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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

F I N A L M I N U T E S

MEETING OF:

STATE BOARD OF DENTISTRY

TIME: 11:00 A.M.

Held at

PENNSYLVANIA DEPARTMENT OF STATE

2601 North Third Street

One Penn Center, Board Room C

Harrisburg, Pennsylvania 17110

as well as

VIA MICROSOFT TEAMS

September 8, 2023

State Board of Dentistry
September 8, 2023

ALSO PRESENT: (cont.)

Kelly Mandella, RDH, MS, Director of Dental Hygiene
Examinations, Central Regional Dental Testing
Services
Caleb Sisak, Government Relations Specialist, Bravo
Group
Morgan Plant, Pennsylvania Dental Hygienists'
Association
Denice Szekely, Esquire, NYC Unified Court System
Jennifer Smeltz, Republican Executive Director, Senate
Consumer Protection & Professional Licensure
Shawn A. Kiser, RDH, M.Ed., Director of Dental
Hygiene, Pennsylvania College of Technology
Marisa Swarney, Director, Government Relations,
Pennsylvania Dental Association
Megan Crompton, Senior Associate, Allegheny Strategy
Partners
Sarah Ostrander, Senior Manager, Dental Education and
Licensure and Coalition for Modernizing Dental
Licensure, American Dental Association
Steve Neidlinger, CAE, Executive Director,
Pennsylvania Academy of General Dentistry
Joan Burke, CDA, EFDA, President-elect, Pennsylvania
Dental Assistants Association
Terri Rider, Expanded Function Dental Assistant
Instructor at Central Pennsylvania Institute of
Science and Technology
Matthew Shafer, Deputy Policy Director, National
Center for Interstate Compacts - The Council of
State Governments
John F. Erhard III, D.D.S., American Board of Dental
Examiners
Samuel Davis, Esquire, Davis & Davis Attorneys at Law
Beth Brennan, RDH, 30 CPS Dental
Kimber Cobb, RDH, BS, Director of Dental Hygiene
Examinations, Commission on Dental Competency
Assessment-Western Regional Examining Board
Justin Withrow
Victoria Lantz

1 ***

2 State Board of Dentistry

3 September 8, 2023

4 ***

5 [Pursuant to Section 708(a)(5) of the Sunshine Act,
6 at 9:00 a.m. the Board entered into Executive Session
7 with Ronald K. Rouse, Esquire, Board Counsel, to have
8 attorney-client consultations and for the purpose of
9 conducting quasi-judicial deliberations. The Board
10 returned to open session at 11:00 a.m.]

11 ***

12 [Ronald K. Rouse, Esquire, Board Counsel, informed
13 everyone that the meeting of the State Board of
14 Dentistry was being held in a hybrid format of both
15 in-person and live-stream teleconference pursuant to
16 Act 100 of 2021, which requires boards to use a
17 virtual platform to conduct business when a public
18 meeting is held.

19 Mr. Rouse also noted the Board entered into
20 Executive Session with Board Counsel to have
21 attorney-client consultations and for the purpose of
22 conducting quasi-judicial deliberations.]

23 ***

24 The regularly scheduled meeting of the State
25 Board of Dentistry was held on Friday, September 8,

1 2023. Shawn M. Casey, D.M.D., Chairman, called the
2 meeting to order at 11 a.m.

3 Chairman Casey reminded everyone that the meeting
4 was being recorded, and voluntary participation
5 constituted consent to be recorded.]

6 ***

7 Roll Call of Board Members

8 [Chairman Casey requested a roll call of Board
9 members.]

10 ***

11 Introduction of Attendees

12 [Chairman Casey requested an introduction of
13 attendees.]

14 ***

15 Appointment - National Center for Interstate

16 Compacts - The Council of State Government

17 [Matthew Shafer, Deputy Policy Director, National
18 Center for Interstate Compacts - The Council of State
19 Governments (CGS), stated the Dentist and Dental
20 Hygienist Compact is an initiative that CSG has been
21 working on with the American Dental Association and
22 American Dental Hygienist Association for about the
23 past 18 months. He explained that the Council of
24 State Governments is a membership organization for
25 elected and appointed state government officials from

1 all three branches.

2 Mr. Shafer noted CGS is headquartered in
3 Lexington, Kentucky and does policy research and
4 convenes their members together to share best
5 practices in order to champion excellence in state
6 government.

7 Mr. Shafer stated the National Center for
8 Interstate Compacts was founded in 2004 and the only
9 technical assistance provider around the creation in
10 enactment of interstate compacts. He provided a list
11 of compacts that CSG has been involved in developing
12 along with lead partner organizations. He mentioned
13 that they typically work with healthcare professions
14 and allied health professions but are moving into
15 some non-healthcare space with teaching and
16 cosmetology.

17 Mr. Shafer explained that the compacts are trying
18 to achieve the facilitation of multistate practice as
19 an additional pathway to practice in a state without
20 having to navigate a state-specific licensure process
21 and relieve burdens associated with holding multiple
22 licenses. He discussed the sharing of information
23 amongst member states and providing regulators with
24 information.

25 Mr. Shafer addressed the preservation of state

1 authority over professional licensing, noting it is
2 an alternative pathway to practice but not a takeover
3 of the current licensing system. He noted that the
4 traditional pathway to a Pennsylvania dental license
5 and dental hygiene license would remain completely
6 untouched by the compact, including scope of
7 practice.

8 Mr. Shafer explained that the state retains
9 control over the Dental Practice Act and licensing
10 requirements while creating this additional pathway
11 for practitioners who want to be mobile or work in
12 multiple states. He reported that almost all states
13 have adopted at least one of the compacts, noting
14 Pennsylvania has passed 5 out of the 15 active
15 licensure compacts. He provided a list of all of the
16 professions that have licensure compacts, noting
17 nursing and medicine lead the way.

18 Mr. Shafer mentioned that the oldest compacts
19 have been around since 2016 with 41 member states and
20 dentist and dental hygienist compacts with only 3
21 states because the compact is brand new.

22 Mr. Shafer addressed the dental professional
23 development process that started in 2019, where the
24 American Dental Association (ADA), Association of
25 Dental Support Organizations (ADSO), American Dental

1 Hygienists Association (ADHA), American Society of
2 Dentist Anesthesiologists (ASDA), Association
3 of Dental Implant Auxiliaries (ADIA), American
4 Association of Dental Boards (AADB), and Alliance of
5 the American Dental Association (AADA) were all in
6 attendance of that meeting.

