

South Carolina Board of Dentistry
Board Meeting
9:00 a.m., October 14, 2011
Synergy Business Park
Kingstree Building
110 Centerview Drive, Conference Room 108
Columbia, South Carolina

Board Members Present:

President:

Thomas M. Dixon, D.M.D.

Board members:

David W. Jones, D.D.S.

Felicia L. Goins, D.M.D.

Charles F. Wade, D.M.D.

John M. Whittington, D.M.D.

Douglas J. Alterman, D.M.D.

Dr. Z. Vance Morgan, IV, D.D.S.

Sherie Williams, R.D.H.

Eric Schweitzer

Sheridan H. Spoon, Counsel

Staff Present:

Veronica Reynolds

Kate K. Cox

Carolyn Coats

Annie Heyward

Reported by: Robin Spaniel

Thompson Court Reporting, Inc.

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West Columbia, SC 29169

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2 DR. DIXON: I'm going to call the meeting to
3 order. Public notice of this meeting was
4 properly posted at the South Carolina
5 Board of Dentistry, Synergy Business Park,
6 Kingstree Building, and provided to all
7 requested persons, organizations and news
8 media in compliance with Section 30-4-80
9 of South Carolina Freedom of Information
10 Act. First of all, Dr. Bruce, could you
11 stand up for us? Dr. Bruce has been
12 elected by the members of District 3 to be
13 the next representative on the State Board
14 of Dentistry, and welcome, Dr. Bruce. We
15 appreciate you coming early to get some
16 information and education, and look
17 forward to having you on the board. I
18 know Art. He is just a very fine fellow
19 and will do a great job of serving on the
20 Board of Dentistry. Thank you, Art.
21 Thanks for coming.

22 DR. BRUCE: Appreciate it.

23 DR. DIXON: And Kitty. Kitty Cox, stand up for
24 us. Kitty is going to be our new
25 executive director. What they're

1 basically doing at LLR is moving like
2 boards into groups. In other words,
3 Veronica's not going to be leaving LLR.
4 Veronica will be heading up chiropractics
5 and PT and OT.

6 MS. REYNOLDS: And speech.

7 DR. DIXON: And speech. You got another one
8 added on to you on top of it. Anyway,
9 we'll get to that later on. But that's
10 what the changes are about, basically is
11 to align like boards so that they're . . .
12 And I'm sure Ms. Cox -- Ms. Cox has been
13 with the veterinary board for 20 years.

14 MS. COX: I've worked with LLR for 20 years.
15 I've had the veterinary medical board for
16 three.

17 DR. DIXON: Okay. And so she is very well
18 versed in workings at LLR with 20 years
19 experience, and I'll know she'll be a
20 pleasure to work with over my next three
21 months and you guys rest of your term.
22 First of all, we needed to do an approval
23 of the agenda. Do we have a motion that
24 we approve the agenda?

25 DR. JONES: I make a motion to approve the

1 agenda.

2 DR. ALTERMAN: Second.

3 DR. DIXON: Dr. Jones makes that motion,
4 seconded by Dr. Alterman. Any opposition?
5 The agenda is approved. The next thing on
6 the agenda is the approval of July 15,
7 2011 meeting minutes. We all had a chance
8 to review that. Do I have a motion that
9 we approve the minutes?

10 DR. GOINS: Uh-huh. Yes.

11 DR. DIXON: We have a motion from Dr. Goins.
12 Do we have a second?

13 DR. WADE: I second.

14 DR. DIXON: A second from Dr. Wade. Any
15 opposition? No opposition being said.
16 The minutes are approved. Next on the
17 agenda we have Ms. Amy Johnson from Aiken
18 Technical, and she's going to address us.
19 If you would like to come forward, sit
20 down or stand up, whichever you would like
21 to do.

22 MS. JOHNSON: Thank you. I prefer to stand, if
23 you don't mind. Thank you.

24 DR. DIXON: Not a problem.

25 MS. JOHNSON: The teacher in me wants to make

1 me want to stand.

2 DR. DIXON: Just to fill you in a little bit on
3 this, this basically has to do with the
4 licensing or the certificate that is
5 received after you take the course for
6 nitrous oxide monitoring.

7 MS. JOHNSON: Correct. And I have a handout
8 for everybody.

9 DR. DIXON: Good.

10 MS. JOHNSON: Being the teacher that I am. And
11 I appreciate y'all having me here today.
12 Basically, the request I'm making, and I'm
13 going to read the statement that is here,
14 Aiken Technical College Expanded Duty
15 Dental Assisting Program is petitioning
16 the South Carolina State of Board of
17 Dentistry to allow new graduates who have
18 successfully completed an approved nitrous
19 oxide monitoring course be granted a 60
20 day grace period. It is required that
21 they -- it is requested that they are
22 allow to monitor nitrous oxide sedation
23 without presenting a diploma until the end
24 of the grace period. If this request is
25 honored, I as the program director, will

1 submit an intent to graduate letter, along
2 with all the other documentation that the
3 students have to submit to the State Board
4 of Dentistry and the associated fees. And
5 the background rationale information there
6 is in the technical college system in
7 South Carolina the dental assisting
8 programs are three semesters in length:
9 fall, spring, and summer. And our dental
10 assisting students have in the summer
11 semesters the summer term. It's a ten to
12 a twelve week term. They take -- and many
13 of you may have them in your clinical
14 settings. They do expanded -- the
15 expanded duty dental assisting students do
16 a summer clinical where they actually go
17 into offices and function as a dental
18 assistant does. And that is their last
19 semester. And the nitrous oxide sedation
20 for us at Aiken Tech, since we do not have
21 a dentist on staff, is done by Dr. Martha
22 Hanks at Midlands Technical College. And
23 she's wonderful. She doesn't charge the
24 students anything. She does it as a
25 courtesy to the students in South

1 Carolina. And it's always done mid-July,
2 usually in the teens. And students
3 graduate sometime between July 25th and
4 around August 12th, so it's done at the
5 very end of their summer clinicals. I
6 know that these girls are going to
7 graduate. There's no question that
8 they're going to graduate. Now, if they
9 didn't pass the state board test, that's a
10 whole different thing. They don't need to
11 do this. But these students that I'm
12 talking about will take the Midlands Tech,
13 pass it, take the state board test, pass
14 that. And then the day that they -- the
15 day they finish the program, it is four to
16 six weeks, sometimes eight weeks,
17 depending on the number of students that
18 finish at Aiken Tech, before they actually
19 are handed their diploma. They receive it
20 in the mail. And these girls will go out
21 and get a job in an office, and they can't
22 do something that, through no fault of
23 their own -- it's basically a logistics
24 thing. And I'm not asking that we don't
25 do it, I'm not asking that students don't

