South Carolina Board of Dentistry
Board Meeting
Friday, January 13, 2012 at 9:00 a.m.
Synergy Business Park
Kingstree Building
110 Centerview Drive, Conference Room 108
Columbia, South Carolina

Board Members Present:

President:
David W. Jones, D.D.S.

Board Members:
Charles F. Wade, D.M.D.
Felicia L. Goins, D.M.D
John M. Whittington, D.M.D.
Douglas J. Alterman, D.M.D.
Dr. Z. Vance Morgan, IV, D.D.S.
Thomas M. Dixon, D.M.D.
Sherie Williams, R.D.H.

Staff Present:

Kate K. Cox

Carolyn Coats

Reported by: Robin Spaniel

Thompson Court Reporting, Inc.

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West Columbia, SC 29169

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1 - - - - -
2 DR. JONES: We'll call this meeting to order.
3 Public notice of this meeting was properly
4 posted at the office of the South Carolina
5 Board of Dentistry, Synergy Business Park,
6 Kingstree Building, 110 Centerview Drive in
7 Columbia, South Carolina and provided to any
8 requesting persons, organizations or new media
9 in compliance with Section 30-4-80 of the 1976
10 South Carolina Code, as amended, relating to
11 the Freedom of Information Act. A quorum is
12 noted as present. All votes referenced herein
13 were unanimous unless otherwise indicated.
14 Board you have the agenda before you on your
15 laptops and you also have the minutes of the
16 last meeting as well as the teleconference
17 meeting. Can I have a motion to approve the
18 agenda and the minutes of the last meeting and
19 the teleconference meeting and a second.
20 DR. DIXON: I make a motion that we approve the
21 minutes from both meetings and the agenda.
22 DR. JONES: Is there a second?
23 DR. ALTERMAN: Second.
24 DR. JONES: All those in favor?
25 BOARD: Aye.

1 DR. JONES: Opposed. Again, under the Disciplinary
2 Issues Reports, we have the IRC Report, the
3 OIE and OGC Management Reports and we also
4 have a list of expert reviewers all three of
5 those require approval and a second.
6 DR. DIXON: I make a motion that we approve the
7 reports.
8 DR. ALTERMAN: Second.
9 DR. JONES: All those in favor?
10 BOARD: Aye.
11 DR. JONES: Opposed?
12 MS. COX: Mr. President, may I ask to introduce,
13 please, the Chief Investigator for you now
14 David Love, he's here. And we want you to
15 know who is working with OIE and your IRC
16 members. David Love, here's the Board.
17 MR. LOVE: It's a pleasure to be before you this
18 morning.
19 DR. JONES: Appreciate your service. Next on the
20 agenda we have the South Carolina --
21 DR. ALTERMAN: Can I ask a question?
22 MS. COX: Yes, sir.
23 DR. ALTERMAN: Is there anybody else besides you
24 doing the investigations?
25 MR. LOVE: The investigators are here, sir. Yes,

1 sir.
2 DR. ALTERMAN: Okay. You're just the head of the
3 investigating --
4 MR. LOVE: Yes, sir. I actually --
5 DR. ALTERMAN: There's multiple investigators
6 assigned to the Board of Dentistry now.
7 MR. LOVE: That is correct.
8 MS. COX: Would you like those introduced?
9 DR. ALTERMAN: Sure.
10 MS. COX: David, would you introduce the
11 investigations.
12 MR. LOVE: Yes, ma'am. Please stand if you would,
13 just introduce yourselves and your position if
14 you would please.
15 MS. MEADOWS: I'm Kathy Meadows, I'm an
16 investigator with the board.
17 MS. STEVENS: I'm Kerri Stevens, I'm an
18 investigator with the board.
19 MR. SMITH: Maurice Smith, investigator with the
20 board.
21 MS. BAILEY: Ashley Bailey, investigator with the
22 board.
23 MS. HALL: Alexia Hall, investigator with the
24 board.
25 DR. ALTERMAN: Thank you.

1 DR. JONES: Next we have the presentation by the
2 South Carolina Dental Association. I believe
3 there's three people -- two people. If you
4 guys could introduce yourselves.
5 DR. CROSS: Good morning, I'm Dr. Darren Cross.
6 DR. MERCER: I'm Jim Mercer. I think Darren's
7 going to go first so I'll let him start off.
8 DR. CROSS: Good morning to the Members of the
9 South Carolina Board of Dentistry. Thanks for
10 allowing me to speak to the board regarding
11 anesthesia and the credentials of dentists
12 administering anesthesia in a dental office.
13 I am a board certified oral surgeon and dental
14 anesthesiologist practicing in Columbia, South
15 Carolina. I am also Vice President of the
16 South Carolina Society of Oral Surgeons, and
17 I'm here with Dr. Mercer to make our
18 presentation.
19 We as members of the society are
20 extremely concerned as well as the Board of
21 Dentistry in protecting the public when IV
22 anesthesia is given in the dental office.
23 There are presently dentist in the state of
24 South Carolina who are giving IV anesthesia
25 without the proper credentials. South

1 Carolina dental law specifically outlines the
2 training, education for any dentist before he
3 or she administers IV general anesthesia in a
4 dental office. It also requires that the
5 dentist have qualified personnel, CPR,
6 monitoring equipment, emergency drugs and
7 proper resuscitative equipment when patients
8 are receiving IV general anesthesia. This
9 also includes any dentist who utilizes a
10 certified nurse anesthetist or M.D.
11 anesthesiologist in the dental office.
12 Myself, Dr. Mercer and members of the South
13 Carolina Oral Surgeons are asking that the
14 Board of Dentistry reevaluate the enforcement
15 of dental office anesthesia, inspections and
16 credentialing of those dentist who administer
17 anesthesia in the dental office.
18 We as Fellows of the American Association
19 of Oral Surgeons and South Carolina Society of
20 Oral Surgeons voluntarily submit to anesthesia
21 office inspections every five years by our
22 peers. This has resulted in an excellent
23 anesthesia safety track record both nationally
24 and on a state level. The South Carolina
25 Society of Oral and maxillofacial Surgeons and

1 myself are available to assist the board if
2 needed regarding the enforcement of anesthesia
3 office inspections and credentialing of
4 dentist who utilize anesthesia in South
5 Carolina. Please feel free to contact our
6 President of the South Carolina Society, Dr.
7 Sam Joudeh, Dr. Mercer, past president, myself
8 or any member of the South Carolina Society of
9 Oral Surgeons, if we can help the Board in any
10 way. Thank you for your valuable time this
11 morning.
12 DR. MERCER: Thank you for letting us speak and
13 this early on the agenda. I sat here before
14 where you're on the agenda and you go -- you
15 close session and finally by the afternoon we
16 get to speak so I really appreciate you
17 pushing us up to the front.
18 I'm an oral maxillofacial surgeon. Today
19 I'm here representing the South Carolina
20 Dental Association. Darren's representing the
21 state oral/surg group. Let me just preference
22 my comments to say that this is not an effort
23 to restrict, on our part, who can do
24 anesthesia. Any dentist, any licensed dentist
25 who has appropriate education, training and

