

VIRGINIA BOARD OF DENTISTRY

AGENDAS

September 11-12, 2014

Department of Health Professions

Perimeter Center - 9960 Mayland Drive, 2nd Floor Conference Center - Henrico, Virginia 23233

PAGE

September 11, 2014

9:00 a.m. Formal Hearings

September 12, 2014

Board Business

9:00 a.m. Call to Order – Ms. Swain, President

Evacuation Announcement – Ms. Reen

Public Comment

Approval of Minutes

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Southern Regional Testing Agency Report – Kathleen White, Executive Director

Conducting Facility Inspections – Faye Lemon, BS, RN, MA, MS, Director of Enforcement

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- AADB – Ms. Swain **P24-P26**
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CONFIDENTIAL DOCUMENTS

Closed Session

- Applicant Case # 154001

**VIRGINIA BOARD OF DENTISTRY
FORMAL HEARING
June 12, 2014**

TIME AND PLACE: The meeting of the Virginia Board of Dentistry was called to order at 8:10 a.m., on June 12, 2014, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Henrico, VA 23233.

PRESIDING: Jeffrey Levin, D.D.S., President

MEMBERS PRESENT: Surya P. Dhakar, D.D.S.
Charles E. Gaskins, III, D.D.S.
A. Rizkalla, D.D.S.
Tammy K. Swecker, R.D.H.
James D. Watkins, D.D.S.
Bruce S. Wyman, D.M.D.

MEMBERS ABSENT: Myra Howard, Citizen Member
Evelyn M. Rolon, D.M.D.
Melanie C. Swain, R.D.H.

STAFF PRESENT: Sandra K. Reen, Executive Director
Donna Lee, Discipline Case Manager

COUNSEL PRESENT: James E. Rutkowski, Assistant Attorney General

OTHERS PRESENT: James E. Schliessmann, Senior Assistant Attorney General
Gerald A. Milsky, Adjudication Specialist
Andrea Pegram, Court Reporter, Court Reporting Services, LLC

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

**Kym Johnson-Virgil, D.D.S.
Case Nos.: 153370, 154963, 155254, and 155255**

Dr. Johnson-Virgil was not present in accordance with a Notice of the Board dated May 13, 2014.

Mr. Schliessmann addressed that proper notice was given to the Respondent, and introduced into evidence an Affidavit signed by Ms. Reen that verified that the Formal Hearing and Statement of Particulars were sent by certified mail to Dr. Johnson-Virgil's address of record on file with the Board.

Dr. Levin ruled that adequate notice was given in this case based upon the representations of the Commonwealth, and the hearing proceeded in the Respondent's absence.

Dr. Watkins informed the Board that he met the Respondent, Dr. Johnson-Virgil, in October of 2013, and she wanted to talk to him about being evicted by her landlord; however, Dr. Watkins told the Respondent that he could not be of assistance because the Board did not get involved in landlord disputes. Dr. Watkins also stated that he did not talk to the Respondent about anything

that would cause a conflict regarding him hearing this case.

Mr. Schliessmann stated he had no objections to Dr. Watkins participating in the formal hearing because Dr. Watkins would be fair and impartial in rendering a decision in this matter.

Dr. Levin ruled that Dr. Watkins did not have to recuse himself from participating in the formal hearing.

Dr. Levin swore in the witnesses.

Following Mr. Schliessmann's opening statement, Dr. Levin admitted into evidence Commonwealth Exhibits 1 through 6.

Testifying on behalf of the Commonwealth were the following:

In person: Meghan R. Wingate, DHP Senior Investigator.

By Telephone: Irving Goldstein, Esquire, attorney for Tower Park Real Estate; and Michael Andrew Shapiro, Associate Broker for Tower Park Real Estate.

Closed Meeting:

Dr. Gaskins moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) and § 2.2-3712(F) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Kym Johnson-Virgil. Additionally, Dr. Gaskins moved that Ms. Reen, Mr. Rutkowski, and Ms. Lee attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and passed.

Reconvene:

Dr. Gaskins 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.

DECISION:

Dr. Gaskins moved to accept the Findings of Facts and Conclusions of Law as presented by the Commonwealth. The motion was seconded and passed.

Dr. Gaskins moved to revoke the right of Dr. Johnson-Virgil to renew her license to practice dentistry in the Commonwealth of Virginia. The motion was seconded and passed.

ADJOURNMENT:

The Board adjourned at 9:14 a.m.

Jeffrey Levin, D.D.S. Chair

Sandra K. Reen, Executive Director

Date

Date

**VIRGINIA BOARD OF DENTISTRY
FORMAL HEARING
June 12, 2014**

TIME AND PLACE: The meeting of the Virginia Board of Dentistry was called to order at 2:00 p.m., on June 12, 2014 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Jeffrey Levin, D.D.S.

MEMBERS PRESENT: Charles E. Gaskins, III, D.D.S.
A Rizkalla, D.D.S.
Melanie C. Swain, R.D.H.
James D. Watkins, D.D.S.

MEMBERS EXCUSED: Surya P. Dhakar, D.D.S
Tammy K. Swecker, R.D.H.
Bruce S. Wyman, D.M.D.

MEMBERS ABSENT: Myra Howard, Citizen Member
Evelyn M. Rolon, D.M.D.

STAFF PRESENT: Kelley W. Palmatier, Deputy Executive Director
Huong Q. Vu, Operations Manager

COUNSEL PRESENT: James E. Rutkowski, Assistant Attorney General

OTHERS PRESENT: Corie Wolf, Assistant Attorney General
Shevaun Roukous, Adjudication Specialist
Wanda Blanks, Court Reporter, Farnsworth & Taylor Reporting

ESTABLISHMENT OF A QUORUM: With five members present, a panel was established.

**Farhad Hakim, D.D.S.
Case No.: 145247** Dr. Hakim appeared with Kenneth C. Hirtz, Esquire in accordance with a Notice of the Board dated March 17, 2014.

Dr. Levin swore in the witnesses.

Following Ms. Wolf's opening statement, Dr. Levin admitted into evidence Commonwealth's exhibits 1 through 3.

Following Mr. Hirtz's opening statement, Dr. Levin admitted into evidence Respondent's exhibit A and B.

Testifying on behalf of the Commonwealth were Ron Houser, DHP Senior Investigator, Andy Inge, DHP Investigative Assistant, and Patient A.

Dr. Hakim testified on his own behalf.

Closed Meeting:

Ms. Swain moved that the Board enter into a closed meeting pursuant to §2.2-3711(A)(27) and Section 2.2-3712(F) of the Code of Virginia to deliberate for the purpose of reaching a decision in the matter of Farhad Hakim, DDS. Additionally, she moved that Board staff, Ms. Palmatier, Ms. Vu, and Board counsel, Mr. Rutkowski attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and passed.

Reconvene:

Ms. Swain moved to certify that only public matters lawfully exempted from open meeting requirements under Virginia law were discussed in the closed meeting and only public business matters as were identified in the motion convening the closed meeting were heard, discussed or considered by the Board. The motion was seconded and passed.

The Board reconvened in open session pursuant to § 2.2-3712(D) of the Code.

Decision:

Ms. Swain moved to accept the Findings of Facts and Conclusion of Law as presented by the Commonwealth, amended by the Board, and read by Mr. Rutkowski. The motion was seconded and passed.

Mr. Rutkowski reported that the Board decided to reprimand and place Dr. Hakim on INDEFINITE PROBATION subject to the following terms and conditions:

- Monetary Penalty - \$10,000.00 to be paid to the Board within 90 days from entry of Order;
- Continuing Education – 7 hours in ethics and 4 hours in risk management within 12 months from entry of Order;
- Staff training – on proper accounting and billing practices within 6 months from entry of Order;
- Unannounced Inspection - Dr. Hakim's practice will be subject to unannounced inspection within 12 months from completion of staff training; and
- Inspection fee – Dr. Hakim is solely responsible for the inspection fee of \$350.00 to be paid to the Board within 30 days from such inspection.

Virginia Board of Dentistry
Formal Hearing
June 12, 2014

Ms. Swain moved to adopt the sanctions as read by Mr. Rutkowski. The motion was seconded and passed.

ADJOURNMENT: The Board adjourned at 7:26 p.m.

Jeffrey Levin, D.D.S., President

Sandra K. Reen, Executive Director

Date

Date

**VIRGINIA BOARD OF DENTISTRY
MINUTES
June 13, 2014**

TIME AND PLACE: The meeting of the Board of Dentistry was called to order at 9:02 a.m. on June 13, 2014, Department of Health Professions, 9960 Mayland Drive, Suite 201, Board Room 4, Henrico, Virginia 23233.

PRESIDING: Jeffrey Levin, D.D.S., President

BOARD MEMBERS PRESENT: Surya P. Dhakar, D.D.S.
Charles E. Gaskins, III, D.D.S.
A. Rizkalla, D.D.S.
Evelyn M. Rolon, D.M.D.
Melanie C. Swain, R.D.H.
Tammy K. Swecker, R.D.H.
James D. Watkins, D.D.S.
Bruce S. Wyman, D.D.S.

BOARD MEMBERS ABSENT: Myra Howard, Citizen Member

STAFF PRESENT: Sandra K. Reen, Executive Director for the Board
Elaine J. Yeatts, DHP Senior Policy Analyst
Kelley Palmatier, Deputy Executive Director for the Board
Huong Vu, Operations Manager for the Board

OTHERS PRESENT: David E. Brown, D.C., DHP Director
James E. Rutkowski, Assistant Attorney General

ESTABLISHMENT OF A QUORUM: With nine members of the Board present, a quorum was established.

DHP DIRECTOR'S REPORT: Dr. Brown reported the followings:

- Ms. Jamie Hoyle is the new Chief Deputy Director for DHP;
- Agency wide staff training was held in May;
- New Board members training is scheduled for September
- Virginia is participating in the National Governors' Association activities to recognize military credentialing in state licensing policies; and

- Legislation requiring all prescribers, including dentists, to register with the Prescription Monitoring Program (PMP) was passed

Dr. Brown concluded by thanking Dr. Levin for his eight years of service on the Board.

PUBLIC COMMENT:

Dr. Levin explained the purpose of the public comment period then asked for comments.

Dr. Jack Mrazik, of the Virginia Society of Oral Maxillofacial Surgeons, encouraged demonstration of emergency preparedness in the sedation/anesthesia permit holder office inspections. He added that the people who conduct the inspection should be trained anesthesia clinicians who know the proper use of emergency equipment.

Dr. John Unkel, a pediatric dentist, asked the Board to consider exempting permit holders who only practice/administer in JACHO accredited facilities from inspection by the Board.

Dr. Patricia Wunsch, President of the Virginia Society of Pediatric Dentistry, asked who will conduct the sedation inspections and commented that in MD and NC office inspections are completed by pediatric dentists. She requested that inspections focus on administration of sedation.

Ralston King, of the VA Dental Hygienists' Association, commented that the VDHA supports the practice of billing for periodic exams performed by dental hygienists.

Dr. William Bennett, Chairman, VDA Ethics & Judicial Affairs Committee, stated that he appreciates the Board's current efforts to address ethical behavior and professionalism. He encouraged the Board to be a better member in the organized dentistry community's efforts to promote ethical behavior before harm occurs.

**APPROVAL OF
MINUTES:**

Dr. Levin asked for possible approval of the minutes in a block, as listed on the agenda. Dr. Watkins moved to accept the minutes as published. The motion was seconded and passed.

**LIAISON/COMMITTEE
REPORTS:**

Board of Health Professions (BHP). Dr. Levin said that he did not attend the last meeting, and noted that mid-level providers are being reviewed.

AADB. Dr. Levin stated that he and Ms. Palmatier attended the AADB Mid-Year meeting in April. He said information from the meeting is available on the AADB website. He noted that AADB meets twice a year and he hoped that the Board will continue to attend the meetings.

Ms. Palmatier stated that her report is included in the agenda materials and added that the discussion of the pending NC Supreme Court case was very interesting.

ADEX. Dr. Rolon reported that the ADEX exam is now merged with the SRTA exam. She added that the next meeting is in November, 2014, in Chicago.

SRTA. Dr. Watkins commented that many of SRTA's exam features have been incorporated in the ADEX exam. He had no other information to report.

Ms. Swecker reported that the ADEX exam for dental hygienists will be the traditional SRTA exam. She added that she is going to the SRTA Annual meeting in August, 2014.

Dr. Watkins noted that NERB is asking SRTA examiners to examine for NERB. Ms. Reen suggested adding this matter as a business item for the September, 2014, business meeting. All agreed.

Regulatory-Legislative Committee. Dr. Levin stated that the Committee's May 2, 2014, minutes are in the agenda materials and the Committee's recommendations will be addressed later in the meeting.

LEGISLATION AND REGULATIONS:

Status Report on Regulatory Actions. Ms. Yeatts reported that the Periodic Review to reorganize Chapter 20 into four new chapters: 15, 21, 25 and 30, is in the final stages of review at the Secretary's Office. She said she anticipates things will move quickly.

Draft Legislation on Fee-Splitting. Ms. Yeatts stated that the draft legislation is proposed by the Regulatory-Legislative Committee to address concerns advanced through public comment about fee splitting by dentists with third parties. She also presented an edited version for the Board's consideration.

Dr. Gaskins moved to advance the edited version of the legislative proposals. The motion was seconded and passed.

Adoption of Guidance Document - Implementation of Periodic Office Inspections. Ms. Reen reported that the Regulatory-Legislative Committee advanced the draft document for Board consideration and action. She noted that subsequent to the Committee's action, she has revised the document in response to questions raised by licensees and recommendations made by staff in the Enforcement Division. She asked the Board to consider the revised version and said if there were any questions about the changes she made, action on the document could be deferred to the September meeting.

Ms. Swecker asked if it is appropriate to exempt inspections of permit holders who administer in hospitals accredited by JACHO. Ms. Reen said that it could be considered.

Dr. Dhakar asked the Board to announce inspections as is done for oral and maxillofacial surgeons. Ms. Reen said that the Board's interests and inspection resources are different from those of AAOMS, which is a membership organization. Ms. Yeatts explained that unannounced inspections are a statewide policy in keeping with the state's interest in promoting a culture of compliance.

Dr. Wyman asked if there is a mechanism to address VASOMS recommendation for demonstration of emergency preparedness. Ms. Yeatts suggested having Ms. Reen discuss the Board's interest in adding demonstration scenarios with the Enforcement Division. All agreed.

Ms. Reen noted that she is working with the Data Division to track the inspections of offices so that each office is inspected once in the three year cycle.

Dr. Levin asked that the Enforcement Division be asked to address its inspection practices at the Board September meeting. All agreed.

Dr. Wyman moved to accept the Committee's recommendation to accept the draft document with Ms. Reen's revisions, and to exempt JACHO accredited hospitals from inspection. The motion was seconded and passed.

BOARD

DISCUSSION/ACTION:

Review of Public Comment Topics. Ms. Reen noted that the comments received were:

- three (3) concerns about periodic office inspections which were addressed in the discussion of the guidance document,

- VDHA's support for billing for periodic exams performed by dental hygienists under general supervision, which will be addressed later in the agenda, and
- the request that the Board be a better partner with the VDA and the School of Dentistry in addressing ethics.

Purpose and Development Process for Guidance Documents.

Ms. Reen said she wanted to review the purpose of guidance documents in light of the interest of Board members in developing them on a variety of subjects. She then reviewed the definition in the Code of Virginia and presented her recommendations for addressing development of new documents. By consensus, the Board agreed to follow Ms. Reen's recommendations.