1 be required to take the test or do
2 anything. All I'm asking is that they
3 have a grace period to get their diplomas
4 in. And if you want to put a date on that
5 grace period, that's fine with me, too. I
6 don't -- I've had some students who've
7 been denied employment because they didn't
8 have that credentialing yet. I've had
9 some students that have -- dentists have
10 said we'll pay you, but we're not going to
11 -- I'm not hardly going to pay -- I'll pay
12 you minimum wage until you get, and then
13 I'll up your salary, those kinds of
14 things. And I just basically wanted you
15 guys to know that the logistics of this is
16 causing some problems. And I'm a law
17 abiding citizen, and I do not want my
18 students not following the letter of the
19 law. And that's partly what this is about
20 too. Do you gentlemen have any -- and
21 ladies have any questions for me? Yes,
22 sir, Doctor?

23 DR. ALTERMAN: Alterman.

24 MS. JOHNSON: Dr. Alterman.

25 DR. ALTERMAN: I know there's, what, three

1 major programs in the state?

2 MS. JOHNSON: Oh, no, sir. We have --

3 DR. ALTERMAN: There's Trident and then --

4 Trident Technical.

5 MS. JOHNSON: Yes, sir. Trident, Horry-

6 Georgetown, Greenville Tech, Florence-

7 Darlington, Aiken Tech --

8 DR. ALTERMAN: This would just apply to you?

9 MS. JOHNSON: I'm petitioning it, yes, sir, and

10 I have not spoken with any of the other

11 program directors. I know that Horry-

12 Georgetown has some of the same problems I

13 do because Pam Moyers and I talk on a

14 regular basis. But -- and I'm sure some

15 of the other programs do, too. I just

16 haven't spoken with them.

17 DR. ALTERMAN: That's my only concern is that

18 we're making an exception for one and not

19 for others, if it happens to be --

20 MS. JOHNSON: Well, if it happens to me, it

21 probably happens to the other programs in

22 the state as well. It's the turnaround

23 time for their diploma and that, you know,

24 -- I just think it's not fair to our

25 students when we have given them

1 everything that you have asked us to give
2 them and we have ensured that this group -
3 - I don't even let my students who I think
4 aren't going to graduate, if there's some
5 kind of problem, they don't even get to
6 enroll in the nitrous oxide course. They
7 don't get -- and I tell them up front
8 you're not passing, you're not going to
9 pass, so you're not going to get to take
10 this course, so.

11 DR. WHITTINGTON: Is that feasible in every
12 technical setting throughout the state?

13 MS. JOHNSON: I can't speak for the other
14 colleges. I'm sorry, I wish I could, but
15 I can't speak --

16 DR. WHITTINGTON: I'm kind of like Dr.
17 Alterman. I don't have a problem with
18 doing this if it's state-wide.

19 MS. JOHNSON: Yes, sir.

20 DR. WHITTINGTON: But to do it for one and not
21 have an assurance that, you know, these
22 professionals have passed their curriculum
23 and they're going to do that, how do we
24 know that everybody's, you know, doing
25 what you're doing?

1 DR. ALTERMAN: We're setting a precedent that I
2 don't have a really problem setting. It's
3 just that it's -- I think it needs to be a
4 fair precedence to all the --

5 MS. JOHNSON: Yes, sir. I agree with that. I
6 think that maybe there's some dialogue
7 that might need to take place. And it was
8 brought to light because of a situation
9 that happened in Aiken County. I had a
10 doctor that was just really, really upset
11 and called our president of the college
12 and, I mean, you know, I'm thinking
13 there's nothing -- I can't speed this
14 process up. My hands are tied. We're
15 following the letter of the law here. And
16 so our president ran their diplomas
17 through so that they got their diplomas in
18 ten days. That's the fastest our
19 president could get their diplomas
20 through. And it shouldn't be like that.
21 It shouldn't be that there's such a big
22 gap there. And so it may be that we need
23 some dialogue. Yes, sir?

24 MR. SCHWEITZER: I'm Eric Schweitzer. I'm the
25 lay person on the board. The letter -- an

1 intent to graduate letter.

2 MS. JOHNSON: Yes, sir.

3 MR. SCHWEITZER: I assume that means that
4 that's verification of satisfactory
5 completion of all requirements?

6 MS. JOHNSON: Everything, yes, sir. That's
7 verification that the student has met all
8 the requirements to that point and that
9 that student will meet the requirements by
10 finishing that last class they're in,
11 which is a class, in our instance and in
12 most every other instance, it's called
13 dental office rotation. It's an office
14 practice clinical rotation where dental
15 assisting students go into offices and
16 actually work as dental assisting
17 students. We have contracts with clinical
18 offices. And the students go in and
19 function as a dental assistant, and that's
20 how they gain most of their clinical
21 experience, especially in our case when
22 everything we do in my clinic we have to
23 do -- students have to do on dummies or
24 they have to do on one another. They
25 learn to do things like coronal polish,

1 and they learn to do that on one another.
2 But everything else they have to do on
3 dummies because we don't have a dentist on
4 staff.

5 MR. SCHWEITZER: Really, where I was headed
6 with the question is if that letter -- if
7 it's a letter of intent to graduate, when
8 that's issued, 100 percent of those people
9 will get their diplomas?

10 MS. JOHNSON: Yes, sir. I would not sign it if
11 that was the case. Yes, sir.

12 MR. SCHWEITZER: Right. So --

13 MS. JOHNSON: Unless they -- you know, unless
14 they quit. You know, at the -- for some
15 reason. And students don't do that. But
16 there is -- I have to put that caveat in
17 there. A student could withdraw from
18 school.

19 DR. DIXON: And that is a possibility that they
20 could withdraw from school and --

21 MS. JOHNSON: After the fact, they could
22 withdraw from school and not complete.
23 But I've not --

24 DR. DIXON: I understand --

25 MS. JOHNSON: -- had it happen. When you're

1 that close, three weeks from the end, you
2 know, it would have to be something
3 catastrophic for them to withdraw, like
4 being sick or one of their parents being
5 sick or something.