1 facilities should be able to do anesthesia in
2 our state. So that's not our purpose. It's
3 really a question of is the public being
4 protected. You know, we're -- basically the
5 way it's working is dentist are self reporting
6 and self regulating. I worked on the
7 guidelines for 39-17, a whole different set of
8 board members, but when we look at the ADA and
9 AAPD guidelines we raise the issue of
10 inspections at that point in time and the
11 answer we got from - not you - but the
12 previous board was not enough money. What I
13 would say is you tell that to the family of
14 somebody that's -- a family member when
15 there's an adverse outcome. You tell them
16 there's not enough money. If you look at the
17 standards across the U.S. or just even look at
18 our neighbors, Georgia, North Carolina,
19 Virginia, Florida, they all require
20 inspections. They all require permits for
21 anesthesia.
22 In summary we think 39-17 is not
23 adequately being implemented or enforced.
24 Specifically audits and inspections of
25 facilities and the qualifications of

1 anesthesia providers. Like I said, the
2 current system really depends on dentists to
3 self report and self regulate. For example
4 for me to be a member of my national oral
5 surgery organization we have to be inspected
6 if we provide anesthesia. Our state doesn't
7 even do that. So we have to go and inspect
8 each other offices just to have membership in
9 our national organization. It was suggested
10 back when we worked on 39-17 before that the
11 oral surgery society do inspections. That was
12 not our suggestion but that was the state
13 board's suggestion. We felt like that's not
14 appropriate. It's a function of the board.
15 But if the Board of Density were to do
16 inspections, there's certainly plenty of non-
17 oral surgeons and oral surgeons that could be
18 designated, deputized by the board to do those
19 kinds of things if you don't have the
20 expertise in-house.
21 The other issue we wanted to raise is,
22 I've looked at the Nursing Practice Act and
23 our practice act and it's a little muddy in
24 terms of when a nurse anesthetist is in a
25 dental office what the qualifications are of a

1 dentist if a dentist is supervising them.
2 It's unclear in the Nursing Practice Act and
3 the Dental Practice Act. I'm not an attorney
4 and I didn't sleep in an Holiday Inn, so I'm
5 not qualified but you certainly have your own
6 legal side to look into that but I think it's
7 kind of muddy at this point.
8 So, I want to thank you for your time and
9 I can say on behalf of both of our
10 organizations, we appreciate your time today
11 and your attention and we appreciate the time
12 you devote to the board. I know it takes a
13 lot of your time and you have to deal with a
14 lot of tough issues. So we're willing to work
15 with you and provide any assistance that you
16 might request of us. And we're not going let
17 this issue die, at least, from our end. So if
18 there's any questions.
19 DR. CROSS: One other question on this. I'm sorry.
20 As far as a dentist utilizing a nurse
21 anesthetist or another provider to administer
22 anesthesia, it's who the captain of the ship?
23 So if the dentist isn't trained in anesthesia
24 techniques or formal training, so that's where
25 it gets a little muddy.

1 DR. WHITTINGTON: Jim, my question is, how do we as
2 a board know who is doing these anesthesia
3 procedures illegally? Here, again, we can go
4 to every office and not see anything and then,
5 you know, tomorrow they are doing IV sedation,
6 you know, and, again, inappropriately.
7 DR. JONES: Well, it's listed -- that's a question
8 on your license.
9 DR. WHITTINGTON: Really? Okay.
10 DR. CROSS: We usually find out when there's a bad
11 result and someone has to come to the board
12 and then you say okay, present your
13 credentials.
14 DR. WHITTINGTON: Well, exactly.
15 DR. CROSS: Right. But we try to be proactive.
16 Like I say we self evaluate ourselves every
17 five years for our association it's mandatory.
18 DR. WHITTINGTON: Sure that's the oral surgeons but
19 then there are those as you say, Jim, that,
20 you know, are outside the oral surgery -- I
21 mean we have them in state here that don't
22 belong to the South Carolina Dental
23 Association. You know, as I would say, I'm
24 not going to call them rogue dentist but just
25 don't believe in the associations. And they

1 can do what they want to do, you know, "within
2 realms of the law" or what they can get by
3 with. And until they are caught, you know,
4 how do we know where to go to investigate?
5 DR. MERCER: Let me just turn the question if I may
6 and look at it from the public's point of
7 view. They have no way of knowing because
8 there's no anesthesia permit. If there was an
9 anesthesia permit, the public can simply say
10 show me your anesthesia permit. But right now
11 they have no way to distinguish between
12 dentists that are able to appropriately report
13 to you and do anesthesia and don't. My office
14 was inspected in 1988. That's the last time
15 my office has ever been looked at.
16 DR. WHITTINGTON: All right. Let me turn it back
17 to you, how many people do you, on a basis,
18 you think come into my office and say let me
19 see your license and your degree. None. I've
20 never had a patient in 37 years ask me where I
21 went to school or where's my license.
22 DR. MERCER: Well, we do. We have people ask if
23 we're board certified. We do have people
24 checking our credentials because we're putting
25 people to sleep.

1 DR. WHITTINGTON: I guess what I'm getting at is
2 where do we start in finding those people --
3 DR. CROSS: You know, even with -- and we're not
4 only talking about IV anesthesia, we're
5 talking about PO sedation.
6 DR. WHITTINGTON: Sure.
7 DR. CROSS: You know with DOCS Organization. I
8 don't expect anybody's in that organization
9 but that's pushing the envelope too. They're
10 giving pills and they're not monitoring the
11 patient. Which is probably even more
12 dangerous.
13 DR. MERCER: The people that do report to you, you
14 don't even know what equipment they have in
15 their office. Those are the people that
16 report to you.
17 DR. JONES: But y'all's main concern is not so much
18 -- I mean, we adopt the ADA Guidelines for
19 conscience sedation. That's not really your
20 beef, it's the inspection protocol of whether
21 someone's adequate to do that sedation. It's
22 not the guidelines, you're pretty comfortable
23 with what the ADA says, right?
24 DR. CROSS: Right. We've gone by pretty much state
25 law, South Carolina State law as far as

1 administering anesthesia. Because really the
2 ADA Guidelines are pretty recent over the past
3 few years.
4 DR. JONES: Yeah, but this board under, I guess,
5 it's a policy statement has said that we
6 accept the ADA Guidelines for conscience
7 sedation.
8 DR. MERCER: It's actually 37 E or whatever -- 39-
9 17 E -- No, A. AAPD and ADA and then E is
10 the inspections.
11 DR. JONES: Within the oral surgery group, how do
12 y'all police yourselves? I mean, do you have
13 -- does your president, vice president conduct
14 inspections? Is it done just within South
15 Carolina oral maxillofacial?
16 DR. CROSS: In conjunction with the American
17 Association of Oral Maxillofacial Surgeons the
18 South Carolina Society falls under the
19 American Association for membership criteria
20 we evaluate each other every five years for
21 emergency drugs, equipment, personnel --
22 DR. ALTERMAN: Do you have other oral surgeons
23 going to other oral surgeons offices? Is that
24 what you're saying?
25 DR. CROSS: Yes, sir. Right so we don't inspect

