

South Carolina Board of Dentistry
Business Meeting and Disciplinary Hearing
Friday, April 27, 2012 at 9:00 a.m.
Synergy Business Park
Kingstree Building
110 Centerview Drive, Conference Room 108
Columbia, South Carolina

Board Members Present:

Charles F. Wade, D.M.D.
Felicia L. Goins, D.D.S.
John M. Whittington, D.M.D.
Dr. Z. Vance Morgan, IV, D.D.S.
Douglas J. Alterman, D.M.D.
Thomas M. Dixon, D.M.D.
Sherie W. Barbare, R.D.H.
Eric Schweitzer

Excused Absence:

David W. Jones, D.M.D.

Staff Present:

Kate K. Cox, Administrator
Carolyn Coats, Administrator Assistant

Reported by: Robin Spaniel
Thompson Court Reporting, Inc.
3935 Sunset Boulevard, Suite H
West Columbia, SC 29169

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1 minutes? If not, do I have a motion to
2 approve the minutes, both minutes?

3 DR. DIXON: I make a motion we approve the minutes.

4 DR. WADE: Thank you, Dr. Dixon.

5 MS. BARBARE: Second.

6 DR. WADE: Thank you, Sherie. At this time we're
7 going to have the IRC Report.

8 MR. SANDERS: Good morning. I'm Mark Sanders, I'm
9 filling in for David Love this morning and I'm
10 going to submit the IRC Report to you. The
11 first section we have 11 dismissals and one
12 dismissal with a cease and desist that I'm
13 submitting for your approval.

14 DR. WADE: Do I have a motion that we approve Mr.
15 Sanders's report?

16 DR. DIXON: I make a motion that we approve the IRC
17 Report.

18 DR. ALTERMAN: Second.

19 DR. WADE: All in favor say aye.

20 BOARD: Aye.

21 MR. SANDERS: On the next section we have six
22 formal complaints that I'm submitting for your
23 approval.

24 DR. WADE: Again, do I have a motion that we
25 approve the report?

1 DR. GOINS: I move that we approve the report for
2 the board's approval.

3 DR. DIXON: I make a motion to second the formal
4 complaints on the report.

5 DR. WADE: All in favor say aye.

6 BOARD: Aye.

7 MR. SANDERS: The final section is three letters of
8 caution that I'm submitting for your approval.

9 DR. WADE: And, again, can I get a motion to
10 approve the letters of caution.

11 DR. WHITTINGTON: I make a motion to approve.

12 DR. ALTERMAN: Second.

13 DR. WADE: Thank you. All in favor say aye.

14 BOARD: Aye.

15 MS. COX: Mr. Vice President, I'd like for it to be
16 on the record that these reports are sent to
17 you for your review prior to the meeting and
18 you've had time to look over them before
19 today.

20 DR. WADE: Thank you, Ms. Cox.

21 MR. SANDERS: The next part is, just for your
22 review, we have submitted the statistical
23 section dated April 27th just for your review.
24 It basically shows that 15 cases was received
25 from January 1, 2012 to March 15, 2012. And

1 it shows we have 11 of them still active for
2 that time period of the 15 that was received
3 for that quarter.

4 DR. WADE: Any questions for Mr. Sanders?

5 DR. DIXON: Mr. Sanders, what's the backlog look
6 like for the cases right now?

7 MR. SANDERS: David Love being the chief, I'm not
8 sure what the backlog is at the present time.
9 I know Kathy Meadows has been doing a great
10 job getting that backlog down. Kathy, do you
11 have any idea about how many active you think
12 at the present time?

13 MS. MEADOWS: Right now there's not a backlog with
14 the Board of Dentistry.

15 MR. SANDERS: I know there's very few.

16 DR. WADE: What does it mean when it says, "Do not
17 open case"?

18 MR. SANDERS: Do not open would be a situation
19 where a complaint comes in and the allegation
20 would not be covered under the Practice Act.

21 DR. WADE: Okay.

22 MR. SANDERS: It could be something as simple as
23 someone just complaining about a person. You
24 know, it's not related to the practice itself.

25 DR. WADE: Any other questions of Mr. Sanders?

1 DR. ALTERMAN: Are Doctors Assey and Cranford are
2 they overloaded in your opinion with this or
3 do they ever express that?

4 MR. SANDERS: They have not to me. Now, I was a
5 chief for the dental board before David Love
6 became the chief and they never stated
7 anything like that to me. And I was in on the
8 last IRC and they have not mentioned anything
9 like that. I know they enjoy reviewing the
10 summarys, the cases. And they do a great job
11 of reviewing those.

12 MS. COX: Mr. Vice President, if I could add that
13 we work closely with Dr. Cranford and Dr.
14 Assey and in scheduling the meetings sometimes
15 we have two meetings rather than one, that way
16 this spreads out their reviews. We have two
17 IRC meetings maybe a month apart. Not doing
18 them all at one time. We're able to also do
19 conference calls which is very helpful to
20 them. I personally wondered how that would
21 work with the type of cases you have, but it
22 works beautifully. And I do review your cases
23 each month and I do ask OIE, Office of
24 Investigations and Enforcement, and OGC, the
25 Office of General Counsel, how things are

1 going, what is moving, is this one going to
2 come before the IRC. So I do try to watch
3 that along the way.

4 MR. SANDERS: And Dr. Assey and Dr. Cranford get
5 each case on a secure website with all the
6 exhibits and records included so they have
7 plenty of time to review those before the IRC.

8 DR. WADE: We appreciate you getting us caught up
9 too.

10 MR. SANDERS: Thank you.

11 DR. WADE: Thanks so much, Mark. We now have
12 representatives from Midlands Tech, Dr. Hanks.
13 As Dr. Hanks comes up, I'd like the board to
14 introduce themselves if they would. I'm
15 Charlie Wade, Dr. Hanks, I'm acting as chair
16 today for Dr. Jones. Tommy would you
17 introduce yourself.

18 DR. DIXON: I'm Tommy Dixon from Belton, South
19 Carolina.

20 MS. BARBARE: Sherie Barbare, y'all know me.

21 DR. WHITTINGTON: John Whittington from Marion.

22 DR. GOINS: Felicia Goins, Columbia. Welcome.

23 DR. MORGAN: Van Morgan, Columbia.

24 DR. ALTERMAN: Doug Alterman, Charleston.

25 MR. SCHWEITZER: Eric Schweitzer, layperson from

1 Charleston.

2 DR. HANKS: Good morning. Thank you for the
3 opportunity to present our externship. I'm
4 currently serving as the Health Sciences
5 Department Chair for Midlands Technical
6 College. And with me today is Cathy
7 Milejczak, on the far right to me, she's the
8 Department and Program Director for all the
9 Allied Dental Education Programs. Becky
10 Marchi who is the 2nd Year Coordinator, our
11 senior dental hygiene coordinator. I'm going
12 to actually just turn it over to them to
13 present the program.

14 MS. MARCHI: Is that what you would like for us to
15 start with, is just to let you know what the
16 externship is about?

17 DR. WADE: If you would. And maybe if I could,
18 just take a moment to bring the board up to
19 pace real quick. Midlands Tech is trying to
20 do an externship with their hygiene students
21 where they're placing hygienist in offices and
22 I think the request was to be able to allow
23 them to scale and do normal procedures that a
24 hygienist does under supervision by a
25 hygienist in the office or by the dentist.

1 And so our intent here today is just to try to
2 create some discussion about the externship
3 since it is something new and we want to make
4 sure that it's within the legal boundaries in
5 this state. So if you could just tell us a
6 little bit about the thought process behind
7 that intent and maybe we could just have some
8 good dialogue.

9 MS. MARCHI: Let's begin with the thought process.
10 I think that's a good place to start. When
11 dental hygiene students are getting to
12 graduate, so this is in their last four weeks,
13 they have generally already taken their
14 written exam and are in the process of taking
15 whichever clinical exam they're taking. One
16 of the things we would like to pride our
17 program on is having students that are
18 actually ready to assimilate into the private
19 practice world. And I think that all of you
20 probably remember back to dental school or
21 knowing that when you're in a school setting
22 situation, you have two hours and you have 20
23 instruments. And a dental hygienist gets
24 pretty focused just on cleaning the person's
25 teeth and taking care of that aspect. And, I

1 guess, what I would and I think Midlands Tech
2 hopes to do is to graduate someone that not
3 only can practice clinically well but that
4 also can assimilate into the office, can be a
5 team player. And so our thought is they need
6 to be able to understand what else the dental
7 hygienist does in the practice. That they
8 don't just sit in their little room and clean
9 teeth all day. That there really are a lot of
10 other parts of the team that they tend to need
11 to play. I think that from me going out and
12 visiting the offices -- and the students
13 actually turn in a journal of their
14 experiences. The other part that you're going
15 to see is that many of them -- you know, we
16 have, I would say, a handful that may have had
17 past dental office experience, front desk or
18 dental assisting. But many of them are brand
19 new to dentistry. I also know as a practicing
20 dental hygienist that the dentist also expects
21 other things besides just having the teeth
22 cleaned. That you should be able to explain
23 treatments to patients. You should be able to
24 kind of almost give them a heads up of what
25 might need to be done once the dentist does

1 the diagnosing. Things that you need to bring
2 to the dentist's attention. So I guess what
3 we want to graduate, is we want someone that
4 can get out there and have the confidence that
5 they know how to do that.

6 Now, the scaling part of it, and I think
7 about this a lot, we do have a contract with
8 the offices and in the thought we were doing
9 was that office is an extension of the school.
10 It even says in the contract that they are
11 affiliate faculty. So we are expecting that
12 everything that they're doing is looked at by
13 the hygienist and the dentist at the exam,
14 that things are being checked. We're not
15 letting them out to just fly by the seat of
16 their pants and do dental hygiene.

17 The comments I've had from dentists and
18 hygienists and our students is that really
19 builds their confidence. If a student that is
20 going to graduate in two weeks and is going to
21 be out there looking for a job, now knows
22 that, yes, in 45 minutes I could actually take
23 x-rays and clean somebody's teeth. Then when
24 they get out there, they have the confidence
25 to believe that they can. And I believe that

1 makes them a little bit more valuable as far
2 as what they can do for the dental practice.

3 Now, in our course outline, our course
4 objectives we are just asking that they would
5 scale some teeth on four patients. We realize
6 that they can't put the dental office behind
7 schedule. So often what happens is they might
8 scale the mandibular anterior teeth and then
9 the dental hygienist completes the rest of the
10 care, checks what the student has done. What
11 I've seen as I go out to the offices is that
12 often the dental hygiene student is actually
13 asked to clean a child's teeth or an
14 adolescent's teeth. The patients that they're
15 treating obviously have to know a student is
16 working on them. But, also, that the office
17 is picking particular patients that they feel
18 confident that someone that's soon to graduate
19 would be affective at. So, I guess I feel
20 there's a whole value in that. And we've
21 tried at school to replicate that, to get them
22 up to speed. And we can tell them, yes you
23 have 45 minutes, but you also don't have the
24 dentist coming to do the exam. You don't have
25 that interaction with the rest of the dental

1 staff. And I guess that's what I want them
2 to have because I know how important that is.