6 DR. DIXON: Or committing a crime or something
7 like that.

8 MS. JOHNSON: Yes, sir. That's -- Yes, sir.
9 Yes, sir. And this is why I think -- I
10 didn't expect any kind of response today.
11 But I think there's some dialogue that
12 would be helpful to take place. And
13 dental assistants are under represented
14 when it comes to these types of things. I
15 mean, for example, I don't get a letter --
16 I don't get a board update letter from you
17 guys to know what's going on and to know
18 how rules are changing. I have to go to
19 the website to find out. And it's -- and
20 I've been doing this 21 years, so I know -
21 - I go to the website and I find out. But
22 --

23 DR. DIXON: We don't get letters either.

24 MS. JOHNSON: That's what websites are for.

25 DR. DIXON: We got to go to the website as

1 well.

2 MS. JOHNSON: I just think there's some room
3 for dialogue with this.

4 DR. ALTERMAN: I think the dialogue -- you
5 know, I'm not -- I think it needs to come
6 from you and other directors of other
7 assisting programs. And I think that a
8 coordinated effort and approaching us in
9 that way, personally, would be more
10 effective where then just you as a one
11 soldier doing it on your own.

12 MS. JOHNSON: This started because of my doctor
13 who -- and my president, well, you got to
14 see what you can do about it. But it is a
15 thing that needs to be looked at because -
16 -

17 DR. DIXON: I can understand it's a hindrance.
18 When I graduated from dental school, it
19 took me two months to get my DEA number.
20 So for two months I was practicing
21 dentistry, but I couldn't write any pain
22 pills or I couldn't write any antibiotics.
23 You know, so, I mean, --

24 MS. JOHNSON: Yeah, how can you function the
25 way you're supposed to when you can't do

1 those things?

2 DR. DIXON: You just have to work around it,
3 you know, the best you can. But, I mean,
4 it doesn't just apply to dental assisting.
5 It applies to dentists as well. All of us
6 had to wait for a couple of months before
7 we got that DEA number. I remember I
8 tried to call in a prescription mouthwash
9 after I graduated, which is -- it was like
10 basically Pepto Bismol with some Benadryl
11 in it. Pharmacist said what's your DEA
12 number. Well, I haven't got it. Sorry, I
13 can't help you out there. You know, so, I
14 mean, it's not just isolated to dental
15 assisting.

16 MS. JOHNSON: Yes, sir.

17 MS. WILLIAMS: Is this not more of
18 administration issue than it would be for
19 us to --

20 DR. DIXON: We're going to hear from Annie
21 about this, too.

22 MS. WILLIAMS: I think this is more
23 administration than us. I've talked to
24 him about this, too, so I know. I've
25 talked to her before about this, and I

1 understand. I understand. I was a dental
2 assistant for ten years before I ever went
3 into hygiene, so I understand.

4 MS. JOHNSON: I agree with you. I think it is,
5 too.

6 MS. WILLIAMS: But this is administration. I
7 think this is -- that's my opinion.
8 Something needs to be done office wise --

9 MS. JOHNSON: I agree with you.

10 MS. WILLIAMS: So, I just had to say that.

11 MS. JOHNSON: Any other questions? Thank you
12 very much for having me here today. We
13 appreciate it.

14 DR. DIXON: Thank you, Ms. Johnson, appreciate
15 you coming. Annie, would you come up and
16 just kind of -- Annie is our expert on
17 licensing for the LLR Dental Board. She
18 has been with us I'm not sure how many
19 years, but quite a while. And Annie
20 basically handles, if you do not know, the
21 processing of dentists, dental assistants,
22 and dental hygienist license for the
23 entire state. She is an excellent worker.
24 And, Annie, if you'll just give us your
25 opinion on that.

1 MS. HEYWARD: Well, I spoke with Amy yesterday.
2 Me and her kind of matched notes and
3 everything. But, according to our laws
4 and regulations, you have to be an
5 Expanded Duty Dental Assistant when you go
6 into a dental office to do certain
7 procedures. And the nitrous oxide
8 procedure, you must be an Expanded Duty
9 Dental Assistant. Now, you know, it would
10 be pretty hard for me to keep up with, you
11 know, letters of intent and never get the
12 information as far as the final diploma
13 for me to issue and put with records
14 showing that they actually graduated. I
15 did a little bit of research, and I have a
16 pending file of approximately 269
17 applications. This is dental hygiene by
18 itself and dental assistant. And over
19 half the pending dental assistant nitrous
20 oxide applications are from 2010 to 2011.
21 It's basically nitrous oxide applicants.
22 Never received anything to finalize it.

23 DR. DIXON: And part of that involves a fee as
24 well, is that correct, Annie?

25 MS. HEYWARD: Right.

1 DR. DIXON: So, I mean, lots of times it's just
2 the fact you hadn't gotten their fee from
3 them?

4 MS. HEYWARD: Well, I got the fee, because I'm
5 not going to process an application
6 without the fee --

7 DR. DIXON: Well, I mean, before you issue it,
8 in other words, they've got all the
9 paperwork in, but if they don't send their
10 fee in --

11 MS. HEYWARD: No.

12 DR. DIXON: They give their fee when they do
13 the course, is that right?

14 MS. HEYWARD: Basically what they have to do,
15 they pay separately for the course if they
16 take, you know, like if it's a continuing
17 education course. If it's with the school
18 curriculum then, you know, that's with --

19 DR. ALTERMAN: You're waiting on some sort of
20 certification that they completed the
21 course.

22 MS. HEYWARD: Right. I'm just waiting for the
23 CPR, copy of the CPR, the diploma or
24 something of that sort in order to
25 complete the application. Most times I

1 don't get their copy of the diploma. And
2 Aiken Tech, by itself, in 2010, 19 applied
3 and I issued nine certificates and ten are
4 still pending. And this is from 2010.

5 DR. DIXON: And that's mainly because of lack
6 of diploma?

7 MS. HEYWARD: Lack of diploma. This year I
8 have 13 that applied. I issued three
9 certificates so far. Ten are still
10 pending.

11 DR. DIXON: So, in other words, this for you in
12 your job, and I know how hard you work,
13 this would create a logistics problem for
14 you.

15 MS. HEYWARD: Totally.

16 DR. DIXON: Okay. That's what we needed to
17 hear.

18 MS. HEYWARD: Yeah, it would be a problem.

19 DR. DIXON: Thank you, Annie. Anybody have any
20 questions for Annie? Sheridan, do we need
21 to make a motion or anything on this?