1 ourselves.
2 DR. JONES: Right. Is there somebody on a master
3 national list that will travel to South
4 Carolina to look at your office or . . .
5 DR. CROSS: We designate members in the society and
6 we'll send somebody to another part of the
7 state, things like that. Like, I won't go to
8 -- my colleague who's next door to my
9 practice, I won't go to his office. But I'll
10 go to another part of the state.
11 DR. MERCER: But the reason we do that is because
12 the state doesn't inspect.
13 DR. CROSS: Then again, we're taking a proactive
14 approach. But there's so many dentists now
15 giving anesthesia, it's not just oral
16 surgeons.
17 DR. ALTERMAN: Oral surgeons would have to fall
18 under the same guideline -- Would it fall
19 under a different set of guidelines? If we
20 enacted some other different policy, we would
21 basically be inspecting oral surgeons as well
22 as dental offices?
23 DR. MERCER: You'd be inspecting based on
24 somebody's request to provide anesthesia
25 services.

1 DR. ALTERMAN: You're not asking us to just do
2 general dentistry, this is something that
3 would be enacted upon everybody.
4 DR. CROSS: Everybody, because we're all trying to
5 get to the same safety of the patient first
6 and we're all trying to get to the same end
7 result.
8 DR. MERCER: Every licensed dentist that provides
9 anesthesia services.
10 DR. DIXON: So the first place to start would be to
11 require a permit.
12 DR. ALTERMAN: In your opinion.
13 DR. CROSS: I didn't say that.
14 DR. MERCER: We didn't say that but that's how -- I
15 mean, we have some dated documents, we've
16 requested documents that kind of lists what
17 each state has in place right now and you
18 probably have resources through board
19 networking. But a lot of states have decided
20 that's a way to approach the problem. I'm not
21 here to do your job and decide the best way to
22 do it. That's one solution that a lot of our
23 neighboring states have used is an anesthesia
24 permit. And some inspect yearly, some inspect
25 on a different period. Some inspect at the

1 discretion of the board, but a lot of them
2 have anesthesia permits and then you know.
3 And I hate to say it because I'm kind of a
4 Libertarian but with a permit may come a fee
5 to help support what you have to do to do your
6 fiduciary responsibility to protect the
7 public.
8 DR. CROSS: And the states that do go around and do
9 inspections, a lot of states the oral surgeons
10 do the inspections whether they're deputized
11 or however means they do.
12 DR. MERCER: The last time in 1988 when somebody
13 from the board came to inspect my office,
14 they're going down a checklist and said okay,
15 what's a fail safe, what's an oxygen fail
16 safe? I mean --
17 DR. DIXON: In other words, you would need somebody
18 . . .
19 DR. MERCER: Well, you could train staff. It
20 doesn't need to be a dentist. But they need
21 to know what they're looking for. Whether,
22 you know, an AED is it maintained, is there a
23 battery, emergency drugs, I mean, basically
24 you have to make sure they're following the
25 guidelines that you say we're supposed to

1 follow the ADA and the AAPD Guidelines in
2 terms of equipment, training, experience.
3 DR. WADE: I appreciate very much y'all coming
4 because I think it is a need. We've talked
5 about it some in past meetings and it's
6 something we're going to have to address. You
7 hate to see over regulation especially from a
8 governmental standpoint, but at the same time
9 we are here to protect the public and I very
10 much appreciate the SCDA coming and making the
11 presentation today.
12 DR. CROSS: Like I said, we want to be proactive
13 because if we're reactive and there's an
14 incident, they look at us as we're all the
15 same so it doesn't matter what speciality you
16 are.
17 DR. JONES: Right now, I guess I'll throw this
18 question out to Kitty or Carolyn or both,
19 logistically is it a possibility for them, the
20 present staff, to inspect everybody who does
21 IV sedation?
22 MS. COX: I think you said today that you're not
23 sure who all does IV sedation or pill sedation
24 so that would be one issue there. But we do
25 have inspectors and I don't know the case load

1 but that's something that we can look at. You
2 need to be -- if you're going to discipline,
3 you can't discipline from the guidelines and
4 policy, you discipline from statutes. So you
5 want to look at your statutes and regulations
6 then we'd look at that load of the statutes
7 and that's we can look at. Sheridon, would
8 you have anything else to say?
9 MR. SPOON: I think that falls under OIE more so
10 than the board office but that would be my
11 only point.
12 DR. CROSS: Now, in our re-registration for
13 licensure there's a checklist: Do you
14 administer -- and I guess people who really
15 are credentialed they check it but like you
16 said who's the ones who -- they'll probably
17 put no and they may still be doing it. How do
18 you enforce that. That's where the problem
19 is.
20 DR. WHITTINGTON: That's my question. You know, do
21 you present anesthesia? Whereas there's a big
22 difference doing noxious oxide and general
23 anesthesia which is what y'all are concerned
24 with. And I -- certainly we've had the cases
25 and we're kind of stuck with that. But

1 normally we go back to Kitty and say, you
2 know, where do we find these, how many of them
3 of them are doing it, you know, and go to
4 legal and let's set up, you know, some type of
5 licensure for that.
6 MS. COX: We'll be glad to begin to look into that
7 process for you. But you do know in the
8 definition of what is the practice of
9 dentistry it does say shall administer
10 anesthetics, local or general, for dental
11 procedures. So it appears to me and I'm new
12 with you that people do have in your
13 definition the ability to do anesthesia. How
14 you would like to work with that in the future
15 I think going's to have to be defined in some
16 way.
17 DR. DIXON: That's the way it reads in the dental
18 practice?
19 MS. COX: Yes, sir, in 40-15-70. So we'll go back
20 and we'll look from the beginning in your
21 statute through your regs and then see what
22 your think your needs are and then you can see
23 through inspections, not the investigators,
24 these are inspections you're talking about.
25 Investigators work from -- are reacting to a

1 complaint. Inspections are proactive.
2 DR. DIXON: So in other words the way the Dental
3 Practice Act reads right now is any dentist
4 can administer local or general anesthesia
5 with the training that they get out of dental
6 school?
7 MS. COX: That's how --
8 DR. CROSS: No, it's not.
9 DR. MERCER: No, that's not correct.
10 MS. COX: It's not quite like that and also no one
11 should do anything that they're not trained to
12 do. So you always want to practice by that
13 code. This is what's in the statutes right
14 there. That's your basis.
15 DR. CROSS: Yeah, because there's some dentist who
16 will take a weekend course and now I'm trained
17 to do it and that's not what -- but if we go
18 by the guidelines in the state regs, statutes
19 it specifically outlines it.
20 MS. COX: Go from your definition and then you look
21 through everything you've added in your
22 statute and your regs.
23 DR. MERCER: It's 39-17 A puts the ADA Guidelines
24 out there and those guidelines, if you look at
25 them, talk about education, training and so

