Board consider the motion "in order to get where we want to go, and that’s bringing more patients into dental care." He believed the stakeholders would agree and was hopeful the hygienists would also agree.

Dr. Casey did not oppose an amendment. The Board may review and discuss questions 3 and 4 as the proceedings go on. He further stated that question number 11 should be eliminated if there was an amendment.

Ms. Fowler questioned if there was vote to amend, would it have to go back into the process of public review and comment. It was noted that the process would be extended.

Mr. Maloney explained the options would be to approve to move forward with the draft as is, approve to move forward with the draft with specified amendments to the draft, or to not move forward with the draft at all.

It was noted that three absent Board members also had an interest in the draft, and that perhaps the vote should be postponed until the next meeting.

Commissioner Harlow inquired that if a vote were to be taken to move the rulemaking package as drafted, would there still be the opportunity to make modifications going forward.

Mr. Maloney explained there will be several opportunities to make modifications when the entire rulemaking package were brought back the Board. At that point, the Board may vote to move forward. And then as the rulemaking is published as proposed, the public may submit their comments. Later on in the process, IRRC and the others may comment. He then noted that after all comments are received, the Board can amend the draft at that point as there may be

additional issues brought up that the Board had not previously considered, which is part of the process.

Chairperson Erhard suggested a straw vote be done, but Counsel advised against it.]

CHAIRPERSON ERHARD:

I make a motion to approve the locations with the amended provisions.

[There was no second to the motion.]

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CHAIRPERSON ERHARD:

The question on the table is does this Board want to go forward with the regulation as proposed? I need somebody to make the motion.

DR. SEID:

I move.

MS. BRICKLEY-RAAB:

I second.

CHAIRPERSON ERHARD:

It's moved by Dr. Seid, second by Ms. Brickley-Raab. On the question. Discussion?

DR. CASEY:

I want to make sure I'm not out of line, but I was going to make a motion to

amend by eliminating question number 11 and proceed forward.

CHAIRPERSON ERHARD:

You can make that. You need a second for it.

[There was discussion regarding the motion.]

CHAIRPERSON ERHARD:

The motion was to move forward with the regulation as presented.

DR. CASEY:

I would like to amend that by eliminating question number 11.

CHAIRPERSON ERHARD:

He made that motion. Is there a second?

DR. DEFINNIS:

I'll second that.

CHAIRPERSON ERHARD:

Is there any discussion on the amendment?

[There was further discussion on the motion. It was suggested that there be a clean, unamended motion to vote on. There was inquiry regarding whether it was necessary for the people that draft regulations to require specific guidance and the comments from the Board's discussion.

It was noted that Board's comments were recorded verbatim, so the drafters would have the Board's concerns. There was inquiry as to whether it would be possible to instead have a motion to go forward taking into account and amending the exposure language based on the Board's discussions.

Mr. Maloney explained the transcript would be reviewed, but requested that the Board be as specific as possible with its vote to change any of the draft moving forward so the Board's intent would be clear.

There was discussion regarding a Public Health dental practitioner setting up practice in a medical office. It was suggested that could be edited after the rulemaking process. There was discussion regarding fluoride varnishes being performed by medical doctors and trained nurses. It was noted that allowing a Public Health dental hygienist to perform these types of screenings would be better for the public.]

CHAIRPERSON ERHARD:

Is there any discussion on the amendment by Dr. Casey that was seconded by Dr. DeFinnis?

[There was further discussion regarding the suggestion to move the matter forward. It was suggested that a

vote be taken on the concept and idea and then fine tune the language further on down the road.]

CHAIRPERSON ERHARD:

Is there more discussion on Dr. Casey's amendment?

[Dr. Casey indicated that when talking about eliminating question number 11, when going down line items 3, 4, 5, 6, 7, 8, 9, 10, which defines the facilities hygienists may practice in, if the Board would decide to do another number 11 or number 12, more specifics can be defined on where the end result of the facility would be, for example a medical place.

Dr. Casey felt the definitions were very general and did not think it would be fair to the dental population, and that if number 11 was spelled out more correctly, everybody would be on the same page.