3 DR. WADE: If it's okay, we'll just ask questions
4 as we go along just so we have good dialogue.

5 MS. MARCHI: Okay.

6 DR. WADE: Are there other tech schools that are
7 doing this so far? Are you all just kind of -
8 - is this the first time that this has been
9 suggested?

10 MS. MARCHI: I don't know if the other schools --
11 Actually, we do have a Dental Hygiene
12 Educators Association and we do meet twice a
13 year but we have not really discussed that.
14 So I don't know. I do know that I've heard
15 schools in Georgia, like, the what is it now,
16 the Health Sciences University of Georgia -
17 That's my alma mater so I should be able to
18 know the new name. - But I do believe that
19 they also have that kind of program. But I
20 don't know of any in the state per se.

21 DR. ALTERMAN: How would you go about selecting
22 which dental office you put them in?

23 MS. MARCHI: Now, this is interesting too. What I
24 have asked the students to do is to do that
25 themselves. And I feel that's also a value

1 because when you're going out to present
2 resumes, you need to be able to communicate
3 with the dental staff. So they're going out
4 and presenting. I give them a packet of
5 information and my phone number is there.
6 I've had many dentist call me and say what is
7 this that we're doing. We've had a couple who
8 have actually said -- this year one office was
9 going through a big transition and they called
10 and they said we'd love to maybe help you next
11 year but this year we've got a brand new
12 hygienist and one dentist was retiring and
13 they said we just don't think we can give them
14 the supervision that they need at this time.
15 But generally speaking the dentists in the
16 greater Columbia area seem to be very happy
17 with it. I have not had questions or
18 concerns.

19 DR. ALTERMAN: Would you be doing the screening of
20 the dentists that they bring in to you?

21 MS. MARCHI: Not at this time, no.

22 DR. WADE: I know Midlands Tech has an attorney
23 that looks through any kind of program. Did
24 y'all find this to be outside the boundaries -
25 I mean, obviously, you didn't. - of our

1 Practice Act?

2 MS. MARCHI: Not really because many of our health
3 science programs are doing the same thing.
4 You know, physical therapy assistants not only
5 are out there training in hospital settings,
6 but they're also going to private physical
7 therapy places. Like respiratory therapy and
8 some of them are more hospital settings and we
9 have huge contracts I'm sure with the
10 hospital. But as far as -- I guess we didn't
11 think of it as anything unusual because all
12 health science students have to learn. And,
13 yes, we have a dental hygiene clinic but
14 that's just one type of setting. Our students
15 also go to the VA, they also go to the Family
16 Service Center and work with children there.
17 So I guess in my mind I was not thinking that
18 it was anything different than that as long as
19 the dentist was signing the contract saying
20 yes I accept to do this to be an affiliate
21 faculty member. And I'll tell you the
22 dentists and hygienists out there are great
23 teachers. You know, they can teach so much to
24 these students. And I also feel very
25 comfortable that these are students that are

1 ready to graduate. It's not like they're
2 brand new and they don't have any idea of what
3 they should be looking for infection control
4 wise or what they would not do. They know
5 what's expected of them and what they can and
6 can't do.

7 DR. GOINS: The dental assistants are doing it as
8 well when they're rotating through.

9 DR. ALTERMAN: One of my concerns would be from
10 your perspective to inspect offices that
11 they're prospectively going into that the
12 student is not someone who is being used in a
13 way to fill in or take advantage of the
14 situation that my hygienist is off for the
15 week, this is nice, I'll have a student for
16 the week. Believe me that would happen.

17 MR. SCHWEITZER: Is there a standard contract?

18 MS. MARCHI: Yes.

19 MR. SCHWEITZER: Is that available to review?

20 DR. WADE: It's in there.

21 MR. SCHWEITZER: The only other question I had is
22 related to the previous question and that is
23 the Department of Labor is real funny unpaid
24 internships and they have a list of criteria
25 that you have to use to determine whether or

1 not it is a substitution of employment
2 version. I think we just want to be sure that
3 that checklist has been gone through so, you
4 know, a group of interns six months down the
5 road doesn't say you owe me.

6 DR. HANKS: Where would that be available?

7 MR. SCHWEITZER: It's on the U.S. Department of
8 Labor, Wage and Hour Division website.

9 MS. MARCHI: Yeah. I have not looked at that.

10 MR. SCHWEITZER: The law school has asked us to do
11 internship a lot - I'm a lawyer not a dentist.
12 - and you just have to go through the
13 checklist to be sure that you meet all the
14 criteria that it's truly internship, truly
15 educational and not a substitution for
16 employment.

17 DR. WADE: I'm going to ask our attorney Sheridan
18 Spoon if he could just kind of speak to the
19 legalities kind of from a board perspective
20 what we see could be problematic.

21 MR. SPOON: Thank you. And not on the merits of
22 the program. It sounds like it's a good
23 program. But looking at it from the
24 standpoint of the Dental Practice Act, you
25 mentioned earlier that you had gotten a legal

1 opinion from the attorney representing --

2 MS. MARCHI: Our lawyer from Midlands Technical
3 College has given us the okay with our
4 contract. Yes.

5 MR. SPOON: Right. So the attorney reviewed the
6 contract?

7 MS. MARCHI: Correct.

8 MR. SPOON: Do you know whether the attorney
9 reviewed the Dental Practice Act from the
10 standpoint of is this something that falls
11 from the licensure question not so much the
12 contract question, but the licensure
13 questions.

14 MS. MARCHI: I do not know.

15 DR. HANKS: No, she did not.

16 DR. DIXON: I think they're already doing the same
17 thing with MUSC where they send students to
18 Greenville Tech to do a free clinic. They are
19 supervised by a dentist already, so they're
20 already doing the same thing, the dental
21 school at MUSC. Just to add a little bit, a
22 couple years ago when Katrina hit, LSU Dental
23 School basically shut down. They had no where
24 to send their senior dental students. So what
25 they basically did is they contracted with

1 dentist in other parts of Louisiana outside of
2 New Orleans to go in and train them to finish
3 up their senior year. The statistics say they
4 did just as well on their boards as other
5 senior classes did. I think it's a great way
6 to go ahead and train but I would be
7 cautionary about what Doug said. I think
8 there's a great opportunity for the dentist to
9 exploit the student being an employee versus a
10 student. And I would recommend that when you
11 ask the dental hygiene student -- request to
12 go into a specific office, if you would have
13 somebody go in to look at that office and say
14 is this the kind of atmosphere that we want
15 our students to be trained in. Or is this
16 something that would be not only adversity to
17 the student but maybe even harmful to the
18 public.

19 DR. ALTERMAN: The screening should come from your
20 side, not from the student. Find a group of
21 offices that you think would be a good group
22 that you've explored, that you've screened,
23 that you think would be a good atmosphere not
24 the other way around.

25 DR. DIXON: There's a big opportunity and there's a

1 lot of offices that would exploit that. And I
2 think you guys need to really be the ones that
3 choose the dental office that they go into not
4 the students.

5 MS. MARCHI: We can certainly do that. And I will
6 say that generally speaking it's the same
7 offices year after year that seem to mentor
8 the students. But, you know, like this year
9 we had some students from North Augusta and
10 Aiken and one up near Lancaster that wanted to
11 do an externship closer to where they plan on
12 practicing. Because one of the things this
13 does also is it certainly gets them to kind of
14 see the dental community where they're going
15 to want to live and practice. And I did go
16 and visit the offices in North Augusta. There
17 were two in Aiken. There was one in Camden.
18 So we do try to -- I guess many of them in the
19 greater Columbia area are the same dentists
20 that are mentoring our dental assistants
21 students as well.

22 DR. ALTERMAN: We aren't talking about a bunch of
23 students. How many students are you talking?

24 MS. MARCHI: Twenty.

25 DR. HANKS: I want to follow up a little bit about

1 the contract if I may. After we got the
2 invitation to present, we did re-look at our
3 contract and I compared it - now that I'm with
4 the health sciences department - and I looked
5 at the other contracts. And we've now
6 presented it to our legal counsel at the
7 college a different looking contract that's
8 more in line with the physical therapist
9 assistant. So we do appreciate that we're
10 getting some input regarding those contracts.

11 DR. WADE: I think our only question is, is it in
12 the Practice Act. I think that's what we've
13 got to make a decision on. And I think
14 Sheridan has a bit of a question mark as to
15 whether it is.

16 MR. SPOON: And, again, it's just this question
17 came in and my first reaction to it was it was
18 certainly something the board needed to hear
19 about because they are the ones who interpret
20 their Practice Act from time to time. Who do
21 you view as the supervising dentist in the
22 program?

23 MS. MARCHI: In the program when we're practicing
24 at Midlands Tech?

25 MR. SPOON: In the externship setting.

1 MS. MARCHI: It would be the dentist that signed
2 the contract.

3 MR. SPOON: Okay. Just curious about that because
4 there's an instructor license as well as the
5 license to practice dentistry in a private
6 office setting. There's also an instructor
7 license that is required for dental
8 instructors.

9 MS. MARCHI: For all dental instructors?

10 DR. HANKS: I was just historically considering
11 that that instructor license might be for
12 dentists who came to the state from another
13 state, that they did not sit the traditional
14 dental board and were issued an instructor
15 license. Whereas a dentist who holds a South
16 Carolina license is licensed by way of the
17 traditional. So you don't have -- it wasn't
18 my thought that you had to be licensed as an
19 instructor. And I may be incorrect after 20
20 years of instructing without an instructor
21 license. I don't know.

22 DR. DIXON: I don't think they need that through
23 MUSC.

24 DR. ALTERMAN: You don't need an instructor
25 license.

1 MR. SPOON: Because you're at the school.

2 DR. DIXON: They have to have an active dental
3 license.

4 (Discussion)

5 DR. ALTERMAN: A professional liability policy that
6 Midlands Tech holds?

7 MS. MARCHI: For the student.

8 DR. ALTERMAN: And it's to be extended to the
9 dentist as well, the supervising dentist?

10 MS. MARCHI: No. It would cover the student.

11 DR. ALTERMAN: Okay. Because the supervising
12 dentist would have his own liability policy
13 but he would also be exposed.

14 MS. MARCHI: Right. Correct. And that's why, you
15 know, it's wonderful that they accept to do
16 that but they certainly -- some may not want
17 to and that would be understandable.