Draft Guideline for Conscious/Moderate Sedation. Ms. Reen stated that Dr. Levin developed this document before the sedation and anesthesia permit regulations went into effect. She added that it was presented at the Board's March meeting and was deferred at the request of Ms. Tysinger, Board counsel, so a legal review might be completed. She then asked Mr. Rutkowski to address the review.

Mr. Rutkowski advised that the proposed guidance exceeds the scope of a guidance document which should be used to interpret or implement statutes or regulations.

Dr. Levin said that he developed this document because he was approached by many permit holders who asked for further clarification of the sedation regulations.

Following discussion, the Board agreed by consensus to table this proposal.

Draft on Recordkeeping for Endodontic Root Canal Treatment.

Ms. Reen stated that Dr. Gaskins developed this proposal to address the inadequate recordkeeping for root canal treatment that he is seeing in numerous disciplinary cases. She added that it was presented at the May 2, 2014 Regulatory-Legislative Committee meeting for discussion, and the Committee forwarded the draft to the Board for consideration. She provided the recordkeeping information available in the Guide to Clinical Endodontics from the American Association of Endodontists for review by the Board.

Dr. Gaskins stated that his draft was reviewed by seven (7) board certified endodontists who reviewed his proposal.

Ms. Reen noted that currently there are no legal provisions addressing recordkeeping for specialty practices, and that

enforceable requirements can only be established by law or by regulation. She then asked for consideration of the implications of adopting this proposal. Mr. Rutkowski supported Ms. Reen's request.

Dr. Watkins moved to table this matter. The motion was seconded and passed.

Billing for a Periodic Exam Performed by a Dental Hygienist.

Ms. Reen said that Dr. Watkins is requesting discussion of the Board's position on the practice of billing for periodic exams performed by dental hygienists and consideration of developing a guidance document on the subject.

Dr. Watkins said this issue came up during a probable cause review when Board staff told him that such billing is permitted. He asked the Board to provide guidance on this because it is not clear whether such billing is, or isn't, permitted. After discussion, Dr. Levin suggested the matter be referred to the Regulatory-Legislative Committee. All agreed.

Changing the Education Requirement for Dental Licensure.

Ms. Reen stated that Dr. Wyman is requesting discussion on amending 18VAC60-20-60(A) which addresses the educational requirements for dentists.

Dr. Wyman stated that he is concerned about foreign trained dentists being licensed with only a 12 month Advance General Dentistry (AGD) accredited program. He felt that the 12 month program is inadequate. He added that the minimum post-doctoral dental specialty program is two (2) years. He moved to change the requirement of post-doctoral AGD programs from 12 months to 24 months. The motion was seconded.

Dr. Watkins asked if there was data supporting Dr. Wyman's position. Ms. Reen responded that this question had been researched for a prior meeting and the numbers at that time were that only one of about 200 individuals licensed by advanced training had received disciplinary action.

After discussion, Dr. Levin said he would like to refer this matter to the Regulatory-Legislative Committee for further research. Dr. Wyman withdrew his motion. All agreed to referral to the Committee.

Electronic Dental Records. Dr. Rizkalla stated concern about the impact computerized data entry can have on the quality and safety

of patient care. He added that cases heard indicate that clinical notes can be altered at any time after the date the patient was seen. He proposed that the Board investigate its role to safeguard patient care. He suggested the Board research the types of software and templates used in dentistry to learn how information can be altered. Dr. Levin assigned this subject to the Regulatory-Legislative Committee.

Dr. Gaskins presented a background summary of electronic records veracity concerns; then presented a resolution proposing that the Board send to Dr. Brown a request that DHP expand its investigations capacity to include forensics IT/"expert witness" specialist(s). Ms. Reen commented that Dr. Brown has identified electronic records to be a concern. She said it is appropriate and timely for the Board to convey its interest in having the ability to investigate the integrity of electronic records. The resolution was seconded and passed.

**REPORT ON CASE
ACTIVITY:**

Ms. Palmatier reported on the Board's disciplinary case statistics, noting that for the third quarter of FY2014, the Board received 84 cases and closed 65 cases for a 77% clearance rate; which is down from 127% from last quarter. She noted that two dentists and two hygienists were summarily suspended, and one dentist was summarily restricted between February 23 and May 28, 2014.

Ms. Palmatier cited multiple reasons for the decline in numbers in the third quarter and asked Board members to be diligent about reviewing the entire file and filling out the probable cause review form accurately and completely.

Ms. Palmatier requested guidance on whether the Board would like to add a requirement for respondents to report to the Prescription Monitoring Program the dispensing of Schedule II-IV substances when the facts of a case warrant such a sanction.

Dr. Gaskins moved to include this sanction in Board orders as suggested by Ms. Palmatier. The motion was seconded and passed.

Ms. Palmatier stated that respondents and their attorneys have asked the Board to reconsider its practice of placing respondents on "indefinite probation", when only completion of continuing education, passage of the Board's Dental Law Exam, or unannounced inspections are imposed. By reports, Respondents are experiencing problems with maintaining malpractice insurance when sanctioned for "indefinite probation"; even though these forms

of discipline do not restrict practice. Ms. Palmatier reported that other boards in DHP only impose indefinite probation when the terms imposed restrict a respondent's ability to practice.

Dr. Gaskins moved to not routinely impose indefinite probation when sanctions are limited to completing CE courses, passing the Board's Dental Law Exam, or requiring an unannounced inspection. The motion was seconded and passed.

**EXECUTIVE
DIRECTOR'S
REPORT/BUSINESS:**

Revised Inspection Form for Permit Holder Office Inspection. Ms. Reen stated that the Regulatory-Legislative Committee recommended adoption of the inspection form with the addition of inspecting for emergency preparedness. She noted that the form meets the need of Enforcement and the content of the form is under review for adaption to an electronic format.

Dr. Wyman suggested deleting the education, recordkeeping, and environmental conditions sections from the form for permit inspections. Ms. Reen explained that the form as presented needed to be maintained even if a separate form is established for permit holder inspections. She said the Board has the authority to look at the whole environment in order to protect the public. She suggested adopting the form as presented, and then consider revising it, or establishing a separate form, when the review for an electronic format is finished.

Ms. Swain moved to adopt the form as presented. The motion was seconded and passed.

Practice Ownership. Ms. Reen stated that Ms. Hoyle, DHP Chief Deputy Executive Director, is assisting her in identifying the agencies and organizations to be represented on the regulatory advisory panel such as the State Corporation Commission, Commonwealth's Attorney, Department of Medical Assistance Services, Virginia Dental Association, and Medicaid Fraud Control Unit. She added that polling members to schedule the next Regulatory-Legislative Committee meeting before September has not been successful to date.

Dr. Wyman suggested that the Committee meet in the afternoon of the days the business meetings are held, to facilitate participation by all members. Ms. Reen said that this option can be explored. Discussion followed about facilitating the participation of Board members, scheduling formal hearings, balancing the work for

effectiveness, and having the Board address policy matters as part of its agenda, rather than use a committee. No action was taken.

Board Staff. Ms. Reen reported that

- recruiting is underway for a licensing manager,
- Dr. Charles Cuttino, a long term expert witness for the Board, has decided not to renew his contract, so she is looking for a replacement, and
- she is exploring the possibility of additional contracts for experts to assist with probable cause reviews.

2015 Proposed Calendar. Ms. Reen stated that the 2015 proposed calendar is presented for adoption by the Board. She suggested making the reserve dates into Committee meeting dates. By consensus, the Board adopted the calendar and accepted Ms. Reen's suggestion.

Guidance Documents. Ms. Reen explained that reviewing existing guidance documents to assure that those posted are current, is ongoing. She added that some of the documents are outdated, and she will have them removed from the webpage within the next two (2) weeks. She then reviewed with the Board the documents currently posted on the webpage; noting which may need to be removed or modified.

Nominating Committee. Dr. Watkins asked for appointment of the Nominating Committee. Discussion followed about when the Committee should be appointed, and who should make the appointments. Following consideration of the Bylaws, Dr. Levin asked anyone interested in serving on the Committee to let him know following adjournment.

ADJOURNMENT: With all business concluded, the meeting was adjourned at 1:05 p.m.

Jeffrey Levin, D.D.S., President

Sandra K. Reen, Executive Director

Date

Date

**VIRGINIA BOARD OF DENTISTRY
FORMAL HEARING
June 13, 2014**

TIME AND PLACE: The meeting of the Virginia Board of Dentistry was called to order at 1:40 p.m., on June 13, 2014 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Jeffrey Levin, D.D.S., President

MEMBERS PRESENT: Charles E. Gaskins, III, D.D.S.
Al Rizkalla, D.D.S.
Melanie C. Swain, R.D.H.
James D. Watkins, D.D.S.
Bruce S. Wyman, D.M.D.

MEMBERS ABSENT: Surya P. Dhakar, D.D.S.
Myra Howard, Citizen Member
Evelyn M. Rolon, D.M.D.
Tammy K. Swecker, R.D.H.

STAFF PRESENT: Sandra K. Reen., Executive Director
Huong Q. Vu, Operations Manager

COUNSEL PRESENT: James E. Rutkowski, Assistant Attorney General

OTHERS PRESENT: Wayne T. Halbleib, Senior Assistant Attorney General
Gerald A. Milsky, Adjudication Specialist
Andrea Pegram, Court Reporter, Court Reporting Services, LLC.

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

**Tracy E. Spraker, R.D.H.
Case No.: 155393** Ms. Spraker was not present in accordance with a Notice of the Board dated May 13, 2014.

Mr. Halbleib addressed that proper notice was given to the Respondent, and introduced into evidence an Affidavit signed by Ms. Reen that verified that the Formal Hearing and Statement of Particulars were sent by certified mail to Ms. Spraker's address of record on file with the Board. He also stated that signed certified mail documents were returned from the Post Office.

Dr. Levin ruled that adequate notice was given in this case based upon the representations of the Commonwealth and the hearing proceeded in the Respondent's absence.

Dr. Levin swore in the witnesses.

Following Mr. Halbleib's opening statement, Dr. Levin admitted into evidence Commonwealth's Exhibits 1 through 4.

Testifying on behalf of the Commonwealth were the following:

In person: Laura Pezzulo, DHP Senior Investigator

By phone: Brandon Scott Fletcher, Pharmacist of Rite-Aid Pharmacy in Wytheville, Virginia.

Closed Meeting:

Ms. Swain moved that the Board enter into a closed meeting pursuant to §2.2-3711(A)(27) and Section 2.2-3712(F) of the Code of Virginia to consider the matter of Dr. White. Additionally, he moved that Board staff, Ms. Reen, Ms. Vu, and Board counsel, Mr. Rutkowski to attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and passed.

Reconvene:

Ms. Swain moved to certify that only public matters lawfully exempted from open meeting requirements under Virginia law were discussed in the closed meeting and only public business matters as were identified in the motion convening the closed meeting were heard, discussed or considered by the Board. The motion was seconded and passed.

The Board reconvened in open session pursuant to § 2.2-3712(D) of the Code.

Decision:

Ms. Swain moved to accept the Findings of Facts and Conclusion of Law as presented by the Commonwealth. The motion was seconded and passed.

Ms. Swain moved to revoke Ms. Spraker's license. The motion was seconded and passed.

Virginia Board of Dentistry
Formal Hearing
June 13, 2014

ADJOURNMENT: The Board adjourned at 2:41 p.m.

Jeffrey Levin, D.D.S., President

Sandra K. Reen, Executive Director

Date

Date

UNAPPROVED

**BOARD OF DENTISTRY
NEW MEMBER ORIENTATION**

Friday, July 11, 2014

**Department of Health Professions
9960 Mayland Drive, Suite 200
Richmond, Virginia**

-
- CALL TO ORDER:** The meeting was called to order at 9:05 a.m.
- PRESIDING:** Melanie Swain, R.D.H., President
- MEMBERS PRESENT:** John M. Alexander, D.D.S.
Al Rizkalla, D.D.S.
- STAFF PRESENT:** Sandra K. Reen, Executive Director
Kelley W. Palmatier, Deputy Executive Director
Donna Lee, Discipline Case Manager
- ORIENTATION:** Ms. Swain welcomed Dr. Alexander to the Board and informed him that she is currently serving as President. Ms. Swain stated there is a steep learning curve and that she is willing to be of assistance in any way that she can, and also encouraged Dr. Alexander to contact Board staff if he has questions about anything related to the Board. Ms. Swain reviewed the Bylaws and the Code of Conduct for Members and Ms. Reen explained the information in the Board of Dentistry binder.
- Ms. Lee reviewed the state's policies on travel, per diems and conflict of interest training.
- Ms. Reen stated that being a Board member is a prestigious position, but it does not include individual privileges because the Board speaks as a body. She added that she is the spokesperson for the Board and asked Dr. Alexander to direct questions and requests for assistance related to Board business to her. Ms. Reen explained the Board's three areas of work; licensure, regulation, and discipline. She gave an overview of the Board's structure, staffing, and memberships in SRTA and ADEX as well as its participation in AADB meetings; and stated that serving as an examiner is optional.
- Ms. Palmatier explained and discussed the disciplinary case process and the roles of Enforcement and APD. She reviewed the Probable Cause Review form and explained the information necessary to close a case and to move a case forward for an advisory letter, confidential consent agreement, pre-hearing consent order or informal conference. She also reviewed the laminated guide staff prepared on case reviews, probable cause decisions and disciplinary action; and encouraged Dr. Alexander to use it to help him work through his cases and urged him to call the assigned case manager or her if he has any questions about a case.
- ADJOURNMENT** The training was adjourned at 3:05 p.m.

**Virginia Board of Dentistry
New Member Orientation
July 11, 2014**

Melanie S. Swain, R.D.H., President

Sandra K. Reen, Executive Director

Date

Date

UNAPPROVED

VIRGINIA BOARD OF DENTISTRY

MINUTES

SPECIAL SESSION- TELEPHONE CONFERENCE CALL

- CALL TO ORDER:** The meeting of the Board of Dentistry was called to order at 5:24 p.m., on July 16, 2014, at the Department of Health Professions, Perimeter Center, 2nd Floor Conference Center, Hearing Room 5, 9960 Mayland Drive, Henrico, VA 23233.
- PRESIDING:** Charles E. Gaskins, III, D.D.S., Vice-President
- MEMBERS PRESENT:** John M. Alexander, D.D.S.
A. Rizkalla, D.D.S.
Evelyn M. Rolon, D.M.D.
Tammy K. Swecker, R.D.H.
Bruce S. Wyman, D.M.D.
- MEMBERS ABSENT:** Surya P. Dhakar, D.D.S.
Melanie C. Swain, R.D.H.
James D. Watkins, D.D.S.
- QUORUM:** With six members present, a quorum was established.
- STAFF PRESENT:** Sandra K. Reen, Executive Director
Tiffany Laney, Adjudication Specialist
Donna Lee, Discipline Case Manager
- OTHERS PRESENT:** James E. Rutkowski, Assistant Attorney General
Corie Wolf, Assistant Attorney General
- Darlene Nicoletti,**
D.D.S.
Case No.: 152378
- The Board received information from Ms. Wolf in order to determine if Dr. Nicoletti's substance abuse and dependency constitute a substantial danger to public health and safety. Ms. Wolf reviewed the case and responded to questions.
- Closed Meeting:** Dr. Rizkalla moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Darlene Nicoletti. Additionally, Dr. Rizkalla moved that Ms. Reen, Mr. Rutkowski, and Ms. Lee attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and passed.
- Reconvene:** Dr. Rizkalla 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.