Mr. Maloney explained that while it stated that the State Board of Medicine or State Board of Osteopathic Medicine would have to license the physicians at that clinic, that in no way means that the Public Health dental hygienist practitioner would then be under those Boards, that they would still remain under the Dental Board.

He further explained that reference to the Medical Board was only about that clinic and about the

licensure of the physicians at that clinic.

With regard to adding number 12 or even adding subsections to paragraph 11 or eliminating the paragraph completely, Mr. Maloney noted that was what this whole discussion was about. That the Board may decide to allow for number 11 by qualifying the language, removing it, or adding 12 and 13 if the Board desired.

There was discussion that the Board may want to address this further and maybe tweak the language, but whether it should be amended now, which would slow down the process, or amended later was the concern.

It was noted that in view of comments, suggestions and recommendations received, the Board can change the language going forward.

Ms. Fowler asked Dr. Casey for further explanation regarding his comment "not fair to the dental population". Dr. Casey noted the comment was regarding the dentist community and offered further clarification that new number 11 or number 12 can be added that references medical clinics or health care facilities.

Ms. Brickley-Raab noted that if restrictions were placed on what the Public Health dental hygienists could do in a physician's office regarding screenings,

fluoride varnishes and caries risk assessment, there could be a need to educate the parents and send them to a dental home.

Dr. Seid noted that from past experience, seeing four to seven patients in one hour will make more money than the one hour of a dental hygienist's cleaning. She stated she did not see this issue, in terms of the spread to physician communities, as being as big an issue as the time spent talking about.]

CHAIRPERSON ERHARD:

Let's have a vote on the amendment as proposed by Dr. Casey. If you vote aye, you are for the amendment. If you vote nay, you are against the amendment.

[The amendment was to delete paragraph 11 from the proposed exposure draft.]

Roll Call.

Hughes, nay; Seid, nay; Casey, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, nay; Fowler, nay; Harlow, nay; and Erhard, aye.

[The motion failed.]

***

CHAIRPERSON ERHARD:

Now, we're voting on the exposure draft as presented. I need someone to make the motion and second.

[It was a noted there was a motion and a second previously.]

CHAIRPERSON ERHARD:

It's been seconded? All right.

MS. HUGHES:

Hughes moves to amend the motion and direct Board Counsel to prepare the regulation in accordance with the discussions today, specifically dealing with the concerns about a medical facility under the supervision of a licensed physician or osteopathic doctor.

CHAIRPERSON ERHARD:

Do we have a second on that motion? I'll second that so we can have a discussion.

Is there any discussion on that motion?

MS. HUGHES:

> We don't want to eliminate paragraph 11. Based on the discussion that we had here, it's too vague, and we want that to be better defined, and we want the regulation amended in such a way or the language that comes back to us the next time to review it, to be amended in such a way to define more specifically what that is. That's what the amendment is.

[There was further discussion regarding whether to include in the amendment the types of sites at which hygienists may practice or what hygienists can do at that site. Ms. Hughes explained it would be what they can do at the medical facility but would need to defer to a colleague who are professionally trained in the matter for further direction.

Members were referred to 33.205(b) of the proposed rulemaking for further discussion with regard to that already in place for PHDHPs.

There was discussion with regard to the amendment, votes and motions. It was clarified there was an amendment to the original motion, which is to direct Board Counsel to edit the language already on there and to move forward. Board Counsel explained

that for the matter to move forward, he would need to have verbatim specific language. That if it were more general and the language redraft according to the Board's discussion, the rulemaking would have to come back to the Board for approval of the revisions.]

CHAIRPERSON ERHARD:

We're voting on the motion made by Attorney Hughes to redraft or whatever.

MS. HUGHES:

I want to withdraw the motion because I want us to move forward to rulemaking. I don't want us to go another round on exposure draft. I don't. I want to move it forward. My intention was to provide Board Counsel with the language that he might need to create a regulation for us to review. It doesn't mean it's going to pass. You guys decided that my motion is about creating another exposure draft and that's not what I want. So I want to withdraw my motion.

[It was noted the original motion was to accept the exposure draft language as drafted and move forward into rulemaking. The motion had been previously moved

and seconded.]

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, aye; Seid, aye; Casey, no; Deem, no; Zehring, nay; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Harlow, aye; and Erhard, aye.