1 forth so that's what you're referring to in
2 39-17 A. So it's not just coming out of
3 school you can do anesthesia.
4 DR. JONES: There's also a grandfather clause if I
5 remember right.
6 DR. MERCER: If you're doing 10 years or something
7 like that, from the time when these
8 regulations went into effect, which -- does
9 anybody know?
10 DR. JONES: I think it's ten years.
11 DR. MERCER: I think it was like ten years ago, we
12 were just talking about it. So the other
13 things is, to go back to your point, a lot of
14 states set nitrous oxide aside from all these
15 other things and what I would encourage the
16 board to think about is, it's not the route of
17 administration, it's the level of sedation
18 that you're reaching. So it's the level of
19 sedation and anxiolysis if you're doing that
20 with nitrous or even if you're prescribing a
21 Valium. For anxiolysis that does not fall
22 under these guidelines. It's when you're
23 going for conscious sedation or deeper which
24 you can do by oral, IM, IV, inhalation.
25 DR. WADE: I'd like to make a motion, if I could, I

1 would move that we form a committee that
2 researches this issue and brings back a
3 recommendation to the board at the next board
4 meeting.
5 DR. DIXON: I'll second that.
6 DR. JONES: How many do you want on it, three?
7 DR. WADE: That's probably good, with at least one
8 person that's doing active sedation.
9 DR. JONES: And the third? Anybody want to be a
10 third?
11 DR. WADE: It would be nice to have an attorney on
12 it, wouldn't it?
13 DR. ALTERMAN: I'll do it, unless you want to get
14 Eric to do it.
15 MS. COX: So who will be placed on the committee,
16 please?
17 DR. JONES: Me -- well, we'll do this side of the
18 room. Us four. Dr. Wade is chairman.
19 DR. GOINS: About the nurse anesthetist, you said
20 you had looked at the nursing . . .
21 DR. MERCER: Like I said I'm not an attorney and
22 your attorney can help you with that, but when
23 I looked at the nursing guidelines, it said a
24 CRNA can be supervised by a physician or a
25 dentist. And you look at our Dental Practice

1 Act it doesn't specify what the dentist
2 qualifications are to supervise the nurse
3 anesthetist. So should a dentist that has no
4 anesthesia training, should they be able to
5 supervise a CRNA or should that dentist have
6 to meet anesthesia guidelines to -- that's --
7 I didn't say that but that's what I was trying
8 to lead you to.
9 MR. SPOON: And I'll be happy to carry that back to
10 the attorney who is assigned to the board of
11 nursing. Obviously, that's going to be
12 largely a question. Based upon the principal
13 that the individual that you're looking at,
14 you look at what license they hold, so if
15 we're talking about a CRNA, then I'll have to
16 look at that or the attorney who's assigned to
17 the nursing board will look at that from the
18 standpoint of the Nurse Practice Act. Not
19 leaving the Dental Practice Act out, but it's
20 a question that involves what can a nurse do
21 if I understand you.
22 DR. MERCER: Right. I guess the point I'm making
23 is if the nurse is depending on the dentist
24 for supervision, what qualifications does that
25 dentist have.

1 DR. CROSS: If there's an emergency, he's going to
2 look, okay, now what do we do? And this
3 dentist is going like call 911 I guess.
4 DR. MERCER: It's a little muddy is all I'm trying
5 to point out.
6 DR. MORGAN: But it's a valid point.
7 DR. MERCER: Absolutely. Because that's going on
8 in our state right now with kids that go bad
9 fast.
10 DR. DIXON: Most states do have permits/license to
11 do this. I mean, talking to members of other
12 state boards this is pretty common in other
13 states, they have a permit or a license in
14 administering anesthesia. Not necessarily
15 nitrous oxide like you said, but if you're
16 going for conscience sedation, deeper than
17 that then they would -- a permit to inspect
18 the equipment and that's pretty common. We've
19 seen that with a case that came before our
20 board here.
21 DR. CROSS: And when we talk about conscience
22 sedation, it's not for the anxious patient who
23 requires a Valium or one Ativan before they
24 come in. Any dentist can do that. But
25 someone who's double dosing, Halcion, Valium

1 no monitoring that's where they run into
2 problems.
3 DR. JONES: I believe Dr. Wade made the motion to
4 form a subcommittee consisting of Dr.
5 Alterman, Dr. Goins, Dr. Wade and myself.
6 There was a second by Dr. Dixon. I think we
7 need a vote. All those in favor?
8 BOARD: Aye.
9 DR. JONES: Opposed?
10 DR. MERCER: Thank you, Mr. President, for your
11 time. Thank you to the whole board.
12 DR. CROSS: Thank you.
13 DR. JONES: Thank you. Let me say one thing before
14 we get started on the next item. I meant to
15 start it at the beginning. But as most of you
16 see Dr. Dixon is here. He just can't get
17 enough of us. But he is back in serving at
18 the pleasure of the governor. No appointment
19 has been made at this point subject to the
20 redistricting rules.
21
22 (Whereupon, Disciplinary Hearings were
23 held at this time.)
24 - - - - -
25 DR. JONES: Ms. Cox, do you have the Administrative

1 Information and Financial Report?
2 MS. COX: I gave you a listing of the staffing at
3 LLR, I think most of you all know that but you
4 see it there. Catherine Templeton is the
5 Director. Rion Alvey over whole professional
6 occupational licensing. The Office of Board
7 Services which I am directly under Charles
8 Ido. And I think Dr. Wade just met him a
9 minute ago. Your advice attorney Sheridon
10 Spoon, your litigation attorney Suzanne
11 Hawkins, however you will see other attorneys
12 finishing cases for you like you saw Ms. Gray
13 today. I'm the administrator and Carolyn
14 Coats and Annie Hayward help with this of
15 course. In speaking about staffing I also
16 wanted to mention, just for the record, that
17 Mr. Schweitzer does have an excused absence.
18 We'll always note that, who is in attendance
19 at your meeting and we want to make sure if
20 someone's excused that that's noted for them.
21 The licensees totals since the last
22 meeting up to January 3rd - I've just picked a
23 cut off date - you've have 120 licenses issued
24 and five licenses reinstated. And I think
25 it's interesting for you to know as well for

1 me to see what the staff works with. You have
2 10,271 active credentials that means that's
3 how many licenses or registrants or people
4 that we are working with. Some of those
5 people have more than one possibly. But
6 that's how many people that we deal with and
7 registrants that we deal with.
8 Under proposed regulations you know that
9 you have your clean up Omnibus Bill out there.
10 It was published in the State Register in
11 December. That's on a 120 day timing period.
12 If you don't have questions asked of you, you
13 do have a hearing date set in case there is a
14 question. We hope that will not happen.
15 Yours was very much just a clean up of some
16 small details. The Engine Bill has just been
17 prefiled. I just got an email while I was in
18 my office so we'll watch that also for you to
19 let you know the status of that.
20 The next thing of interest to you is the
21 statement of economic interest. Those have to
22 be done like taxes by 15th, everybody needs to
23 file. One hundred dollar a day fine. I don't
24 want anybody to have that so we'll remind you
25 and re-remind you. And Carolyn is mailing