22 MR. SPOON: Well, you had it on your agenda
23 basically for --

24 DR. DIXON: Discussion.

25 MR. SPOON: -- discussion. And I think Ms.

1 Johnson indicated that she wasn't
2 expecting to receive a definitive answer,
3 and there was some question I think raised
4 the issue about maybe needing to hear from
5 some additional parties, specifically the
6 other programs. So --

7 DR. DIXON: Exactly. Because I don't know that
8 everybody in the state -- I don't know if
9 Greenville Tech can give the same
10 guarantee that you can, that everybody
11 that's going to do is going to graduate.
12 And certainly what we don't want to do --
13 at LLR, one of the big things is they are
14 staff deficient. They need more staff
15 members. With the state's budget, we're
16 expecting to have one more come onto the
17 dental board, but so far that has not
18 happened. And we do not want to create
19 any extra work for Annie who is already
20 working past what she probably ought to be
21 working at this time. So what we would
22 like to see, I would guess, and please
23 speak up if you have a different opinion,
24 would be some cohesiveness from all the
25 technical schools with this and a simpler

1 way for Annie to get this done without her
2 having to keep pending programs, you know,
3 keeping up with who's out there and not
4 turned in their paperwork, and who's out
5 there that turned in their paperwork.
6 Believe me, she has -- her plate is full
7 on handling all the other issues. And so
8 anybody have any suggestions -- additions
9 to that?

10 MR. SCHWEITZER: The purpose of the question --
11 It's Eric Schweitzer. The purpose of my
12 questioning was - I didn't ever say what
13 it was. - but if these schools know that
14 somebody's going to graduate - and that
15 was my question. - If you're going to
16 issue the letter of intent to graduate and
17 know they're going to graduate, and I'm
18 not trying to be facetious at all, it
19 seems to me there's a real simple
20 solution. Get your diplomas ready to go
21 and not have the tail wag the dog. I
22 mean, if you're firm enough to write a
23 letter of intent to graduate, then I'd be
24 publishing diplomas instead of creating
25 additional problems for the department,

1 Annie, and creating exceptions for one
2 school or the other. It seems to me that
3 there might be reasons that I don't
4 appreciate why that can't be done, but --

5 MS. JOHNSON: I'm sorry. From our perspective,
6 it's an administrative thing. It's out of
7 my hands when I issue a grade. However,
8 we could issue a transcript that shows
9 successful completion of all of their
10 courses, but that's not the same as the
11 paper diploma. And at our specific
12 institution, and I think several of the
13 other institutions, they only print
14 diplomas three times a year.

15 DR. ALTERMAN: And my problem is, if there's an
16 existing policy, it's not our job
17 personally to change our policy to suit
18 the school's individual needs --

19 MS. JOHNSON: I understand.

20 DR. ALTERMAN: And so I think it's an
21 administrative issue within the schools
22 that, you know, needs to be worked within
23 the system that exists.

24 MS. JOHNSON: I understand. And I appreciate
25 that very much, and I appreciate you all

1 hearing me.

2 DR. DIXON: And the other thing, too, is, you
3 know, even after they've graduated,
4 Annie's biggest problem is getting them to
5 send their diploma in. If they really
6 want that ability to administer nitrous
7 oxide, I mean, mail in a copy of your
8 diploma. So, I mean, that's a simple
9 thing. She's out there waiting on people
10 to send in diplomas, having to keep up
11 with who sent them in and who didn't send
12 them in.

13 MS. JOHNSON: And Annie and I had a long talk
14 about it yesterday on the phone. And we
15 are both in agreement that it's a
16 logistics nightmare.

17 DR. DIXON: Yeah, and so, I mean, really you
18 have to put some responsibility back on
19 the dental assistant student that they
20 have to take the responsibility. And, I
21 mean, when I got my DEA number I had to
22 send in a check to get that DEA number.
23 And, believe me, I wrote that check as
24 quick as I could so I could start writing
25 drugs for patients that I had taken out

1 teeth on. So I think, and if anybody else
2 has any suggestion, I think there needs to
3 be some cohesiveness, but I don't think we
4 need to add any extra work to Ms. Heyward.
5 She works as hard as she can.

6 MS. JOHNSON: I understand completely. Thank
7 you very much.

8 DR. DIXON: You're welcome. Thank you for
9 coming to see us. We appreciate it. Any
10 additional comments about that? Mr. Rick
11 Wilson is here from RPP. And we've all
12 met with Mr. Wilson before.

13 MR. WILSON: And with me is Frank Sheheen who
14 is director of the program. And this
15 morning I believe you got some material
16 already provided, at least I hope so,
17 because I know your agenda is jammed
18 packed, and we don't want to take longer
19 than we have to. But we're here primarily
20 to answer questions about an expanded
21 abstinence policy that is a cornerstone of
22 all recovery. And we have already had
23 this through the medical board, the
24 nursing board, the pharmacy board. And
25 you were the last board to meet of the

1 lead boards with RPP. And we would ask
2 y'all to approve this expansion of the
3 policy. Essentially, it's based on some
4 discussions we had with doctors early and
5 Dr. Graham who are leaders in the field.
6 And it really reflects what's being done
7 in North Carolina with their nurse's
8 program. Virginia has a somewhat similar
9 program to us with a lot of healthcare
10 professionals being monitored and handling
11 it that way. But they do not allow a
12 healthcare professional who is in recovery
13 to practice while they're taking a drug
14 that can alter their -- or impair their
15 judgement. It doesn't matter whether they
16 got it legally or illegally. They can't
17 do that. They're entitled to get the
18 drugs, but they can't practice during the
19 time that they're taking that drug. And
20 they have to have a negative drug screen
21 before they can resume practice. So
22 that's the way that we feel like the
23 public is best protected, and we would ask
24 that you consider approval of that
25 expansion of the policy.

1 DR. DIXON: A quick question. When you say
2 drugs that -- I guess you would say mood
3 altering drugs. Are you going to classify
4 those? In other words, --

5 DR. ALTERMAN: Maybe a list or --

6 DR. DIXON: Yeah, you need a list.

7 MR. SHEHEEN: What we mainly have had problems
8 with -- And, please remember, this is just
9 RPP clients. This is just people that
10 have a diagnosis of dependence.

11 DR. DIXON: Okay. Not all dentists?

12 MR. SHEHEEN: No, sir. Just RPP clients. Just
13 people who have a diagnosis of substance
14 abusive of chemical dependency.

15 DR. DIXON: So, in other words, if you're in
16 RPP and you break your leg and the doctor
17 gives you some hydrocodone then you don't
18 practice?

19 MR. SHEHEEN: You can take it. You just can't
20 work while you're taking it. And so the
21 main chemicals we've had a problem with
22 and we're looking at are opiate pain
23 medications, benzodiazepines and central
24 nervous system stimulants. But we are
25 going to also include some muscle

1 relaxers, some medications that have
2 alcohol in them. The dilemma we've had is
3 people who've come to us because of a
4 chemical and then getting a prescription
5 for that same drug or something in that
6 family of drugs. And that's been a
7 problem since day one.