18 DR. DIXON: A question about indirect and direct
19 supervision. Right now, for instance, I
20 called in sick to my office and we had
21 patients on the book and they've been seen
22 within the last year, my hygienist could go
23 ahead and do her day's work. How would that
24 fall with the students? Would they be able to

1 also, without a dentist --

2 MS. MARCHI: I think in the letter that I have -
3 I'm hoping that I made that clear. - that they
4 will be working under the direct supervision.
5 And it says by yourself or by your employed
6 registered dental hygienist. So I think that
7 would be up to the dentist as to what their
8 direct supervision would be. I don't think
9 that that's happened so far but that's a
10 really good question.

11 DR. DIXON: It's something you might want to look
12 into that they only act as a dental hygienist
13 student while they're under direct supervision
14 of a dentist.

15 MS. MARCHI: And if I was the dentist, I think I
16 would want to know that so we can certainly
17 make that more clear. And they certainly are
18 aware they are not allowed to do anesthesia.
19 They haven't been tested or licensed to do
20 that.

21 DR. DIXON: To me that would get back to the same,
22 I think Dr. Alterman brought it up before, it
23 wouldn't be necessarily the student that I
24 would worry about as much as the office itself
25 exploiting the student.

1 DR. ALTERMAN: If this is going to happen, due
2 diligence needs to happen on y'all's part to
3 pick the specific dental offices as opposed to
4 having the student do it.

5 MS. MARCHI: And we can certainly do that.

6 DR. WADE: One other concern, Number 7 on the
7 contract, it says that the hygienist can
8 assume responsibility for evaluating the
9 student. I don't know that we need to have
10 that in there either.

11 MS. MARCHI: Okay.

12 DR. WADE: I think you may want to take that out
13 because it puts too much responsibility on the
14 employee of the dentist, you know, to be
15 monitoring the student. I think to stay safe
16 you really need direct supervision coming
17 directly from the dentist while the student is
18 there. What do y'all think in regards to
19 that?

20 DR. ALTERMAN: It seems to me dentist or hygienist
21 just kind of actually gives a grade.

22 MS. MARCHI: Oh, they do. There's a grade sheet
23 that's included. Yes. They do get a grade.

24 DR. WADE: But the hygienist can actually give that
25 grade, see.

1 MS. MARCHI: Yes. And generally the hygienist is
2 giving the scaling grade and the dentist is
3 coming in doing the exam and checking the
4 overall work of the student.

5 DR. WADE: But see the hygienist is not an
6 instructor. Right? They don't sign the
7 contract. They're not an affiliate --

8 MS. MARCHI: No. We could have them sign the
9 contract. Because I don't know if the dentist
10 is going to want to check throughly a dental
11 hygiene student's patient in a busy practice.
12 That would be my thought.

13 DR. WHITTINGTON: My feelings exactly.

14 DR. WADE: Well, I think it needs to be. I think
15 the question Sheridan has just to try to bring
16 it back to who is the supervisor, who is the
17 instructor on site. If it's going to be the
18 dentist, then he has to accept all the
19 responsibility for what happens between that
20 student and that patient. If we're going to
21 shift it some to the hygienist, and Sherie you
22 speak to this as well, then it becomes kind of
23 a big question if that's in the Practice Act.

24 MS. BARBARE: Well, this is my thing, if I had a
25 student and I let them clean 22 through 27 and

1 I'm blowing air until they get finished, I'm
2 going say, listen, come here let's look at
3 this. You've left some calculus here, here
4 and here. I'm going to pop it off. So when
5 my dentist comes in, we have the perfect
6 patient. I'm going to make a note that the
7 student did this, this and this and then the
8 dentist can come in and say, you know,
9 Hygienist Sherie said so and so, and so and
10 so, blah, blah, blah. I don't have a problem
11 with that because I think as a hygienist, and
12 no offense, I clean teeth every day. I know
13 when a student has done a good job or not.
14 You come behind me, I've done a perfect job.
15 When my dentist comes in, my patient is going
16 to be perfect.

17 DR. DIXON: And we're already doing that with the
18 assistant program. What happens is they come
19 in and my dental assistants fill out their
20 performance sheet and I sign it off.

21 DR. WHITTINGTON: I'm like Sherie, I think Sherie's
22 going to do a much better job examining that
23 patient behind and telling me.

24 DR. DIXON: But the dentist --

25 DR. WHITTINGTON: Is responsible.

1 DR. DIXON: But the dentist has the ultimate
2 responsibility. They have to have enough
3 confidence in their hygienist to accept the
4 responsibility to say, okay, I trust my
5 hygienist to say they're doing a good job.
6 So, I mean, it's not really a matter of who
7 grades. It's a matter of who's willing to
8 sign off on responsibility. And I think most
9 dentist in a good practice, like Doug said,
10 you go in and look at practices and say is
11 this a practice that we really want our
12 hygienists to be trained in or is this a
13 practice that maybe will be teaching our
14 hygienists some really bad habits that they
15 are going to be taking out into the work
16 force. So I think that goes back to you guys
17 really going and looking at the office itself
18 and saying this is a good place for our
19 hygienist to train. That dentist is probably
20 going to have no problem signing off on their
21 hygienist to say they did a good job.

22 MS. BARBARE: I think this program is wonderful. I
23 was lucky enough to work ten years as a dental
24 assistant before I even went into hygiene.
25 And I knew nothing about dentistry when I got

1 out of assisting school and that was in -- I
2 mean, I think this program is really going to
3 help hygienists coming out of school. I think
4 this is -- I wish all schools do this. This
5 program is really going to help hygienists
6 when they come out there to prepare for the
7 real world.

8 DR. WADE: I like the idea. And I like the
9 program. I just want to make sure that we
10 don't get into a legal issue with, you know,
11 someone. Let me give you a scenario. Say you
12 have a patient that felt like they were
13 abused, you had a bad hygiene situation and
14 they filed a complaint back to this board.
15 Now, what is our response going to be to that
16 complaint. First of all, who was observing
17 the hygiene student, okay, was that within the
18 Practice Act. We're saying that it is
19 evidently. Although there is some question as
20 to whether it is or not. But then what is our
21 response going to be to that complaint? Who
22 is in charge is my question. Is it the
23 hygienist that is looking at the hygiene
24 student perform? Or is it the dentist who is
25 given direct supervision but wasn't there?

1 You see my question? Who's accountable is my
2 question. And that's what this board is going
3 to have to decide.

4 DR. GOINS: The dentist who signs the contract.

5 MR. SCHWEITZER: I think the lawyer in the room
6 knows when the day is done, the dentist is
7 going to be the one in the hot chair.

8 DR. WADE: That's right. So I think it's a
9 liability issue.

10 MR. SPOON: The other thing that the board was
11 looking at is again in the Practice Act -- and
12 one thing I might suggest to the board is
13 perhaps -- they've already suggested some
14 revisions to your contract and just maybe some
15 revisions to the proposal generally after you
16 speak to the attorneys at Midlands Tech. I
17 know you said they looked at the contract, but
18 maybe they didn't look at it from the
19 standpoint of the Practice Act. But in
20 particular if you could check on Section 110
21 of the Dental Practice Act. That's a section
22 that deals with exemptions and what it says is
23 nothing shall be in this chapter construed to
24 prevent dental students from performing dental
25 procedures under the supervision of

1 instructors - That's why I asked you the
2 question about instructors. - in any dental
3 school in this State accredited by the
4 commission. So that right there would be
5 something to take a look at.

6 MS. BARBARE: Well, we already have dentists doing
7 it at Greenville Tech and those aren't dental
8 instructors, those are dentists.

9 MR. SPOON: Right.

10 MS. BARBARE: So we need to fix that problem if
11 we're going to fix this problem.

12 MR. SPOON: I understand.

13 MR. SCHWEITZER: I think under this contract the
14 dentist actually becomes an adjunct professor
15 or affiliate or whatever. So they are for the
16 period of the internship at least, they are
17 Doctor/Professor Smith.

18 MS. MARCHI: That was the intention.

19 DR. HANKS: Would it be something that we could
20 consider maybe a preceptor manual with some
21 frequency asked questions that would pose some
22 of the question so that as we approach the
23 dentists' office they would have opportunity
24 to fully reflect on the responsibility that
25 they would be having, in addition, to maybe

1 being more specific in the contract.

2 DR. ALTERMAN: Some guidelines.

3 DR. WADE: That would be good.

4 DR. HANKS: We do that with some of the other

5 health programs and they do vary. We have 14

6 health programs at Midlands Tech from the

7 nursing to our dental programs and the

8 contracts vary. The preceptor manuals vary so

9 we do have a library from which we can draw

10 that I think would protect the public better

11 and also inform the dental offices better.

12 DR. ALTERMAN: Great idea overall.

13 DR. WADE: It is. It's very creative. It really

14 is.

15 DR. GOINS: Great idea.

16 MR. SCHWEITZER: Just one last thing. Sherie

17 mentioned and I know this is true, you're not

18 going to let your dentist see the patient

19 until the cleaning and everything. If the

20 dentist though is the one who's officially

21 doing the evaluating, etcetera it seems to me,

22 and I'm certainly not trying to suggest how it

23 be done, seems to me that on at least one

24 occasion maybe towards the end of the

25 internship the student does whatever he or she

1 is going to do and then before you come in and
2 fix it up, you know, clean it up and all that,
3 get the dentist in and say all right this is
4 the student's effort. At least that way the
5 dentist will know what your contribution was
6 versus what the student's contribution was.

7 MS. BARBARE: I mean I've had situations where I've
8 sat down and taken x-rays and that's it and
9 the dentist comes in and does the exam before
10 I ever get started so it goes both ways some
11 days. I'm sure they could work that in to
12 where they can see what the student has done.

13 MS. MARCHI: And I think the more impact the dental
14 staff has with the student and the more
15 learning that happens, I mean that's what
16 we're looking for. We're looking for them to
17 continue learning from these people that are
18 doing it every day. We do have adjunct
19 factuality that do come into our clinic
20 because we know that someone that's been in
21 education -- I've been in education 16 years.
22 If I had to go out and actually do what Sherie
23 does every day, I'd be very slow right now.
24 You know, your skills -- I still know how to
25 do things but I haven't had to do all of it

1 all together. So having students in a
2 situation where they're learning from those
3 people that are there doing it every day, what
4 they write in their journals is just amazing.
5 I mean some of the things even not dental
6 hygiene related, but they got to see a root
7 canal. They actually understood something
8 that they've been taught but they've never
9 seen. So I think many of those dentists out
10 there are just the most wonderful teachers
11 that I've seen. And the students now are like
12 wow, I can't wait to get out there and work.
13 So I think they're a little less apprehensive
14 and their confidence is better. So I think we
15 just truly appreciate the dental community for
16 supporting them and educating them.