7 Mr. Shafer stated the ADA and ADHA both responded
8 in 2021 to a request for applications that CSG had
9 facilitated to partner with them in developing new
10 interstate compacts.

11 Mr. Shafer stated the first step in the compact
12 development process was convening the technical
13 assistance group made up of stakeholders within the
14 profession, dental board members, dental board
15 administrators, and licensees. He noted having
16 members of several national dental organizations that
17 created a framework for the compact that was handed
18 off to the compact drafting team who had expertise in
19 legislative drafting.

20 Mr. Shafer stated they received 400 comments from
21 an eight-week public comment period held last fall,
22 where changes were made and the draft was finalized
23 in January 2023. He provided a list of commonly used
24 terms when reviewing legislation. He mentioned that
25 CSG and ADA have no role in administering the compact

1 and is up to the member states to implement and
2 administer.

3 Mr. Shafer addressed the compact privilege
4 process, noting a dentist or hygienist who holds an
5 active qualifying license would undergo a background
6 check and verification of eligibility criteria, pay
7 fees to the remote state and the commission, and
8 complete any necessary jurisprudence requirements.

9 Mr. Shafer addressed advantages of the compact,
10 including the cost typically being less expensive
11 than a full license and it could only take minutes to
12 process.

13 Mr. Shafer provided a summary of key requirements
14 in the compact for dentists or hygienists, including
15 a qualifying license, passing the national board exam
16 administered by the Joint Commission on National
17 Dental Examinations (JCNDE), and graduation from a
18 pre-doctoral dental education program accredited by
19 the Commission on Dental Accreditation (CODA).

20 Mr. Shafer mentioned that a CODA-accredited
21 residency would not satisfy the requirement and it
22 has to be a pre-doctoral degree leading to DDS or
23 DMD. He noted they must also have successful
24 completion of a clinical assessment, where passing
25 the American Board of Dental Examiners (ADEX) exam,

1 passing the Central Regional Dental Testing Service
2 (CRDTS) exam, or taking the Dental Licensure
3 Objective Structured Clinical Examination (DLOSCE)
4 would satisfy the requirement.

5 Mr. Shafer noted intentionally leaving it broad
6 to allow the commission some rulemaking flexibility,
7 rather than writing in specific examinations into the
8 statute that would then be codified in the statute
9 forever.

10 Mr. Shafer addressed completion of the background
11 check, noting he was aware of the particular concern
12 in Pennsylvania based on precedents with other
13 compacts and having issues with the Federal Bureau of
14 Investigation (FBI) around the background check
15 process. He reported CSG is working hard to resolve
16 this issue and there is movement at the federal level
17 in Congress through the States Handling Access to
18 Reciprocity for Employment (SHARE) Act.

19 Mr. Shafer explained that it would change the
20 FBI's federal mandate to better work with compact
21 commissions around the issuance of the background
22 checks. He noted they are working with all of the
23 active existing licensure compacts to try to resolve
24 this concern, so it was no longer an issue for
25 Pennsylvania.

1 Mr. Shafer addressed adverse action and
2 discipline when a practitioner violates the Practice
3 Act in their state of licensure, where their state
4 would lead the investigative process and when the
5 licensee violates the Practice Act in a remote state,
6 where the remote state conducts the investigation.
7 He noted that the presence of significant
8 investigative information is then reported to all of
9 the other member states, so Pennsylvania would know
10 if somebody is under investigation in Ohio or New
11 Jersey if they had a compact privilege in
12 Pennsylvania.

13 Mr. Shafer explained that the Compact Commission
14 is a joint government agency made up of one
15 representative of each of the member states and is
16 being created as an instrumentality of all the member
17 states collectively acting together. He mentioned
18 that commissions are so important because each state
19 would have to update the statute via the legislative
20 process on their own if there were any changes in the
21 contractual agreement if there was not a commission.

22 Mr. Shafer emphasized that rules are strictly
23 limited to the implementation and administration of
24 the compact and the commission could never write a
25 rule that would impact Pennsylvania's scope of

1 practice or their requirements for a Pennsylvania
2 license. He also noted that rules could never apply
3 to practitioners who are not seeking to use the
4 compact.

5 Mr. Shafer addressed benefits of the compact,
6 including increased mobility, enhancing portability,
7 and improved continuity of care when patients or
8 providers relocate. He noted the Department of
9 Defense (DoD) funded the creation of the Dentist and
10 Dental Hygienist Compact and are motivated to solve
11 the issue of portability for the military spouse
12 population. He also noted the benefit of reducing
13 the burden of maintaining multiple licenses, where
14 dentists practicing in multiple states can hold one
15 license to hold compact privileges to practice in
16 other member states.

17 Mr. Shafer addressed benefits to boards,
18 including a reduction of the administrative burden of
19 processing many out of state applications for
20 licensure. He noted that gaining access to more
21 licensees in their state ensures retention of
22 jurisdiction over practitioners working in their
23 state. He mentioned that it is also an expansion of
24 the investigative process and increasing
25 collaboration between member state boards, along with

1 increased information sharing amongst the member
2 states and the expansion of a state's prosecutorial
3 and regulatory reach.

4 Mr. Shafer addressed benefits for states,
5 including a workforce development tool to help with
6 workforce shortages, along with increasing consumer
7 access to highly qualified practitioners. He also
8 mentioned there is no impact to the Practice Act in
9 Pennsylvania, where they retain control over their
10 licensure requirements and anybody practicing within
11 Pennsylvania.

12 Mr. Shafer provided a map of states that have
13 active legislation. He referred to the House and
14 Senate bills in Pennsylvania, noting the New Jersey
15 bill has passed the assembly and is in the Senate
16 while they are on recess. He also noted the Ohio
17 bill also passed the Senate and is in the House. He
18 referred to the three member states of Tennessee,
19 Iowa, and Washington, noting Minnesota and Kansas
20 both introduced bills this year but would carry over
21 to 2024. He reported about 15-20 states interested
22 in introducing legislation during 2024.

23 Mr. Shafer addressed misinformation and
24 misconceptions regarding the compact. He mentioned
25 concerns that the compact should have been structured

1 like the interstate medical licensure compact, noting
2 they moved forward with the privileged model in place
3 now because the medical compact is the most expensive
4 to administer on the state and licensee side, costing
5 physicians \$700 every time they want to use the
6 medical compact, which would be extremely cost
7 prohibitive, especially for dental hygienists looking
8 to utilize the compact.