1 those instructions, it is online filing. I
2 think this year they've given you more
3 detailed instructions but sometimes it's not
4 easy. If you have any problems, please call
5 the Ethics Commission. It's their website,
6 it's how they work with it. If you have any
7 more problems than that, let me know. But
8 they're the people to help you and we're also
9 sending you the financial monies you have
10 gotten from us, which are so minor, but you
11 will have that in that same packet that --
12 MS. COATS: We mailed them yesterday.
13 MS. COX: So you'll have that coming to you.
14 DR. WHITTINGTON: I did mine last night with this
15 computer sitting here just up and my computer
16 my wife doing that and I think I've have been
17 20 or $30 off on that 500 and some dollars
18 that I got. Is that a big deal?
19 MS. COX: I don't think that it will be, but I
20 think just being honest and just letting them
21 know, I think that's the main thing.
22 DR. WHITTINGTON: Well, I thought I was getting
23 $134 and this time I get $150. Did it go up
24 this year?
25 MS. COX: I wish it had, but it has not. Maybe we

1 just had you a little more often or something.
2 DR. JONES: We had one extra meeting.
3 MS. COX: Okay. But disclosure is mainly the
4 thing. Even if we don't pay you, say like Mr.
5 Schweitzer he doesn't want any pay or
6 reimbursement for this, but he still has to
7 file and he's aware of that.
8 DR. ALTERMAN: Can I ask a quick question off that?
9 MS. COX: Uh-huh.
10 DR. ALTERMAN: In the past, I remember we did a
11 CITA exam and we paid money . . .
12 DR. DIXON: I usually report it.
13 DR. ALTERMAN: Okay. Just -- I thought so. I have
14 been.
15 DR. DIXON: I report it just because I really don't
16 think it's an outside -- I really think it's
17 an outside issue but --
18 DR. ALTERMAN: It's somewhat related.
19 DR. DIXON: You better on the right side of it.
20 That's why you put it down.
21
22 (Off the Record Discussion)
23
24 MS. COX: It might be safer to report, but it is
25 your report. That's some advice here.

1 DR. JONES: I'd report anything that's having to do
2 with testing or anything.
3 MS. COX: Okay. I think that was a good subject.
4 You're always in the black with your finances.
5 You are not in the red, you are not a board
6 that has issues like that but we do give you a
7 financial report. We collect monies over a
8 two year period for you to be expended like
9 that. Because sometimes there are bigger
10 revenue years than other years. But we always
11 makes sure that the legislature knows that,
12 but they don't see you as an excessive amount
13 of money one year and not the other. So
14 that's why you see your report how it's stated
15 in there. Some years are bigger revenue years
16 than others.
17 DR. WADE: Kitty, have you gotten any direction
18 from the governor that you've got to cut the
19 budget substantially or anything like that
20 like we read in the newspapers?
21 MS. COX: That would come through the LLR and we've
22 already done lots of cutbacks here. You
23 remember when about 40 or more employees were
24 cut back and we do try to work with less and
25 less employees. The dental board in

1 particular had quite a number of employees
2 that they do not have right now and it's
3 somewhat overwhelming. You might want to kind
4 of walk through our office up there and look
5 at Annie's cubical right now. I almost didn't
6 see her a minute ago, there's stacks of white
7 paper and applications all around her that
8 she's working with.
9 DR. WADE: How's everybody holding up with it?
10 Carolyn --
11 MS. COX: She would be hard to replace with one
12 person. It's a lot going on.
13 DR. DIXON: You guys really actually need another
14 person.
15 MS. COX: We really do. And it would be nice for
16 that to happen. Now, we'll go through another
17 budget year, we'll see if the economy for
18 everybody changes and maybe it could happen.
19 DR. DIXON: I though that was slated at one time,
20 was it not? Was it slated that y'all would
21 get another person?
22 MS. COX: It was but because of the reorganization
23 that person went to one of Veronica's boards.
24 She has four boards and so that person went to
25 them. They're not being paid out of y'all's

1 money. But because of that, we didn't get
2 that person.
3 DR. DIXON: We definitely -- once you rotate to
4 where David's at now, you'll see. They're
5 really stretched on having, you know, having
6 to man the phone and all that stuff is just
7 really tough for Annie and Carolyn to get the
8 phone right one the first ring like they were.
9 You know, it's tough. They're stretched.
10 They're working hard for us.
11 MS. COX: Very few calls go into voice mail at all.
12 And we like to perform that way anyway. I
13 always have with my boards. But right now the
14 way they manage us that doesn't happen, so you
15 do spend a lot of time on the phone being
16 interrupted when you're in a work flow.
17 That's particularly hard for somebody like
18 Annie or if Carolyn's doing a project to be
19 stopping and starting, you know, in the middle
20 of it.
21 DR. DIXON: They've got the phone that does a roll
22 over system.
23 MS. COX: They do.
24 DR. DIXON: So if this one is busy, it gets
25 automatically rolled to another phone.

1 MS. COX: Yeah. You -- it can not be ignored and
2 that's a very good thing in many ways. People
3 -- the way I like to look at, we're a
4 monopoly, people cannot get their licenses any
5 other place than here. So we're here to serve
6 the public. This is a service organization
7 but we still want to do the best work and
8 careful work for you.
9 DR. MORGAN: Kitty, I have a question. Do your
10 all's salaries come directly from our board
11 proceeds?
12 MS. COX: Yes.
13 DR. MORGAN: How does it take it that we can't have
14 more staff? Is that strictly from the
15 governor's office or the state's --
16 MS. COX: Well, it's because I work for LLR.
17 DR. MORGAN: Even though we pay your salary?
18 MS. COX: Even though you're paying the salary. I
19 don't work for you. I really work for LLR and
20 then I'm assigned to administer your work and
21 the veterinary board's work, or the pilotage
22 commission. They sometimes move those
23 assignments around.
24 DR. MORGAN: It just seems strange that we're
25 funding it. We should --

1 DR. ALTERMAN: So part of your salary though comes
2 out of our budget?
3 MS. COX: Part of that's my salary. Part of my
4 salary comes out of veterinarian and part from
5 the pilotage commission. And I think Carolyn
6 and Annie would both say that we love working
7 for these boards. We love working for the
8 dentistry board. And we're happy it works, so
9 if we're working hard, that's just fine.
10 We're glad to be here. If we get some relief,
11 that would be nice too.
12 DR. WADE: We appreciate your efforts. Carolyn,
13 you're too. Very much so.
14 MS. COX: Well, thank you.
15 MS. COATS: Thank you.
16 DR. GOINS: But you need some help.
17 DR. WADE: Yeah.
18 MS. COX: The next Board meetings are April 27,
19 July 13 and October 12. We do try to stick to
20 that schedule if we can because we have a lot
21 of support from LLR people like Sheridon who
22 is scheduled. You saw David Love and other
23 investigators who are in here. So if we can,
24 we try to stick to that. You are also adding
25 a meeting and I believe everybody can come but