17 DR. ALTERMAN: Plus it might help get them a job.

18 MS. MARCHI: Yes.

19 MS. MILEJCZAK: I just want to say the actual
20 scaling part of it is just a small part of it.
21 And I had the opportunity to visit most of the
22 offices that had externs in the city area and
23 the northeast area and when I arrived, most of
24 the time the hygienist was sitting chair side
25 with the hygiene student not necessarily doing

1 the scaling but just learning the entire
2 procedure. And then there is a small
3 component of scaling, but that's just a small
4 component. It's the flow of the office,
5 making sure the health histories are updated,
6 radiographs are done, getting those
7 radiographs processed. So it's just a small
8 part of it. That's the part that they need to
9 really learn, the flow of the office and
10 interacting with professionals. What role
11 does the dental assistant play in that office,
12 what role does the dentist. You know, that's
13 the part we're missing at Midlands Tech
14 because we have hygiene students in there
15 exclusively, dental assistants in there and we
16 do have some partnering but it's not in the
17 real world. And that's the part that this
18 program is bring out and making them a more
19 polished applicant for a private practice
20 office.

21 DR. WADE: Thank you very much for coming today, we
22 really appreciate it. I think the dialogue
23 was very, very good. Not every office has a
24 Sherie Barbare in it, so we have to kind of
25 protect all the offices and of course the

1 citizens of South Carolina. I think cleaning
2 up a little bit about who is accountable would
3 be really good and having your attorney look
4 it over, look at the Practice Act make sure
5 it's within the boundaries of law and I think
6 we're good to go. Thank you again.

7 MS. MARCHI: And previewing the offices, we can
8 certainly do that. It's funny that I don't
9 even think that somebody would do that so it's
10 nice that you're opening my eyes to the fact
11 that somebody would throw a student to do that
12 on their patients would just really surprise
13 me. I'm thinking if they're my patients, I
14 want things done a certain way. And if I was
15 the dentist in charge, that would not happen.
16 But thank you for opening my eyes. I would
17 not have thought someone would do that.

18 MR. SCHWEITZER: If you have any trouble finding
19 that DOL site, I'll be glad to forward it to
20 you.

21 MS. MARCHI: I have my card. Could you email it if
22 I give you my card?

23 MR. SCHWEITZER: Oh, sure.

24 MS. COX: Dr. Wade, would you like to have them
25 come back at the next meeting and bring that

1 preceptor book that you've discussed and the
2 guidelines and the new contract?

3 DR. WADE: Is that what the board would like?

4 MS. BARBARE: Do they need to come? Can we just
5 see a copy of it?

6 DR. WADE: Maybe if you could send it to Ms. Cox,
7 we can review it and then if we feel like
8 there needs to be more dialogue, we can
9 contact you.

10 DR. HANKS: Would it be permissible, Mr. Spoon, if
11 our legal counsel has some questions, that
12 y'all could interact?

13 MR. SPOON: Certainly.

14 DR. HANKS: Okay.

15 MR. SPOON: We've talked about the questions that I
16 think the board had today about the instructor
17 license question and the supervision question
18 and just some things that they weren't clear
19 on when they saw the proposal. But I'll be
20 happy to do that.

21 DR. HANKS: She might enjoy speaking to another
22 attorney rather than educators.

23 DR. WADE: Thank you again for coming. We sure
24 appreciate it.

25 MS. MARCHI: Thanks for all your help with our

1 students.

2 DR. ALTERMAN: How long would they do it?

3 DR. GOINS: Is it for two weeks?

4 MS. MARCHI: Twenty-four hours. And they can
5 schedule it, it's in their last four weeks.

6 They have to schedule around their clinics at
7 Midlands Tech and their other projects.

8 MS. MILEJCZAK: It's usually a four hour segment.

9 DR. ALTERMAN: Okay.

10 DR. GOINS: But for two weeks or for the whole
11 month?

12 MS. MILEJCZAK: It's over a month.

13 MS. MARCHI: They can pretty much schedule it how
14 it works in their schedules.

15 DR. GOINS: Okay.

16 MS. MARCHI: But it's 24 hours total. Some end up
17 doing more just because they really enjoy it.

18 MR. SCHWEITZER: Thank you.

19 DR. ALTERMAN: Thank you.

20 MS. COX: Dr. Wade, you have the new director here.
21 We would like to introduce you to Holly.

22 MS. PISARIK: Good morning. I apologize for being
23 thirty minutes late, I got caught up on a
24 phone call. But I just wanted to stop by.
25 I'm stopping by all of the board meetings.

1 I've had the opportunity to work with a number
2 of the boards but I don't think I've had an
3 opportunity to work with the dental board yet.
4 So I just wanted to stop by and introduce
5 myself to you as the director and let you know
6 that I think it is my job to provide the
7 support you all need to get your board
8 business done. So if there's ever any concern
9 you have about how things are operating here
10 at LLR, or if there's ever any resources we
11 can provide, anything we can do for you,
12 please feel free to reach out to me. I'm
13 going to give you my business card and I'm
14 always available to come to your board
15 meetings or I'm available to meet with you in
16 my office about particular concerns you may
17 have. So please reach out to me and let me
18 know what I can do to help you.

19 DR. WADE: Thank you for being here. We appreciate
20 the staff you give us too.

21 MS. COX: Thank you, Holly, for coming.

22 DR. WADE: We have an application hearing.

23

24 (Whereupon, hearings were held at this
25 time.)

1

2

DR. WADE: Kitty, do you want to give your report?

3

MS. COX: I would first like to have a report made

4

to you by your attorney, your litigation

5

attorney Suzanne Hawkins. She handled

6

something for you down at the Court of Appeals

7

that you need to be aware of. We would go

8

into executive session except that there's no

9

one in here but those of us who know, unless

10

you would like for Carolyn and I to leave and

11

that would be just fine. Does that suit you,

12

Sheridon?

13

MR. SPOON: It really doesn't lend itself to

14

anything other than public -- if you're going

15

to give an update on a case that was appealed

16

from the board and where that is, that's not

17

executive session.

18

DR. WADE: Right.

19

MS. HAWKINS: I haven't given y'all the OGC Report

20

yet either, so I can quickly do that if you'd

21

like to do that.

22

DR. WADE: Yes.

23

MS. HAWKINS: We have six cases in OGC counting the

24

one I'm about to tell you about which will be

25

hopefully closed in 29 days, if he doesn't

1 appeal it. I believe you're aware that
2 there's another appeal going with Dr. Hurst.
3 That's at the Court of Appeals right now. So
4 that's one of the six. We have four other
5 cases, one of which you just heard. Two of
6 which are mine and I hope you will hear them
7 next time and then there's a sixth case which
8 is not mine, I looked at relays, I believe
9 it's gone back for expert review. So we
10 haven't yet drafted the formal complaint, or
11 formal accusation on that one. So, we're
12 doing okay right now. We have seen a lot of
13 formal complaints in the IRC recently so I
14 think our report will be dramatically
15 different the next meeting.

16 Now, as to the hearing we had back in the
17 end of March. That happened because we found
18 that there were some violations of the 2006
19 Order. We felt that there were -- Kathy
20 Meadows had gone into the office to check on
21 that order. As you all know there are about
22 six or seven conditions that he's under from
23 when he was reinstated. We got the order
24 yesterday from Judge Anderson who's the chief
25 judge of the ALC and he did find that we

1 proved one violation and that was that Dr.
2 Hurst had a computer in his office. The order
3 states that he's not to personally use a
4 computer. There was some conflicting
5 testimony, but the judge found that Ms.
6 Meadows' testimony was more creditable. He
7 did not find that we proved the violation
8 related to sedation medication. There were
9 three prescriptions originally on the PMP, the
10 third one ended up being a mistake by the
11 pharmacy. The other two, Dr. Hurst and his
12 wife testified they had a rogue employee who
13 had written some prescriptions and that they
14 had fired her. They didn't have any
15 documentation of any of that so I tried to
16 challenge it but apparently he felt like that
17 was enough to call it into question.

18 I do have a copy of the Order here if
19 y'all would like a copy. One thing of note
20 you might be interested in hearing is that he
21 did file a cross-petition to adjourn us from
22 further enforcement of the Order. His
23 attorney tried to make an argument that we
24 were abusing our investigative powers by going
25 into his office unannounced. Ms. Meadows'

1 testimony was very good on this. I asked her
2 -- I had her describe, she got there, she
3 asked if she could go in, all those things.
4 She did not take a subpoena. She just asked
5 if she could inspect some patient records to
6 insure that minors weren't being treated by
7 him and she asked for a tour. I asked her
8 what she would have done if they refused
9 anything and she said I would have left. So
10 obviously the judge denied that motion. So if
11 we feel like we need to go inspect for
12 compliance, we can do that.

13 MR. SPOON: And because that Order came out
14 yesterday or the day before yesterday we
15 received it, there is a 30 day time frame for
16 appeal so my strong suggestion here is to --
17 that you're certainly entitled to a copy of
18 the ALC Order, because it's a public document,
19 and pending the time for appeal because it's
20 really not final, it's not a Final Order of
21 the ALC until the time for appeal has expired.
22 You do not want to talk about the merits
23 because, and here's the specific reason why,
24 is that there's always the likelihood that
25 that Order could be appealed to the higher

1 court, which is the Court of Appeals and could
2 ultimately be remanded to you for a re-
3 hearing. So beyond the four corners of that
4 Order, I think that's where you need to stop
5 in terms of getting this information from Ms.
6 Hawkins. As a litigation update, status,
7 procedural type ministerial stuff --

8 DR. DIXON: There's a possibility this case could
9 come back to us.

10 MR. SPOON: There is that possibility.

11 DR. WADE: Does anyone feel like they need this
12 information in writing? Then, thank you, Ms.
13 Hawkins, for the information.

14 MS. HAWKINS: Sure. I look forward to working with
15 you and I'm happy to meet you all today.

16 DR. WADE: Thank you. Kitty, you want to give your
17 report.

18 MS. COX: LLR has a new director who you just met
19 this morning and she obviously stated she has
20 an open door policy, you could visit or call
21 her or she will appear with you or at a
22 meeting if need be. We have worked with her
23 before. She has been at LLR and with her
24 being here she was one of the people that went
25 through all the practice acts as well as the

1 regulations, made sure they matched, that
2 nothing was being done without statute
3 permission that was mentioned in regs. That's
4 why a lot of regs are downtown at the
5 legislature right now. So I think that gave
6 her a wonderful base of knowledge for the
7 boards across LLR.