8 DR. ALTERMAN: But you are going to have a
9 specific list or some sort of --

10 MR. SHEHEEN: Yes, sir.

11 DR. DIXON: So, in other words, if somebody
12 gets depressed, they go on Prozac, that's
13 not a big deal?

14 MR. WILSON: No, sir. We've got a list in
15 here. And we know is that there are
16 alternatives that some of the programs
17 have found will satisfy the need most
18 often. It also encourages the folks to
19 get their doctors focused on finding an
20 alternative for them, too. So there are
21 options. And this just moves them away
22 from their -- sometimes their drugs of
23 choice and others that may impair their
24 judgement. And, again, it is just for
25 those folks with a diagnosis of abusive

1 dependence. So the general population
2 we're not concerned with. It's those
3 folks who we know have got a problem
4 controlling their use of these materials.

5 DR. DIXON: We need a motion that --

6 DR. ALTERMAN: I move that approve.

7 DR. WADE: And I second that. Charlie Wade.

8 DR. DIXON: We have a motion from Dr. Alterman,
9 a second from Dr. Wade. Any opposition?
10 No opposition. That's passed. It would
11 be a good idea if we got a list of that --
12 of those drugs. The other thing, too,
13 that we might want to consider in the
14 future is that we require somebody that's
15 in RPP, if they do visit a doctor or
16 physician that's able to prescribe, that
17 they might want to be required to inform
18 their physician that they are in RPP.

19 MR. WILSON: They're required to do that now.

20 MR. SHEHEEN: That is a requirement already.

21 DR. DIXON: Good. Because that's a good
22 requirement because --

23 MR. SHEHEEN: And we have to have a copy of all
24 prescriptions that they get, even if it's
25 an SSRI or antibiotic or anything. Those

1 prescriptions --

2 DR. DIXON: It always makes me feel better when
3 a drug addict comes into my office and
4 says, listen, don't give me any pain
5 medicine. I don't care if you got to pull
6 a tooth or whatever, don't give me any
7 pain medicine because I have an addictive
8 personality. I have a lot of respect for
9 somebody that does that because they know
10 that that's going to take them down the
11 road that they can't handle.

12 MR. SHEHEEN: It can be a trigger for relapse,
13 for sure.

14 DR. DIXON: Thank you very much.

15 MR. WILSON: Thank you.

16 DR. DIXON: Next we have on the agenda the OIE
17 report.

18 MR. SANDERS: Good morning. I would like to
19 present the OIE report. We have -- the
20 first ones we have are eight dismissals
21 submitted for your approval.

22 DR. DIXON: It's in your handout. Or it's not
23 in your handout. It's on your disk. It's
24 the next to the last thing on your disk.
25 Go ahead.

1 MR. SANDERS: The first eight we have the cases
2 that are submitted for dismissal for your
3 approval.

4 DR. DIXON: You said eight?

5 MR. SANDERS: Eight of them, yes, sir.

6 DR. DIXON: All right. Formal complaints?

7 MR. SANDERS: No, they're submitted for
8 dismissal, the first eight.

9 DR. DIXON: We'll approve it at all one spot if
10 that's okay with you.

11 MR. SANDERS: And then we also have four
12 submitted to you for formal complaint and
13 then the last five are submitted for
14 dismissal with a letter of caution.

15 DR. DIXON: Do we have a motion that we accept
16 the OIE report as given to us?

17 DR. WADE: I move that we accept the OIE report
18 as given.

19 DR. JONES: Second.

20 DR. DIXON: Dr. Wade has made that motion. Dr.
21 Jones has seconded it. Do we have any
22 opposition to that? No opposition being
23 said. Your report has been approved.
24 Thank you for your hard work. We
25 appreciate what you do. Ms. Reynolds?

1 MS. REYNOLDS: This will Mark's last time.

2 He's being --

3 DR. DIXON: Mark, you're leaving us, too?

4 MR. SANDERS: No.

5 MS. REYNOLDS: He'll be replaced with --

6 MR. SANDERS: P.C. Faglie is going to be the
7 new chief. I'm actually taking on the
8 pharmacy board, so we had to make some
9 switches. And P.C. Faglie will be the
10 chief with the dental board
11 investigations.

12 DR. DIXON: Thank you for all your hard work,
13 Mark. You've done a great job through the
14 years.

15 MR. SANDERS: Thank you. And then we also have
16 Kathy Meadows. I don't know if you
17 remember Kathy Meadows who used to be
18 chief. She's the investigator for the
19 dental board now, and she is doing a great
20 job of working the cases. Just want to
21 let you know that.

22 DR. DIXON: Thank you.

23 MR. SANDERS: I've enjoyed working with the
24 dental board, and thank you very much.

25 DR. DIXON: Well, we're going to miss you.

1 Thank you for all your hard work through
2 the years.

3 MR. SANDERS: Thank you very much, and have a
4 good day.

5 DR. DIXON: Thanks, Mark. We're going to move
6 next into our disciplinary hearings.

7

8 (Whereupon, Disciplinary Hearings
9 were held at this time.)

10

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12

13 MR. WILSON: I just want to take a second to
14 relate to you the earlier discussion that
15 Latecia had about the in-patient and out-
16 patient. The team that looks at an
17 individual has got the discretion to
18 decide where they go. And the inclination
19 and the predisposition is for dentists who
20 have the resources in place to go to in-
21 patient. We find that the outcomes are
22 largely improved if you can get them into
23 an in-patient program. Folks with lesser
24 resources you sometimes have to tailor
25 their care to an out-patient program.

1 And, as Latecia said, if they fail at that
2 level, the standard in the field is that
3 you step it up. So then you go to in-
4 patient the next time. So, you know,
5 regardless of your resources then you have
6 to seek that level of treatment. So
7 that's the way that works.

8 DR. JONES: Well, I understand the practical
9 side of it. But is that fair? I mean,
10 you know, --

11 MR. WILSON: You have to tailor this stuff to
12 the individuals is what we found. And
13 that's one reason why we put these
14 master's level folks in place because we
15 couldn't just do them cookie cutter.
16 Because I know when I handled all those
17 things we were doing it as staff, and we
18 knew we weren't doing a very good job, but
19 it was because we had to kind of cookie
20 cutter them. And everybody didn't fit the
21 mold. So they get to know these folks.