9 Mr. Shafer explained that there is really no
10 difference in terms of what the state is authorized
11 to do under this compact versus medicine. He noted
12 the Compact Commission is an outside third party
13 entity authorized to dictate scope of practice and
14 licensing requirements to the member states and
15 referred to Section 7(B)(1) and (2), where the
16 commission will be made up of the member state
17 licensing authorities and the designee is going to be
18 a member of the state licensing authority and would
19 be the Pennsylvania State Board of Dentistry in
20 Pennsylvania.

21 Mr. Shafer referred to Section 4, where the
22 licensee practicing in a remote state shall function
23 within the scope of practice authorized by that
24 remote state and abide by all of Pennsylvania's laws
25 and rules that govern the practice of dentistry and

1 dental hygiene. He noted the state has the authority
2 to act against a licensee's compact privilege in the
3 same manner as if the person held a license, where
4 they can take any action they feel is appropriate to
5 protect public health and safety in their state.

6 Mr. Shafer referred to the adverse action
7 section, where a bad actor would not be able to jump
8 from state to state undetected because of the data
9 system and information sharing occurring amongst the
10 member states. He addressed the misconception that
11 there would be a loophole and non-CODA-accredited
12 licensees would be able to use the compact and
13 referred to Section 3 and 4, where it is very clear
14 that CODA education is required.

15 Mr. Shafer mentioned that the confusion may be
16 coming from language after they name CODA that says
17 or another accrediting agency recognized by the
18 United States Department of Education but explained
19 that the language must be there because there could
20 be a scenario in the future where CODA is no longer
21 the prevailing accrediting body or CODA changes their
22 name. He further explained that the language allows
23 the commission to approve new accrediting bodies or
24 allow CODA to continue if they reorganize themselves
25 or change their name.

1 Mr. Shafer discussed the misconception that the
2 compact is promoting the ADA DLOSCE that several
3 states use for licensure. He provided their
4 definition of clinical assessment, where no exam is
5 named, so passing the ADEX, CRDTS, or DLOSCE would
6 all satisfy the requirement of clinical assessment.
7 He noted that no exam is being advantaged over
8 another exam.

9 Dr. Lugo commented that the state of Pennsylvania
10 is very clear that the protection of the public
11 includes a hands-on clinical assessment, and the
12 DLOSCE has a didactic clinical assessment and asked
13 how that would be reconciled.

14 Mr. Shafer explained that it would be a decision
15 of the state legislature to decide whether the DLOSCE
16 is an appropriate measure of public health and safety
17 when deciding to sign Pennsylvania up to the
18 agreement or not.

19 Dr. Lugo asked whether there was another test
20 like the DLOSCE in the nation or whether it is the
21 only one that defines clinical assessment as the
22 didactic multiple choice kind of thing without a live
23 person.

24 Mr. Shafer did not believe there was another
25 test, noting six states allow the DLOSCE. He noted

1 the only other process out there for licensure
2 besides a hand-on based clinical assessment is the
3 postgraduate year (PGY-1), noting nine states allow
4 that for licensure.

5 Dr. Lugo wanted to be clear that the legislature
6 would make the decision to use a non-hands-on
7 clinical exam and then the board would have to accept
8 it.

9 Mr. Shafer explained that joining interstate
10 compacts is a decision of the legislature, so the
11 legislature would be signing up for that type of
12 process. He commented that the compacts are built on
13 trust that the other member states have licensed
14 somebody that is fit to practice.

15 Dr. Arndt requested clarification that each
16 compact state is not required to share with each
17 disciplinary proceedings and actions.

18 Mr. Shafer explained that all states have to
19 share a final board adverse action. He noted a board
20 may or may not share investigative information before
21 a final action takes place. He mentioned that states
22 have varying standards around due process and do not
23 want to assume someone is guilty until proven.

24 Dr. Arndt requested information concerning the
25 process of leaving the compact after a state has

1 joined and whether there would be any grandfathering.

2 Mr. Shafer explained that the state would enact a
3 repeal statute to repeal the compact language from
4 their state statute. He mentioned there would be a
5 six-month period, where compact privileges would
6 continue to be recognized and then all privilege
7 holders would then need to obtain a Pennsylvania
8 license, but there would be no grandfathering.

9 Dr. Funari stated Pennsylvania has a somewhat
10 similar program called Act 41, which is basically a
11 fast track based on credentials in another location
12 and requires a hands-on examination. He mentioned
13 that Pennsylvania does not accept PGY-1 experience
14 because that does not necessarily have a testing
15 component to it.

16 Dr. Funari stated one year is a short time frame
17 to identify any deficiencies in a practice history.
18 He mentioned that Pennsylvania requires a minimum of
19 two years of practice within the prior five years but
20 someone could be issued a license and turn around the
21 next day and start requesting licenses around the
22 country with no practice history with the compact.

23 Mr. Shafer noted Dr. Funari to be correct, where
24 the compact has no requirement to be practicing for a
25 certain number of years.

1 Dr. Funari commented that Pennsylvania would be
2 forced to accept dentists coming from states that may
3 have lower standards.

4 Mr. Shafer believed there was a lot of uniformity
5 around licensure requirements and is why the
6 healthcare professions have utilized the compact.

7 Dr. Funari asked whether license renewal would be
8 based on the primary license.

9 Mr. Shafer explained that someone with a two-year
10 cycle would be renewed every two years.

11 Dr. Funari asked what happens if the state has
12 additional continuing education (CE) requirements
13 over the primary state and whether someone would be
14 required to get that in addition to their primary
15 licensing state.

16 Mr. Shafer explained that the compact just
17 requires that they maintain their qualifying license
18 in good standing but do not have to complete
19 continuing education in all the remote states where
20 they are practicing.

21 Dr. Funari commented that it creates an unequal
22 licensing requirement, where someone could graduate
23 from a state with high need that has lower standards
24 and get their primary license there and not have to
25 practice because they could turn around in one day

1 and ask for compact licensure back into the state
2 they want to stay.

3 Dr. Funari mentioned that it is circumventing
4 standards and Pennsylvania sets a certain standard
5 for the protection of the patients and are very
6 adamant about maintaining those standards.

7 Mr. Shafer mentioned that continuing education is
8 another instance where there is really not a whole
9 lot of variance across states and within about 5-10
10 hours of each other.