8 I did give you the new staffing report of
9 who the director and the people are who are in
10 the leadership positions here ending with me
11 and your staff names. And at anytime please
12 call. I believe Suzanne is doing a wonderful
13 job for you. She is right on point whenever I
14 call and ask her, which I do, I call OIE and
15 OGC, she's very prompt in responding to me.
16 And I will continue that relationship with
17 both of those groups for you.

18 I do want to tell you one piece of
19 information with your staff. We have Annie
20 and Carolyn. Carolyn has decided that she's
21 going to retire. She's going to retire the
22 16th of May.

23 DR. WADE: Do we have to approve this?

24 MS. COX: Unfortunately, no. That is her decision
25 and she is looking forward to retirement and

1 being with her family and doing some other
2 things. So we're definitely going to miss
3 her. We've already begun to work on this for
4 the last month or so. I have asked her to do
5 certain things and make certain books and
6 guidelines for me and for us and the person
7 who takes her place. We've already posted the
8 position. I will, probably, next week begin
9 to look at that. Wanted to get that done as
10 fast as possible so that we'll have a smooth
11 transition. I work well from books and having
12 things instantly at my fingertips, which she
13 knows, and you saw me bring that big book in
14 here. Right before I -- when I knew I was
15 getting your board, I made that book for
16 myself so that we can be constantly in touch
17 with what the laws are, the regulations, your
18 applications, what is needed and those
19 processes.

20 MR. SCHWEITZER: I'd like to move she reconsider
21 until our terms are up.

22 DR. WADE: At least one more year.

23 MS. COATS: I have enjoyed working with y'all and I
24 asked Kitty to make the announcement because I
25 was afraid I would get emotional. But I have

1 shared with many people what a wonderful board
2 you are and I told someone the other day that
3 I'm already envious of the next person because
4 you all are so wonderful. And I certainly
5 appreciate all your encouragement and
6 forgiveness of any mistakes. Y'all have just
7 really been a blessing to me and I've really
8 enjoyed it. Some things in my life have
9 changed and now's good time.

10 DR. WADE: We understand. We don't like it, but we
11 certainly understand and we wish you the very
12 best in the days ahead.

13 MS. COATS: Thank you.

14 MS. COX: Thank you, Carolyn. I want to give you
15 licenses -- your current totals and our work
16 process. Up to yesterday you had 85 licenses
17 issued since the board meeting and two
18 licenses reinstated since the last board
19 meeting. The number of credentials that are
20 active and that we work with is over 10,000.
21 It's 10,374 as of yesterday. Biannual renewal
22 is coming up. We will make that announcement
23 to the licensees in mid October and then they
24 can renew without penalty of additional fees
25 by the end of the year, however they do have

1 until March 1, 2013, before their license
2 lapses. So if they don't renew by the end of
3 the year, they can continue to practice but
4 they are paying some penalties along the way.
5 I just want you to be aware of that if anyone
6 asks those question of you.

7 The proposed regulation clean-up is still
8 making it's way through the legislature and it
9 seems to be smooth sailing so far. With
10 legislation you never know until you know and
11 the date for expiration is June 5th, in the
12 summer.

13 DR. ALTERMAN: What does expiration mean? What do
14 you mean?

15 MS. COX: Means that that bill if not signed by the
16 governor, then it will pass if they haven't
17 changed anything in it. It's because it's
18 regulations.

19 DR. ALTERMAN: That's what I thought. I see.

20 DR. DIXON: And this has to do with the
21 redistricting?

22 MS. COX: No. There is a redistricting bill that's
23 different. And that's going to be with
24 District 7 and that's going through with all
25 the boards because you have a new

1 congressional district. We've looked to see
2 where all the people fall into place and then
3 there will be elections held. There also can
4 be confirmations of people who have already
5 been elected. As you know, you have one
6 person waiting in the wings of the district
7 seat over here with Dr. Dixon. Also, we need
8 to have elections. You have an upcoming
9 election due that you normally announce in
10 March --

11 DR. DIXON: Have we not already started that
12 election process?

13 MS. COX: No. They asked us to hold all elections,
14 they are holding all appointments and then
15 trying to have elections for District 7 until
16 everything is satisfied. If you began to have
17 an election before District 7 was satisfied,
18 you may of had some people move within
19 districts, so they held everything.

20 DR. DIXON: So we know that John is going to be in
21 the new district.

22 MS. COX: That's what we feel, that he has moved.
23 He now -- and I don't know how they're going
24 to work with that. No one is telling us. Do
25 you become the new 7, are you new 7 with your

1 old term. Would they keep extra people and
2 have an election. We just don't know. We've
3 asked those questions intentionally right
4 away. I always ask a lot of questions and I'm
5 not getting the answers. But they'll have
6 answers at some point. We'll let you know
7 right away of course.

8 DR. DIXON: When is all that going to be occurring?
9 Dr. Bruce has asked me several times.

10 MS. COX: I know. And I did talk to Dr. Bruce
11 about this. I'm keeping him informed. We
12 don't know because I asked that question
13 repeatedly here and at the governor's office.
14 We don't have dates of those resolution.

15 DR. ALTERMAN: This says expiration of June 5th.

16 MS. COX: That's the bills. And then if you have a
17 law out there, if you're trying to propose a
18 statute and it doesn't go through, then that
19 does expire and you re-propose it. This is
20 the end of the two year session. South
21 Carolina State Legislature works on a two year
22 session so if you propose a bill in the first
23 or second year, it only has two years to go
24 through. If it doesn't, that expires and then
25 they re-propose for next year.

1 DR. WADE: So does this mean that David may not
2 rotate off?

3 MS. COX: We don't know.

4 DR. DIXON: He won't be able to rotate off until
5 somebody -- until she reappoints somebody.
6 First they got to have the election and then
7 she has to appoint them.

8 DR. WADE: But y'all have to have an election for
9 the new district -- well, unless John takes
10 the new district, then they'll have to have an
11 election in David's district for this year.

12 DR. DIXON: They'll have two elections at the same
13 time actually.

14 MS. COX: If that's how they're going to resolve
15 those issues.

16 DR. DIXON: You'll have an election for -- well, I
17 don't know about John if they'll have to do a
18 re-election or just re-appoint John.

19 MS. COX: Into that district. There are lots of
20 ways you could look at resolving this. But we
21 will keep you informed. As soon as we know,
22 we will let you know right away. As soon as
23 we can have elections, we're prepared to do
24 that. I know there are people who want to
25 rotate off the board, people that want to

1 rotate onto the board that are due. There may
2 be people in different districts that might
3 like to run and have a seat. So we'll be as
4 timely as we can, but we can't do anything
5 until the governor says it's time and the
6 state legislature of course has approved all
7 these laws.

8 DR. DIXON: Any pressure from the South Carolina
9 Dental Association about this?

10 MS. COX: Not to us here. What they might do on
11 their own with legislators I do not know
12 about.

13 MS. BARBARE: I've made it known, I like this. And
14 I told them I was down for as long as they
15 needed me. That way we wouldn't have two new
16 hygienists because they're going to add a
17 hygienist. I told them I would stay on with
18 the new hygienist that way --

19 DR. WADE: That would be good.

20 MS. BARBARE: I would do another year or two,
21 whatever they wanted me to do until they tell
22 me I can't come back. I will come back and
23 stay with the new hygienist just so we
24 wouldn't have two new people at the same time.
25 I just kind of made that known. I don't know

1 if that will happen. But that's what I said I
2 will do.

3 DR. DIXON: One thing that you're going to have in
4 the coming year -- of course, Dr. Bruce, he's
5 a fine dentist but, of course, he hasn't --
6 he's attended some of our board meetings but
7 he hasn't actually been on the board. You're
8 going to have David and Felicia, myself and
9 Sherie all leaving at the same time, the exact
10 same time.

11 DR. GOINS: That's a lot of transition and a lot of
12 new people.

13 MS. COX: We will continue to work with this and
14 let you know when decisions are made. The
15 Statement of Economic Interest, I hope
16 everybody filed on the 15th and did not fail
17 to do so, because there is penalty and we are
18 letting you know and bringing that forward to
19 you. So if there's any issue there, let us
20 know. And your finances are monitored
21 monthly in our office as well as in the office
22 downstairs. Your statements can always be had
23 and looked at. The board is in good financial
24 position, excellent financial position and we
25 will begin to collect monies in the new fiscal

1 year. Your new fiscal year starts July 1st.
2 You are in good shape.

3 You have two more scheduled meeting
4 dates, July 13th, and October 12th and we hope
5 that you protect those dates. My experience
6 with you is that you are always here unless
7 requested, you know, an excused absence. And
8 I don't believe we've ever had a problem with
9 quorum.

10 The speciality exam is July 20th.
11 Carolyn has already started making calls for
12 your examiners for that. She's leaving us in
13 good shape. She's gotten way ahead on some
14 things. We appreciate that.

15 DR. WADE: Thank you. Some discussion about
16 Groupons. The dental association was us to
17 give clarification and I know I see this a lot
18 in Charlotte and I know others have talked
19 about how you see in your cities. And the
20 question is can a dentist perhaps use a
21 marketing tool like Groupon and have a patient
22 pay the fee, let's take a bleaching as an
23 example, can they receive bleaching services
24 and then pay part of the fee, the commission
25 to Groupon, and then part of the fee to the

1 dentist? And as Sheridan and I look at the
2 law, and I know y'all have looked at it, it
3 says you cannot split fees in South Carolina.
4 So it's kind of black and white really. I
5 think the answer is no. The only way I can
6 see that they can do this is if the dentist
7 received the entire fee and then he in turned
8 paid the marketing person, whoever it is,
9 Groupon or whatever --

10 DR. ALTERMAN: That's not the way Groupon works
11 though.

12 DR. WADE: But that's not the way Groupon works.
13 Right. So I think the answer is no, unless
14 somebody else sees something differently.

15 MS. BARBARE: I think the dental association and
16 we need to do that -- the dental association
17 and we need to put that on the --

18 DR. WADE: Put it on our website.

19 MS. BARBARE: Because it's going to be hard to
20 enforce.

21 DR. WADE: And then have the dental association put
22 it in their bulletin to look at the website.

23 DR. DIXON: Ms. Cox could write a letter in
24 response to the South Carolina Dental
25 Association, we do not approve Groupons.

1 DR. GOINS: Who pays Groupon?

2 DR. DIXON: The patient. The patient pays to get
3 the incentive.

4 DR. ALTERMAN: The way it works is --

5 DR. GOINS: Then who pays the dentist?

6 DR. ALTERMAN: Groupon.

7 MR. SCHWEITZER: You deliver the little coupon to
8 the provider and you pay X amount for it and
9 they split it.

10 DR. WADE: So they take their commission out and
11 they give you the remainder.

12 DR. ALTERMAN: Exactly. So, say it's \$100 for
13 bleaching trays and then they'll pay Groupon
14 the \$100, Groupon keeps like, I think, 60
15 percent.