1 one person to that March 24-25 meeting because
2 you have a long hearing proposed and that may
3 be unusual or that may not be unusual as
4 things go, but we do want to keep that date
5 out there. It's still tentative, isn't
6 Sheridon? Aren't they still working with some
7 of their witnesses?
8 MR. SPOON: I did not to get a chance to ask the
9 attorneys who where here earlier doing the
10 stipulation. There's one remaining witness
11 that -- he's had ample opportunity to find out
12 if that witness is available and I had every
13 intention of asking him that question while he
14 was here today and failed to do that and he
15 did not bring it up.
16 MS. COX: Okay.
17 DR. DIXON: Sheridon, is there any chance it's
18 going to turn into a consent agreement?
19 MR. SPOON: I would not know about that until after
20 it was a done deal. We would be informed then
21 and -- so I don't know the answer to that
22 question. Pat would know and it wouldn't be
23 something that -- Kitty would be the first to
24 know. Kitty and I would be the first to know
25 and we'll certainly let you know.

1 MS. COX: That would be something we really don't
2 want the board to be involved in --
3 MR. SPOON: Correct.
4 MS. COX: -- because we have to have y'all separate
5 from that and I know y'all are well schooled
6 in that also. But you're the judge and the
7 jury so you can't cross over. And if anybody
8 would ever call you about a complaint matter
9 or something, please give them our numbers
10 here at LLR and we'll work with them. But we
11 need you to serve at these hearings. We don't
12 need you to be recused unless it's in a way
13 that's unavoidable by knowing someone. But we
14 don't you to have prior knowledge.
15 DR. ALTERMAN: That would -- you mean if it was a
16 consent agreement, we wouldn't do that
17 weekend? Is that what you're saying?
18 MR. SPOON: In all likelihood yes. You would not
19 be required to do that because it's -- that
20 time is set aside because it's a contested
21 hearing at this point and that's what takes a
22 long time.
23 DR. DIXON: The length of time that we've all been
24 on the board here there's been very little
25 hearings. But prior to that, they had a lot

1 of hearings. But what would happen is lots of
2 those hearings -- they would be set up for the
3 hearing and be out in the hallway and before
4 they could even get into the room, it would
5 turn into a consent agreement. The guy at the
6 last minute would say, --
7 DR. ALTERMAN: Like setting a lawsuit at the last
8 second.
9 DR. DIXON: Yeah, exactly.
10 DR. WHITTINGTON: On this particular two day
11 meeting will we be sequestered in Columbia?
12 MS. COX: I think you could go home if you could
13 make that drive. I don't think you'd have to
14 stay here but your rooms would be paid for
15 here those of you that need to stay.
16 DR. WHITTINGTON: I mean are we talking about --
17 they said starting, you know, 12 - 14 hours.
18 Are we talking about from nine to five or till
19 it keeps going?
20 MS. COX: I think that's going to be how it begins
21 to unwind. If you're in the middle of some
22 testimony, you, they may decide to continue it
23 for a little while into the evening or go long
24 or they may see that this is really going to
25 need the two days, let's go on and leave about

1 five or six and come back in the morning. But
2 I wouldn't be able to really predict.
3 DR. WADE: And there's no way to get a room on
4 Friday? They're just all taken, is that what
5 it is?
6 MS. COX: It's due to the attorneys and their
7 witnesses.
8 DR. WADE: Oh, really.
9 MS. COX: Uh-huh. Any other questions about that?
10 It's unusual. We can all hope for a consent.
11 In March we'll hold another election because
12 we have District 4 coming up for an expiration
13 date in December and your statutes call for an
14 election. We will go ahead and have it. You
15 have heard that we are having a little bit of
16 an issue of when people are getting appointed
17 and it's all due to that District 7. And
18 everybody is being held up that has anything
19 in there statutes that has to do with District
20 7 and it's the senate who's really kind of
21 putting a hold on that.
22 DR. DIXON: That is in this session right now.
23 They are discussing it.
24 MS. COX: That will be one of the very first things
25 that they discuss. I talked to legal upstairs

1 in Catherine Templeton's office early this
2 morning, they told me that was one of the very
3 first issues that they will begin to deal with
4 in the legislative season.
5 DR. WHITTINGTON: When does their season start?
6 MS. COX: It did start Tuesday. They're working on
7 it. When that occurs, when they decided how
8 to deal with District 7 and they'll write
9 legislation about that, you're going to want
10 to know about it and you're going to want to
11 have an opinion and be proactive because
12 they're going to have to seat another person
13 and then that will bring up lots of issues for
14 different boards. So we'll let you know and
15 then if you want to be proactive or have an
16 opinion about that, then we'll either come to
17 you or you'll come to us about it. But we'll
18 let you know.
19 DR. WADE: Do most boards have even numbered or odd
20 numbered members right now?
21 MS. COX: All the boards I've ever had, and I've
22 had quite a few, have odd numbers.
23 DR. WADE: All odd, right. That's going to make us
24 even at that point, isn't it?
25 MS. COX: If they added one person. But that tells

1 me that me that there's a possibility that
2 they can add more than one.
3 DR. WADE: Add two.
4 MS. WILLIAMS: My recommendation is they add
5 another hygienist.
6 MS. COX: And I think this board hasn't been
7 disagreeable about that or disagreeing about
8 it.
9 DR. DIXON: I think it's a wise way to look at it.
10 Otherwise you (inaudible) somewhere when you
11 do that. You can't cut your public member,
12 you can't, you know, cut your appointee so I
13 mean . . .
14 MS. COX: And they can of course add another
15 consumer, you can have two. You can have
16 another dentist or a dentist at large or, you
17 know, you've got the dental hygienist so I
18 think you'd want to have an opinion about
19 that.
20 That's the report that I had for you
21 today.
22 DR. JONES: Thank you. Under legal we have
23 nothing. Unfinished business we have nothing.
24 New business and I'll mention this and again
25 this is tempered -- Kitty I think you would

1 have check on it, Carolyn I don't think you've
2 known this but you asked me about it. I asked
3 Dr. Morgan about serving as the representative
4 from this board to the Credits Steering
5 Committee and he said he would do that. Since
6 this is something that's a function internal
7 to this board, I'm not real sure it really
8 needs to be advertised because we wouldn't
9 name somebody from the public. So I think
10 it's kind of a done deal if it's all right
11 with everybody. But if we have to amend it
12 and vote on it at the next meeting, we'll do
13 that.
14 MS. COX: Could we take it as a report for the
15 board? If we do that, would that be agreeable
16 -- you're reporting that to us?
17 DR. JONES: Yes.
18 MS. COX: Okay.
19 DR. JONES: The next thing is a letter from Mr.
20 Braatz. You have that on your laptop. It's
21 basically talking about how the ADA shouldn't
22 be involved in setting testing standards for
23 licensure. Any comments?
24 DR. WADE: I agree with that letter. I think
25 that's a state issue, licensing. I don't