[The motion carried. Dr. Casey, Dr. Deem, and Ms. Zehring opposed the motion.]

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[The Board recessed from 11:25 a.m. until 11:40 a.m.]

***

[Ian J. Harlow, Commissioner of Professional and Occupational Affairs, exited the meeting at 11:39 a.m.]

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[Shawn M. Casey, DMD, entered the meeting at 11:41 a.m.]

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Report of Board Chairperson

[John F. Erhard III, D.D.S., Chairperson, noted his attendance at the American Board of Dental Examiners

(ADEX) meeting in August. Chairperson Erhard discussed the need for a dentist representative for this meeting, which is usually the first weekend in August. Chairperson Erhard addressed the decision of the Appeals Court in Texas regarding specialty recognition.

Chairperson Erhard discussed opioid courses and guideline content.]

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Report of Commissioner – No Report

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Report of Board Administrator

[Lisa M. Burns, Board Administrator, noted that the PALS system was on schedule. She noted one reappointment, Dr. Lugo, on the senate nomination calendar. Ms. Burns stated that the Board member training seminar at the end of October was cancelled and will possibly be rescheduled for March of next year.

The Board was informed to contact the IT help desk for difficulties with passwords.]

***

Report of Committees

Licensure

[Shawn M. Casey, DMD, discussed across-the-board

licensure increases. Dr. Casey noted that licenses should be reviewed individually and addressed the four proposed options.]

DR. DEFINNIS:

I move to take option 1 at 40 percent increase of all classes.

MS. BRICKLEY-RAAB:

Second.

CHAIRPERSON ERHARD:

Any other discussion on the motion made by Dr. DeFinnis?

[The Board held further discussion on the motion.]

CHAIRPERSON ERHARD:

The motion on the floor is 40 percent, and it was seconded. Any other discussion on the motion? We can have another motion if this one is defeated. On the 40 percent motion, I guess we have to take an individual vote.

Roll Call.

Hughes, nay; Seid, aye; Casey, aye; Deem, nay; Zehring, nay; DeFinnis, aye; Brickley-Raab, aye; Fowler, nay; Harlow,

aye; Erhard, aye.

CHAIRPERSON ERHARD:

Okay, that's it. Thank you.

[The motion carried. Ms. Hughes, Dr. Deem, Ms. Zehring, and Ms. Fowler opposed the motion.]

***

Newsletter

[Barbara (Bonnie) L. Fowler, Public Member, noted the draft of the September-October Newsletter was sent to Ms. Burns and Dr. Erhard for revisions. She noted Dr. Matta's new Board member biography and the article on recordkeeping by Dr. Erhard.]

***

Probable Cause Screening Committee

[Alice Hart Hughes, Esquire, Public Member, noted three matters reviewed during the Probable Cause Screening Committee meeting.]

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Practice Ownership

[John E. DeFinnis, DDS, noted no complaints on large group practices.

Mr. Jarabeck explained that the Board disciplines the individual licensee or for fictitious names, not a large group.]

***

Scope of Practice – No Report

***

For the Board's Information/Discussion

Proposed Budget Information

[Chairperson Erhard expressed his thoughts that the Board has been fiscally responsible.

Chairperson Erhard noted his request response was unanswered with regard to the American Association of Dental Boards (AADB) meeting.]

***

AMOS Letter

[Chairperson Erhard noted Dr. Lindner’s comment on the American Association of Oral and Maxillofacial Surgeons (AAOMS) letter.]

***

Recusal Guidelines

[Chairperson Erhard noted the recusal guidelines for the Board's review.]

***

[Pursuant to Section 708(a)(5) of the Sunshine Act, at 12:17 p.m. the Board entered into Executive Session with Kerry E. Maloney, Esquire, Board Counsel, for the purpose of conducting quasi-judicial deliberations. The Board returned to open session at 2:32 p.m.]

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MOTIONS:

CHAIRPERSON ERHARD:

Attorney Hughes?

MS. HUGHES:

Hughes move to accept the Consent Agreement for File No. 17-46-06780.

DR. DEEM:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, aye; Seid, aye; Casey, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, aye.

[The motion carried unanimously.]