11 Dr. Funari disagreed in the content because there
12 are states that allow CE in areas that Pennsylvania
13 does not accept, such as practice management.

14 Richael Cobler, Executive Director, Central
15 Regional Dental Testing Services, commented that many
16 state board members are very concerned about the fact
17 that the boards are being circumvented because the
18 compact is going through legislation, and some of
19 their board members did not even know that there was
20 legislation being proposed on this.

21 Ms. Cobler asked for confirmation that it
22 basically annuls any authority that the dental boards
23 have to approve licensure if it passed in a state.

24 Mr. Shafer explained that the compact does not
25 dictate anything around licensure and is an optional

1 pathway to practice, so they have an authorization to
2 work in another remote state that is in the compact
3 but do not have a license there.

4 Ms. Cobler mentioned that she has been to every
5 state board meeting in the past two years, noting
6 they do vary quite a bit. She wanted to make sure
7 board members' understanding is correct that once the
8 legislature in their state has agreed to this compact
9 and entered into it that the board has no say whether
10 somebody who comes from a state that had the DLOSCE
11 that accepts the DLOSCE, the dental board cannot say
12 they would not license them.

13 Mr. Shafer noted that to be correct and is what
14 they are signing up to by joining the compact.

15 Ms. Cobler commented that they are circumventing
16 the dental boards, who are the professionals, and
17 going through legislators who probably have no dental
18 experience.

19 Mr. Shafer addressed experience working with
20 other compacts, where the state legislature would
21 likely not pass it if the board is not supportive and
22 heard of only one instance where the board was
23 outright opposed and the legislature passed it
24 anyway.

25 Ms. Cobler asked whether the legislation is

1 required to go before the dental boards because she
2 had dental board members who had never seen the
3 compact or knew anything about it but passed their
4 legislature.

5 Mr. Rouse explained that the Board has an
6 adjudicatory function but does not have a legislative
7 function.

8 John F. Erhard III, D.D.S., American Board of
9 Dental Examiners, commented that the state of
10 Minnesota is going to grant licensure without
11 examination in the state of Minnesota for graduates
12 of Minnesota dental schools and seems to conflict
13 with what other states are doing as far as requiring
14 licensure. He asked whether Pennsylvania would have
15 to recognize graduates of Minnesota dental schools
16 who have not taken a licensure examination as
17 licensed and able to transfer their license to
18 Pennsylvania.

19 Mr. Shafer explained that the compact requires
20 that they complete a clinical assessment and
21 Pennsylvania would not approve that as a valid proof
22 of clinical competence so would not use that pathway
23 to practice in Pennsylvania.

24 Dr. Erhard asked who the representative from
25 Pennsylvania is on that board.

1 Mr. Shafer explained that the compact commission
2 is made up of the member states who have enacted it
3 and Pennsylvania has not enacted it, so there is no
4 representative from Pennsylvania. He further
5 explained that the commission is not formed until it
6 is passed into law by seven member states and
7 currently no commission. He noted that all of the
8 rulemaking would begin once they hit seven states.

9 Mr. Rouse requested clarification that the
10 Pennsylvania State Board of Dentistry would not be
11 issuing a license to someone applying for a compact
12 privilege and asked what type of documentation the
13 applicant receives.

14 Mr. Shafer noted Mr. Rouse to be correct
15 regarding Pennsylvania not issuing a license but the
16 documentation received would be something the
17 commission rules would dictate. He mentioned that
18 there is nothing in the statute itself that clarifies
19 that but are issued a privilege number similar to a
20 license number with the other compacts.

21 Dr. Jaspan asked what authority the Pennsylvania
22 State Board of Dentistry would have if the person has
23 a complaint filed against them with a compact
24 privilege and not a license.

25 Mr. Shafer stated the Board would have full

1 authority to take action as if the person was
2 licensed in Pennsylvania.

3 Dr. Funari asked whether the compact also covers
4 individuals who are licensed in the state of
5 Pennsylvania for expanded function dental assistants,
6 and public health dental hygienists.

7 Mr. Shafer explained that it only covers the
8 general dentistry license and dental hygiene license,
9 noting that specialties would still have to fulfill
10 all of the state specific requirements.

11 Chair Casey thanked Mr. Shafer for the
12 presentation.]

13 ***

14 Approval of minutes of the July 14, 2023 meeting

15 CHAIRMAN CASEY:

16 At this time, I'd like to make sure
17 everybody had time to read the minutes
18 of the last meeting that was held on
19 July 14, 2023.

20 Has everyone had a chance to review
21 the minutes? Any corrections or
22 concerns with the minutes or any
23 changes?

24 With that said, I'd like to have a
25 motion to accept the minutes of the

1 meeting from July 14, 2023.

2 DR. FUNARI:

3 So moved.

4 CHAIRMAN CASEY:

5 Second?

6 ACTING COMMISSIONER CLAGGETT:

7 Second.

8 CHAIRMAN CASEY:

9 Christina, roll call, please.

10

11 Claggett, aye; Casey, aye; Sullivan,

12 aye; Arndt, aye; Fowler, abstain;

13 Funari, aye; Jaspan, aye; Lugo,

14 abstain; Mountain, abstain; Murray,

15 abstain; Wyant, aye; Zehring, aye.

16 [The motion carried. Barbara Fowler, Ivan Lugo,

17 LaJuan Mountain, and Donna Murray abstained from

18 voting on the motion.]

19

20 [Shawn M. Casey, D.M.D., Chairman, exited the meeting

21 at 12:01 p.m. for recusal purposes.]

22

23 VICE CHAIR SULLIVAN ASSUMED THE CHAIR

24

25 Report of Board Counsel - Motion to Enter Default and

1 Deem Facts

2 Admitted

3 MR. ROUSE:

4 Item 7 is Respondent's objection to
5 Granting Commonwealth's MDFA for BPOA
6 v. Blanche Durand Grube, Case Nos. 18-
7 46-02952 & 18-46-012074.

8 Regarding the Matter of BPOA v.
9 Blanche Durand Grube, item 7 on the
10 agenda, I believe the Chair would
11 entertain a motion to deny the
12 Respondent's Motion to Vacate the Order
13 Granting Commonwealth's MDFA.

14 VICE CHAIR SULLIVAN:

15 Do I have that motion?

16 DR. FUNARI:

17 So moved.

18 ACTING COMMISSIONER CLAGGETT:

19 Second.

20 MS. TOWNLEY:

21 Claggett, aye; Sullivan, aye; Arndt,
22 aye; Fowler, aye; Funari, aye; Jaspán,
23 aye; Lugo, abstain; Mountain, aye;
24 Murray, aye; Wyant, aye; Zehring, aye.