DECISION:

Dr. Rizkalla moved to summarily suspend Dr. Nicoletti's license to practice dentistry in the Commonwealth of Virginia in that she is unable to practice dentistry due to substance abuse and dependency, schedule her for a formal hearing, and offer a consent order for the voluntary surrender for revocation of her license to practice dentistry in lieu of proceeding with a formal hearing. Following a second, a roll call vote was taken. The motion passed unanimously.

ADJOURNMENT:

With all business concluded, the Board adjourned at 5:46 p.m.

Charles E. Gaskins, III, D.D.S., Chair

Sandra K. Reen, Executive Director

Date

Date

UNAPPROVED

VIRGINIA BOARD OF DENTISTRY

MINUTES

SPECIAL SESSION - TELEPHONE CONFERENCE CALL

- CALL TO ORDER:** The meeting of the Board of Dentistry was called to order at 5:19 p.m., on August 25, 2014, at the Department of Health Professions, Perimeter Center, 2nd Floor Conference Center, 9960 Mayland Drive, Henrico, VA 23233.
- PRESIDING:** Melanie C. Swain, R.D.H., President
- MEMBERS PRESENT:** Charles E. Gaskins, III, D.D.S.
A. Rizkalla, D.D.S.
Evelyn M. Rolon, D.M.D.
Tammy K. Swecker, R.D.H.
James D. Watkins, D.D.S.
Bruce S. Wyman, D.M.D.
- MEMBERS ABSENT:** John M. Alexander, D.D.S.
Surya P. Dhakar, D.D.S.
- QUORUM:** With seven members present, a quorum was established.
- STAFF PRESENT:** Sandra K. Reen, Executive Director
Tiffany Laney, Adjudication Specialist
Donna Lee, Discipline Case Manager
- OTHERS PRESENT:** James E. Rutkowski, Assistant Attorney General
Wayne T. Halbleib, Senior Assistant Attorney General
- Stephanie F. Hamman, R.D.H.
Case No.: 156078** The Board received information from Mr. Halbleib in order to determine if Ms. Hamman's impairment from substance abuse and mental illness constitute a substantial danger to public health and safety. Mr. Halbleib reviewed the case and responded to questions.
- Closed Meeting:** Dr. Gaskins moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Stephanie F. Hamman. Additionally, Dr. Gaskins moved that Ms. Reen, Mr. Rutkowski, and Ms. Lee attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded and passed.
- Reconvene:** Dr. Gaskins 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.
- DECISION:** Dr. Wyman moved that the Board summarily suspend Ms. Hamman's license to practice dental hygiene in the Commonwealth of Virginia in that she is

to practice dental hygiene in the Commonwealth of Virginia in that she is unable to practice dental hygiene safely due to impairment resulting from substance abuse and mental illness, and schedule her for a formal hearing; also offer a consent order for the indefinite suspension of her license to practice dental hygiene for not less than two years in lieu of proceeding with a formal hearing. Following a second, a roll call vote was taken. The motion passed unanimously.

ADJOURNMENT: With all business concluded, the Board adjourned at 5:48 p.m.

Melanie C. Swain, R.D.H., Chair

Sandra K. Reen, Executive Director

Date

Date

PRELIMINARY PROGRAM
131st Annual Meeting
AMERICAN ASSOCIATION OF DENTAL BOARDS
Hyatt Regency Hotel
San Antonio, TX
October 7-8, 2014

Tuesday, October 7, 2014

General Assembly Session I - Non-Traditional Dental Practice

11:00 a.m. – 1:00 p.m.	REGISTRATION
1:00 p.m.	GENERAL ASSEMBLY – SESSION I
1:00 p.m. – 1:30 p.m.	OPENING CEREMONIES
1:15 p.m. – 1:45 p.m.	ADA Update – Dr. Charles H. Norman III, ADA President
1:45 p.m. – 3:30 p.m.	Sleep Apnea and the Standard of Care - Dr. George Conard, WV
3:30 p.m. – 3:45 p.m.	COFFEE BREAK
3:45 p.m. – 4:00 p.m.	Nominations
4:00 p.m. – 4:30 p.m.	Reference Committee - Bruce D. Horn, DDS, OK, Chair - Jerri Ann Donahue, DDS, WY - Jade Miller, DDS, NV - David W. Perkins, DMD, CT - Conrad McVea, DDS, LA - Maulid Miskell, CO
4:30 p.m. to 5:00 pm	CAUCUSES
6:00 p.m. to 7:30 p.m.	PRESIDENT’S RECEPTION

Wednesday, October 8, 2014

7:00 a.m. – 8:00 a.m.	Voting set up at the registration desk if needed
7:00 a.m.	LIAISON MEETING NEW MEMBER ORIENTATION PROGRAM COMMITTEE MEETING
8:00 a.m.	GENERAL ASSEMBLY – SESSION II
8:00 a.m. – 10:00 a.m.	Sleep Apnea and the Standard of Care - Dr. George Conard, WV
10:00 a.m. – 10:15 a.m.	COFFEE BREAK
10:15 a.m. – 11:30 a.m.	Corporate Dental Practices - Lili Reitz, Esq., OH, Co-Chair - Grant Gerber, Esq., MD, Co-Chair
11:30 a.m. – Noon	Quality Control - Dr. Rob Compton Dentaquest and Delta Dental
Noon	BANQUET LUNCHEON Recognition of “Citizen of the Year”
1:30 p.m. – 2:00 p.m.	BUSINESS SESSION Report of the Reference Committee - Bruce D. Horn, DDS, OK, Chair Report of the Nominating Committee - Dr. Mark Hinrichs, NE, AADB Immediate Past President Election and Installation of Officers
2:00 p.m. – 3:00 p.m.	Open Forum (State Board Issues) - Mr. Patrick Braatz, OR, Moderator
3:00 p.m. – 3:30 p.m.	Dental Group Practice - Dr. Sam Shames
3:30 p.m. – 4:00 p.m.	Corporately-owned dental practices - Lili Reitz, Esq., OH
4:00 - 4:30 p.m.	ASP Experience from the Assessment Centers Dr. Louis DePaola

Tuesday, October 7, 2014

1:00 p.m. – 5:00 p.m.

Board Attorneys' Roundtable (BAR)

- Lili Reitz, Esq., OH, Co-Chair

- Grant Gerber, Esq., MD, Co-Chair

Wednesday, October 8, 2014

8:00 a.m. – 5:00 p.m.

Board Attorneys' Roundtable (BAR)

- Lili Reitz, Esq., OH, Co-Chair

- Grant Gerber, Esq., MD, Co-Chair

ADEX

American Board of Dental Examiners, Inc.

10th Annual Meeting

SAVE THE DATES

NOVEMBER 7, 8, 9, 2014

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ADEX Quality Assurance Committee

ADEX Dental Examination Committee &

Subcommittees

ADEX Dental Hygiene Examination Committee

ADEX Board of Directors

ADEX Reception

ADEX House of Representatives

DoubleTree Hotel O'Hare – Rosemont, IL

Official information will be sent in July 2014

Questions contact ADEXOFFICE@aol.com

**ADEX House of Representatives
Doubletree Hotel
Rosemont, IL**

**Sunday, November 9, 2014
8:00 a.m. to 12:00 p.m.**

Preliminary Agenda

Agenda

- I. Call to Order – Dr. Bruce Barrette
- II. Roll Call
- III. Introduction of Guests
- IV. Adoption of Agenda
- V. Update
 - a. President's Address – Dr. Bruce Barrette
 - b. Dental Examination Overview – Dr. Scott Houfek, Chair Dental Examination Committee
 - c. Hygiene Examination Overview – Ms. Nanette Kosydar Dreves, Chair Dental Hygiene Examination Committee
 - d. Dental/Dental Hygiene Examination Technical Report –
 - e. Educational Program – Speakers and Subjects to be determined.
- VI. Nominations of Officers
- VII. Business Meeting
 - a. District Caucuses
 - b. Report from Caucuses
- VIII. Action on Proposed Bylaws Changes If Any
- IX. Election of Officers
- X. Formal Adoption of Dental and Dental Hygiene Examinations
- XI. Other Business
- XII. Future Meetings Dates
- XIII. Adjournment

SOUTHERN REGIONAL TESTING AGENCY
DENTAL HYGIENE EDUCATORS MEETING

August 7, 2014

1:00p.m.-3:00p.m.

- I. Call to order: Tammy Swecker BSDH, M.Ed.
- II. Educators Present: There were seventeen educators present representing the following dental hygiene programs:
 - 1. Wytheville Community College
 - 2. Virginia Western Community College
 - 3. Virginia Commonwealth University
 - 4. Old Dominion University
 - 5. Tennessee State University
 - 6. West Virginia University
 - 7. Chattanooga State Community College
 - 8. Greenville Technical College
 - 9. University of Tennessee, Memphis
 - 10. Wallace State Community College
 - 11. Remington College
- III. Review of 2014 Examination process, possible changes and general comments:
 - a. Overall consensus of educators of the 2014 SRTA exam was the examination was organized and went well.
 - b. Manual content was concise and easy to understand, SRTA quick tips were very helpful and scope of content was good.
 - c. Advised changes to Dental Hygiene Procedures Form:
 - i. Change in grading for radiographs:
 - 1. Currently candidates may earn all 8 points or lose all 8 points if any radiographic errors are made.
 - 2. The ADEX exam has an electronic examination module that is clinically focused. These questions will allow candidates to demonstrate their ability to read (dental hygiene diagnose), evaluate radiograph techniques, and errors.
 - 3. Educators recommend radiographs be weighted two points on the SRTA 2016 exam. Radiographs are either of diagnostic quality or not. The ADEX exam does not require the candidate to expose the films so candidates must determine if the radiograph are of diagnostic quality. A panorex or a full mouth series of radiographs (taken within past 3 years) may be submitted; however bitewing radiographs are required.
 - 4. If points for radiographs are reduced to two points, educators recommend the distribution of the remaining six points in the following areas:
 - a. Educators recommended adding one point to each category of the Initial Case Presentation:

- i. At least two molars in the full selection (quadrant plus additional teeth), with at least one of the molars located in the quadrant
 - ii. At least six teeth in the quadrant
 - iii. At least one molar with a proximal contact (may be located in either the quadrant or on additional teeth)
 - iv. Patient free of excessive soft debris
 - b. Educators recommended adding two points to the final case presentation.
 - c. Justification for distribution of remaining points is candidates need to present for the examination a qualifying patient and candidates present a patient at the end of the exam that is free of debris.
- d. Educators advised the local anesthesia test should be optional and based on state regulation.
- e. Educators are interested in Beta testing the EEMs on the ADEX exam.
- f. Educators would like to see consistency with the exam from year to year and reduction of changes and to have available in December a link to the manual.

IV. Kathleen White, SRTA Executive Director requested a volunteer to assist with site consolidation. Lynn Russell volunteered to assist SRTA.

V. Changes in the dental hygiene exam for 2015 recommended by the Dental Hygiene Exam Committee:

- a. Periodontal Charting Form will be changed to the Dental Charting Form. Candidates will no longer need to provide a full mouth periodontal charting for the SRTA examiners.
- b. The periodontal probe will be changed from the PCP 10 with Williams markings to the UNC 12 probe.

Respectfully submitted:

Tammy K. Swecker BSDH. M.Ed.

REPORT OF THE SRTA ANNUAL CONVENTION (August 7-9)

Held in Myrtle Beach at the Embassy Suites at Kingston Plantation Resort

2015 SRTA ANNUAL MEETING WILL BE HELD AT BALTIMORE'S INNER HARBOUR (HYATT HOTEL).

**NEW SRTA OFFICERS ARE DR. MARC MUNCY (AR)——PRESIDENT
DR. MICHELLE BEDELL (SC)——PRESIDENT-ELECT
DR. BOB HALL (VA)——TREASURER
DIANNE EMBRY, RDH (KY)——SECRETARY**

THE FOLLOWING REPORTS OF THE DAILY SESSIONS ARE ATTACHED:

- 1. AUGUST 7TH DENTAL EXAMINATION COMMITTEE REPORT**
- 2. AUGUST 8TH STRATEGIC PLANNING COMMITTEE REPORT**
- 3. AUGUST 9TH FINANCE COMMITTEE REPORT**

ALL REPORTS PRESENTED WERE VOTED AND ACCEPTED.

PRESIDENT H. RICHARD MARSHALL, DDS CALLED THE MEETING OF THE GENERAL ASSEMBLY TO ORDER ON SATURDAY, AUGUST 9TH AT 8:15AM.

A QUORUM WAS ESTABLISHED.

STATE BOARD MEMBERS WERE INTRODUCED AS WELL AS ASSOCIATE MEMBERS.

DR. TOM WILLIS OF THE ALABAMA DENTAL BOARD GAVE A PRESENTATION OF THE ALABAMA STATE DENTAL HYGIENE PROGRAM (with emphasis on why it is not truly a "preceptorship" program.) DR. WILLIS IS A PROPONENT OF THIS PROGRAM AND CURRENTLY EMPLOYS 4 HYGIENISTS (2 CODA TRAINED AND 2 ASDH TRAINED) AND STATES HE AND MOST OF HIS COLLEAGUES CANNOT DISCERN A DIFFERENCE IN TREATMENT PROVIDED TO HIS PATIENTS.

FIVE REVISIONS TO THE BY-LAWS WERE PRESENTED AND VOTED ON BY THE MEMBERSHIP.

- 1. ARTICLE VII: ADDITION OF A SECTION 10, THAT DEALS WITH THE EXECUTIVE COMMITTEE**
- 2. ARTICLE IV: CHANGES THE TERM OF OFFICE OF THE OFFICERS OF SRTA TO ONE (1) YEAR**
- 3. ARTICLE VIII: DELETING A PHRASE (or is individually approved by the participating board"**
- 4. ARTICLE VIII: CHANGING THE NAME OF EXCHANGE EXAMINERS TO "ADJUNCT" EXAMINERS (the intent of this was to allow examiners from other states or schools to be examiners" and after a lot of debate this issue was referred back to By-Laws committee for further review."**
- 5. ARTICLE VIII: REGARDING DENTAL HYGIENE STUDENTS: ELIGIBILITY CAN ALSO BE ESTABLISHED BY "ANY INDIVIDUAL STATE DENTAL HYGIENE TRAINING PROGRAM."**

2015 EXAMINATION DATES WERE PRESENTED (see attached report)

A DATE AND PLACE WILL BE DETERMINED TO HAVE A CALIBRATION OF CAPTAINS AND CHIEFS.

ASSEMBLY WAS ADJURED AT 11AM.

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Dental Examination Committee Report to the Board of Directors

August 7, 2014

The Dental Exam Committee met with Dental Educators, Chiefs, Captains, and CFEs and guests from ADEX. There was discussion on items presented to the committee from the Educators Forum in June.

Items to present to the Dental Exam Committee from the June Educators Forum

- A change Educators would like to see in Periodontal Scaling is to treat it just like Restorative and let the candidate submit a second selection on same patient or a different patient. After two non-approvals, the candidate fails that section.

Committee Action: The committee supports this change for the 2016 Exam year.

- Shrouds for the manikin procedures were discussed. The schools have made a financial investment for the boards and those schools who utilize the Acadental shroud want to continue using them. SRTA supports them in their choice to use the Acadental shroud.