***

CHAIRPERSON ERHARD:

Dr. Casey?

DR. CASEY:

I move to reject Consent Agreements for File No. 12-46-07736 and File No. 12-46-07737 as too lenient.

MS. BRICKLEY-RAAB:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, aye; Seid, abstained; Casey, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, aye.

[The motion carried. Dr. Seid abstained from voting on the motion.]

***

DR. SEID:

Seid moves to reject the Consent Agreement for File No. 16-46-06736 as too lenient.

DR. DEEM:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, nay; Seid, aye; Casey, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, aye.

[The motion carried. Ms. Hughes opposed the motion.]

***

DR. DEEM:

Deem moves to accept the Consent Agreement for File No. 15-46-11919.

MS. FOWLER:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, aye; Seid, aye; Casey, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, aye.

[The motion carried unanimously. The Respondent's name is Karen F. Wright.]

***

MS. ZEHRING:

Zehring moves to accept the Consent

Agreement for File No. 16-46-01994.

MS. BRICKLEY-RAAB:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, abstained; Seid, aye; Casey, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, aye.

[The motion carried. Ms. Hughes abstained from voting on the motion. The Respondent's name is Harvey Jay Goldberger, DMD.]

***

DR. DEFINNIS:

DeFinnis moves to accept the Consent Agreement for File No. 16-46-02160.

MS. BRICKLEY-RAAB:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, aye; Seid, aye; Casey, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, aye.

[The motion carried unanimously. The Respondent's name is Chandon Ahuja, DDS.]

***

MS. BRICKLEY-RAAB:

Brickley-Raab moves to accept the Consent Agreement for File No. 16-46-12439.

MS. FOWLER:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, aye; Seid, aye; Casey, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, aye.

[The motion carried unanimously. The Respondent's name is Ronald Joseph Briglia, DMD.]

***

MS. FOWLER:

Fowler moves to approve the Consent Agreement for File No. 16-46-14909.

MS. HUGHES:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, aye; Seid, aye; Casey, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, aye.

[The motion carried unanimously. The Respondent's name is Joytilak Majumdar DMD.]

***

MS. HUGHES:

In the case of Elaine M. Hoppes-Goroshko, DDS, File No. 14-46-10020, I move that the Board grant the Motion to Enter Default and Deem Facts Admitted and that Board Counsel be directed to prepare an Adjudication and Order in

accordance with our discussions in Executive Session.

DR. SEID:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, aye; Seid, aye; Casey, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, aye.

[The motion carried unanimously.]

***

DR. SEID:

Seid moves in the case of Jeffery James Becker, DDS, File No. 15-46-04922. I move that the Board grant the Motion to Enter Default and Deem Facts Admitted and that Board Counsel be directed to prepare an Adjudication and Order in accordance with our discussions in Executive Session.

MS. HUGHES:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, aye; Seid, aye; Casey, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, aye.

[The motion carried unanimously.]

***

DR. CASEY:

In the case of Boris Karlusic EFDA, File No. 15-46-13917, I move that the Board grant the Motion to Enter Default and Deem Facts Admitted and that Board Counsel be directed to prepare an Adjudication and Order in accordance with our discussion in Executive Session.

MS. HUGHES:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, aye; Casey, aye; Seid, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, aye.

[The motion carried unanimously.]

***

DR. DEEM:

In the case of Helly Patel, File No. 15-46-13927, Deem moves that the Board grant the Motion to Enter Default and Deem Facts Admitted and that Board Counsel be directed to prepare an Adjudication and Order in accordance with our discussion in Executive Session.

MS. BRICKLEY-RAAB:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, aye; Seid, aye; Casey, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, aye.

[The motion carried unanimously.]

***

MS. ZEHRING:

In the case of Mukuka Kapilikisha, DDS, File No. 16-46-02163, I move that the Board grant the Motion to Enter Default and Deem Facts Admitted and that Board Counsel be directed to prepare an Adjudication and Order in accordance with our discussion in Executive Session.