25 [The motion carried. Ivan Lugo abstained from voting

1 on the motion. Shawn Casey recused himself from
2 deliberations and voting on the motion.]

3 ***

4 Shawn M. Casey, D.M.D., Chairman, reentered the
5 meeting at 12:02 p.m.]

6 ***

7 CHAIRMAN CASEY RESUMED THE CHAIR

8 ***

9 Report of Board Counsel - Final Adjudication and
10 Order

11 MR. ROUSE:

12 Item 8 on the agenda is the Final
13 Adjudication and Order regarding
14 Stephanie Dawn Smekal.

15 Regarding the Final Adjudication in
16 the Matter of the Application for
17 Licensure by Endorsement to Practice as
18 an Expanded Function Dental Assistant
19 of Stephanie Dawn Smekal, Case No. 22-
20 46-008697 at item 8 on the agenda, I
21 believe the Chair would entertain a
22 motion to adopt the Adjudication and
23 Order as presented by Board Counsel and
24 to direct Board Counsel to prepare the
25 Board's Final Order.

1 CHAIRMAN CASEY:

2 Do I have a motion, please?

3 DR. FUNARI:

4 So moved.

5 CHAIRMAN CASEY:

6 Second?

7 ACTING COMMISSIONER CLAGGETT:

8 Second.

9 CHAIRMAN CASEY:

10 Christina, roll call, please.

11

12 Claggett, aye; Casey, aye; Sullivan,

13 aye; Arndt, aye; Fowler, no vote;

14 Funari, aye; Jaspan, aye; Lugo,

15 abstain; Mountain, aye; Murray, aye;

16 Wyant, aye; Zehring, aye.

17 [The motion carried. Ivan Lugo abstained from voting
18 on the motion. Barbara Fowler did not vote.]

19

20 MR. ROUSE:

21 Item 9 on the agenda is a matter that
22 was also discussed in Executive Session
23 regarding the Final Adjudication and
24 Order in the Matter of the Application
25 for Licensure by Endorsement to

1 Practice Dentistry of Kamini Patel,
2 D.D.S., Case No. 22-46-011177.

3 At item 9 on the agenda, I believe
4 the Chair would entertain a motion to
5 adopt the Adjudication and Order as
6 presented by Board Counsel and to
7 direct Board Counsel to prepare the
8 Board's Final Order.

9 CHAIRMAN CASEY:

10 Do I have a motion, please?

11 DR. FUNARI:

12 I make that motion.

13 CHAIRMAN CASEY:

14 Second?

15 ACTING COMMISSIONER CLAGGETT:

16 Second.

17 CHAIRMAN CASEY:

18 Christina, roll call, please.

19

20 Claggett, aye; Casey, aye; Sullivan,
21 aye; Arndt, aye; Fowler, aye; Funari,
22 aye; Jaspan, aye; Lugo, abstain;
23 Mountain, aye; Murray, aye; Wyant, aye;
24 Zehring, aye.

25 [The motion carried. Ivan Lugo abstained from voting

1 on the motion.]

2 ***

3 Review of Applications

4 MR. ROUSE:

5 Next we're going to item 17 on the
6 Board's agenda for Review of
7 Applications. These Applications were
8 reviewed in Executive Session.

9 Starting with item 17 regarding the
10 Application of Sreesa Bharathikumar. I
11 believe the Chair would entertain a
12 motion to provisionally deny the
13 Application for Licensure by
14 Endorsement as a Dental Hygienist.

15 CHAIRMAN CASEY:

16 Do I have a motion, please?

17 DR. FUNARI:

18 So moved.

19 CHAIRMAN CASEY:

20 Second?

21 ACTING COMMISSIONER CLAGGETT:

22 Second.

23 CHAIRMAN CASEY:

24 Christina, roll call.

25

1 Claggett, aye; Casey, aye; Sullivan,
2 aye; Arndt, aye; Fowler, aye; Funari,
3 aye; Jaspan, aye; Lugo, abstain;
4 Mountain, aye; Murray, aye; Wyant, aye;
5 Zehring, aye.

6 [The motion carried. Ivan Lugo abstained from voting
7 on the motion.]

8 ***

9 MR. ROUSE:

10 Item 18 was listed in error; therefore,
11 we will not discuss that item.

12 ***

13 MR. ROUSE:

14 Item 19 on the agenda is regarding the
15 Application of Lindsey Smith. I
16 believe the Chair would entertain a
17 motion to grant the Application for
18 Licensure by Endorsement as an Expanded
19 Function Dental Assistant.

20 CHAIRMAN CASEY:

21 Do I have a motion, please?

22 DR. FUNARI:

23 So moved.

24 CHAIRMAN CASEY:

25 Second?

1 ACTING COMMISSIONER CLAGGETT:

2 Second.

3 CHAIRMAN CASEY:

4 Christina, roll call, please.

5

6 Claggett, aye; Casey, aye; Sullivan,
7 aye; Arndt, aye; Fowler, aye; Funari,
8 aye; Jaspan, aye; Lugo, abstain;
9 Mountain, aye; Murray, aye; Wyant, aye;
10 Zehring, aye.

11 [The motion carried. Ivan Lugo abstained from voting
12 on the motion.]

13

14 MR. ROUSE:

15 Item 20 on the agenda is Cynthia
16 Tejera. Regarding the Application of
17 Cynthia Tejera, I believe the Chair
18 would entertain a motion to grant the
19 Application for Licensure by
20 Endorsement as an Expanded Function
21 Dental Assistant.

22 CHAIRMAN CASEY:

23 Do I have a motion, please?

24 DR. FUNARI:

25 So moved.

1 CHAIRMAN CASEY:

2 Second?

3 ACTING COMMISSIONER CLAGGETT:

4 Second.

5 CHAIRMAN CASEY:

6 Christina, roll call, please.

7

8 Claggett, aye; Casey, aye; Sullivan,
9 aye; Arndt, aye; Fowler, aye; Funari,
10 aye; Jaspan, aye; Lugo, abstain;
11 Mountain, aye; Murray, aye; Wyant, aye;
12 Zehring, aye.

13 [The motion carried. Ivan Lugo abstained from voting
14 on the motion.]