16 DR. GOINS: Oh, good gosh.

17 DR. ALTERMAN: It's a lot. And then they send the
18 dentist a check for \$40.

19 DR. WADE: There's a lot of that going on in
20 Charlotte.

21 DR. ALTERMAN: Then they come in with their Groupon
22 that they downloaded online and say look, I
23 got my Groupon.

24 DR. WADE: I think it's prevalent here in Columbia,
25 isn't it?

1 DR. ALTERMAN: It's all over.

2 DR. GOINS: It's around. They're doing bleaching,
3 I've seen the exam --

4 DR. WHITTINGTON: I get -- I saw at work the other
5 day from some dentist in Northeast Columbia
6 that had a special on Groupon.

7 DR. GOINS: I've seen whitening and --

8 DR. ALTERMAN: I saw one from a dentist in
9 Charleston offering \$99 Botox.

10 DR. WADE: So we're going to send a letter to the
11 dental association telling that is not
12 acceptable. And then we'll put it on our
13 website and suggest that they put it in their
14 bulletin to see the website.

15 MS. COX: And I'll write the letter. We'll have
16 Sheridan look over it I can run it by you.

17 DR. WADE: Okay.

18 DR. ALTERMAN: I was thinking, for the future, do
19 we know if there are any other states that
20 have come down with this? Because I could see
21 that the FTC or somebody coming and saying to
22 us, wait a minute, you're interfering with
23 trade practices against a company like Groupon
24 operating in your -- can that potentially
25 happen?

1 MR. SPOON: This is the way we have answered the
2 Groupon questions. The ADA, much like the
3 AMA, issues these advisory opinions. And the
4 one that I'm sure y'all got -- I don't know
5 that there's a specific date on it but it was
6 emailed out on April 20, 2012. It refers to
7 it in this email newsletter type thing as this
8 committee of the ADA having issued a new
9 advisory opinion. So it is very new. Of
10 course your regulation is not new. It's 39-
11 11(1-H). The way that we have answered these
12 questions and I know there's been some
13 discussion of it at the board level and we got
14 an inquiry from the South Carolina Dental
15 Association but even prior to that the way
16 that we've answered these questions is, sir or
17 ma'am, here is the regulation. To my
18 knowledge there's -- the issue that you raised
19 is part of the reason why we answer the
20 question in a certain way. The other reason
21 that we answer the question in that way is
22 that, to my knowledge, there hasn't been a
23 specific complaint filed that the board could
24 investigate, have that complaint come to the
25 board and then take action against a specific

1 offer, specific licensee the conduct of a
2 specific licensee. So we have to be careful
3 in my opinion, and my advice to you in
4 blanketly proscribing where your statute or
5 your regulation is not really quite frankly
6 all that specific. It just says you can't
7 split fees or rebates. And this regulation
8 was written before Groupon became a company
9 probably, so we try to answer the question and
10 say this is the regulation. The board cannot
11 advise you that this is permissible, we can't
12 really advise you that it's not but it's --
13 that language is what it is and there hasn't
14 been -- you as a board have not had an
15 opportunity to take up a specific case and
16 consider whether the conduct there would be
17 warranting disciplinary action.

18 MR. SCHWEITZER: Sheridan, forgive me for not
19 knowing the law as well as I should, but if
20 dentist A observes another dentist, not in his
21 practice, but just another practice violating
22 the statute, the licensing requirements or
23 whatever under the law governing dentists, the
24 profession, does dentist A have a duty to
25 report? We do in the legal business. If I

1 know that Joe Blow down the street is doing
2 something unethical, unprofessional or
3 something, we have a duty to report that to
4 the bar association. So if you saw an
5 advertisement for a Groupon by dentist X, do
6 you have a duty? Otherwise, if everybody's
7 happy, the person who buys the Groupon, the
8 dentist, if everybody's happy and there's no
9 complaining, it's going to continue to take
10 place. It's only when, as you pointed out,
11 somebody brings a case.

12 MR. SPOON: That's right. Looking at your Practice
13 Act I don't think it's as clear. There's
14 certainly a moral, professional and ethical
15 obligation. Could you discipline another
16 dentist for not reporting something, I don't
17 know that there's a whole lot of precedence
18 for that. It's not a very clearly stated duty
19 in the Practice Act if this there. Certainly,
20 if you're talking about what's your
21 professional obligation, what's ethical,
22 what's moral in many cases that is often the
23 source of the complaint, is another licensee.

24 DR. WADE: And child abuse, you have to report.

25 MR. SPOON: There are some specific cases where,

1 yes, healthcare providers have to report
2 certain types of conduct. What happened in
3 this case, and it's very fortunate, is the ADA
4 took up the issue and really clarified it. I
5 think it will probably, to the extent that
6 people know about it, the board can make its
7 licensees aware of this newly minted ADA
8 advisory opinion and say, you know, look guys
9 we certainly don't take exception to this.
10 It's an advisory opinion but it carries some
11 authority. And so now we have two things we
12 can refer people to, not only your regulation
13 but also the ADA advisory opinion. I think
14 that should go a long way towards answering
15 the types of questions that the board has been
16 getting about it. At the same time you never
17 know. This opinion talks about if it is set
18 up in a certain manor. Well, it may be that
19 practitioners may come up with a way around to
20 set it up in a different way that's not --
21 that's consistent with the wording of this
22 thing. We just don't know and you don't know
23 as a board until you see that case. But the
24 issue that you raised, sir, is always a
25 concern about when you blanketly prohibit some

1 practice, that tends to -- can be a problem I
2 would say.

3 DR. WADE: Okay. The sedation committee. We got
4 together several times and I hope you had a
5 chance to look over what we sent you. Our
6 objective was two fold, one was we wanted to
7 look at a way -- how are we evaluating offices
8 right now that are doing sedation. That was
9 one directive we had. And the other directive
10 was to kind of take a look at what our current
11 laws are which are very minimal to say the
12 least. So we put together really two
13 recommendations. One is going to be that we
14 put together an evaluation team that has
15 representation from every district and that is
16 appointed by this board and then that team
17 would use an evaluation form, and we put
18 together a form. All of this is a rough
19 draft, by the way. But we put together a form
20 and I hope you had a chance to look at it.
21 The way we came up with the form, the
22 evaluation form, was we looked at what other
23 states are doing. What's out there now. What
24 are our neighboring states doing, what are
25 SRTA states doing. And then we also looked at

1 what the oral surgeons are using for their
2 evaluations and we put together a form that is
3 very similar to a combination of those. That
4 can be put into place just as soon as we
5 clarify the legislative end. We can't really
6 put that into place until we take care of the
7 legislative end. But to stop there, does
8 anybody have any questions just about the
9 evaluation committee that we would put
10 together and how that would work? There is
11 some question as to how they would be
12 reimbursed and Sheridan said there are teams
13 like this with other boards. Right now
14 they're paid for their expenses, their mileage
15 and their food expenses but they're not given
16 a stipend or per diem. So I was kind of
17 hoping that we would see some kind of a
18 stipend that could go forward, but we just
19 don't know right now.

20 MR. SPOON: I don't have a final answer on that
21 one.

22 DR. WADE: Any thoughts, any comments? Do you like
23 what we did with the evaluation team and
24 evaluation form?

25 MR. SCHWEITZER: I'm just not real clear. You

1 create a committee. I assume the whole
2 committee would have to do every site
3 inspection, right? You might have two or
4 three people --

5 DR. WADE: Right. Or one.

6 MR. SCHWEITZER: Or one. Okay.

7 DR. DIXON: How often are the oral surgeons
8 inspecting each other?

9 DR. WADE: I don't know that answer. And I think
10 it's a random kind of thing but I don't know
11 how -- I don't know if you have to be
12 inspected every year or not.

13 DR. DIXON: I know like a dentist from Charleston
14 would not inspect another dentist from
15 Charleston. An oral surgeon from Charleston
16 would go up and inspect someone up in
17 Greenville.

18 DR. WADE: Right.

19 DR. DIXON: That's one thing that you might want to
20 consider is that the inspecting dentist be
21 from a different congressional district than
22 the dentist that they're inspecting. If
23 you've got a professional relationship with
24 someone, it's hard to go in and say he didn't
25 have everything he needs. And then the other

1 thing too is find out how often the oral
2 surgeons are inspecting. I think with their
3 request is they want the other dentist that
4 are doing, especially, IV sedation to be under
5 the same guidelines that they put themselves
6 under. I don't think that's an unreasonable
7 request. We might want to follow up with the
8 guidelines that they've already set for
9 themselves. Accept those same guidelines for
10 any general dentist or any endodontist or
11 whoever else is doing the IV sedations.

12 DR. WADE: I was just looking at their inspection
13 form and it doesn't say how often it has to
14 be. But that's a really good idea, Tommy.
15 Anybody else have any other thoughts to put
16 into it?

17 DR. DIXON: You guys did a good job on this. It's
18 a lot of hard work.

19 DR. WADE: The second part was to really take a
20 look at what the laws are out there. So what
21 we did is first of all we just gave some
22 definitions to make sure everybody's on the
23 same page. Because you have so many different
24 thoughts as to what is conscience sedation,
25 what is deep sedation. So we've learned to

1 put those into our regulations so that whoever
2 reads the regulations, we're all on the same
3 page. And then, the bottom line is we felt
4 like there were two types of permits that we
5 needed. One was for conscience sedation and
6 one was for deep sedation and general
7 anesthesia. And you can look and see what we
8 put down for the training for those and Doug
9 looked in detail what other states were doing.
10 Our intent there was just make sure we're
11 protecting the people in South Carolina. We
12 didn't want to be -- like for instance the
13 deep sedation it's pretty rigid. If you're
14 going to put somebody to sleep, you've got to
15 know what you're doing according to what we've
16 put together here. So I appreciate very much
17 Doug's research on that.

18 DR. ALTERMAN: We wanted to put in there that even
19 if they brought in a nurse anesthetist, that
20 they had to have the same level of training as
21 that nurse anesthetist or more.

22 DR. DIXON: What about if you brought in a dental
23 anesthesiologist, who would ultimately be
24 responsible?

25 DR. GOINS: Are we recognizing dental

1 anesthesiologist as a speciality?

2 DR. WADE: He would be an anesthesiologist, right?

3 DR. DIXON: But there are dental anesthesiologist.

4 DR. WADE: But he would be performing in that
5 capacity as an anesthesiologist, right?

6 DR. DIXON: As an anesthesiologist. He ultimately,
7 under the law, that person will be the
8 responsible party not the dentist, right?