Committee Action: The committee supports keeping the guidelines for the use of shrouds the same, allowing any shroud for the manikin procedures.

- In order to allow D3s to take the manikin sections in their junior year, ask that the 18 month rule be changed separating the manikin sections from the patient and computerized sections, allowing completion of the manikin sections 18 months after they are initiated and allowing completion of the patient and computer sections 18 months after they are initiated.

Committee Action: The committee is not recommending any change to when a student candidate is eligible to sit for the manikin exams. This would require a change in the bylaws and could potentially be a scheduling problem resulting in several PIE I's scheduled at exam sites per year and could be costly to the agency. The

- Consider scoring the Fixed Prosthodontic procedures bench top versus in the manikin. Some of the Educators prefer scoring with the typodont in the manikin.

Committee Action: The committee recommends that we continue to score the Fixed Prosthodontic procedures bench top versus in the manikin.

Recommendations to the ADEX Periodontal Subcommittee for the 2016 ADEX Dental Exam

Dr. John Douglass made the motion that the SRTA Dental Exam Committee recommends to the ADEX Periodontal subcommittee that the candidate has the option to use a backup patient if the first patient is not approved. The motion was seconded and voted on, passing unanimously.

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The committee came up with three suggestions for the annual Chief, CFE and Captain Workshop. First suggestion is to have it in Charlotte, NC January 16-17, 2015. The second suggestion is to have it in Orlando FL January, 2015. A good number of our Chiefs, CFEs and Captains will be in Orlando for the NERB Annual meeting. A third suggestion would be to postpone the January workshop until August 2015. There is only one change to the ADEX exam, in Periodontal Scaling. Beginning with the 2015 Annual meeting, the committee recommends the annual workshop be held in conjunction with the annual meeting in August.

The office will check on the logistics of each of these suggestions and get back to the committee.

The committee has asked that the Examiners Manual be combined with the CHIEF, CFE and Captains manuals, separated by tabs. The manual will be available to all examiners online, if they want to print it. The office will pack a printed copy of the manual in each exam box.

The committee voted unanimously for Dr. George Martin as chair of the Dental Exam committee for the 2014/2015 term.

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Virginia Board of Dentistry

August 8, 2014
Strategic Planning Committee
Myrtle Beach, SC

All committee members were present; several visitors- including representatives from UT; President-Elect Dr. Michelle Bedell & representatives from the Boards of nearly every state. SRТА Rep Christina Pickman was also present.

The meeting highlighted two areas:

1. Things accomplished in past year
2. Things unfinished in past year (and new items)

1. Things accomplished:

- SWOT Analysis
- Website updates/improvements
 - Phase 1 - Very near completion; candidate portion
 - Phase 2 – In the works, examiner portion- include on-line training, examiner manual, exam sites, date assignments, examiner blog, online newsletter, examiner problem-solving
- Established better working relationships with institutions
 - Assignments of at least two SRТА reps as liaisons to each school
 - Committee heard reports from the liaisons for Meharry (Dr. Douglass), Ut (Dr. Isbell), VCU (Dr. Mullins), UK/UL (Mary Ann Burch)
- Development of mentoring program for new examiners
 - Dr. Isbell Reported

2. Things Unfinished

- Website developments (for examiners)
- Photo directory for SRТА examiners
 - To be used when assigned teams are notified (for examiner identification purposes)
- Outsource marketing (via professional marketing advisors)
- Continuing to explore the use of computer technology to assist scoring
 - Notably using 3 –shape scanner to assess prepared typodont teeth in prosthetic portion of exam

2-B. New Ideas

- Formulation of online membership survey
 - To help assess current status of agency
 - To assist in determining scope and direction of SRТА's future
 - Request assistance from professionally trained survey experts
 - Compile results of survey and communicating with examiners all survey results

Conclusion

Committee will continue to meet on a quarterly basis.

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SRTA
Strategic Planning Committee
Annual Report

During the 2013 annual meeting in Charleston, South Carolina, the committee decided to meet on a quarterly basis beginning October 7, 2013. The staff person selected to help with the committee is Christina Pickman.

So far the committee has been well-represented and has been very active and productive. A sub-committee consisting of Dr. Bob Zena, Dr. Nadim Jubran and Christina Pickman was selected during the October meeting to research marketing companies and tools. Pursuing outsource marketing is one the main objectives of the committee. It was agreed upon that upgrading the SRTA website to be more candidate friendly and user friendly is of primary importance and that work on this objective should begin as quickly as possible.

In March, 2014, the Strategic Planning Committee met in Charlotte, North Carolina, for a two-day session for SWOT Analysis (exploring strengths, weaknesses, opportunities and threats) and to formulate a 3 to 5 year Operating Plan. This was a very productive meeting and involved not only the formulation of specific plans but also their imminent implementation. A copy of the conclusions of the SWOT Analysis session is available upon request.

During the meeting of April, 2014, it was announced that progress on the website was moving forward. The examiner link is still not ready. Online training should be available in about two months, and all other online services should be ready within one month.

On April 29, 2014, a small group representing the committee met again in Charlotte, North Carolina, for the expressed purpose of exploring the possibility of utilizing advanced computer technology to assist in scoring the fixed prosthetic portion of the ADEX examination. Chuck Warren of Springville, Utah, a noted expert in CAD-CAM technology, demonstrated the benefits and applications of a 3-Shape scanner. The group was most impressed with the technology but unanimously determined that, as things currently stand, it would not be prudent for SRTA to devote any more attention to this method of scoring at the present time. Hopefully it will be something that SRTA and ADEX will find useful in the future.

The Strategic Planning Committee is slated to meet one more time (on July 7, 2014,) before the SRTA annual meeting in August.

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Virginia Board of Dentistry

**FINANCE COMMITTEE REPORT
SOUTHERN REGIONAL TESTING AGENCY
AUGUST 9, 2014**

The Finance Committee is composed of one member from each participating State Board. As stated in the Bylaws, the Committee is chaired by the Treasurer, who is elected by the members of the General Assembly. The duties as outlined in the Bylaws are;

- 1- The Finance Committee shall draft a budget that is reasonable and attainable, including oversight of budgets of all committees and development of policies related to expenses, and shall submit quarterly reports to the Board of Directors and an annual report to the Board of Directors ninety (90) days prior to the annual meeting. The budget and the annual financial report shall be submitted to all members of the General Assembly not less than 45 days prior to the annual meeting.
- 2- The Finance Committee shall develop policies related to expenses and reimbursement for all SRTA related activities, and these proposals shall be submitted to the Board of Directors.
- 3- The Finance Committee must approve the budget of all committees of the Agency.
- 4- The Finance Committee may restrict expenditures once a committee has exceeded their annual budget. Any proposed expenditure not included with in a committee or operating budget must be submitted to the Finance Committee, which may approve, amend, or reject the request.

The Finance Committee met 6 times during the past fiscal year. Five of the meetings were via telephone conference call. The committee met with the Board of Directors in a joint meeting in February to hear a presentation by Donna O'Donnell, account manager and primary CPA for the Annual Compilation Review of the past fiscal year 2012-13. The final meeting was held on August 8, 2014 here at the SRTA Annual Meeting. All meetings were well attended by committee members. The financial reports were reviewed for each quarter and submitted to the Board of Directors by the Treasurer.

Recommendations approved by the committee and presented to the Board of Directors were:

- Proposed annual budget for fiscal year 2014-2015
- Review of a tenant rental and lease contract
- Recommendation of the accounting firm for the annual compilation report
- Update of the office Quicken accounting software
- Periodic review of CSW financials

Submitted by;

H.M. "Bo" Smith- Chairman Kentucky and Arkansas

Arkansas- George Martin

Kentucky- Susan King

Mississippi- Frank Dalton

South Carolina- Van Morgan

Tennessee- Randy Prince

Virginia- Ed Mullins

West Virginia- Craig Meadows

Consultant- Leah Diane Howell Mississippi

Consultant- David Bell Arkansas

Consultant- James Vargo West Virginia

Consultant- Bob Hall Virginia

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Virginia Board of Dentistry

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Virginia Board of Dentistry

SOUTHERN REGIONAL TESTING AGENCY
 2015 EXAMINATION DATES
 AS OF 07/30/2014

DATE	MOCK BOARDS	PIE I DENTAL	PIE II COMPLETE/SECTIONAL DENTAL	COMPLETE/SECTIONAL DENTAL	HYGIENE
AUGUST 15, 2014	MMC PIE I				
NOVEMBER	UT M PIE I				
DECEMBER 6, 2014	WVU M PIE I				
DECEMBER 11-12, 2014	MUSC M PIE I & II (ON MANIKIN)				
JANUARY 26	UT M PIE II (ON PATIENTS)				
JANUARY 30-31	VCU M PIE I (31) SIM LAB	WVU			
FEBRUARY 7	WVU M PIE II	MUSC (SIM LAB)			
FEBRUARY 13-14		UT			
FEBRUARY 20-21		VCU (SIM LAB)			
FEBRUARY 27-28			WVU UAB		WVU
MARCH 2	VCU M PIE II				
MARCH 20-21		UK	MUSC		
MARCH 27-28			VCU		VCU
APRIL 10-11			UT UL		UL BLUE
APRIL 17-18		MMC	UK		MTC
MAY 1-2				MUSC	
MAY 8-9			MMC		
MAY 22-23					UAMS
MAY 29-30				VCU	VCU
JUNE 5-6				UT	UT
JUNE 12					MTC
OCTOBER 2-3				MMC	
DECEMBER 4-5				UT	

2014 SRTA Annual meeting report to the Virginia Board of Dentistry:

1. Amendments to the SRTA Bylaws:
 - a. Added a new committee: "Executive Committee" Made of President, President Elect, Immediate Past President, and Secretary Treasurer. The Executive secretary will serve as an ex-officio member.
 - b. Changed the term of the president from 2 years to 1 year and may not be re-elected.
 - c. Changed the name of the clinical test to "SRTA Examination" in order to "brand" the examination. This will open the door to administer state specific examinations. NERB already provides this service for Texas, Massachusetts, Maine, and Illinois.
 - d. Added "or any individual state dental hygiene training program" to the criteria for dental hygiene students eligible to take the examination.
2. Change in progress: For the Periodontal section, allowing a candidate to present a second selection on same patient or a different patient. After two non-approvals, the candidate fails that section.

This will be proposed to the ADEX periodontal exam committee in November.
3. Virginia's Bob Hall was elected Treasurer of SRTA.
4. Next annual meeting is planned to be held in Baltimore on August 6-9, 2015.

Suggestion for the next meeting: The Virginia delegation to hold a caucus before the General Assembly meeting.

Status of Regulatory Actions

Board of Dentistry	
Chapter	Action / Stage Information
[18 VAC 60 - 20]	Regulations Governing Dental Practice
	<u>Periodic review; reorganizing chapter 20 into four new chapters: 15, 21, 25 and 30 [Action 3252]</u> <i>Final - At Secretary's Office for 149 days as of 8/27/14</i>

Department of Health Professions
2015 Session of the General Assembly

A bill to enact § 54.1-2718.1 of the Code of Virginia prohibiting an agreement for compensation or any form of rebate or fee-splitting to refer patients for dental services.

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2718.1 of the Code of Virginia is enacted as follows:

§ 54.1-2718.1. Prohibition of an agreement for compensation, rebates or fee-splitting for referrals for dental services.

No dentist shall accept or tender an agreement for compensation or any form of rebate or split a fee with any third party, including another dentist, for bringing, sending or recommending a patient for dental services. Advertising or marketing dental services by sharing a specified portion of the professional fees collected from prospective or actual patients with the entity providing the advertising or marketing shall constitute fee splitting.



Department of Pediatric Dentistry
Wood Memorial Building, Room 305
521 N 11th Street
P.O. Box 980566
Richmond, VA 23298-0566
804-828-2362
Fax: 804-828-2585
TDD: 1-800-828-1120

Tegwyn H. Brickhouse, DDS, PhD
Associate Professor and Chair

August 11, 2014

Sandra K. Reen,
Executive Director
Virginia Board of Dentistry
Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Virginia Board of Dentistry,

Recently all dentists who have sedation permits have received notification of the requirements for those who administer conscious/moderate sedation and/or deep sedation/general anesthesia in a dental office. While office inspections are a good way to will help ensure that children and adults are treated safely, the quality of the inspection process and the knowledge of those who perform the inspections are paramount.

After reviewing the Inspection form, there are a few areas that need to be addressed. The first area of concern is the emphasis that is placed on inspecting parts of the office for which there is no connection to the sedation of patients. Record keeping and sterilization technique would fall under general practice conditions and inspection of these would be warranted only if there were staff or patient complaints. The main focus of the inspection should surround patient safety in regards to sedation and emergency protocol.

Sedation of a child involves advanced training and skills that are only seen in those that have achieved and obtained this type of training (Pediatric Dentists, OMFS, and Dentist Anesthesiologists). Professional inspectors should be familiar with how to sedate a child and what type of pre-cautions to be aware of. These inspections should be scheduled to allow for the evaluation of emergency scenarios as well as the operation of the equipment and the knowledge of the provider and staff.

The second area of concern relates to the individuals who will be performing the inspections. It is my understanding that the inspection team will be made up of "professional inspectors", not dentists. While non-dentists inspectors can perform a thorough inspection of the dental office and the sedation equipment/medications, they do not have the knowledge to test the provider on what to do in an emergency situation if the patient begins to have complications.

As pediatric dentists who are involved in treating patients under moderate sedation and also training pediatric dentistry residents to safely perform moderate sedation, we would recommend having the "professional inspectors" who perform the sedation inspections be made up of pediatric dentists and/or dental anesthesiologists who have experience in providing moderate sedation to children. Those who have the experience will be able to conduct an inspection that will ensure that the provider has the

knowledge, the personnel and necessary emergency equipment to safely provide in office sedation for children.

We request that pediatric dentists and/or dental anesthesiologists with advanced sedation training in children are the "professional" inspectors who perform the office inspections. After reviewing protocols of sedation inspection for pediatric sedation permits in surrounding states and their inspection requirements. We have found that their State Boards of Dentistry have implemented the use of these "professional inspectors", for their individual inspections. Both the states of Maryland and North Carolina have a separate evaluation and inspection for pediatric dentists. This process was implemented to better evaluate the office as an entity. They evaluate not only the doctors, but the assistants, facility preparedness for emergencies, and emergency medical kits. They are providing an in depth examination into the office and its emergency responses for treating children.

Thank you for your time and consideration of this matter. As you are well aware, children are not simply "small" adults and have differing anatomical and physiological responses to all levels of sedation. The primary concern is the safety and health of children we treat and it is paramount to ensure proper inspection and credentialing of providers who treat children.

We have compiled both the American Academy of Pediatric Dentistry's Clinical Guidelines for the "Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures" and "Use of Anesthesia Personnel in the Administration of Office-based Deep Sedation/General Anesthesia to the Pediatric Dental Patient" with "best practices" currently being utilized by state dental boards across the country for the office inspections of dental providers who provide sedation services to pediatric patients.¹⁻² We have also submitted a list below of pediatric dentists and/or dental anesthesiologists with advanced sedation training in children that may serve as potential "professional inspectors". Thank you for your consideration of these important recommendations.