22 DR. DIXON: I think what Dr. Jones is asking is
23 are you putting a different standard on a
24 hygienist that you're putting on a
25 dentist?

1 MR. WILSON: No, I don't know that the
2 standard's different. It's the level of
3 care that they can afford to get at times.
4 I don't know that that's a standard, but
5 it's a --

6 DR. DIXON: There are in-patient programs that
7 are expensive, and there are in-patient
8 programs that are not too pleasant, but
9 they don't cost very much too.

10 MR. WILSON: And we're familiar with all of
11 those. And we do drive those people
12 toward certain programs for different side
13 effects. When you have dual diagnoses and
14 other characteristics that may be involved
15 in somebody. So different programs handle
16 different things at a different -- in a
17 different way with different expertise.
18 And sometimes with varying economic, you
19 know, impacts for them. So there are some
20 relatively inexpensive in-patient programs
21 like in North Carolina and all, but the
22 quality of the care that you get would not
23 be the same, to say, you were going to
24 Pavilion or Talbot, which are top drawer
25 programs that a dentist might be in. But

1 we see the dentist complete very, very
2 well. You guys, statistically, are very
3 successful. So that's a good thing.
4 Versus, say, the nurses who quite
5 frequently end up with intensive out-
6 patient programs because of their economic
7 resources and they're maybe being a single
8 mom with kids at home and all the other
9 stuff that comes to bare in their
10 situations. They're not nearly as
11 successful as a group overall as the
12 dentists are. And your licenses,
13 generally. So we think it's a reflection
14 of the level of care that they can afford.
15 The other aspect I wanted to you let know
16 a couple of things that we have discussed
17 with the other boards in sort of a side
18 bar. We are transitioning current clients
19 who are on drugs for a legitimate medical
20 purpose over with a January 1st deadline
21 for them to seek alternatives. And so the
22 new people coming into the program
23 immediately for the dentist -- I mean, the
24 doctors back in -- the physicians in July,
25 I think it was end of July, early August,

1 when we saw them, they new people are
2 going right into this, as have the other
3 boards, as will yours. The old people who
4 are already in the program will be given
5 until January 1st to transition. And
6 we've been advising them and moving them
7 with their physicians towards
8 alternatives. Now, if we for some reason
9 find that a client cannot make a
10 transition, has to have a particular drug
11 that we feel like may be one that can
12 impair their judgement, the physician may
13 come to see you. They may ask to do that.
14 They're going to have to come to see you.
15 They can't just write a letter and sit
16 back in their office and say it's okay.
17 They're going to need to come and see you
18 to explain why that person needs, has no
19 alternative, but needs to be on that
20 particular potentially impairing drug.
21 There may be those situations, but we did
22 not want to have -- the medical doctors
23 sat down and looked at this, and they did
24 not want to make it easy for those people
25 to say it's okay for her to keep doing her

1 Hydrocodone, you know, or whatever it is.
2 So that's the process that we will have.
3 Hopefully we won't see very many of them.
4 I really doubt we will because there are
5 options. And we hope to be able to move
6 everybody over.

7 DR. DIXON: One thing that I -- we all probably
8 see it with maybe exception of Felicia, we
9 got patients that are in pain management,
10 and the amount and the level of drugs that
11 these people are being subjected to, they
12 can't help but get addicted. And these
13 pain management doctors, to be honest with
14 you, it's almost like it's turned into a
15 drug dealer type situation.

16 MR. WILSON: And we've seen the same thing. We
17 tried at one point to move people who said
18 that they needed pain management toward
19 particular pain management groups that
20 could take a look at them and come back
21 with an opinion that what they needed, you
22 know, was okay. They're part of a
23 problem. The pain management clinics are
24 part of the problem.

25 DR. DIXON: I've got at least five or six

1 patients of mine that are in pain
2 management. And, you know, they're taking
3 so much Loritab it's affecting their
4 entire life. I mean, their teeth are
5 getting decay quicker and everything.
6 It's a real issue.

7 MR. WILSON: Well, I hope that helps.

8 DR. DIXON: Yes.

9 MR. WILSON: If you have any other questions,
10 let us know, okay.

11 DR. DIXON: Okay. We are still in public
12 session. Next we have a Motion of
13 Reconsideration of Prior Order for Ms.
14 Carla Jacovino.

15

16 (Whereupon, Disciplinary Hearings
17 were resumed at this time.)

18

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20

21 MR. SPOON: Just for the record and for the
22 board's information, we got counsel for
23 both parties here in the Conner case. And
24 so I understand you have a preliminary
25 matter you want to take up.

1 MR. FOSTER: If we could.

2 MR. SPOON: With the Chair?

3 MR. FOSTER: If we could.

4 MR. SPOON: Just for the board's information.

5 Okay.

6 MR. FOSTER: Thank you, Sheridan. I appreciate
7 it.

8

9 (Short Break)

10

11 (Whereupon, Disciplinary Hearings
12 were resumed at this time.)

13

14 - - - -

15

16 DR. DIXON: Next on the agenda is we're going
17 to ratify dentists, hygienists,
18 technicians that have been licensed. Do I
19 have a motion that we ratify the dentists,
20 hygienists and technicians that have been
21 licensed so far?

22 DR. ALTERMAN: I so move.

23 DR. DIXON: Dr. Alterman ratified that. We
24 have a second?

25 DR. MORGAN: I second.

1 DR. DIXON: Second. Thank you, Dr. Morgan.

2 And all in favor aye.

3 BOARD: Aye.

4 DR. DIXON: Any opposition? No opposition.

5 That passes. We need our OGC report, and

6 they're not in here right now are they?

7 MS. REYNOLDS: They have not submitted anything

8 at this time, so we can move on from that.

9 DR. DIXON: Okay. New business. Mobile dental
10 facilities inspections. Who's covering
11 that one?

12 MS. REYNOLDS: Dr. Wade, I think I had called

13 you about -- we have some mobile dental

14 facilities that do not have the handicap

15 lift on them. And the question came up if

16 they are supposed to be handicap

17 accessible, would we withhold their

18 license until such, or we go ahead and

19 license the van?

20 DR. DIXON: I would think we'd probably need to

21 check with the American Disabilities Act

22 on that and see, you know. They sure do

23 make me build it in my office, so I would

24 --

25 MS. REYNOLDS: They noted on the inspection

1 sheet that it was not.

