

**VIRGINIA BOARD OF DENTISTRY
BUSINESS MEETING MINUTES
September 4, 2026**

TIME AND PLACE: The meeting of the Virginia Board of Dentistry was called to order at 10:33 a.m., at the Perimeter Center, 9960 Mayland Drive, Board Room 3, Henrico, Virginia 23233.

PRESIDING: Sultan E. Chaudhry, D.D.S., President

MEMBERS PRESENT: Surya Dhakar, D.D.S.
Bruce R. Hutchison, D.D.S.
Margaret F. Lemaster, R.D.H.
J. Michael Martinez de Andino, J.D.
Frederick P. Ochave, D.M.D
VaCora L. Oliver-Rainey, D.D.S

MEMBERS ABSENT: Jennifer Szakaly, D.D.S.

STAFF PRESENT: Jamie C. Sacksteder, Executive Director
Erin T. Weaver, Deputy Executive Director
Matthew Novak, Agency Regulatory Coordinator
Tammie D. Baker, Executive Assistant
Donna M. Lee, Discipline Case Manager

COUNSEL PRESENT: James E. Rutkowski, Senior Assistant Attorney General

ESTABLISHMENT OF A QUORUM: With seven members present, a quorum was established.

Ms. Sacksteder read the emergency evacuation procedures.

Dr. Chaudhry welcomed and introduced the newest Board members:
Dr. Frederick Ochave and Dr. VaCora Oliver-Rainey.

PUBLIC COMMENT: Dr. Chaudhry explained the parameters for public comment and opened the public comment period.

Written public comment was received from Derik J. Sven, President, Virginia Dental Hygienists' Association, and Dr. Marlon Goad, President and Ryan L. Dunn, CEO, Virginia Dental Association, which was distributed to the Board and the public at the meeting.

Barrett Hardiman, Lobbyist, Virginia Dental Hygienists' Association - Mr. Hardiman expressed concern regarding the Board's recent decision not to issue clinical or operational guidelines concerning the scaling assistant bill and the creation of the scaling assistant role. The VDHA believes the Board has broad regulatory authority and was expected by the General Assembly to pass regulations governing the administration of §54.1-2729.01(C1). Clinical experience is not defined anywhere in §54.1-2729, and the certification process is not specific.

Dr. Chaudhry closed the public comment period.

APPROVAL OF MINUTES: Dr. Chaudhry asked if there were any edits or corrections to the following minutes: June 11, 2026, Formal Hearing AM; June 11, 2026, Formal Hearing PM; June 12, 2026, Board Business Meeting; June 23, 2026, Special Session; and July 24, 2026, Formal Hearing.

Hearing none, Mr. Martinez moved to approve the minutes as presented. The motion was seconded and passed.

BOARD COUNSEL REPORT: Mr. Rutkowski did not have anything to report.

LIAISON & COMMITTEE REPORTS: **Nominating Committee Meeting:**
Dr. Oliver-Rainey read the Nominating Committee officer nominations:

Margaret F. Lemaster, R.D.H – President
Sultan E. Chaudhry, D.D.S. – Vice-President
J. Michael Martinez de Andino, J.D. – Secretary/Treasurer

Dr. Hutchison made a motion to approve the nominations as read; it was seconded and passed unanimously.

Margaret F. Lemaster, R.D.H took over as the chair of meeting as the new Board president.

BOARD DISCUSSION: **Consideration of Public Comments:**
Mr. Novak stated that regarding §54.1-2729, the certification is completed by the dentist and not the Board. Dental Assistant I is not licensed by the Board and is not regulated by the Board.

Closed Meeting: Dr. Chaudhry moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia for consultation with legal counsel pertaining to actual or probable litigation. Additionally, Dr. Chaudhry moved that Board staff, Jamie Sacksteder, Erin Weaver, Tammie Baker and Donna Lee, along with Matt Novak, Agency Regulatory Coordinator, and Board counsel, James Rutkowski, attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence would aid the Board in its deliberations. The motion was seconded and passed.