Sincerely,



Dr Tegwyn H. Brickhouse DDS, PhD
Chair
Department of Pediatric Dentistry
VCU School of Dentistry
thbrickhouse@vcu.edu



Dr Patrice B. Wunsch DDS, MS
Director, Advanced Education in Pediatric Dentistry
Department of Pediatric Dentistry
VCU School of Dentistry
pbwunsch@vcu.edu



Dr Malinda M. Husson DDS, MSD
Director of Dental Anesthesia Services
Department of Pediatric Dentistry
VCU School of Dentistry
hussomm@vcu.edu

References

1. American Academy of Pediatric Dentistry. 2014. Clinical Guideline on Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures. Pediatric Dentistry Reference Manual. *Pediatr Dent* 35(6):205-221.
2. American Academy of Pediatric Dentistry. 2014. Clinical Guideline Procedures. Use of Anesthesia Personnel in the Administration of Office-based Deep Sedation/General Anesthesia to the Pediatric Dental Patient Pediatric Dentistry Reference Manual. *Pediatr Dent* 35(6):222-225.

Potential Professional Inspectors are Providers with advanced sedation training in children:

Dr Malinda Husson-Board Certifications in Pediatric Dentistry and Dental Anesthesiology

Dr Chris Maestrello- Board Certifications in Pediatric Dentistry and Dental Anesthesiology

Dr Matt Cooke- Board Certifications in Pediatric Dentistry and Dental Anesthesiology

Dr Jackie Carney- Board Certifications in Pediatric Dentistry and completed residency in Dental Anesthesiology

Dr Carl Atkins- Board Certifications in Pediatric Dentistry

Dr Art Mourino- Board Certifications in Pediatric Dentistry

Dr Mick Pope- Board Certifications in Pediatric Dentistry

Dr Jennifer Dixon- Board Certifications in Pediatric Dentistry

Dr Townsend Brown- Board Certifications in Pediatric Dentistry

**Virginia State Board of Dental Examiners
Moderate Sedation Evaluation Form for Pediatric Dentistry**

Name of Evaluator (There must be at least 2)

Name of Evaluator

<u>Part I: Moderate Sedation</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
<u>Chart Review (3 charts)</u>		
Case 1 – Adolescent (age 13 to 18)	_____	_____
Case 2 & 3– Child (age 1 to 12)		
a. Healthy	_____	_____
b. Medically Compromised (Asthma)	_____	_____

<u>Part II: Simulated Emergencies</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
1. Basic CPR	_____	_____
2. Laryngospasm	_____	_____
3. Foreign body airway obstruction	_____	_____
4. Emesis and aspiration	_____	_____
5. Mild allergic reaction – urticaria/pruritis	_____	_____
6. Acute allergic reaction/anaphylaxis	_____	_____
7. Bronchospasm	_____	_____
8. Angina	_____	_____
9. Seizure	_____	_____
10. Local anesthetic toxicity	_____	_____
11. Sedation overdose	_____	_____
12. Hypoglycemia	_____	_____
13. Syncope	_____	_____

<u>Part III: Facility Equipment, Medications and Clinical Records</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
1. Oxygen and gas delivery system, back-up system, Fail-safe Oxygen	_____	_____
2. Gas storage facility	_____	_____
3. Safety indexed gas system	_____	_____
4. Auxiliary lighting system	_____	_____
5. Suitability of operating room	_____	_____

- | | | |
|----------------------|-------|-------|
| a. Size | _____ | _____ |
| b. Lighting | _____ | _____ |
| c. Communications | _____ | _____ |
| d. EMT accessibility | _____ | _____ |

- | | <u>Satisfactory</u> | <u>Unsatisfactory</u> |
|---|---------------------|-----------------------|
| 6. Recovery area, including oxygen, suction, Visual and electronic monitoring, which may include the operating room | _____ | _____ |
| 7. Appropriate emergency drugs | _____ | _____ |
| 8. Non-expired drugs | _____ | _____ |
| 9. Appropriate devices to maintain an airway with positive pressure ventilation. BVM/OPA – appropriate sizes | _____ | _____ |
| 10. Preoperative medical history and physical Evaluation form | _____ | _____ |
| 11. Anesthesia records, including monitoring And discharge records | _____ | _____ |
| 12. Monitoring equipment Pulse ox., BP monitoring, etc. | _____ | _____ |
| 13. Anesthesia and monitoring equipment in proper working order | _____ | _____ |
| 14. AED or Manual Defibrillator | _____ | _____ |
| 15. Informed consent, preoperative and Postoperative instructions | _____ | _____ |

Part IV: Verbal Evaluation

- | | <u>Satisfactory</u> | <u>Unsatisfactory</u> |
|--|---------------------|-----------------------|
| 1. Drug Interactions (medications, sedation meds, local) | _____ | _____ |
| 2. Handling of high-risk patients | _____ | _____ |
| a. Diabetes | | |
| b. Seizures | | |
| c. Asthmatics | | |
| d. ADHD | | |
| e. Special Needs | | |
| 3. What is your criteria for deciding on sedation? | _____ | _____ |
| 4. What Medications do you use? | _____ | _____ |
| 5. What dose, and how do you determine that dose? | _____ | _____ |
| 6. Route of administration? | _____ | _____ |

- 7. Who administers meds, and where?
- 8. Do medications have reversal agents?
- 9. Dose, route, frequency of reversal agent
- 10. Side effects of sedation medication?



W. Anthony Meares, DDS, MS
 Diplomate, American Board of Endodontics

Joseph A. Bernier, DDS
 Diplomate, American Board of Endodontics

RECEIVED

AUG 19 2014

Board of Dentistry

August 18th, 2014

Virginia Board of Dentistry
 9960 Mayland Drive, Suite 300
 Henrico, VA 23233

Dear Virginia Board of Dentistry,

I am writing to question the recently enacted office inspections of dental license holders who also hold an anesthesia permit. I wanted to describe the unintended consequences of limiting access to dental care to many citizens of Virginia, and also decreasing the quality of care to citizens.

Currently licensed dentists who provide sedation to patients in their offices undergo continuing education, and have additional equipment and systems in place to allow for the care of their patients. It is certainly reasonable to have some sort of standardization on the quality and content of the dentists' education pertaining to the sedation, and also on the minimal requirements for additional equipment that must be maintained in the dental office. Most would agree that the anesthesia permit process is good and necessary, and would help to ensure the best quality of care and the safety of all Virginia citizens.

However the recently enacted office inspections for anesthesia permit holders is not as would be reasonably anticipated limited to the practice of providing safe anesthesia to patients. The office inspection is unnecessarily broad in scope and places liabilities on permit holders which are identical to dental practitioners who have received complaints by the public.

Anesthesia permit holders will be subject to fines for any violation found in their office even if it is unrelated to providing anesthesia and they will also be subject to a public notification of any fines or penalties. This creates substantial liabilities to the permit holder both financially and with respect to their professional reputation. Several dentists in Virginia who currently provide sedation to patients have already said that they will stop providing sedation in order to avoid this additional liability. Consider also young dentists who are entering into practice. There is a considerable disincentive for them to begin providing sedation for their patients.



SPECIALIST MEMBER



Specialists in Endodontics • www.rootcanal.info
 621 Lynnhaven Parkway, Suite 170 • Virginia Beach, VA 23452
 Office: 757.200.6222 • Fax: 757.200.6224



W. Anthony Meares, DDS, MS
Diplomate, American Board of Endodontics

Joseph A. Bernier, DDS
Diplomate, American Board of Endodontics

RECEIVED

AUG 19 2014

Board of Dentistry

There is a need in the community for sedation during dental procedures, and there are already very few practitioners who provide this service. The population of patients who truly need to have sedation in dental offices is the same population that already has difficulty in access to dental care: children and the mentally handicapped. The Board of Dentistry should consider the impact of fewer practitioners providing sedation in dental offices.

Standardization of continuing education requirements for sedation permit holders is certainly reasonable. Requiring certain safety equipment to be present in the office is also reasonable. However I would urge you to seriously reconsider making permit holders subject to a broad scoped office inspection. The end result may be to decrease the overall quality of dental care in the state of Virginia.

Thank you for your consideration.

Sincerely,

William Anthony Meares II D.D.S, M.S.
Diplomate, American Board of Endodontics

cc:

William A. Hazel, Jr., MD, Secretary of Health and Human Resources for the Commonwealth of Virginia

David E. Brown, D.C., Director Virginia Department of Health Professions



SPECIALIST MEMBER



Specialists in Endodontics • www.rootcanal.info
621 Lynnhaven Parkway, Suite 170 • Virginia Beach, VA 23452
Office: 757.200.6222 • Fax: 757.200.6224

Reen, Sandra (DHP)

From: Bruce Wyman [bswyman@gmail.com]
Sent: Monday, June 23, 2014 10:31 AM
To: Reen, Sandra (DHP)
Subject: Item for September board meeting

Sandy,

I would like to add verbiage to all notices to respondents and attorneys for informal and formal conferences that would mandate the respondent to attend the scheduled meeting if the notice of a request for continuance is not given at least two weeks before the scheduled meeting. A medical excuse could be given if notice is given less than two weeks provided there is a notarized letter from an attending physician that the attorney or respondent cannot attend due to medical concerns.

Perhaps you could make up a sample letter which would include this suggestion and have the letter presented at the board meeting. I would be happy to go over the sample letter with you at any time.

Thanks for your help, Sandy.

Bruce Wyman
Sent from my iPhone

Agenda item: Continuance Requests

Attached is the language currently used in notices of the Boards of Dentistry, Medicine and Nursing to facilitate discussion. DHP is in the process of establishing standardized language for use by all boards such as that used for continuances in the attached examples.

Action Options:

- Discuss what constitutes good cause.
- Discuss whether the committee chairs and presiding officers who grant continuances are doing so consistently for good cause.
- Give direction to staff on management of continuance requests for consistency.

You may be represented by an attorney at the informal conference. If you obtain counsel, you should do so as soon as possible because absent good cause to support a request for a continuance, the informal conference will be held on August 8, 2014. A request to continue this proceeding must state in detail the reason for the request and must establish good cause. Such request must be made in writing to me at the address listed on this letter or it may be sent via facsimile transmission to (804) 527-4428.

In its deliberations, the Committee may utilize the Sanction Reference Points System, as contained in the Sanction Reference Manual. The manual, which is a guidance document of the Board, may be accessed at <http://www.dhp.virginia.gov/dentistry>. You may request a paper copy from the Board office by calling (804) 367-4538.

Please inform this office, in writing, of your intention to appear at the conference by July 25, 2014, and provide a telephone number where you can be reached. Should you fail to appear at the informal conference, the Committee may proceed in your absence. If you have additional documents that you wish the Committee to consider in its deliberations, please submit eight (8) copies to Donna Lee, Board of Dentistry, Perimeter Center, 9960 Mayland Drive, Suite 300, Henrico, VA 23233, by July 25, 2014.

If you have any questions, please do not hesitate to contact me at (804) 367-4538.

Yours truly,



Sandra K. Reen
Executive Director
Virginia Board of Dentistry

Enclosures

cc: Committee Members
Kelley W. Palmatier, Deputy Executive Director, Virginia Board of Dentistry
Lorraine McGehee, Deputy Director, Administrative Proceedings Division
Julia Bennett, Adjudication Specialist
Lane Raker, R.N., M.S., L.N.P., Senior Investigator (#151784)
Eileen M. Talamante, Esquire

OTHER PRE-HEARING MOTIONS

If you or Mr. Schliessmann wish to make any pre-hearing motions regarding matters other than the exhibits, including offers of settlement, each of you is directed to file motions, in writing, addressed to me at the Board office by **July 2, 2014**. Responses to motions filed must be submitted by **July 8, 2014**. The chair of the proceeding will rule on the motion.

REQUEST FOR A CONTINUANCE

Absent exigent circumstances, such as personal or family illness, a request for a continuance after **July 7, 2014**, will not be considered. If you obtain counsel, you should do so as soon as possible, as a motion for a continuance due to the unavailability of counsel will not be considered unless received by **July 7, 2014**.

Relevant sections of the Administrative Process Act, which govern proceedings of this nature, as well as laws relating to the practice of medicine and other healing arts in Virginia cited in this notice can be found at <http://leg1.state.va.us>. To access this information, please click on *Code of Virginia* for laws and *Virginia Administrative Code* for regulations.

Please indicate, by letter to this office, your intention to be present.

Sincerely,



William L. Harp, M.D.
Executive Director
Virginia Board of Medicine

Enclosures:

- Order of Summary Suspension entered June 19, 2014
- Statement of Particulars
- Attachment I
- Commonwealth's Exhibits 1-10 (11 volumes)
- Instructions for Requesting Subpoenas
- Map

- cc: James Schliessmann, Senior Assistant Attorney General (w/ enclosures)
Tracy E. Robinson, Adjudication Specialist, APD
Lorraine McGehee, Deputy Director, APD
Christopher W. Stevens, Esquire (w/ enclosures)
Kimberly H. Wittemore, R.N., Senior Investigator (144234)

Board of Medicine

entering the treatment room to write prescriptions. During the April 18th visit, you documented that Patient A had lost 16 pounds since the March 29th visit, but you did not evaluate this weight loss.

3. On September 11, 2013, Patient A's wife reported that, when on July 22, 2013, she and her husband attempted to ask questions about your decision to increase Patient A's dosage of Opana, you became angry and stated that Patient A should see the neurologist about his pain. At that time, Patient A decided not to return to you for treatment.

4. Patient A's neurologist ordered an MRI on August 23, 2013 which revealed a "large mass of the apex of left lung" showing spread to "the intraclavicular and supraclavicular soft tissues...involvement of the left first through third ribs" and "tumor infiltration" into the thoracic spine, which mass was later determined to be malignant.

Please see Attachment I for the name of the patient referenced above.


After consideration of all information, the Committee may:

1. Exonerate you;
2. Place you on probation with such terms it deems appropriate;
3. Reprimand you; and
4. Impose a monetary penalty pursuant to Section 54.1-2401 of the Code.

Further, the Committee may refer this matter for a formal administrative proceeding when it has failed to dispose of a case by consent pursuant to Section 2.2-4019 of the Code.

You have the right to information that will be relied upon by the Committee in making a decision. Therefore, I enclose a copy of the documents that will be distributed to the Committee for its consideration when discussing the allegations with you and when deliberating upon your case. These documents are enclosed only with the original notice sent by certified mail, and must be claimed at the post office. Further, if you retain counsel, it is your responsibility to provide the enclosed materials to your attorney.

To facilitate this proceeding, you must submit eight (8) copies of any documents you wish for the Committee to consider to Jennie Wood, Discipline Case Manager, Virginia Board of Medicine, 9960 Mayland Drive, Suite 300, Richmond, Virginia, 23233, by **August 13, 2014**. Your documents may not be submitted by facsimile or e-mail. Should you or Adjudication Specialist Dale Lutke wish to submit any documents for the Committee's consideration after **August 13, 2014**, such documents shall be considered only upon a ruling by the Chair of the Committee that good cause has been shown for late submission.

 You may be represented by an attorney at the informal conference. If you obtain counsel, you should do so as soon as possible, because absent good cause to support a request for a

continuance, the informal conference will be held on August 27, 2014. A request to continue this proceeding must state in detail the reason for the request and must establish good cause. Such request must be made, in writing, to me at the address listed on this letter and must be received by August 4, 2014. Only one such motion will be considered. Absent exigent circumstances, such as personal or family illness, a request for a continuance after August 4, 2014, will not be considered.


Relevant sections of the Administrative Process Act, which govern proceedings of this nature, as well as laws relating to the practice of medicine and other healing arts in Virginia cited in this notice can be found on the Internet at <http://leg1.state.va.us>. To access this information, please click on the *Code of Virginia* for statutes and *Virginia Administrative Code* for regulations.