2 DR. WADE: How many were there?

3 MS. REYNOLDS: There were like, out of the Rock
4 Hill area there were like two.

5 DR. DIXON: I think you would hold up with them
6 until you check with the American
7 Disabilities Act.

8 MS. REYNOLDS: Yes, sir.

9 DR. DIXON: And they probably can answer that
10 question. I'm sure somebody's come across
11 that before. Because, you know, they have
12 mobile MRIs and mobile CT scans and just
13 mobile everything now. So I'm now --

14 DR. ALTERMAN: I'm sure they have to be
15 accessible.

16 DR. DIXON: Yeah, I'd think so too.

17 MS. REYNOLDS: We thought that we may want that
18 -- we could get back with the inspectors
19 and say until that was taken care of we
20 would not go forward with the inspection
21 being approved.

22 DR. DIXON: The other thing on the agenda is
23 the election of District 6 representative
24 for ADEX. ADEX is the NERB exam, and it
25 is a possibility, I don't think I can --

1 it's okay to say this, I think. There's a
2 possibility that SRTA will be
3 administering the ADEX exam as well, which
4 is a huge step for dentistry because one
5 of the main problems is their mobility of
6 dentists. And SRTA may adopt that exam.
7 And so we are a member of ADEX, and each
8 state has to have a representative. And
9 I'm going to make a suggestion that we
10 allow Michelle Bedell to do that. She is
11 our representative on the SRTA board. And
12 she's already pretty knowledgeable about
13 what's going on with that, so I'll make
14 that recommendation. If somebody else
15 would like to do --

16 DR. JONES: I would make that motion that we
17 nominate Michelle Bedell to be our ADEX
18 representative.

19 DR. DIXON: All right. We need a second.

20 DR. WADE: I'll second that.

21 DR. DIXON: All in favor aye.

22 BOARD: Aye.

23 DR. DIXON: No nos, so, okay, that passes. She
24 does a good job, and she's -- no, I asked
25 her would she do it, and she said yes.

1 That's pretty well it. You know, as far
2 as, you know, I've got a little
3 recognition for Veronica, but we'll hold
4 that up until the end of the day, if
5 that's okay. You're going to stay for the
6 rest of the meeting, I guess?

7 MS. REYNOLDS: I'll be here to the end.

8 DR. GOINS: Can I just give a brief --

9 DR. DIXON: Yes. I'm sorry about that. She's
10 going to give a report on the AABD
11 meeting.

12 DR. GOINS: I went out and -- I'll pass this
13 around. The American Association of
14 Dental Boards had their meetings Sunday
15 and Monday in Las Vegas right before the
16 ADA started. And I'm sorry to say if this
17 is really a meeting, I was quite impressed
18 that probably -- I mean, I think the newer
19 members, this was my first time going, and
20 I've been on the board too long, four or
21 five years. I'm in my fifth year.

22 DR. DIXON: Go early. If you want to know
23 what's going on in another state, go
24 early.

25 DR. GOINS: And most of the other states really

1 send almost their whole board. I mean, it
2 was really amazing that, you know, six or
3 seven people from every state, you know,
4 were there.

5 DR. DIXON: Arkansas sends everybody on their
6 board.

7 DR. GOINS: Everybody. But Tennessee, I mean,
8 -- and I was the only South Carolina, so
9 they knew that I needed a little help, so
10 I just attached myself to people, but --

11 DR. DIXON: I was planning on going, but I
12 didn't know how I'd do with just three
13 months left to serve.

14 DR. GOINS: But they actually -- I mean, I took
15 lots of notes, which I was going to kind
16 of type up and email to everybody.

17 They've got great programs that they're
18 starting. Two things that I thought were
19 relevant is a Dentist Professional Review
20 and Evaluation Program that they want the
21 boards to be able to send dentists to that
22 need remediation kind of a thing. And so
23 they've got three schools that they've
24 already earmarked to have the program.
25 And it's supposed to be up and running I

1 think by January, which is really good.
2 But they've got -- I think it's University
3 of Maryland, Marquette and LSU. Three
4 schools that we can actually send dentists
5 to if they're like a dentist who's been
6 out of work for a while that needs a
7 little remediation or evaluation,
8 something like that, no disciplinary
9 problems. They don't want any of those
10 kind of folks, but, anyway, real good
11 programs. So I'll kind of type up
12 everything and send you guys. The whole
13 second day, if you look at the brochure,
14 was pretty much on the North Carolina
15 whitening lawsuit that they've got going.
16 The FTC feels that they're in a violation
17 of -- and, really, the way it was
18 presented it really is going to be a --
19 they almost think it's going to go
20 completely to the Supreme Court because
21 that FTC is actually -- their counter
22 argument is that boards like ours cannot
23 regulate the profession because we have a
24 vested interest in benefitting charging
25 for services like tooth whitening.

1 DR. JONES: That sounds --

2 DR. GOINS: Yeah, it's in kind of a -- which
3 when they present it, it's going to wipe
4 out about 3,000 boards across the country.

5 MR. SPOON: 3,000?

6 DR. GOINS: Yeah. All these boards that, you
7 know, have -- whether it's dental,
8 podiatry, I mean, you can't regulate -- In
9 other words, you can't regulate your own
10 constituents because you really have a --
11 You see what I'm saying, Sheridan? You
12 have a -- you're getting compensated, in
13 other words, for the tooth whitening so
14 that's why you're voting against them
15 being in the malls.

16 DR. DIXON: It's kind of like the --

17 DR. GOINS: Totally didn't make any sense.

18 DR. DIXON: Very similar to the school program.

19 DR. GOINS: Exactly. It's very similar, which
20 is why we got the ruling against us for
21 the school based programs.

22 DR. DIXON: Very similar situation.

23 DR. GOINS: So what they're doing is they're
24 going to hold all these boards. And so
25 their recommendation is actually to let

1 North Carolina go through with it and to
2 really jump on board so that everybody's
3 in compliance with the -- because they're
4 just going to wipe out everyone. I mean,
5 nursing, everybody. So it's really a --
6 it was -- that was a hot, hot topic. A
7 very hot topic.