Reconvene: Dr. Chaudhry moved that the Board certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

The Board reiterated that public safety is paramount regarding any Dental Assistant that performs scaling. The licensed dentist who provides, supervises, or certifies the training the dental assistant receives ensures that the dental assistant has completed the specified supervised procedures. The Board of Dentistry does not, under the language of the statute, issue a certificate or other credential to the dental assistants completing the training, nor does the Board define the required training since that is already provided in the statutory language.

However, the Board does oversee the licensees that will be accountable for the training, certification, and oversight of the Dental Assistant and will investigate complaints received. Any dentist improperly certifying the training of a dental assistant to provide scaling or improperly supervising procedures following training,

may face discipline issued by the Board.

The Board further stated that VDA is currently developing a curriculum for training in accordance with Virginia Code.

**LEGISLATION AND
REGULATION:**

Mr. Novak reviewed the Regulatory Actions as of August 19, 2026. Mr. Novak stated the only update to the chart submitted was 18VAC60-25 and 18VAC60-30 – Regulatory references clean up; Fast-Track has now been approved by the Governor’s office.

Regulatory Actions in the Governor’s Office:

- 18VAC60-21 and 18VAC60-30 – Training in Infection Control; Final Stage.

Regulatory Actions in the Secretary’s Office:

- 18VAC60-21 and 18VAC60-25 – Continuing Education Requirements for Jurisprudence; NOIRA Stage.
- 18VAC60-25 – Revision of Dental Hygienist Training and Duties to Eliminate Need for Dual Licensure as a Dental Hygienist and Registration as a DAll; Fast-Track Stage.
- 18VAC60-21 – Exemption from certain requirements; NOIRA Stage.
- 18VAC60-30 – Elimination of direct pulp-capping as a delegable task; Final stage.
- 18VAC60-21 - Repeal of requirement to periodically audit oral and maxillofacial surgeons for quality assurance; Fast-Track.

Regulatory Actions at the Department of Budget and Planning:

- None

Regulatory Actions at the Office of the Attorney General:

- None

Recently Effective, Published, or Awaiting Publication:

- 18VAC60-21 – Implementation of the Dentist and Dental Hygienist Compact; NOIRA Stage

Mr. Novak reviewed a chart that explains the Regulatory Process.

**DEPUTY EXECUTIVE
DIRECTOR’S REPORT:**

Disciplinary Report: Ms. Weaver reviewed with the Board the Disciplinary Report for May 13, 2026 – August 25, 2026.

**EXECUTIVE DIRECTOR’S
REPORT:**

Dental Compact Update: Ms. Sacksteder advised that the Executive Committee for the Compact has only met once since the last Board meeting. The ADA presented amendments to the language of the compact that if adopted would require legislation changes. Long-term funding is still not secured for the compact. The next meeting is scheduled for September 10, 2026.

ADJOURNMENT:

With all business concluded, the Board adjourned at 11:20 a.m.

Margaret F. Lemaster, R.D.H., President

Jamie C. Sacksteder, Executive Director

Date

Date

DERIK J. SVEN, PRESIDENT, VIRGINIA DENTAL HYGIENISTS' ASSOCIATION

and

DR. MARLON GOAD, PRESIDENT AND RYAN L. DUNN, CEO, VIRGINIA DENTAL ASSOCIATION

WRITTEN STATEMENTS DISTRIBUTED AT THE SEPTEMBER 4, 2026, BOARD MEETING



September 3, 2026

To the Virginia Board of Dentistry:

On behalf of the Virginia Dental Hygienists' Association (VDHA) and the licensed dental hygienists we represent across the Commonwealth, I am writing to express our concern regarding the Board's recent decision not to issue clinical or operational guidelines concerning the scaling assistant bill and the creation of the scaling assistant role. While the new language adopted at §54.1-2729.01 C 1 bypasses the language contained in §54.1-2729.01 A and B it does not override the Board of Dentistry's general regulatory authority in §54.1-2400. VDHA believes that the Board both has the authority and was expected by the General Assembly to pass regulations governing the administration of §54.1-2729.01 C 1.