9 DR. WADE: Uh-huh.

10 MS. COX: When you mention dental anesthesiologist,
11 do you mean M.D.?

12 DR. DIXON: They don't have to have a M.D.

13 DR. GOINS: They're having separate training.

14 DR. DIXON: They have specialized training. But
15 see it's not a recognized speciality. The
16 reason I ask this, there's a real need for
17 that. I mean, there's patients out there that
18 are beyond child care age, are adults that
19 need to have, at least, IV sedation done. And
20 there's just a few dental anesthesiologists
21 out there and I think there are dentist that
22 will be willing to do the work but they're not
23 going -- by hiring a nurse anesthetist, if
24 they're ultimately responsible for the
25 sedation and they don't know anything about

1 sedation, they're going to be real hesitant to
2 bring in a nurse anesthetist. I wouldn't
3 bring in a nurse anesthetist to my office
4 because I don't know anything about sedation
5 and if the patient expires, I'm going to be
6 the one who's ultimately responsible. But
7 with this dental anesthesiologist I might be
8 willing to bring in a dental anesthesiologist
9 if I'm not the person who is supervising it
10 and is responsible for the sedation.

11 DR. WADE: Would that be like a contract provided?

12 DR. ALTERMAN: I think the difference might be that
13 the dental anesthesiologist would have to be
14 the person to actually bring all of his stuff.
15 Kind of like the independent contractor type
16 thing.

17 DR. DIXON: Right. And there are people out there
18 that do.

19 DR. ALTERMAN: Yeah. And I think that's what they
20 do.

21 MS. COX: Are they just a dentist or are they going
22 to need a dental license and a speciality
23 license? Are you wanting to create, maybe is
24 that -- are you moving to that direction?

1 DR. DIXON: I think that's up to the ADA. I don't
2 think you can create a speciality.

3 DR. ALTERMAN: Because it's not a speciality. I
4 don't think it's a recognized speciality.

5 DR. GOINS: It's not recognized but there are
6 programs out there, a three year program.

7 DR. DIXON: I guess my question is, for instance, I
8 see a lot of handicapped patients but they get
9 to a point where it's like, okay, - This is a
10 scenario that came before me a couple years
11 ago. - a kid comes in and he's 23 years old,
12 multiple abscesses all in his mouth, beyond my
13 capability of working on him. It took me a
14 year to find somebody to work on this kid. He
15 was on Medicaid. It took me a year to get him
16 -- because, you know, if you just bring in a
17 nurse anesthetist and you don't know anything
18 about sedation, you're ultimately responsible
19 if the patient expires. Most of these
20 patients have handicaps and, you know, heart
21 murmurs and all these situations that are very
22 complicated when you go to sedate. I would be
23 fine bringing in someone that was a dental
24 anesthesiologist if the responsibility of the
25 sedation fell on the anesthesiologist, but I

1 wouldn't feel comfortable bringing in a nurse
2 anesthetist if I was going to be the person
3 that was ultimately made responsible for the
4 sedation because I don't know anything other
5 than basic CPR.

6 DR. ALTERMAN: I think, we're going to find with
7 what we're ready to do, if this get through
8 the legislature, is going to put a crimp in a
9 lot of practices, specialities, periodontal
10 offices and such because I just don't think
11 they're going to be at the same level as a
12 nurse anesthetist. They're not going to know
13 what to do.

14 DR. WADE: Or they're going to get some education.

15 DR. ALTERMAN: They're going to have to get some
16 education, which is the whole point.

17 DR. WADE: Right.

18 DR. DIXON: Basically, the feeling is if you have a
19 dental anesthesiologist, the responsibility
20 would lie --

21 DR. ALTERMAN: It's on them.

22 DR. DIXON: -- it would lie on the dental
23 anesthesiologist.

24 MR. SCHWEITZER: Is that a dental license or a
25 medical license?

1 DR. DIXON: A dental license.

2 MR. SCHWEITZER: It is a dental license.

3 DR. ALTERMAN: It's a dental license.

4 DR. DIXON: They actually go on and do a couple of
5 years extra residency.

6 DR. ALTERMAN: And the training that's outlined in
7 there under the general anesthesia training is
8 basically consistent with what a dental
9 anesthesiologist is.

10 DR. DIXON: And basically they bring in their own
11 equipment.

12 DR. WADE: They're kind of like an independent
13 contractor. That would be how I would think
14 we would look at it right now.

15 DR. DIXON: That is a sad situation for somebody.
16 I've got a handicapped child. It's a sad
17 situation the fact that there are people that
18 have a child or an adult, you know, and you
19 can't get this adult child's teeth worked on.
20 You know, this child may be in terrible pain
21 for a year.

22 DR. WADE: You know what we don't want is what we
23 saw that was happening in your area where you
24 got a guy that's not trained working on these
25 handicapped kids.

1 MR. SCHWEITZER: I assumed that was the motivation
2 with this.

3 DR. WADE: It was.

4 DR. DIXON: He actually hired a dental
5 anesthesiologist.

6 DR. WADE: Are there any questions about the two
7 permits? Does everybody understand what we
8 are recommending there and what the training
9 would be. Dr. Goins has looked at the fees in
10 neighboring states and what other states are
11 charging and so we've put together fees that
12 were commensurate with what other states were
13 doing. We're just basically saying it's going
14 to be \$200 a year if you want either permit.
15 And the thought process behind that, hopefully
16 that would pay for this evaluation team that's
17 going out and does the inspections, you know,
18 so that we're creating our own income to cover
19 that. But we'll have to wait and see how that
20 goes.

21 MS. COX: And then, Sheridan, who these inspection
22 teams will be might be in legislation created
23 to be dental board inspectors under LLR
24 possibly. It might have to go that direction
25 because you can't pay stipends.

1 MR. SPOON: Well, the authority to inspect is in
2 the regulation. What I was going to do is
3 just put this in the regulation format that
4 would ultimately be once you approve it, to be
5 promulgated, be sent to the state register and
6 all that. It's going to fit in to 39-17.

7 DR. WADE: Right. Right.

8 MR. SPOON: Because you're establishing two
9 permits, fees associated with it, that kind of
10 thing that you don't currently have.

11 DR. WADE: There is a grand fathering to it also.
12 We put that in. It's a ten year. So say
13 you've been doing sedation for ten years, but
14 you have not up fitted your office to what
15 we're recommending, you would have to fix up
16 the office to what we've put in here but you
17 don't have to go back and do the continuing
18 education. Is everybody okay with that?
19 Because that question is going to come up a
20 lot.

21 DR. DIXON: So, if it's a matter of mechanics, you
22 just got to get your mechanics --

23 DR. WADE: You just got to get your office up to
24 snuff, yeah.

25 MR. SCHWEITZER: I'm just curious, what kind of

1 reaction do you think, if this gets set up the
2 way it's proposed, what kind of reaction do
3 you expect from the professionals?

4 DR. WADE: I think the oral surgeons are going to
5 love us. I think some of the specialities are
6 not going to like us very much, you know, I
7 mentioned periodontitis. I think people that
8 are hiring, like Tommy was saying, CRNAs, you
9 know, they're not going to like this because
10 they got to go back and do a little education.
11 And the public, I mean from the public view
12 it's wonderful protection. Everybody's on the
13 same standard. Where it is right now, there
14 aren't any standards.

15 DR. DIXON: And ultimately that's what this board's
16 job is.

17 MS. COX: Would it make the cost of dentistry go up
18 to the patient? Those are the questions that
19 when you go downtown, they're going to say:
20 What is the cost to the state? What is the
21 cost to the public? You just got to be
22 prepared to answer those.

23 DR. DIXON: They're being charged anyway to -- if
24 they're getting sedated in an office, they're
25 getting charged an extra fee to begin with.

1 Most sedation runs about at least 400 bucks
2 for sedation.

3 DR. WADE: I know the surgeons we use they charge
4 \$500. It's kind of a flat fee.

5 MR. SPOON: My only suggestion is, and I am not
6 qualified to advise anybody on the legislative
7 process either formally or informally how it
8 works. But obviously when you put something
9 in the state register it's all built in time
10 frames. And one of the time frames is any
11 person or association with I think 20 or more
12 people, I'm not sure how it goes, but suffice
13 it to say that people can request a hearing on
14 the regulation. It probably goes without
15 saying that whatever stakeholders are out
16 there that you all have just been discussing
17 in the last two minutes, whoever the
18 stakeholders are, have them take a look at the
19 regulation in its form before it's actually
20 put in the state register. I don't know who
21 the stakeholders are, you do. Get their
22 comment, criticism, buy-in as the case may be
23 so that when it is published, they know it's -
24 - they're looking for it and they know what it
25 says and they've already had the opportunity.

1 And you may go back based on their --

2 DR. ALTERMAN: What is the state register? When
3 you say that, what do you mean?

4 MR. SPOON: A state agency or you as a board are
5 classified as a state agency by law not just
6 by LLR. The state register is basically the
7 official public notice of regulations. That's
8 not statutes, for that you have to look at the
9 bills.

10 DR. ALTERMAN: At what point would this go into
11 that?

12 MR. SPOON: It would get put in the format that
13 they require at the legislative counsel and
14 then, of course, you as a board would vote on
15 the final version of it.

16 DR. ALTERMAN: So we're not near that point yet.

17 MR. SPOON: It doesn't sound like it.

18 DR. WADE: Would you re-write this to put it in
19 legalese and then that goes to --

20 MR. SPOON: Yes, I will.

21 DR. WADE: -- that will go then to whoever
22 represents --

23 MR. SPOON: It will come back to you.

24 DR. WADE: Back here first?

25 MR. SPOON: Yes.

1 DR. WADE: And then that goes to whoever our
2 legislative affiliate is, the sponsor.

3 MS. COX: Grant Gillespie.

4 DR. WADE: Grant.

5 MS. COX: That register is published monthly and
6 then when it's published, you do have the time
7 for a hearing that Sheridan just talked about.
8 And then, when it starts a timeout period, you
9 have a certain number of days, and it doesn't
10 fall in that two year process, you have
11 certain number of days. The days do stop when
12 they aren't in session. So you have six
13 months when it stops and then the days start
14 counting again. So that's a timeout for a
15 regulated process, but you can propose at any
16 time. It's usually best to propose and get
17 things done so you start out at the beginning
18 of the session in January. But I don't know
19 that y'all are really ready to have something
20 out here by October to be, you know, to put
21 through. But you can publish every month.

22 DR. WADE: And you're just saying make sure that we
23 cross all of -- in other words get the
24 periodontitis in here, get the oral surgeons,
25 talk to the dental association have everybody

1 on board before you take the packet.