15 ***

16 [LaJuan M. Mountain, D.M.D.; Jennifer Unis Sullivan,
17 D.M.D., J.D., Vice Chairperson; and Brice D. Arndt,
18 D.D.S., exited the meeting at 12:07 p.m. for recusal
19 purposes.]

20 ***

21 Report of Prosecutorial Division

22 [Jason T. Anderson, Esquire, Board Prosecutor,
23 presented the Consent Agreement for Case No. 23-46-
24 003605.]

25 ***

1 [Jennifer Unis Sullivan, D.M.D., J.D., Vice
2 Chairperson, and Brice D. Arndt, D.D.S., reentered
3 the meeting at 12:20 p.m.]

4 ***

5 [Kayla R.B. Bolan, Esquire, Board Prosecutor,
6 presented the Consent Agreement for Case No. 22-46-
7 006730.]

8 MR. ROUSE:

9 Regarding the Consent Agreement at item
10 3 on the agenda at Case No. 22-46-
11 006730, I believe the Chair would
12 entertain a motion to adopt the Consent
13 Agreement.

14 CHAIRMAN CASEY:

15 Do I have a motion, please?

16 DR. FUNARI:

17 So moved.

18 CHAIRMAN CASEY:

19 Second?

20 ACTING COMMISSIONER CLAGGETT:

21 Second.

22 CHAIRMAN CASEY:

23 Christina, roll call, please.

24

25 Claggett, aye; Casey, aye; Sullivan,

1 the purpose of conducting quasi-
2 judicial deliberations.

3 Going back to item 2 on the agenda,
4 Case No. 23-46-003605, after discussion
5 in Executive Session, I believe the
6 Chair would entertain a motion to adopt
7 the Consent Agreement.

8 CHAIRMAN CASEY:

9 Do I have a motion, please?

10 DR. FUNARI:

11 So moved.

12 CHAIRMAN CASEY:

13 Second?

14 ACTING COMMISSIONER CLAGGETT:

15 Second.

16 CHAIRMAN CASEY:

17 Christina, roll call, please.

18

19 Casey, aye; Fowler, nay; Funari, aye;
20 Jaspan, aye; Lugo, abstain; Murray,
21 nay; Wyant, aye; Zehring, aye;
22 Claggett, aye.

23 [The motion carried. Ivan Lugo abstained from voting
24 on the motion. Jennifer Unis Sullivan, LaJuan
25 Mountain, and Brice Arndt recused themselves from

1 deliberations and voting on the motion. Barbara
2 Fowler and Donna Murray opposed the motion. That was
3 the matter of BPOA v. Ravi Balasubramaniam, D.M.D.,
4 Case No. 23-46-003605.]

5 ***
6 [Shawn M. Casey, D.M.D., Chairman, exited the meeting
7 at 12:41 p.m.]

8 ***
9 VICE CHAIR SULLIVAN ASSUMED THE CHAIR

10 ***
11 [LaJuan M. Mountain, D.M.D., reentered the meeting at
12 12:42 p.m.]

13 ***
14 Appointment
15 [John F. Erhard III, D.D.S., American Board of Dental
16 Examiners, explained that ADEX creates and upgrades
17 the licensure examination for dentists and dental
18 hygienists and is conducted by the Council of
19 Interstate Testing Agencies (CITA) and Western
20 Regional Examining Board (WREB). He noted the
21 agencies employ the same ADEX exam in their testing
22 and virtually every state accepts the result of the
23 ADEX, along with Canada, Mexico, Puerto Rico, and
24 Jamaica.

25 Dr. Erhard stated ADEX and AADB were created by

1 state dental boards for the protection of the public
2 and not to be advocates for dentists or dental
3 hygienists or their member organizations. He noted
4 that each testing agency organization is also
5 independent of all practitioner advocacy groups in
6 its proceedings and encouraged Board members to
7 become active in the testing agencies.

8 Dr. Erhard addressed the examination changes from
9 the July 2023 ADEX Meeting. He stated examinations
10 are independent and psychometrically reviewed
11 annually for content, relativity, and fairness.

12 Dr. Erhard explained that the exams in the report
13 are both dental and dental hygiene, although ADEX
14 does offer other examination types, including EFDA,
15 specialty exams, ethics, and others. He reported
16 that all dental exams would be presented on a
17 CompeDont manikin in 2025, noting dental hygiene
18 candidates would be tested on the CompeDont manikin
19 beginning with the next testing cycle.

20 Dr. Erhard stated live patient exams would not be
21 offered by those organizations. He mentioned that
22 hygiene candidates would be required to remove all
23 calculus found in the selected quadrant in 2025 and
24 not be informed of the required services to be
25 treated, noting the exam has been improved because

1 the hygienist would now have to identify the calculus
2 and remove it without extensive tissue damage.

3 Dr. Erhard reported technical grading changes for
4 the dental exam and an increase in scoring penalties
5 for candidates asking to remove decay without
6 clinical justification. He noted a change to the
7 dental periodontal exam, where the time to complete
8 the scaling exercise has been reduced from 90 to 60
9 minutes. He mentioned that the periodontal,
10 prosthodontic, and endodontic exams would be offered
11 on the same day.

12 Dr. Erhard noted the restorative exam would be
13 its own day and has been changed to 7 hours, where a
14 candidate must complete the first restoration in 3.5
15 hours or fail for both procedures. He stated any
16 scheduled exam by a candidate that included both
17 restorative and periodontal before the change goes
18 into effect has from 8 a.m. until 3 p.m. to complete
19 the restorative.

20 Dr. Erhard informed everyone that any candidate
21 who failed any aspect of the exam cannot retake the
22 exam for 10 days starting in August to allow time for
23 remediation training.

24 Dr. Erhard addressed changes to the dental
25 endodontics exam starting with the 2025 class, where

1 they would be required to take the central incisor
2 out of the manikin and measure the length, along with
3 having different anterior teeth to treat with no
4 examiner comment. He also noted a change where they
5 would be allowed 0.5 mm overfill on the anterior
6 tooth.

7 Dr. Erhard discussed the second part of the
8 meeting regarding the compact.

9 Dr. Lugo commented that he is an examiner for
10 ADEX, noting this all seems like the clinical nature
11 of what they look for in the competencies of a live
12 clinical assessment. He noted the importance of
13 clinicians participating on the Board. He asked how
14 to define the difference between testing clinically
15 between something that is didactic on paper, which is
16 cognitive, and something that is clinically showing
17 competence from a hand-eye coordination of training
18 someone had for the past four years.