In its deliberations, the Committee may utilize the Sanction Reference Points System, as contained in the Sanction Reference Manual. The manual, which is a guidance document of the Board, may be accessed at <http://www.dhp.virginia.gov/medicine>. You may request a paper copy from the Board office by calling (804) 367-4571.

Please advise the Board, in writing, of your intention to be present. Should you fail to appear at the informal conference, the Board may proceed to a formal administrative hearing in order to impose sanctions.

If you have any questions regarding this notice, please contact Dale Lutke, Adjudication Specialist, at (804) 367-4678.

Sincerely,


William L. Harp, M.D.
Executive Director
Virginia Board of Medicine

Enclosures:

Informal Conference Package (1 volume)
Map

cc: Lorraine McGehee, Deputy Director, APD
Dale Lutke, Adjudication Specialist, APD
Kevin W. Almeida, Senior Investigator (152063)

Board of Nursing

Notice of Informal Conference
Page 3 of 3

To facilitate this proceeding, you should submit five copies of any documents you wish the agency subordinate to consider to the Board of Nursing, Perimeter Center, 9960 Mayland Drive, Suite 300, Richmond, VA 23233, by February 20, 2014. Your documents may not be submitted by facsimile or email.

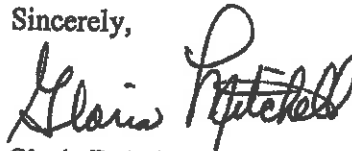
You may be represented by an attorney at the informal conference. If you obtain counsel, you should do so as soon as possible, because absent good cause to support a request for a continuance, the informal conference will be held on **February 25, 2014**. A request to continue this proceeding must state in detail the reason for the request and must establish good cause. Such request must be made, in writing, to me at the address listed on this letter and must be received by 12 noon on February 20, 2014. Only one such motion will be considered. Absent critical circumstances, such as personal or family illness, a request for a continuance after February 20, 2014, will not be considered.

Relevant sections of the Administrative Process Act, which govern proceedings of this nature, as well as laws relating to the practice of nursing and other healing arts in Virginia cited in this notice can be found on the Internet at <http://leg1.state.va.us>. To access this information, please click on the *Code of Virginia* for statutes and *Virginia Administrative Code* for regulations.

Please advise the Board, in writing, of your intention to be present. If you have any questions regarding this notice, please contact me, at (804) 367-4634.

In the event of inclement weather, please be advised that Board of Nursing hearings will be held unless state offices are closed. Please listen to television or radio announcements to provide information about official state closings or delays. If there is a delayed opening, hearings will begin at the time of the agency opening. A recorded announcement pertaining to closings or delays will also be available by calling the main telephone number for the Department of Health Professions at (804) 367-4400.

Sincerely,



Gloria D. Mitchell, R.N., M.S.N., M.B.A.
Deputy Executive Director

Enclosures

cc: Anne G. Joseph, Deputy Director, Administrative Proceedings Division
Amanda E. M. Blount, Adjudication Specialist
Ann S. Hardy, Senior Investigator (Case no. 153649)
Agency Subordinate
Peggy Wood, Monitoring Program Manager

Reen, Sandra (DHP)

From: Dental Assisting National Board Inc. [communications@danb.org]
Sent: Monday, July 28, 2014 11:44 AM
To: Reen, Sandra (DHP)
Subject: Update on DANB's entry-level designation

Dear Ms. Reen,

The Dental Assisting National Board, Inc. (DANB) will introduce an entry-level designation for dental assistants by early 2015. DANB is developing this new national program in response to feedback from state dental boards interested in ways to objectively evaluate the knowledge-based competencies of entry-level dental assistants who have not graduated from a dental assisting program accredited by the Commission on Dental Accreditation (CODA) and who do not meet eligibility requirements for DANB's Certified Dental Assistant (CDA®) certification program.

We want to share with you some important updates and information about this program. This new national credential for entry-level dental assistants, originally to be called Certified Entry Level Dental Assistant (CELDA), will be known as DANB's National Entry Level Dental Assistant (NELDA™) program. We believe this name accurately reflects the program while distinguishing it from DANB's flagship certification, Certified Dental Assistant (CDA).

DANB's mission is to promote the public good by providing credentialing services to the dental community, and the NELDA designation will be an additional way for DANB to fulfill this mission.

The NELDA program is a new step on the dental assisting career ladder, with its own unique eligibility pathways. This program is available only for those who do not yet qualify for DANB's CDA certification.

DANB supports states' rights and believes that a defined dental assisting career ladder can help states determine any licensure, registration and certification requirements for dental assistants, as they consider how best to meet access to oral healthcare needs.

Overview of DANB's NELDA designation

1. Three component exams, which must be passed within three years to earn NELDA certification:

- Radiation Health and Safety (RHS) – 100 questions
- Infection Control (ICE) – 100 questions
- Anatomy, Morphology and Physiology (AMP) – 105 questions

2. Proposed NELDA eligibility requirements, evaluated after passing the three component exams:

- Hold current CPR, BLS or ACLS certification and meet requirements of
 - One of three education pathways **or**
 - One work experience pathway

(Those who meet any of the four NELDA eligibility pathways would not also meet DANB's CDA certification eligibility.)

3. NELDA renewal requirements — annual renewal for up to four years (DANB would consider dental assistants to be “entry-level” only until they could be considered qualified to meet DANB’s CDA work experience pathway):

- Hold current CPR, BLS or ACLS certification **and**
- Complete six CDE credits annually, all in clinical topics

DANB plans to launch the NELDA program by early 2015. Additional information will be shared on DANB’s website and via email.

We look forward to introducing this new professional designation as a way to support the dental assisting career ladder and to promote public protection. If you have any questions, please contact DANB’s Executive Director Cindy Durley at cdurley@danb.org or by phone at 1-866-357-3262.

Sincerely,

Frank A. Maggio, D.D.S.

Chair, DANB Board of Directors

Cc: DANB Board of Directors

Cindy Durley, M.Ed., MBA, DANB Executive Director

Johnna Gueorguieva, Ph.D., DANB Director, Testing and Measurement

Rebecca Anderson, B.A., DANB Director, Marketing and Communications

Connect with us:



This email was sent to sandra.reen@dhp.virginia.gov by communications@danb.org. You are receiving this email because of your relationship with the Dental Assisting National Board, Inc. (DANB). To view DANB's Privacy Policy, visit <http://www.danb.org/Privacy-Policy.aspx> DANB sends periodic email updates to DANB individuals. If you no longer wish to receive emails from DANB, you may unsubscribe by replying to optout@danb.org with the message "unsubscribe." You will be removed from DANB's email list within 7 business days. You may also unsubscribe by writing to the address below.

The Dental Assisting National Board, Inc. - 444 N. Michigan Ave., Suite 900 - Chicago, IL 60611 - 1-800-367-3262



Disciplinary Board Report for June 13, 2014

Today's report reviews the 2014 calendar year case activity then addresses the Board's disciplinary case actions for the fourth quarter of fiscal year 2014 which includes the dates of April 1, 2014 through June 30, 2014.

Calendar Year 2014

The table below includes all cases that have received Board action since January 1, 2014 through August 25, 2014.

Calendar 2014	Cases Received	Cases Closed No/Violation	Cases Closed W/Violation	Total Cases Closed
Jan	36	21	7	28
Feb	37	14	5	19
March	72	29	8	37
April	50	5	4	9
May	31	12	9	21
June	48	24	20	44
July	29	6	6	12
August 25 th	29	26	4	30
Totals	332	137	63	200

Q4 FY 2014

For the fourth quarter, the Board received a total of 84 patient care cases. The Board closed a total of 52 patient care cases for a 62% clearance rate, which is down from 77% in Q3 and down from 127% in Q2. The current pending caseload older than 250 days is 22%, and the Board's goal is 20%. In Q4 of 2014, 63% of the patient care cases were closed within 250 days, as compared to 74% in Q3. The Board did not meet the clearance rate goals for the Agency's Key Performance Measures¹ for the fourth quarter of 2014.

I have attached a copy of the Department of Health Professions Quarterly Performance Measures for Q4 2014 just to give the Board an idea of how other Board in the Department are performing. Specifically, I would like to note that the Board of Nursing had six times the cases received in Q4 and

¹ The Agency's Key Performance Measures.

- We will achieve a 100% clearance rate of allegations of misconduct by the end of FY 2009 and maintain 100% through the end of FY 2010.
- We will ensure that, by the end of FY 2010, no more than 25% of all open patient care cases are older than 250 business days.
- We will investigate and process 90% of patient care cases within 250 work days.

the Board of Medicine had three times the cases received in Q4 than the Board of Dentistry did, yet their numbers are consistently and significantly higher .

Board staff has determined that out of the nine Board Members, only five consistently return cases with a probable cause review completed within three weeks, so essentially we have five Board members reviewing cases. Board staff is asking the Board members to offer other solutions to our problem of declining stats.

License Suspensions

Between May 28, 2014 and August 25, 2014 the Board summarily suspended the license of one dentist and one hygienist and mandatorily suspended the license of one dentist.

Applicant Cases

Effective July 1, 2014, an addition to Virginia Code §54.1-2400(10) changed the process for handling cases where there may be grounds to deny an application for licensure, certification, registration or permit. Prior to July 1, 2014, the Board of Dentistry used the Credentials Committee at informal conferences to approve the application or issue an unrestricted license. The Credentials Committee did not have the authority to deny an application or issue a restricted license. Any such decision had to be made in the form of a recommendation to the full Board.

The change in §54.1-2400(10) allows a Special Conference Committee to consider applications and broadens the available options. In addition to granting an unrestricted license, certification, registration or permit, a Special Conference Committee may deny a licensure application or issue a restricted license, certification, registration or permit. There is no longer the need to make a recommendation to the Board.

Board staff would like the Board to make a decision whether or not to keep all of the informal conferences dealing with applicants with the same Special Conference Committee, as we have in the past with the former “Credentials Committee”, or whether the Board would like to divide the applicant cases among all of the Special Conference Committees? Board staff would recommend keeping all of the applicant cases with a single Special Conference Committee because the issues are often technical and keeping the same Special Conference Committee ensures consistency. The only benefit to dividing the applicant cases among all the Special Conference Committees would be the shortened length of time an applicant had to wait for his/her informal conference.

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times:

Quarterly Performance Measurement, Q4 2010 - Q4 2014

David E. Brown, D.C.

Director

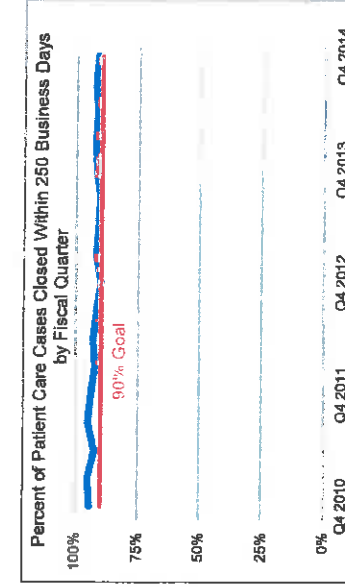
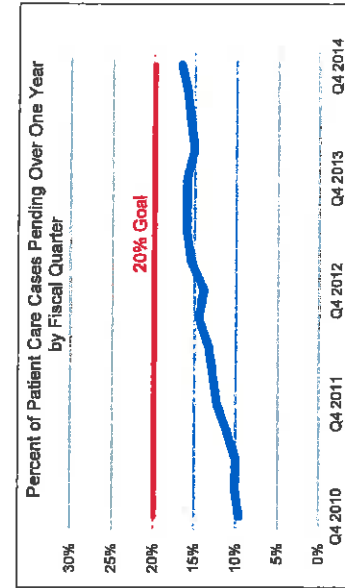
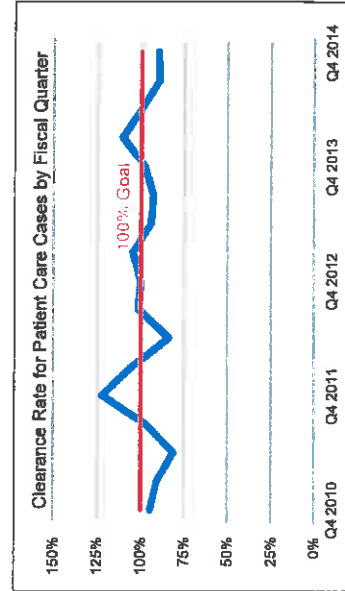
"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload; Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct through the end of FY 2016. The current quarter's clearance rate is 90%, with 961 patient care cases received and 867 closed.

Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20% through the end of FY 2016. That goal continues to be achieved with the percent of cases pending over 250 business days maintaining an average of 16% for the past 9 quarters. For the last quarter shown, there were 2,260 patient care cases pending, with 376 pending over 250 business days.

Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days through the end of FY 2016. That goal continues to be achieved with 92% percent of patient care cases being resolved within 250 business days this past quarter. During the last quarter, there were 854 patient care cases closed, with 783 closed within 250 business days.



Submitted: 7/3/2014

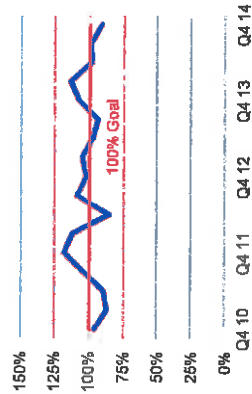
Prepared by: VisualResearch, Inc.

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

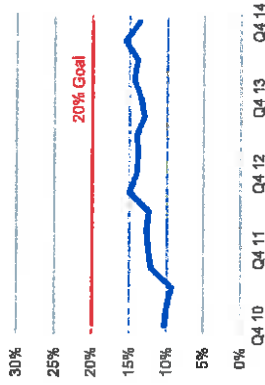
Clearance Rate

Nursing - In Q4 2014, the clearance rate was 91%, the Pending Caseload older than 250 business days was 14% and the percent closed within 250 business days was 92%.

Q4 2014 Caseloads:
 Received=501, Closed=457
 Pending over 250 days=139
 Closed within 250 days=417

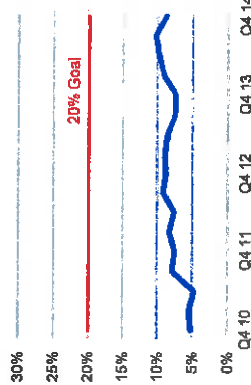
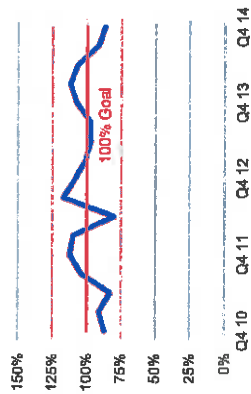


Age of Pending Caseload (percent of cases pending over one year)



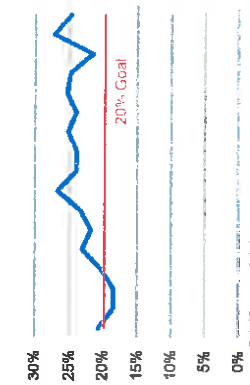
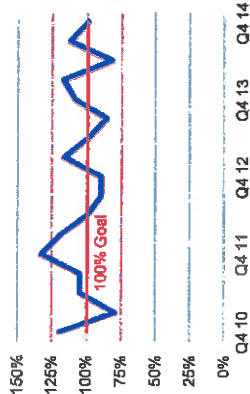
Nurses - In Q4 2014, the clearance rate was 87%, the Pending Caseload older than 250 business days was 9% and the percent closed within 250 business days was 90%.