2 MR. SPOON: And you'll be doing that at your
3 meetings.

4 DR. WADE: So all we need to do today is, I think,
5 is approve the rough draft and move the
6 process forward.

7 MS. COX: That's right. And this will continue now
8 in unfinished business each month as you work
9 on it or develop it or if people call in to
10 have a comment here. However you want to look
11 at it. Now it's been in new business and you
12 keep working on it.

13 DR. WADE: Do we need any kind of a motion for that
14 or does it just kind of come up each time?

15 MS. COX: I don't think because you haven't
16 finalized anything. You just presented your
17 findings.

18 MR. SCHWEITZER: What do you think about having
19 this group or somebody drafting up a white
20 paper? One or two pages max that identifies
21 the why and then sort of the what are you
22 going to do about it. A little one or two
23 page white paper. When you're launching into
24 something that is both statutory, regulatory,
25 policy, etcetera that can be very, very

1 helpful.

2 DR. WADE: Kind of a summary sheet?

3 MR. SCHWEITZER: Why are we doing it? Well, we
4 know why we're doing it. And then, what is it
5 that we're proposing to do to meet that
6 concern. I have to confess, I assumed that it
7 was regulated to the hilt. Sedation of all
8 kinds I just assumed, absolutely, that was
9 part of the deal. So I think there's a pretty
10 good statement of a case for this that can be
11 drafted and it's very, very simple. White
12 paper means it's not overtechnical, it's in
13 layman's language. Here's the issue, here's
14 the concern, here's what the board -- you know
15 without being too technical, here's what the
16 board's proposing to do.

17 DR. WADE: To be honest I didn't know either until
18 -- because I have not really read those
19 regulations until we had that case and I
20 started thinking about it. We didn't have
21 anything.

22 MR. SPOON: It's based on the ADA Guidelines
23 basically.

24 DR. WADE: Yeah.

25 MS. COX: As you develop this draft more and more

1 succinctly and get things cleaned up, then you
2 do want to go to the stakeholders as Sheridan
3 said. And I think having that white paper at
4 an appropriate time -- you don't want people
5 coming in and giving you - This is just my
6 opinion of course. - too much feedback until
7 y'all are really ready and you got some
8 answers like Sheridan's looking for some
9 answers for you. You'll get maybe too many
10 opinions or too many thoughts to put in your
11 thought process. Until you're feeling really
12 good about it and you know exactly what the
13 statutes, the regs, what LLR -- because you're
14 going with the engine too.

15 MR. SCHWEITZER: You know good and well when it
16 starts to go through any general assembly
17 review or anything else, everybody that
18 doesn't like it is going to want a little
19 clause in there exempting them from it.
20 You're going to have twenty exceptions to the
21 rule, which would just totally undo the whole
22 program in the first place. So the white
23 paper and the members of general assembly have
24 -- but you're right. When the time is right,
25 I think that will serve you better than

1 technical stuff. The politicians don't like
2 to be bogged down with technical details.

3 DR. WADE: Do we need to --

4 MS. COX: They don't want the fight to be had down
5 there.

6 MR. SCHWEITZER: Right.

7 MS. COX: They want the fight to be had up here --

8 DR. WADE: Before it gets there.

9 MS. COX: And then, when you do it, we'll be
10 working with the staff down there. We want
11 their staff to know lots of details and ask us
12 a lot of questions and then they carry that
13 over to the legislature.

14 DR. WADE: Do we need to send the dental
15 association any information? Just tell them
16 we're working on it. Because I know they were
17 the ones that came and made a presentation to
18 us. Do we need to respond to them?

19 MS. COX: I think that just depends on how much
20 help and input you want from them.

21 DR. WADE: Not so much that -- Just tell them that
22 we do have a rough draft, that we're moving
23 forward or just let it go?

24 MS. COX: It's what you want.

25 DR. WADE: What do y'all want to do?

1 DR. ALTERMAN: We should send them something
2 telling them that we're working on it, here's
3 what -- this is our initial rough draft that
4 we're working on. Please give us any input
5 that you'd like.

6 DR. WADE: So maybe in that letter we send to them
7 about the other situation, we can just throw a
8 paragraph in that we're doing --

9 MS. COX: I think a paragraph. I don't think I
10 would send out a rough draft. I think I
11 wouldn't send them --

12 DR. WADE: No. We don't want to send them any
13 information. But just to let them know that
14 we're working on it.

15 DR. DIXON: Would the committee that you have,
16 since really you have David who's doing IV
17 sedations but no one else, would it be
18 inappropriate to bring in Dr. Carlisle, an
19 oral surgeon with an impeccable record that he
20 has, being president of the Dental
21 Anesthesiologist Association to be an advisor
22 to that committee?

23 DR. WADE: He's retired and I know he'd do it.

24 MR. SCHWEITZER: I think that's a great idea.

25 MS. COX: As long as you're not blending the hats

1 of board, public protection and dental
2 association. Associations are created to
3 protect their own people and you're created to
4 protect the public. So I guess I'd ask
5 Sheridan.

6 MR. SPOON: As far as if you've got a committee
7 right now that consist of basically -
8 whoever's on the committee now - is pretty
9 much board members, if I understand, I really
10 don't think there's an obvious problem with
11 bringing in that constituency. Even if it's
12 just asking -- I mean my first question would
13 be do the stakeholders agree with the concept
14 rather than details. Do you think there
15 should be these two permits created and this
16 kind of thing and do agree that there's the
17 same rational behind it kind of thing.

18 DR. WADE: There's a guy down in Georgia, he's
19 actually a classmate of mine, that David knows
20 real well, we've talked with him. Lee Young
21 is his name, he's a periodontist, but he's an
22 anesthesiologist also. Kind of what you were
23 describing a while ago. He's the one that
24 pretty much re-wrote Georgia's sedation laws.
25 We've already consulted him. We've kind of

1 done that, just we haven't made, you know,
2 made him an official member of the committee.

3 DR. DIXON: I think the pressure will be coming
4 from the oral maxillofacial surgeons.

5 DR. WADE: Yeah.

6 DR. DIXON: It would be a good idea to get their
7 input.

8 DR. WADE: Okay. So for now, all we're going to do
9 is send a paragraph in the other letter that
10 you're going to send to the dental association
11 saying that we're busy working on it.

12 MS. COX: Right.

13 DR. WADE: Okay. We need to ratify the license.

14 DR. DIXON: I make a motion that we ratify the
15 licensure for dentists, dental hygienists,
16 dental ortho technicians, dental specialists,
17 dental restrictive instructors, dental
18 restrictive volunteers and reinstatements.

19 MS. BARBARE: Second.

20 DR. WADE: All in favor say aye.

21 BOARD: Aye.

22 DR. WADE: Anything else?

23 MS. BARBARE: I have a question.

24 DR. WADE: Fire away.

25 MS. BARBARE: We did the bridge run when we were on

1 our honeymoon and we went to the expo and
2 there was a registered dental hygienist doing
3 the whitening and I know we can't regulate the
4 whitening thing at the malls and stuff, but is
5 there any way we can not have hygienists doing
6 it because that just makes me look bad. And I
7 just stood there with my mouth open for about
8 ten minutes watching her do that.

9 DR. GOINS: Where was it Sherie?

10 MS. BARBARE: At the expo for the bridge run, the
11 Cooper River Bridge Run, at the expo they were
12 doing whitening. And it says done by a
13 registered dental hygienist.

14 DR. GOINS: Really?

15 MS. BARBARE: And I just -- I wanted to say
16 something but I knew I shouldn't and I would
17 just get all redneck if I did, so I just
18 didn't. But is there not any way that we can
19 not have that done?

20 DR. WADE: In North Carolina it's in the same
21 battle right now with the FTC and I don't know
22 how that's going to transition.

23 DR. GOINS: The legislature told the FTC to stay
24 out of it too.

25 DR. DIXON: The whitening issue, I think, whatever

1 happens with North Carolina is going to set
2 the precedence.

3 DR. WADE: That's right. It's out there and it's
4 going to go one way or the other.

5 MS. BARBARE: I know. But it just --

6 DR. WADE: I know it aggravates you and it does me
7 too. You see it on -- you see it in malls.

8 MS. BARBARE: I know. But I have never seen it
9 done by a registered dental hygienist.

10 DR. DIXON: Were they using trays?

11 MS. BARBARE: No. I mean, she wasn't doing
12 anything -- it was the stuff that a patient --
13 the kit, they put it on themselves, the same
14 thing, but it was just her. And I guess that
15 made it look better because she was doing it.
16 I just wanted to ask her what her license
17 number was and look to make sure she was
18 really licensed.

19 DR. WADE: What was the name of the company that
20 she worked for?

21 MS. BARBARE: I don't remember.

22 DR. WADE: Does anybody have anything else?

23 DR. WHITTINGTON: I do. Since I've been so
24 graciously informed to make the meeting of the
25 State Dental Association presentation,

1 anything y'all would like for me to comment to
2 the state? Talking about sedation that was
3 one thing. I was just going to comment that
4 we established a committee.

5 DR. WADE: David evidently -- we were talking
6 whenever we met for our sedation meeting down
7 in Charleston and David didn't realize he had
8 to speak next week and so it's a short thing -
9 -

10 DR. DIXON: It's a short presentation.

11 DR. WADE: -- he mentioned to Doug that --

12 DR. ALTERMAN: He said that you were already
13 assigned to do it.

14 DR. WADE: But then the dental association put John
15 on the agenda.

16 DR. WHITTINGTON: Because I've done it the last
17 three times. I'll be there anyway.

18 DR. ALTERMAN: I told David if you weren't going, I
19 would make arrangements.

20 DR. WHITTINGTON: It's just an hour away from me to
21 go and I'll be at the meeting. Basically,
22 also that we have a new director.

23 DR. DIXON: That, and you may want to tell them
24 about the redistricting.

25 DR. WHITTINGTON: I got that. Everything's on hold

for that and then basically about establishing the committee to evaluate. Because we did have some oral surgeons on the House of Delegates. Anything else?

DR. ALTERMAN: When's that meeting, next week?

DR. WHITTINGTON: Next Thursday. You're welcome to come. It's at 7:30, Thursday morning.

DR. WADE: John, thanks for doing that again. We do appreciate it.

DR. DIXON: Let's give Carolyn a round.

DR. WADE: For sure. Thank you.

DR. DIXON: We're sad that you're leaving Ms. Carolyn but we understand that retirement is something that we all hope to be able to do one day.

DR. ALTERMAN: Congratulations.

DR. WADE: We need a motion to adjourn.

DR. WHITTINGTON: I make a motion.

DR. DIXON: Second.

DR. WADE: Motion and second.

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(Whereupon, at 11:52 a.m., the proceedings in the above-entitled matter were concluded.)