19 Dr. Erhard explained that someone would need to
20 demonstrate the clinical competency, as well as the
21 didactics and believed someone should be tested in
22 both skills.

23 Dr. Lugo commented that most of them would define
24 the definition Dr. Erhard provided of clinical
25 assessment as didactics, not a clinical assessment.

1 He noted the liberal use of clinical assessment and
2 not understanding that what they look for is a hands-
3 on approach to clinical assessment, not what
4 academics and anybody in that industry would
5 understand, noting that is a didactic assessment.

6 Dr. Lugo mentioned that putting it under the
7 clinical assessment is a very strategic way to skip
8 the clinical component but name it as a clinical. He
9 noted that hands-on is clinical, not a clinical
10 cognitive assessment with no live patient, that has
11 proven to keep the public safe over the years.

12 Dr. Erhard agreed with demonstrating competency
13 independently of an organization and noted the
14 importance of doing a measured physical assessment.
15 He again encouraged members to at least observe an
16 exam because they would be making decisions based on
17 them.

18 Dr. Erhard mentioned that Minnesota is granting
19 licenses to their graduates who have not taken an
20 independent examination, where Pennsylvania would
21 hopefully have standards to not give licensure by
22 endorsement because they have not passed an
23 independent exam.

24 Dr. Lugo asked whether any other test is given in
25 the nation that is put on by a member organization

1 and not a different type of state board directly
2 involved in input. He asked whether there was
3 another organization in dentistry that has their own
4 test and wants to not have a hands-on clinical
5 component.

6 Dr. Erhard stated the American Dental Association
7 is advocating for their Objective Structured Clinical
8 Examination (OSCE) for licensure and does not involve
9 a hands-on evaluation.

10 Vice Chair Sullivan thanked Dr. Erhard for the
11 presentation and his service as a previous Board
12 member.

13 Arthur Chen-Shu Jee, D.M.D., Vice President of
14 the American Association of Dental Boards (AADB),
15 stated AADB represents all 53 states and
16 jurisdictions and presented to the Board to discuss
17 the concept of compacts and the importance of
18 dentists and dental hygienists being able to move
19 from state to state. He noted everyone at the state
20 board level were excited to hear the Council of State
21 Governments (CSG) were bringing out a compact.

22 Dr. Jee noted they were asked to review the
23 compact once it was formed but North Carolina,
24 Washington State, and Arizona were involved directly
25 and are now part of the AADB Compact. He referred to

1 the AADB Compact and the CSG Compact and addressed
2 the differences. He noted AADB is not advocating for
3 a global license but an expedited license, where AADB
4 would be the clearinghouse and repository of all the
5 information.

6 Dr. Jee stated AADB would review all the
7 information and expedite a Pennsylvania license that
8 would be under the auspices of Pennsylvania in a few
9 of days. He addressed concerns at the state board
10 level regarding adjudication against anyone who is
11 under a compact license. He noted having problems
12 with section 3 items 8 and 10, where item 8 says that
13 they have to be a CODA-accredited dental school or
14 another accrediting agency of the Department of
15 Education.

16 Dr. Jee referred to the Lake Erie College of
17 Osteopathic Medicine (LECOM), noting they support six
18 dental schools and two more in the making. He
19 mentioned that LECOM had an issue with one of the
20 dental schools that were going to go through
21 accreditation through the Osteopathic Medicine
22 Commission, where accreditation is not specific to
23 the vocation.

24 Dr. Jee referred to item 10 regarding the
25 definition of clinical experience, noting several

1 programs do not require hands-on skills testing and
2 is a big issue. He mentioned that state dental
3 boards requested AADB provide an alternative and it
4 is why they are in the picture.

5 Dr. Jee commented that everyone was hopeful that
6 CSG was going to provide simple and straightforward
7 transportability licensure but it has not and AADB is
8 looking for simple and straightforward licensure
9 transportability. He explained there is no payment,
10 state charge, or dental charge to be part of the AADB
11 Compact and is strictly for the dentist or dental
12 hygienist who wants to belong to the compact to pay
13 for the compact license and fee.

14 Dr. Jee mentioned that each one of those compact
15 licenses would be a state license and is the
16 difference between the CSG Compact, which is a global
17 compact license that is issued by the commission and
18 very similar to the concept of developing a universal
19 licensing structure, noting dental boards across the
20 United States and the three jurisdictions are
21 opposed.

22 Dr. Jee noted Pennsylvania is an ADEX state and
23 would have to pass a law or have it superseded in
24 order to have the compact go through. He informed
25 Board members that the Maryland State Board of Dental

1 Examiners is adamantly opposed to the CSG Compact
2 because of some of those issues, along with the fact
3 that they have no idea who the compact licensees are
4 because there is no registration to the dental board
5 because it is managed by the Compact Commission.

6 Dr. Jee asked Board members to read and compare
7 the two compacts on how much authority the state has
8 and how much authority the state boards would have
9 and believed the AADB Compact is simpler and more
10 straightforward.

11 Dr. Jee mentioned that CSG has been going
12 directly to legislators and associations, where some
13 boards do not even know about the compact. He noted
14 the Maryland State Dental Association is being
15 lobbied by the ADA but does not understand the idea
16 of compacts.

17 Dr. Jee hoped the Board would look and agree to
18 their compact and lobby legislators and associations
19 to put a halt on CSG's Compact and review it.

20 Dr. Funari asked how Maryland is approaching the
21 problem of trying to circumvent the Board because
22 Pennsylvania has had no formal input into this other
23 than individuals lobbying the legislature.

24 Dr. Jee stated the George Shipley is the
25 president of ADA and Maryland does not want to

1 embarrass the ADA president, but Maryland rejected
2 the CSG Compact in 2022 and believed they would at
3 least oppose the CGS Compact coming before the
4 legislature. He suggested the Board contact
5 legislators and the Pennsylvania Dental Society.

6 Dr. Jee informed Board members that AADB has
7 the infrastructure and the mechanism to manage the
8 compact already and does not need to go through a
9 whole superstructure and re-creation of a commission,
10 which is why CSG is charging every state an X amount
11 of money. He mentioned that ADA and CSG are pushing
12 legislators and not going to dental boards. He
13 reported 48 states take the ADEX exam, noting the
14 AADB Compact mandates the ADEX exam and hands-on
15 skills exam. He addressed issues that cannot be
16 negotiated with the CSG Compact, including
17 accrediting agencies and clinical experience.