1 think that's a national -- but I am not -- I
2 don't like regulation from the government any
3 more than we have to have it any how so.
4 DR. JONES: Any other comments?
5 DR. ALTERMAN: Do you need to respond to the letter
6 in any way or it's just a . . .
7 DR. JONES: I don't think so.
8 MS. COX: I believe that Mr. Braatz is giving you
9 information about this and he didn't
10 particularly ask for a response back to him
11 but he just suggested if you felt like it, if
12 you wanted to respond to the ADA.
13 DR. DIXON: What it probably gets back to is that
14 there are four or five testing agencies and so
15 the testing agencies, you know, are not
16 universally accepted across the United States
17 so that's where that's coming from. The ADA
18 has mandated that they come up with a new plan
19 to do that so that's where that's all coming
20 from.
21 DR. WADE: But that would be supervised by the ADA?
22 DR. DIXON: Yes.
23 DR. WADE: That's what I don't want.
24 DR. DIXON: There's progress for the first time in
25 a long time -- well, first time since I've

1 been on, there's progress, but minimal
2 progress moving forward so for lack of a
3 better word cooperation between two major
4 boards. There seems to be something that in
5 recently a little glimmer of hope that maybe
6 it's breaking.
7 DR. JONES: The next is a letter from Dr. Oyster
8 regarding the Millennium Laser use by dental
9 hygienists. Sherie, do you have anything to
10 add to that?
11 MS. WILLIAMS: I don't think hygienists need to do
12 it. But that's all I have to add about that.
13 Do we need to change our policy? Is it not
14 listed?
15 DR. JONES: I'm not sure.
16 MS. WILLIAMS: I thought it was listed that we
17 couldn't do it.
18 MR. SPOON: When I first got this, it looked to me
19 like this was not something that was within
20 the scope of practice for a hygienists --
21 MS. WILLIAMS: It's not.
22 MR. SPOON: -- and I could be wrong.
23 MS. WILLIAMS: And I don't think we need to change
24 it that it should be.
25 DR. ALTERMAN: He's asking for us to allow

1 hygienists to do it?
2 MS. WILLIAMS: No, he doesn't want it either.
3 DR. ALTERMAN: Oh.
4 MS. WILLIAMS: He doesn't think it's . . .
5 DR. JONES: LANAP is a surgical procedure.
6 MS. WILLIAMS: And he's just saying that in the --
7 that our policy states that the only laser
8 policy regards bleaching. It is specifically
9 not authorized for RDH or dental assistant and
10 he says it's a lot more invasive than
11 bleaching.
12 DR. GOINS: Yeah.
13 DR. JONES: Yeah.
14 MS. WILLIAMS: I know Carolyn has called me several
15 times and asked me if we can do and I told her
16 no.
17 MR. SPOON: And I know Dr. Oyster's not here but if
18 he were here or if we had gotten an inquiry
19 from anyone, from either a dentist or
20 hygienist or member of the general public, in
21 our office I think we would have to say that -
22 - we couldn't tell them -- we looked at the
23 practice act and we couldn't tell them that
24 this procedure did not appear to be in the
25 scope of practice for a hygienist. But we

1 don't, you know, in saying that we also don't
2 have any complaints that I'm aware of. And I
3 wouldn't necessarily be aware of them anyway.
4 But he's just asking for the board's thoughts
5 and it always put the board in kind of a hard
6 position because the person who wrote the
7 letter is not here. But he's just -- really
8 people like this as often as not will file a
9 complaint. He didn't chose to go that route.
10 MS. COX: And I asked that. When I first got this,
11 I asked two questions. Are you making a
12 complaint or are you making a comment and want
13 it given to the board. And he said not a
14 complaint but he would like this to be given
15 to the board.
16 DR. JONES: Sherie, do you know of anybody in the
17 state, any hygienist in the state using the
18 laser for anything?
19 MS. WILLIAMS: No.
20 DR. GOINS: He must know of someone.
21 MS. COX: He said they're being trained.
22 DR. GOINS: Trained by the --
23 MS. WILLIAMS: By whom?
24 DR. GOINS: -- by the company?
25 MS. COX: By the company.

1 DR. JONES: Do we need to issue a policy statement?
2 MS. WILLIAMS: That's what I'm wondering if we just
3 need to add a policy.
4 DR. JONES: Because periodically we go through -- I
5 know you and I did it with the hygienist
6 assistants and certified assistants and do
7 that check list about what they can do or not
8 do. We could put lasers on that and then just
9 not check the box for anything and issue a
10 policy statement.
11 MR. SPOON: The thing about policies is, and I know
12 you have a number of them, but you can't --
13 you wouldn't be able to discipline anyone for
14 violation of a policy of course. I would
15 refer somebody like this - as part of your
16 discussion today - refer them back to the
17 practice act, and refer anyone whatever their
18 position is on it. Refer them back to the
19 practice act because I think your practice act
20 is pretty clear about what's enumerated there,
21 authorized procedures for various -- the
22 dental hygienist. And also, I think this is a
23 case where your statute is plain enough.
24 MS. WILLIAMS: But the reason we did the policies
25 is because things have changed like the lasers

1 from -- when our practice act was written, we
2 didn't have a laser and we had to cover that.
3 MR. SPOON: Right.
4 DR. DIXON: To me this seems like -- this is a
5 surgical procedure. This is like saying you
6 can't use a scalpel or a sword, you know, this
7 is just another instrument that does surgery.
8 You can't do surgery as a hygienist and you
9 can't do it with a scalpel or you can't do it
10 with a laser, either one. I'm kind of like
11 with Sheridon, it's kind of built in.
12 MR. SPOON: I think it's incumbent on anyone who's
13 getting training in this -- and you're right,
14 procedures change and technology is always
15 faster than the law. That's a given.
16 Technology is faster than the law. But I
17 think would be incumbent on any licensee,
18 whether they're a dentist or a hygienist or
19 whatever the licensee is, that even though the
20 training is out there and even though you're
21 eligible, you signed up for the training --
22 MS. WILLIAMS: It still doesn't mean you can do it.
23 MR. SPOON: -- it doesn't necessarily mean that
24 it's in the scope of practice in the state
25 that you're licensed in.