Q4 2014 Caseloads:
 Received=332, Closed=289
 Pending over 250 days=62
 Closed within 250 days=258

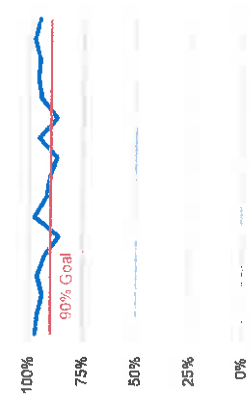
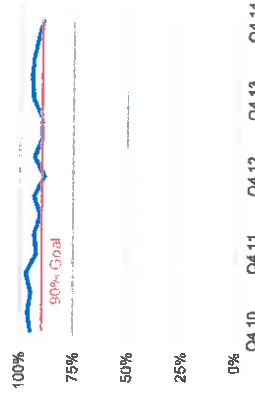
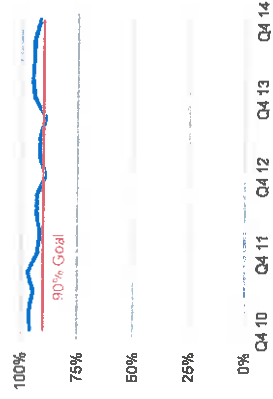


CNA - In Q4 2014, the clearance rate was 99%, the Pending Caseload older than 250 business days was 25% and the percent closed within 250 business days was 95%.

Q4 2014 Caseloads:
 Received=169, Closed=168
 Pending over 250 days=77
 Closed within 250 days=159



Percent Closed in 250 Business Days

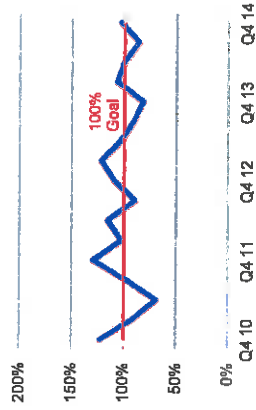


Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

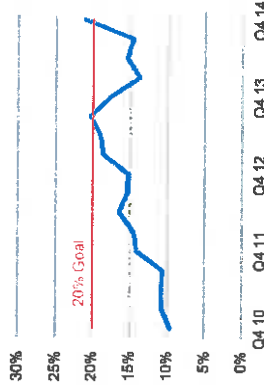
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

Medicine - In Q4 2014, the clearance rate was 103%, the Pending Caseload older than 250 business days was 21% and the percent closed within 250 business days was 96%.
Q4 2014 Caseloads:
 Received=223, Closed=230
 Pending over 250 days=124
 Closed within 250 days=217

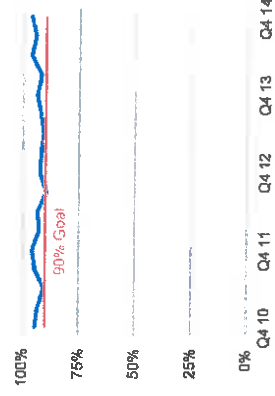
Clearance Rate



Age of Pending Caseload (percent of cases pending over one year)

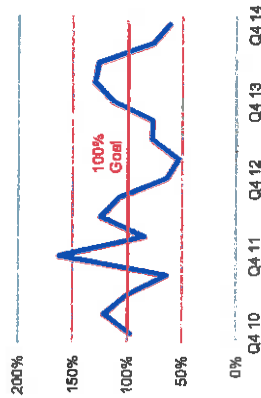


Percent Closed in 250 Business Days

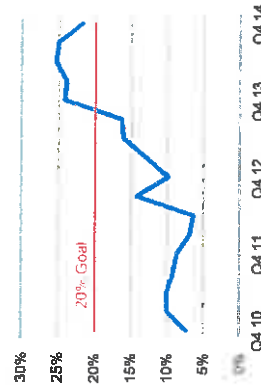


Dentistry - In Q4 2014, the clearance rate was 62%, the Pending Caseload older than 250 business days was 22% and the percent closed within 250 business days was 63%.
Q4 2014 Caseloads:
 Received=84, Closed=52
 Pending over 250 days=62
 Closed within 250 days=30

Clearance Rate



Age of Pending Caseload (percent of cases pending over one year)

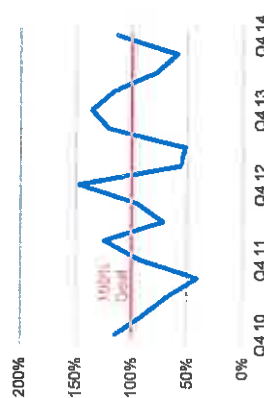


Percent Closed in 250 Business Days

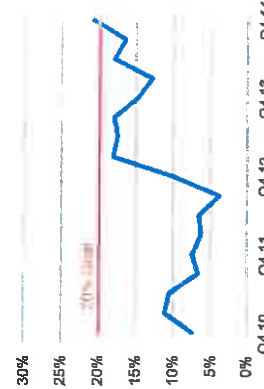


Pharmacy - In Q4 2014, the clearance rate was 113%, the Pending Caseload older than 250 business days was 21% and the percent closed within 250 business days was 89%.
Q4 2014 Caseloads:
 Received=32, Closed=36
 Pending over 250 days=18
 Closed within 250 days=32

Clearance Rate



Age of Pending Caseload (percent of cases pending over one year)



Percent Closed in 250 Business Days



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Submitted: 7/3/2014

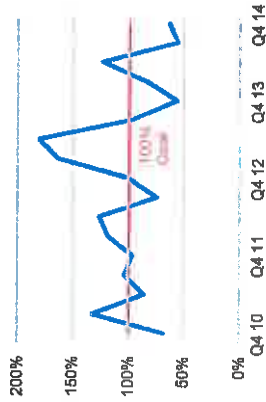
Prepared by: VisualResearch, Inc.

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

Veterinary Medicine - In Q4 2014, the clearance rate was 63%, the Pending Caseload older than 250 business days was 9% and the percent closed within 250 business days was 100%.

Q4 2014 Caseloads:
 Received=30, Closed=19
 Pending over 250 days=9
 Closed within 250 days=19

Clearance Rate

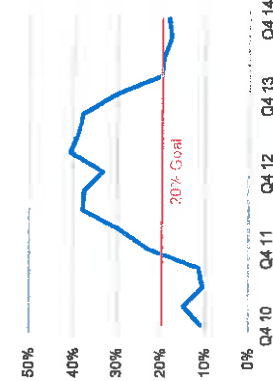
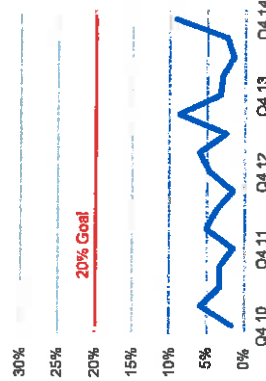


Counseling - In Q4 2014, the clearance rate was 111%, the Pending Caseload older than 250 business days was 18% and the percent closed within 250 business days was 100%.

Q4 2014 Caseloads:
 Received=19, Closed=21
 Pending over 250 days=7
 Closed within 250 days=21

Age of Pending Caseload

(percent of cases pending over one year)



Social Work - In Q4 2014, the clearance rate was 72%, the Pending Caseload older than 250 business days was 14% and the percent closed within 250 business days was 91%.

Q4 2014 Caseloads:
 Received=32, Closed=23
 Pending over 250 days=8
 Closed within 250 days=21

Percent Closed in 250 Business Days



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Submitted: 7/3/2014

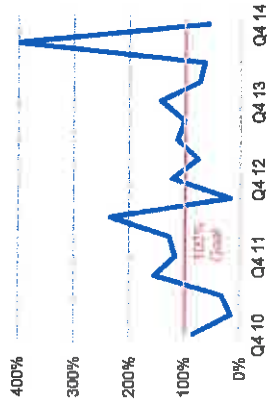
Prepared by: VisualResearch, Inc.

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

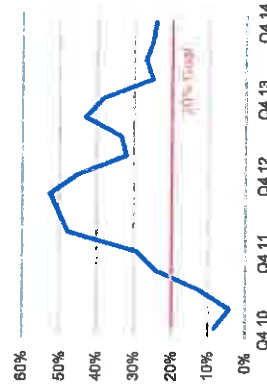
Psychology - In Q4 2014, the clearance rate was 57%, the Pending Caseload older than 250 business days was 24% and the percent closed within 250 business days was 100%.

Q4 2014 Caseloads:
 Received=14, Closed=8
 Pending over 250 days=7
 Closed within 250 days=8

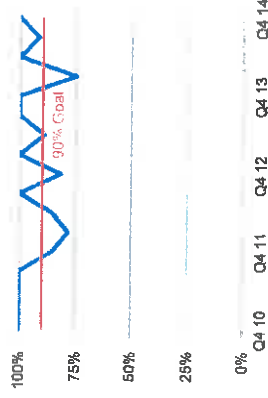
Clearance Rate



Age of Pending Caseload (percent of cases pending over one year)



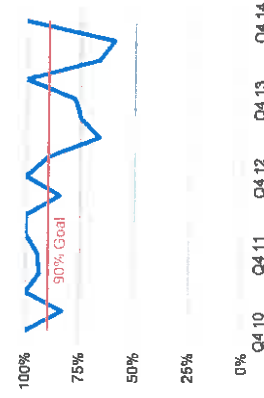
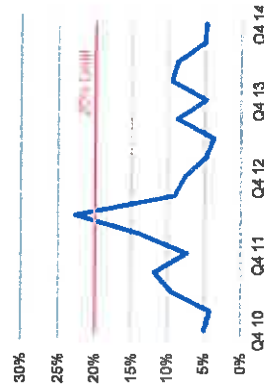
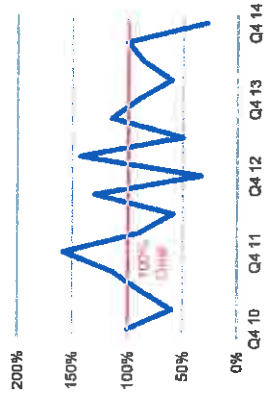
Percent Closed in 250 Business Days



Long-Term Care

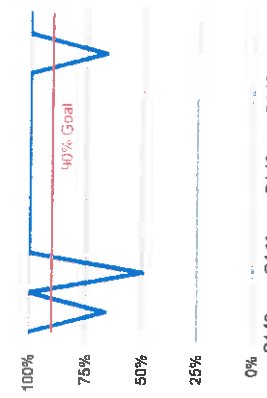
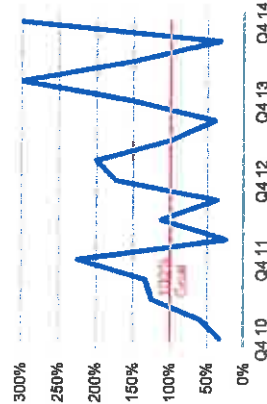
Administrators - In Q4 2014, the clearance rate was 29%, the Pending Caseload older than 250 business days was 5% and the percent closed within 250 business days was 100%.

Q4 2014 Caseloads:
 Received=7, Closed=2
 Pending over 250 days=1
 Closed within 250 days=2



Optometry - In Q4 2014, the clearance rate was 300%, the Pending Caseload older than 250 business days was 11% and the percent closed within 250 business days was 100%.

Q4 2014 Caseloads:
 Received=2, Closed=6
 Pending over 250 days=1
 Closed within 250 days=4



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

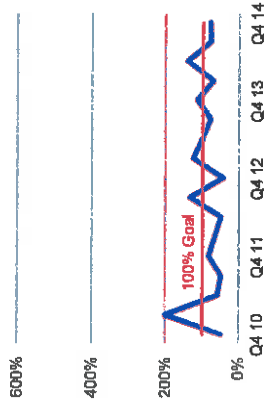
Submitted: 7/3/2014

Prepared by: VisualResearch, Inc.

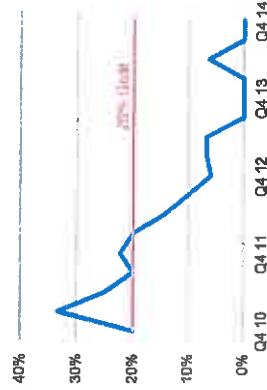
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

Physical Therapy - In Q4 2014, the clearance rate was 80%, the Pending Caseload older than 250 business days was 0% and the percent closed within 250 business days was 100%.
 Q4 2014 Caseloads:
 Received=5, Closed=4
 Pending over 250 days=0
 Closed within 250 days=4

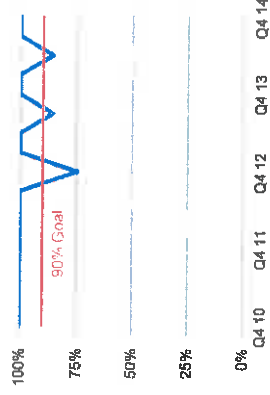
Clearance Rate



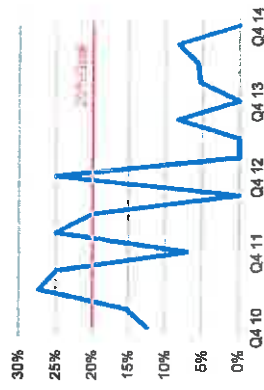
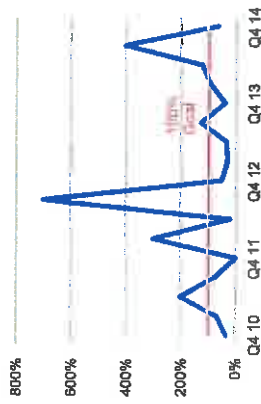
Age of Pending Caseload (percent of cases pending over one year)



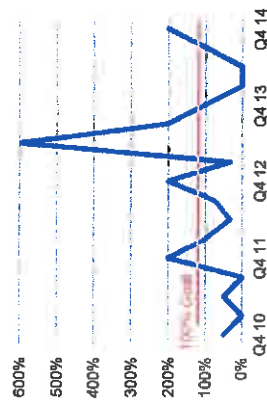
Percent Closed in 250 Business Days



Funeral - In Q4 2014, the clearance rate was 64%, the Pending Caseload older than 250 business days was 0% and the percent closed within 250 business days was 86%.
 Q4 2014 Caseloads:
 Received=11, Closed=7
 Pending over 250 days=0
 Closed within 250 days=6



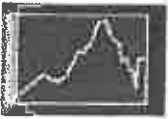
Audiology - In Q4 2014, the clearance rate was 200% the Pending Caseload older than 250 business days was 0% and the percent closed within 250 business days was 100%.
 Q4 2014 Caseloads:
 Received=1, Closed=2
 Pending over 250 days=0
 Closed within 250 days=2



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Submitted: 7/3/2014

Prepared by: VisualResearch, Inc.



Department of Health Professions

DIRECTOR'S POLICY # 76-3.7

Applicant cases heard by Special Conferences Committees

Effective Date: July 1, 2014

Approved By: _____

David E. Brown, D.C., Director

Purpose:

The purpose of this Policy is to implement provisions of Chapter 426 of the 2014 Acts of the Assembly relating to powers and duties of health regulatory boards and the use of special conference committees.

Statutory Basis:

This Policy relates to the authority of a special conference committee as set forth in § 54.1-2400 (10) of the Code of Virginia as amended.