DR. DEFINNIS:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, aye; Seid, aye; Casey, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye;

Derrick, aye; and Erhard, aye.
[The motion carried unanimously.]
***
DR. DEFINNIS:
DeFinnis moves that the Board adopt the Hearing Examiner's proposed Adjudication and Order in the case of Michael S. Taras, DMD, File No. 14-46-01973, and direct the Board Counsel to prepare the Board's Final Order.
MS. HUGHES:
Second.
CHAIRPERSON ERHARD:
On the question.

Roll Call.

Hughes, aye; Seid, aye; Casey, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, aye.
[The motion carried unanimously.]
***
MS. BRICKLEY-RAAB:
In the case of Michael Allen Moore,

DDS, File No. 14-46-10356, I move that Board Counsel be directed to edit the Adjudication and Order consistent with our discussion in Executive Session.

DR. DEFINNIS:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, aye; Seid, aye; Casey, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, aye.

[The motion carried unanimously.]

***

MS. FOWLER:

Fowler moves to dismiss the case of Elaine Payne, File No. 16-46-01079.

DR. DEEM:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, aye; Seid, aye; Casey, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, aye.

[The motion carried unanimously.]

***

DR. SEID:

I move that the Board adopt the Adjudication and Order presented by Board Counsel in the name of Nicole Baruffi, RDH, and direct Board Counsel to prepare the Board's Final Order.

DR. DEFINNIS:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, recused; Seid, aye; Casey, aye; Deem, aye; Zehring, recused; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, aye.

[The motion carried. Ms. Hughes and Ms. Zehring recused from deliberations and voting on the motion.]

***

MS. HUGHES:

I move that we adopt the Adjudication and Order as presented by Board Counsel for File No. 16-46-14701. The name is Jonathan Richter, DDS.

DR. SEID:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, aye; Seid, aye; Casey, aye; Deem, nay; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, aye.

[The motion carried. Dr. Deem opposed the motion.]

***

DR. CASEY:

In the case of Susan A. Fox, DMD, File No. 15-46-06423, that file will be tabled and delayed until the next

meeting, because so many of the members were recused for previous participation in the Probable Cause Screening Committee, we lost quorum. So we'll have to try again next month when hopefully we have more members here.

***

MS. FOWLER:

Fowler moves to adopt the proposed order of the Hearing Examiner for Deron T. Kovac, DMD, File No. 16-46-13991.

DR. BRICKLEY-RAAB:

Second.

CHAIRPERSON ERHARD:

On the question.

Roll Call.

Hughes, recused; Seid, aye; Casey, aye; Deem, aye; Zehring, aye; DeFinnis, aye; Brickley-Raab, aye; Fowler, aye; Derrick, aye; and Erhard, recused.

[The motion carried. Ms. Hughes and Dr. Erhard recused from deliberations and voting on the motion.]

***

[Chairperson Erhard noted that the next State Board of Dentistry meeting as scheduled for November 17, 2017.]

***

Adjournment

MS. HUGHES:

Do we need a motion to adjourn?

DR. DEFINNIS:

I second that.

[There being no further business, the State Board of dentistry meeting adjourned at 2:46 p.m.]

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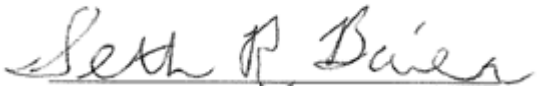
CERTIFICATE

I hereby certify that the foregoing summary minutes of the State Board of Dentistry meeting, was reduced to writing by me or under my supervision, and that the minutes accurately summarize the substance of the State Board of Dentistry meeting.



Seth Baier,
Minute Clerk
Sargent's Court Reporting Service, Inc.

STATE BOARD OF DENTISTRY
REFERENCE INDEX
September 15, 2017

TIME	AGENDA
9:01	Official Call to Order
9:01	Introduction of Board and Audience
9:07	Approval of Minutes
9:10	Report of Prosecutorial Division
9:35	Correspondence - Robert Lindner, D.M.D.
9:37	Report of Board Counsel
9:39	Status of Regulations
11:25	Recess
11:40	Return to Open Session
11:41	Report of Board Chairperson
11:45	Report of Board Administrator
11:49	Report of Committees
11:50	For the Board's Information/Discussion
12:17	Executive Session
2:32	Return to Open Session
2:33	Motions
2:46	Adjournment