I. Statutory Authority for Regulations of Dental Assistant I

In §54.1-2729.01 A, the legislature did not give the Board of Dentistry express authority to regulate Dental Assistant Is. The statute creates the role of dental assistant I for, "A person who is employed to assist a licensed dentist or dental hygienist by performing duties not otherwise restricted to the practice of a dentist, dental hygienist, or dental assistant II, as prescribed in regulations promulgated by the Board..." However, the board has passed regulations governing the scope of practice and definition of DAs is citing its authority under §54.1-2400. That same authority permits the Board to promulgate regulations to administer the new language starting at Paragraph C relating to OPAs. While the Board cannot add requirements to the credentialing standards outlined by the legislature, it can answer questions of procedure and further define vague provisions contained in the statute.

II. Further Clarification Required

The new language adopted in 2026 under HB 970 and SB178 require interpretation by the Board of Dentistry to ensure the law is administered equitably and that it protects and preserves public health, safety, and welfare.

1. The first clarification could close a current gap in existing law. "Clinical experience" is not defined anywhere in statute or regulation. There are a number of other statutes that require "clinical experience" including laws allowing dental hygienists to practice under remote supervision. Without an explicit definition each individual dentist certifying an assistant under the new law will be left to determine what qualifies as clinical. A definition is needed to satisfy this vague terminology in all areas of the §54.1-27.
2. The Board of Dentistry is tasked with issuing a separate license to dentists and dental hygienists seeking to be faculty. Under the new law any licensed dentist or hygienist has become de facto educators without any determination or authority from the board to provide education.
3. Under §54.1-2729 C 2 (iii) the statute permits training and certification "from an existing dental assistant education program." Currently, no CODA approved dental assistant education programs include supra-gingival scaling as part of their curricula. The requirements of those educational programs is strictly controlled by Board of Dentistry regulations and those regulations should be amended to identify the new curricular standards.
4. At Paragraph C 2 the dentist who provides or certifies the training of the dental assistant must certify under oath that the training has been completed. The code section lacks direction as to whom this oath is sworn. Further in Section C 2 the dental assistant must complete at least 20 supervised full-mouth supragingival scaling procedures with patient consent. The statute is silent on who is to supervise these procedures, the manner in which patient consent is given,



and what a full-mouth supragingival scaling entails. The legislature has clearly left the task of filling in these gaps to the professionals on the Board of Dentistry.

5. Finally, subparagraph 2 of paragraph C states that the Board may request a copy of the certification of the dental assistant from the certifying dentist. At a minimum, the Board needs to adopt regulations on when those certifications are due to the Board, how long they must be maintained, and how these certifications apply to subsequent employment by the dental assistant at a different practice than the one where the certification was issued.

III. Enactment Clause 2 and VDA Testimony

The second enactment clause of both HB 970 and SB178 read as follows:

That regulations promulgated by the Board of Dentistry pursuant to this act shall be exempt from the Administrative Process Act (§ [2.2-4000](#) et seq. of the Code of Virginia).

The adoption of this enactment clause and testimony given by the legislations' primary supporters (VDA's general counsel Scott Johnson) in both Senate and House subcommittees provide evidence that the General Assembly passed this legislation with the intent that the Board of Dentistry would adopt regulations under its general regulatory authority granted at §54.1-2400.

IV. Conclusion

The Department of Health Professions incorrectly interpreted the law and informed the Board of Dentistry that there was no statutory authority for them to issue regulations related to Dental Assistant Is and Dental Assistant IIs to perform supragingival scaling. Based on the evidence provided, VDHA asserts that the Board was expected and authorized to promulgate regulations to administer this new dental assistant program. VDHA requests that the Board initiate a rulemaking process to address the language in 54.1-2729.