Procedures:

- Effective July 1, 2014, an addition to Virginia Code § 54.1-2400 (10) will change the process for handling cases where there may be grounds to deny an application for licensure, certification, registration, or permit. This change to the law was recommended by the case streamlining committee of the agency efficiency measures task force in order to reduce the number of steps and time required to process such applications.
- Prior to July 1, 2014, if a Board informed an applicant that grounds exists to deny an application, the applicant could request an informal conference. An informal conference committee could approve the application and issue an unrestricted license. The informal conference committee could not deny an application or issue a restricted license. Any such decision had to be made in the form of a recommendation to the full Board. The informal conference committee could also refer the matter to the Board for a formal administrative hearing. Only the Board could deny a licensure application or issue a restricted license.
- The change in the law allows a Special Conference Committee to consider applications and broadens the available options. In addition to granting an unrestricted license, certification, registration, or permit, a Special Conference Committee may deny a licensure application or issue a restricted license, certification, registration, or permit. There is no need to make a recommendation to the Board. If the applicant is not satisfied with the outcome of the informal conference, she or he may appeal the decision to the Board for a formal administrative hearing. Effective immediately, APD will draft applicant notices of informal conference to reflect this change in procedure for proceedings to be held after July 1, 2014.

Policy: 76-3.7
Supersedes: None
Guidance Document No. 76-3.7

Page 1 of 1

Effective: 07/01/2014
Reviewed: _____

PROPOSED REVISION

Virginia Board of Dentistry**Policy on Recovery of Disciplinary Costs****Applicable Law and Regulations**

- §54.1-2708.2 of the Code of Virginia.
The Board of Dentistry (the Board) may recover from any licensee against whom disciplinary action has been imposed reasonable administrative costs associated with investigating and monitoring such licensee and confirming compliance with any terms and conditions imposed upon the licensee as set forth in the order imposing disciplinary action. Such recovery shall not exceed a total of \$5,000. All administrative costs recovered pursuant to this section shall be paid by the licensee to the Board. Such administrative costs shall be deposited into the account of the Board and shall not constitute a fine or penalty.
- 18VAC60-20-18 of the Regulations Governing Dental Practice. The Board may assess:
 - the hourly costs to investigate the case,
 - the costs for hiring an expert witness, and
 - the costs of monitoring a licensee's compliance with the specific terms and conditions imposedup to \$5,000, consistent with the Board's published guidance document on costs. The costs being imposed on a licensee shall be included in the order agreed to by the parties or issued by the Board.

Policy

In addition to the sanctions to be imposed which might include a monetary penalty, the Board will specify the costs to be recovered from a licensee in each pre-hearing consent order offered and in each order entered following an administrative proceeding. The amount to be recovered will be calculated using the assessment of costs specified below and will be recorded on a Disciplinary Cost Recovery Worksheet (the worksheet). All applicable costs will be assessed as set forth in this guidance document. Board staff shall complete the worksheet and assure that the cost to be assessed is included in Board orders. The completed worksheets shall be maintained in the case file. Assessed costs shall be paid within 45 days of the effective date of the Order.

Assessment of Costs

Based on the expenditures incurred in the state's fiscal year which ended on June 30, ~~2012~~ 2014, the following costs will be used to calculate the amount of funds to be specified in a board order for recovery from a licensee being disciplined by the Board:

- \$105 per hour for an investigation multiplied by the number of hours the DHP Enforcement Division reports having expended to investigate and report case findings to the Board.
- ~~\$104~~ 107 per hour for an inspection conducted during the course of an investigation, multiplied by the number of hours the DHP Enforcement Division reports having expended to inspect the dental practice and report case findings to the Board.
- If applicable, the amount billed by an expert upon acceptance by the Board of his expert report.
- The applicable administrative costs for monitoring compliance with an order as follows:

PROPOSED REVISION

- ~~\$ 127.25~~ 129 Base cost to open, review and close a compliance case
- ~~70.25~~ 72 For each continuing education course ordered
- 152.00 For passing the Virginia Dental Law Exam
- 19.00 For each monetary penalty and cost assessment payment
- 19.00 For each practice inspection ordered
- 38.00 For each records audit ordered
- ~~38.00~~ 114 For passing a clinical examination
- ~~102.50~~ 106 For each practice restriction ordered, and
- ~~83.50~~ 87 For each report required.

Inspection Fee

In addition to the assessment of administrative costs addressed above, a licensee shall be charged \$350 for each Board-ordered inspection of his practice as permitted by 18VAC60-20-30 of the *Regulations Governing Dental Practice*.

Virginia Board of Dentistry
Calculation of Costs for Recovery
Based on FY14 Expenditures

COMPLIANCE WITH SANCTIONS	Compliance Case Manager (CCM)	Executive Director (ED)	Combined Costs	FY14 PROPOSED CHARGE
Base cost to open, review and close a compliance case (\$ per hr * 1.25 hrs) - CCM (\$ per hr * .25 hr) - ED	76.00 \$95.00	136.00 \$34.00	\$129.00	\$129.00
For each continuing education course order (\$ per hr * .5) - CCM (\$ per hr * .25) - ED	76.00 \$38.00	136.00 \$34.00	\$72.00	\$72.00
For passing the Virginia Dental Law Exam (\$ per hr * 2) - CCM only	76.00 \$152.00			\$152.00
For each monetary penalty and cost assessment payment (\$ per hr * .25) - CCM only	76.00 \$19.00			\$19.00
For each practice inspection ordered (\$ per hr * .25) - CCM only	76.00 \$19.00			\$19.00
For each records audit ordered (\$ per hr * .5) - CCM only	76.00 \$38.00			\$38.00
For passing a clinical examination (\$ per hr * 1.5) - CCM only	76.00 \$114.00			\$114.00
For each practice restriction ordered (\$ per hr * .5) - CCM (\$ per hr * .5) - ED	76.00 \$38.00	136.00 \$68.00	\$106.00	\$106.00
For each report required (\$ per hr * .25) - CCM (\$ per hr * .5) - ED	76.00 \$19.00	136.00 \$68.00	\$87.00	\$87.00

PROPOSED REVISION

Virginia Board of Dentistry

Policy on Sanctioning for
Failure to Meet Continuing Education RequirementsExcerpts of Applicable Law, Regulation and Guidance

- The board shall promulgate regulations requiring continuing education for any dental license or reinstatement and may grant extensions or exemptions, §54.1-2709.E
- The board shall promulgate regulations requiring continuing education for any dental hygiene license or reinstatement and may grant extensions or exemptions, §54.1-2729
- **Dentists and dental hygienists are required to complete** ~~A~~ **a** minimum of 15 hours of approved continuing education ~~is required~~ annually, 18 VAC 60-20-50.A
- Failure to comply with continuing education requirements may subject the licensee to disciplinary action, 18 VAC 60-20-50.J.
- Confidential Consent Agreements may be used to address continuing education, Guidance Document: 60-1

A. Guideline for Offering a Confidential Consent Agreement

1. ~~A Special Conference Committee (SCC)~~ **Board member doing a probable cause review (Reviewer)** shall only offer a CCA for a first offense.
2. A ~~SCC~~ **Reviewer** shall offer a CCA to a licensee in a case where there is only one finding of probable cause and that finding is that the licensee is unable to document completion of from 1 to 5 hours.
3. In cases where there are findings of probable cause for violations in addition to missing CE, a ~~SCG~~ **Reviewer** may offer a CCA consistent with the Policy on CCAs/Confidential Consent Agreements adopted ~~July 11, 2003~~ **September 13, 2013**.
4. The offered CCA shall include a finding that a violation occurred and shall request the licensee's agreement to obtain the missing hours within 60 days and to henceforth comply with the CE requirements. The CCA shall state that the hours obtained pursuant to the CCA shall not count toward the next license renewal.

B. Guidelines for Imposing Disciplinary Sanctions

1. ~~A SCC~~ **In addition to a notice of an informal conference, a Reviewer** ~~may~~ **shall** offer a Pre-Hearing Consent Order (PHCO) ~~or hold an informal fact finding conference~~ when probable cause is found that the licensee falsely certified completion of the required CE for renewal of his license.
2. ~~A SCC~~ **In addition to a notice of an informal conference, a Reviewer** shall offer a Pre-Hearing Consent Order (PHCO) to a licensee for a second offense

PROPOSED REVISION

where there is a finding of probable cause and that finding is that the licensee is unable to document completion of from 1 to 5 hours.

3. ~~A SCC~~ **In addition to a notice of an informal conference, a Reviewer** shall offer a Pre-Hearing Consent Order (PHCO) to a licensee for a first offense where there is a finding of probable cause and that finding is that the licensee is unable to document completion of from 6 to 15 hours.
4. In cases where there are findings of probable cause for violations in addition to missing CE, a ~~SCC~~ **Reviewer** may offer a PHCO ~~or hold~~ **in addition to a notice of an informal fact finding conference.**
5. A ~~SCC~~ **Reviewer** shall consider the following sanctioning guidelines:
 - a. For falsely certifying completion for renewal – Reprimand and \$1000 monetary penalty
 - b. For missing 1 to 5 hours – Subsequent Offenses – Reprimand, obtain the missing hours within 30 days and a \$250 monetary penalty for each missing hour
 - c. For missing 6 to 15 hours – First offense - Reprimand and obtain the missing hours within 60 days
 - d. For missing 6 to 15 hours – Subsequent offenses – Reprimand, obtain the missing hours within 30 days and a \$500 monetary penalty for each missing hour

COMMONWEALTH OF VIRGINIA



Information Technology Resource Management

Information Security Standard

Virginia Information Technologies Agency (VITA)

8.10. FAMILY: MEDIA PROTECTION**CLASS: OPERATIONAL****MP-1 MEDIA PROTECTION POLICY AND PROCEDURES**

Control: The organization develops, disseminates, and reviews/updates at least once a year:

- a. A formal, documented media protection policy that addresses purpose, scope, roles, responsibilities, management commitment, coordination among organizational entities, and compliance; and
- b. Formal, documented procedures to facilitate the implementation of the media protection policy and associated media protection controls.

Supplemental Guidance: None

Control Enhancements for Sensitive Systems: None

Previous COV ITRM SEC 501-06 Control References: 3.4

MP-1-COV

Control: The organization shall document and implement Data Storage Media protection practices. At a minimum, these practices must include the following components:

1. Define protection of stored sensitive data as the responsibility of Data Owner.
2. Prohibit the storage of sensitive data on any non-network storage device or media, except for backup media, unless the data is encrypted and there is a written exception approved by the Agency Head accepting all residual risks. the exception shall include following elements:
 - a. The business or technical justification;
 - b. The scope, including quantification and duration (not to exceed one year) ;
 - c. A description of all associated risks;
 - d. Identification of controls to mitigate the risks, one of which must be encryption; and
 - e. Identification of any residual risks.
3. Prohibit the storage of any Commonwealth data on IT systems that are not under the contractual control of the Commonwealth of Virginia. The owner of the IT System must adhere to the latest Commonwealth of Virginia information security policies and standards as well as the latest Commonwealth of Virginia auditing policies and standards.
4. Prohibit the connection of any non-COV owned or leased data storage media or device to a COV-owned or leased resource, unless connecting to a guest network

or guest resources. This prohibition, at the agency's discretion need not apply to an approved vendor providing operational IT support services under contract.

5. Prohibit the auto forwarding of emails to external accounts to prevent data leakage unless there is a documented business case disclosing residual risk approved in writing by the Agency Head.

Supplemental Guidance: None

Control Enhancements for Sensitive Systems: None

Previous COV ITRM SEC 501-06 Control References: 6.2.2

MP-2 MEDIA ACCESS

Control: The organization restricts access to *digital and non-digital media to only authorized individuals using organization-defined security measures*.

Supplemental Guidance: Information system media includes both digital media (e.g., diskettes, magnetic tapes, external/removable hard drives, flash/thumb drives, compact disks, digital video disks) and non-digital media (e.g., paper, microfilm). This control also applies to mobile computing and communications devices with information storage capability (e.g., notebook/laptop computers, personal digital assistants, cellular telephones, digital cameras, and audio recording devices). An organizational assessment of risk guides the selection of media and associated information contained on that media requiring restricted access. Organizations document in policy and procedures, the media requiring restricted access, individuals authorized to access the media, and the specific measures taken to restrict access. Fewer protection measures are needed for media containing information determined by the organization to be in the public domain, to be publicly releasable, or to have limited or no adverse impact if accessed by other than authorized personnel. In these situations, it is assumed that the physical access controls where the media resides provide adequate protection. Related controls: MP-4, PE-3.

Control Enhancements for Sensitive Systems:

(1) *[Withdrawn: Not applicable to COV]*

(2) *[Withdrawn: Not applicable to COV]*

Previous COV ITRM SEC 501-06 Control References: 6.2.2.4

MP-3 MEDIA MARKING

[Withdrawn: Not applicable to COV]

MP-4 MEDIA STORAGE

Control: The organization:

Reen, Sandra (DHP)

From: Vu, Huong (DHP)
Sent: Tuesday, August 05, 2014 4:38 PM
To: Vu, Huong (DHP)
Cc: Palmatier, Kelley (DHP); Lackey, Kathy (DHP); Lee, Donna M. (DHP); Southall, Deborah (DHP); Levitin, Trudy (DHP); Robinson, Pamela (DHP)
Subject: Regulatory-Legislative Meeting
Importance: Low

Hello,

The Regulatory-Legislative Committee will meet on Friday, 10/24/2014 at 1 pm in Board Room 3 to discuss and prioritize the following topics:

- Billing for a Periodic Exam Performed by RDH
- Changing the Education Requirement for Dental Licensure
- Electronic Dental Records
- Practice Ownership
- Teledentistry
- DAII Registration Options for Qualifying
- Dental Role in Treating Sleep Apnea

Meeting Agenda and Materials will be available as soon as possible. Thank you.

*Huong Q Vu
Operations/Compliance Manager
Virginia Board of Dentistry
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
804-367-4510
Fax # 804-527-4428
www.dhp.virginia.gov/dentistry*

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SAVE THE DATE

January 23-25, 2015

More information and online registration coming soon at
www.louisville.edu/dental/continuingeducation

60th Southern Conference of Dental Deans and Examiners

Marriott Louisville Downtown

280 W. Jefferson Street

Louisville, KY 40202

Hosted by

University of Louisville School of Dentistry
University of Kentucky College of Dentistry

UNAPPROVED

**BOARD OF DENTISTRY
MINUTES of the NOMINATING COMMITTEE MEETING**

Friday, July 18, 2014

**Perimeter Center
9960 Mayland Drive, Suite 200
Richmond, VA 23233
Hearing Room 6**

- CALL TO ORDER:** The meeting was called to order at 8:15 a.m.
- PRESIDING:** Melanie C. Swain, R.D.H., Chair
- MEMBERS PRESENT:** James D. Watkins, D.D.S.
Bruce S. Wyman, D.M.D.
- STAFF PRESENT:** Sandra K. Reen, Executive Director for the Board
- QUORUM:** All members were present.
- NOMINATIONS:** Ms. Swain said the committee is charged with proposing a slate of officers for the election to be held during the September 12th Board meeting. She reviewed the nominations received in response to the e-mail sent to all board members requesting nominations. Dr. Watkins moved to nominate Ms. Swain for president, Dr. Gaskins for vice-president and Dr. Wyman for secretary-treasurer. The motion was seconded and passed.
Ms. Swain commented that she would accept nominations from the floor during the Board meeting.
- ADJOURNMENT:** With all business concluded, the Committee adjourned at 8:50 a.m.

Melanie C. Swain, R.D.H., Chair

Sandra K. Reen, Executive Director

Date

Date