8 DR. DIXON: Well, that North Carolina board is
9 pretty tenacious.

10 DR. GOINS: Oh, boy, but they were on it. I
11 was real impressed. North Carolina, they
12 were ready for them. They've already got
13 it to the District Court of Appeals. And
14 I think that was the other thing that they
15 even tapped on a little bit is because I
16 guess the cease and desist was from the
17 board, but it actually didn't come from
18 the board, which is what we were thinking
19 in the public. It actually came from
20 their Department of Health, which was a
21 government entity that wasn't a
22 constituents. So they've actually got a
23 better case than I think our -- they way
24 our FTC board was. But, anyway, so Van
25 you --

1 DR. MORGAN: Where's it going to be next year?

2 You know?

3 DR. GOINS: I don't know. The mid year --

4 DR. DIXON: The mid year is always in Chicago.

5 DR. GOINS: -- is Chicago, and that's April.

6 DR. DIXON: It's in April in Chicago.

7 DR. GOINS: The 4th, 5th.

8 DR. JONES: If it's piggyback with the ADA,
9 it's San Francisco, I believe.

10 DR. DIXON: Yeah, the mid level is in Chicago.

11 DR. GOINS: Chicago, April 4th and 5th.

12 DR. DIXON: It is April, but don't let you
13 think it's going to be warm. Last time it
14 snowed like -- It was freezing.

15 DR. GOINS: I'll try to get all this kind of
16 typed up and just --

17 DR. DIXON: They other thing that they've got
18 is that we really might want to think
19 about, you know, just the fact that we've
20 got a sedation case before us is the ADA,
21 one of the things they talked about, one
22 of the AABD meetings was there's an airway
23 course that was designed by Guy Champagne,
24 who's the president of NERB, on
25 maintaining an airway for people that are

1 sedating patients but maybe don't know how
2 to intubate. And there's a course that
3 you can go take. And that might be
4 something that South Carolina wants --
5 would want to require people that sedate
6 to do so if they ever do run into a
7 problem, they could deal with it in the
8 office without knowing how to go and do a
9 full intubation. David, I think you saw
10 something on that course, didn't you?

11 DR. JONES: Uh-huh.

12 DR. DIXON: Yeah. It looked like a really good
13 course.

14 DR. JONES: I plan on taking it.

15 DR. GOINS: A lot of the states did have
16 legislation that they were either revising
17 their dental practice acts or they were
18 including. Some had botox issues that we
19 had already hit on. Some of them had the
20 sedation guidelines, because they're
21 really, I think, trying to kind of narrow
22 down to scope on what, you know, the
23 dentists in their state can do. So a lot
24 of them did hit on that as well.

25 DR. DIXON: Well, you know, I think we looked

1 at that whitening stuff in South Carolina,
2 and it was just so widespread it was kind
3 of like the cat's out of the bag at this
4 point. We can't really fight it. Plus,
5 we were under probation from the FTC for
6 something else, so. It doesn't look good
7 to be under probation and go under
8 probation, double secret probation now.

9 MS. COX: Dr. Goins, I would really appreciate
10 a little report from you on --

11 DR. GOINS: Yeah. I've got lots of notes --

12 MS. COX: -- what you learned, because I'm in a
13 big learning mode right now. So I'd like
14 to know what the national meetings are
15 about and what the issues are and what you
16 took away from that would be very helpful
17 to me. It doesn't have to be real formal.

18 DR. GOINS: It was really enlightening. I
19 mean, it really is.

20 DR. DIXON: You'll see what's going on in
21 dentistry in other states. That's the
22 main --

23 DR. GOINS: Across the country. And
24 everybody's got kind of different issues,
25 but some of them are collectively, you

1 know, pretty much --

2 MS. COX: So they have legal cases presented by
3 other states?

4 DR. GOINS: Yes. And a lot of them, I was
5 surprised, Sheridan, a lot of the boards
6 brought their attorneys with them. They
7 were on a panel --

8 DR. DIXON: Almost all states take their
9 executive directors.

10 DR. GOINS: They had all their members there as
11 well as their attorneys. Their budgets
12 must be better than ours.

13 MS. COX: Then, of course, there's the CLEAR
14 conference, which LLR sent our legal
15 people to before, so maybe that's
16 something else to maybe ask for or look
17 into.

18 MR. SPOON: And I have been to a conference or
19 two over the years that's an organization
20 called FARB which is a Federation of
21 Association Regulatory Board, so it's all
22 boards. So the thought process has been
23 that for an attorney that has multiple
24 boards, the FARB offering is pretty good,
25 too. I've never been to some of these

1 other things that are specific to one --
2 just to one board or the other.

3 MS. COX: FARB and CLEAR are both really good
4 conferences. I've been to FARB. But
5 CLEAR is usually all attorneys. But those
6 are valuable to go, and particularly you
7 just said, when you've got multi boards
8 you're doing.

9 DR. DIXON: The other one I would encourage you
10 go to, if South Carolina continues to --
11 if LLR continues to cover it for you, is
12 the Southern Dental Deans and Examiners.
13 That really, to me, is a better meeting
14 than the AABD is. It really gets into
15 dentistry and it focuses in on southern --
16 what's happening in states around your
17 area. And that one will be in January of
18 this year, but it's given at the exact
19 same time as MUSC is giving their first
20 dental exam, so there's some conflict for
21 a lot of us on that one. Well, I won't be
22 on the board then, be no conflict for me,
23 but.

24 DR. GOINS: Do we have a schedule? Did they
25 give out the schedule?

1 DR. JONES: Schedule?

2 MS. GOINS: Uh-huh.

3 DR. JONES: It hadn't been -- I don't think
4 it's been totally finalized just yet.

5 DR. DIXON: But, thank you, Felicia, for that.

6 And let me ask you guys. Let me just

7 inform you what's going on with this next
8 case, Dr. Conner. Is that his name?

9 Conner? This case is going to be long,

10 and Pat is going to present the State's

11 side today with several expert witnesses.

12 And Dr. Conner and his attorney are going

13 to present their side in January at y'all's

14 next meeting, which is a long time in

15 between there. And so I think I'm going

16 to give Pat a lot of latitude at your next

17 meeting not to readdress the whole

18 situation, but to at least do a recap of

19 what he did, so that if you're like me in

20 four months I forget things. And so,

21 anyway, I'm going to give Pat the

22 opportunity to do that. I don't know that

23 --

24 DR. GOINS: Why are they doing it that far

25 apart?

MR. SPOON: Well, let's get the parties in here. Because it does involve the case, but -- Are we ready for the parties?

DR. DIXON: Yeah.

MR. SPOON: And we'll say that again when they're here.

DR. DIXON: We got to see Dr. -- have y'all already taken care of the other one?

MR. SPOON: I believe so.

DR. DIXON: Oh. Y'all have already sent him .

. . .

(Off the Record)

DR. ALTERMAN: I make a motion that the trial for Dr. Conner be moved to February 11th and 12th, 2012.

DR. MORGAN: Second.

DR. DIXON: We got a second from Dr. Morgan. All in favor, aye.

BOARD: Aye.

DR. DIXON: Any opposition? None. Then we're done.