1 DR. ALTERMAN: We dealt with it with the scanners,
2 the CEREC, same thing.
3 MS. WILLIAMS: Yeah.
4 DR. ALTERMAN: About doing a --
5 MS. WILLIAMS: Maybe he wants to contact Millennium
6 and tell them that they can't --
7 DR. GOINS: I was going to say contact the company.
8 MS. WILLIAMS: -- hygienist in South Carolina can
9 not do that.
10 DR. GOINS: Can not do that, right.
11 MS. WILLIAMS: But is that our place to do that?
12 DR. JONES: No.
13 DR. DIXON: No. If they want to send their staff
14 to go take a course, fine but they can't come
15 back and use it.
16 DR. ALTERMAN: It's the companies responsibility to
17 the law in a state before a contract --
18 MS. WILLIAMS: I would think so also.
19 MS. COX: That happens with many boards. Since I
20 sit with many of them, where people get
21 trained to do things that they can not do,
22 they hope in time that their scope in practice
23 will reach out and encompass that. So they
24 really shouldn't be doing that. I think it's
25 difficult if you begin to tell a business

1 entity what they can and can not do, that's
2 kind of like restraint of trade possibly. I'm
3 not an attorney. I would always want people
4 to know that. But those are discussions that
5 I hear with other boards. LLR really doesn't
6 want a lot of policies out there because they
7 really want people to know practice acts and
8 regulations and they told us to take down a
9 lot of policies. Now, I didn't take down a
10 lot of policies for boards because I think
11 they could be clarifying. But just what
12 Sheridon said you can't discipline on that
13 policy. What you've got to do is go back and
14 find that place in the reg or statute and your
15 attorneys are good at that. Where they can
16 find that place for them. Sheridon, I don't
17 know if you want to get into that Safe Harbor
18 idea but . . .
19 MR. SPOON: I was just going to say that, you know,
20 it goes back to you've got responsibility in
21 two areas. One is the licensee is responsible
22 for compliance. It's not always -- I know the
23 board does what they can do to keep people
24 informed but the licensee has the main
25 responsibility for knowing what the scope of

1 practice is. And if there's a question about
2 that asking a question through the board
3 office to the board, can I do this. And
4 although you don't regulate companies that do
5 this type training, if I were speaking to the
6 company, I would say certainly part of your
7 due diligence as a company is to insure that
8 what you're training people on is something
9 that they're ultimately going to be able to
10 do. Or at least it's a question. But you
11 can't really tell this company that they can't
12 train people. They can train a lot of people
13 I suppose but, again, it doesn't mean that --
14 DR. WHITTINGTON: They don't really care whether
15 they can use it or not.
16 MR. SPOON: It might be --
17 DR. DIXON: It matters if they collect a fee for
18 training.
19 MR. SPOON: It might be legal in some states and
20 not others.
21 DR. JONES: Okay. Moving on.
22 MS. COX: Our comment to him then, would it be
23 agreeable that we comment back or I do or
24 someone on the board that we need refer to the
25 practice act and be aware of the scope of

1 practice?
2 DR. JONES: Is he asking you for a comment --
3 DR. ALTERMAN: He just said comments please.
4 DR. GOINS: Comments please. He wants to --
5 MR. SPOON: I think it would be fair to say that
6 the board took it up and discussed it and that
7 based on their review of the practice act they
8 could not -- would not be able to advise
9 anyone that this was within the scope of a
10 hygienist.
11 DR. GOINS: Right.
12 MR. SPOON: Without knowing more because all you've
13 got is one letter from one person and there
14 may be other people that want to come forward
15 and talk about it and you can entertain those
16 people. But I think that's part of what I
17 would say.
18 DR. DIXON: I mean, it's -- are we or is it next
19 time we're going to be verbatim?
20 MS. COX: They were the last time and they are this
21 time from now on.
22 DR. DIXON: All he's got to do is read the minutes.
23 DR. ALTERMAN: Yeah.
24 DR. JONES: Okay. Good.
25 MS. COX: Thank you.

1 DR. JONES: Request for Volunteer Dental Clinic
2 Approvals. We've got two: East Cooper
3 Community Outreach or ECCO and Hershon
4 Orthodontics. Kitty have both of these
5 volunteer dental clinics satisfied the
6 requirements?
7 MS. COX: Yes. They have six questions or
8 questions of requirements to answer and they
9 have.
10 DR. JONES: Does that require a board vote?
11 MS. COX: I believe that's what you've done in the
12 past in some way. Carolyn?
13 MS. COATS: We have done that in the past. In
14 looking at the Hershon Orthodontics, if you
15 look at Number 3, it's for the Charleston
16 Dental Clinic instead of -- I think it's just
17 on his letterhead.
18 DR. ALTERMAN: Yeah. It's -- the ECCO Clinic both
19 of these are in Charleston. ECCO Clinic has
20 been around for a long time. And I think the
21 reason that I was contacted about that one, it
22 was -- I don't think they realized that they
23 had to go through this approval. They've been
24 operating for years. And what it was was that
25 there was a dentist, a retired dentist coming

1 from out of town who wanted to volunteer there
2 and apparently was unable to under his license
3 or getting -- what was it? In getting a
4 credentialed license or something or volunteer
5 license --
6 MS. COX: Volunteer license.
7 DR. ALTERMAN: -- volunteer license in order to do
8 that unless the place was approved by us.
9 DR. DIXON: I need to make a motion that --
10 DR. GOINS: What about the other one?
11 DR. ALTERMAN: The other one is a new clinic that
12 opened up. There was another clinic that was
13 run by a church in downtown Charleston. It's
14 fully equipped and Dr. Hershon is a local
15 orthodontist and I think it's affiliated with
16 his church from what I understand. I really
17 don't know that much about it other than that.
18 I know that he was involved in getting it
19 started and that's all I really know about it
20 truthfully.
21 DR. GOINS: Doesn't look like he's going to do
22 orthodontic.
23 DR. ALTERMAN: That's relatively new, a relatively
24 new entity in the last year or less.
25 DR. JONES: Was there a motion to accept these

1 applications for Volunteer Dental Clinic
2 Approvals for both of these, for ECCO and
3 Charleston Dental Clinic?
4 DR. WADE: I make that motion.
5 DR. JONES: Second?
6 DR. ALTERMAN: Second.
7 DR. JONES: All those in favor?
8 BOARD: Aye.
9 DR. JONES: Opposed? Okay. Next the ratification
10 list of, I guess it's the -- just all dentist
11 I guess. No. Dental hygienist and --
12 MS. WILLIAMS: CDTs.
13 DR. JONES: Yep. Is there a motion to accept this
14 --
15 DR. DIXON: I make a motion that we accept this
16 list dentist, dental hygienist and certified
17 dental techs.
18 DR. WHITTINGTON: Second.
19 DR. JONES: All those in favor?
20 BOARD: Aye.
21 DR. JONES: Opposed? None. Discussion topics,
22 anything? Public comments? We've already
23 gone through the meeting dates. I believe
24 that's a wrap.
25 MS. COATS: The speciality exams will be held next

Friday.

DR. JONES: Is there a motion to adjourn?

DR. DIXON: Yes.

DR. WADE: So moved.

DR. JONES: All right. Good. We're done.

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(Whereupon, at 3:00 p.m., the proceeding in the above-entitled matter were concluded.)