Derik J. Sven, DHSC, MBA, MPH, RDH, CDT, FADHA, FAADH President
of the Virginia Dental Hygienists' Association

Barrett Hardiman
Lobbyist, Virginia Dental Hygienists' Association

September 3, 2026

Ms. Jamie Sacksteder
Executive Director
Virginia Board of Dentistry
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
Email: jamie.sacksteder@dhp.virginia.gov

RE: Comments Supporting Proposed Revisions to Guidance Document 60-7

Dear Ms. Sacksteder:

We are writing on behalf of the Virginia Dental Association (VDA) to express support for the recently proposed revisions made by the Board of Dentistry to Guidance Document 60-7.

[Senate Bill 178/House Bill 970](#) updates Virginia law to allow trained and certified dental assistants with 1,800 hours of clinical experience to perform supragingival scaling and coronal polishing under indirect supervision, adding duties permitted to be delegated to credentialed team members in Dental Assistant I and II positions.

At the request of Department of Health Professions (DHP), the introduced bill and the final acts of assembly had a second enactment clause directing the regulations to be exempt regulations.

The VA Board of Dentistry's decision was to add "supragingival scaling with hand and ultrasonic sealers certified by a dentist under Va. Code" as a hygiene duty that may be delegated to Dental Assistants I and II under indirect supervision of a dentist to its Guidance Document 60-7. We recognize that the minutes of the meeting do not reflect anything to the effect of the Board of Dentistry not having the authority to promulgate regulations pursuant to HB 970 and SB 178. They rather denote that the Board of Dentistry is not involved in the process of certification, indicating that it is choosing not to promulgate regulations and this decision is within its discretion.

The law creates three pathways to training and certification from:

1. A licensed dentist or dental hygienist implementing a curriculum provided by a statewide association that is exempt under 26 U.S.C. § 501(c)(6) of the Internal Revenue Code and primarily represents dentists licensed in the Commonwealth
2. A federal program approved by or associated with the Indian Health Service or while serving on active military duty
3. An existing dental assistant education program

The VDA is developing a curriculum to fulfill the first pathway, consistent with national standards and best practices. The VDA is developing the curriculum in close coordination with the American Dental Association (ADA) Council on Dental Education and Licensure, which includes representatives from the ADA, the American Dental Education Association (ADEA), and dental examiners.

That curriculum will include educational materials for the assistants as well as for the members of the dental team conducting the training. The top consideration in developing the curriculum is patient safety and standard of care. As noted during testimony, this has been done safely in the military, the Indian Health Services and in states including Kansas for many years.

The assistant may only perform this additional, limited procedure as part of a dental team under the supervision of a licensed dentist. The licensed dentist is required to maintain documentation of the dental assistant's certification and produce it to the Board upon request.

Patients have a clear avenue for recourse should any concerns arise regarding their care and the supervising dentist is responsible and accountable to the Board of Dentistry for any team members practicing under his or her license.

This educational pathway will particularly help meet the needs of rural dental practices that do not have easy access to one of Virginia's six currently operating community college dental hygiene programs.

The VDA has been sharing information to help inform dentists in Virginia about the next steps for the dental workforce bills, including the following:

[Next Steps for Virginia Dental Workforce Bills](#)

[An Ethical Perspective for Emerging Dental Roles: Insights from Dr. Al Rizkalla, Chair of the VDA Ethics Counsel](#)

[Dental Assistant Scaling Certificate Interest Form](#)

Key Insights from Virginia Dental Assistant Scaling Certificate Interest Form Submissions:

2/3 of the dental assistants work in dental practices that treat rural patients

1/2 of the dental assistants work in practices that accept Medicaid

1/2 of the dental assistants have worked for 10 or more years in their field -- All have 1,800+ hours of clinical experience

It should also be noted that these bills were passed as Virginia faces an acute shortage of allied dental personnel, directly related to the lack of educational pathways to become licensed as a dental hygienist.

Based on the information provided in this letter, we fully support the addition of "supragingival scaling with hand and ultrasonic scalers certified by a dentist under Va. Code" as a hygiene duty that may be delegated to Dental Assistants I and II under the indirect supervision of a dentist in Guidance Document 60-7.

Sincerely,



Dr. Marlon Goad, President



Mr. Ryan L. Dunn, CEO