18 Ms. Cobler requested clarification that 48
19 states accept ADEX in their legislation, noting 40 of
20 the 48 states that accept licensure exams accept
21 CRDTS and is in their statute and asked how the AADB
22 would get around the legislature when it does not
23 specify ADEX.

24 Dr. Jee referred Ms. Cobler to the CDCA-WREB-CITA
25 website for a review of all the states that accept

1 the ADEX examination as a requirement for licensure.

2 Ms. Cobler commented that 23 board members think
3 a monopoly is a bad idea. "So half of the United
4 States is saying something opposite of what you're
5 saying."

6 Dr. Jee explained that they are interested in the
7 requirement of a hands-on skilled examination.

8 Ms. Cobler asked for clarification as to whether
9 AADB is requiring ADEX only for states that join the
10 compact.

11 Dr. Jee noted ADEX as part of the compact
12 requirement as a hands-on skilled examination, noting
13 CRDTS would also be included if it is a hands-on
14 skilled examination. He noted AADB's intention is to
15 make sure there is a hand skill examination, and
16 anyone without a hands-on examination cannot
17 participate in the compact.

18 Dr. Lugo commented that a hands-on assessment is
19 critical and noted the importance of everyone
20 understanding the politics around this and how they
21 are being circumvented. He mentioned that clinicians
22 are the ones who really understand what protects the
23 public and many members of the ADA are going through
24 the legislature with a product that is supposed to be
25 hands off.

1 Dr. Lugo stated quasi-judicial bodies should
2 handle quasi-like, state-related issues regarding
3 public safety and the intricacies of understanding
4 that many states know hands-on is critical for the
5 assessment. He commented that it should be called
6 what it is, whether it is didactic or clinical
7 assessment, so everyone understands the critical
8 difference.

9 Dr. Funari referred to the document, where
10 regional Board examination includes the Western
11 Regional Dental Board Examination, Northeast Regional
12 Board of Dental Examiners, Commission on Dental
13 Competency, Council of Interstate Testing Agencies,
14 Southeast Regional Testing Agency, and Central
15 Regional Dental Testing Service.]

16 ***

17 Report of Board Counsel - Regulations - Regulatory
18 Report

19 [Ronald K. Rouse, Esquire, Board Counsel, provided a
20 Regulatory Report for the Board's review.

21 Jacqueline A. Wolfgang, Esquire, Board Counsel,
22 provided a brief summary of her professional
23 background. She noted being familiar with some of
24 the regulations over the last five years. She
25 informed everyone that the Department of State

1 decided to increase the complement of regulatory
2 counsel to help move the regulations along a little
3 faster.

4 Mr. Rouse provided an update for 16A-4621
5 regarding anesthesia. He noted the Board adopted the
6 annex on July 14 but is still working on the
7 preamble.

8 Mr. Rouse referred to Regulation 16A-4622
9 regarding the statement of policy for botulinum toxin
10 products. He noted the matter had been on hold
11 because the Board wanted to concentrate more on
12 priority regulations.

13 Mr. Rouse informed Board members that regulatory
14 counsel would be providing an update for Regulation
15 16A-4625 regarding the volunteer license.

16 Mr. Rouse referred to Regulation 16A-4628
17 regarding general revisions. He noted an additional
18 written comment regarding the general revisions
19 concerning the three deans of the Pennsylvania Dental
20 Schools recommendations regarding changes that would
21 be made to the Dental Law.

22 Mr. Rouse also noted another written comment from
23 the American Dental Association who also agreed with
24 the three deans' recommendations as well. He
25 addressed a comment for Regulation § 33.203 regarding

1 advertising of dental specialties, noting he did some
2 research about some language that may help provide a
3 pathway for dentists who have specialties that are
4 not within the 12 specialties of the American Dental
5 Association.

6 Mr. Rouse mentioned that North Carolina had some
7 language in their regulation and he added language on
8 pages 39 and 40 of the annex for general revisions.
9 He noted the issues seemed technical and legal and
10 suggested the Board have a committee meeting to
11 address the issues.

12 Ms. Fowler noted she and Dr. Arndt would like to
13 schedule a meeting of the Regulatory Committee and
14 requested Mr. Rouse join the discussion.

15 Mr. Rouse also recommended further discussion
16 concerning mobile vans.

17 Mr. Rouse addressed Regulation 16A-4637 regarding
18 opioid education curriculum. He noted the Board is
19 waiting to see what happens with another Board going
20 through the regulatory process for their opioid
21 education curriculum.

22 Dr. Lugo requested clarification as to how many
23 schools are in Pennsylvania, along with who is
24 representing those schools, and believed
25 Pennsylvanians should be able to understand who is

1 treating them.

2 Dr. Jee explained that LECOM has dental schools
3 in Bradenton, FL, and dental offices in Pennsylvania,
4 students do their clinical work. He suggested
5 contacting LECOM directly to find out how they are
6 doing that under their auspices.]

7

8 Report of Board Counsel - Miscellaneous - Scam Alert
9 [Ronald K. Rouse, Esquire, Board Counsel, informed
10 everyone that a new Scam Alert from the Bureau of
11 Professional and Occupational Affairs has been added
12 to the Board's website and read the Scam Alert to
13 Board members and board meeting attendees.]

14

15 Report of Board Chair - No Report

16

17 Report of Acting Commissioner - No Report

18

19 Report of Board Administrator - No Report

20

21 Report of Board Counsel - Miscellaneous

22 [Ronald K. Rouse, Esquire, Board Counsel, noted FYIs
23 for House Bill 1585 of 2023 Teledentistry Act, House
24 Bill 1586 of 2023 Dentist and Dental Hygienist
25 Compact, Senate Bill 895 of 2023 Dentist and Dental

1 Hygienist Compact, and Senate Bill 739 of 2023
2 Telemedicine.

3 Mr. Rouse mentioned that there was prior Board
4 discussion regarding telemedicine at the last
5 meeting. He noted the presentations today addressed
6 the Dental and Dental Hygienist Compact and the House
7 and Senate bills regarding dental compacts are along
8 the lines of CSG.

9 Dr. Lugo commented that it is important for the
10 policy side to look at the handout. He noted the
11 hands-on component is one thing that is going to move
12 with that misunderstanding in the legislature. He
13 noted the AADB Compact is at a state board level and
14 an organization that has agreed to test on a hands-on
15 basis. He mentioned that the component which could
16 be discussed at the board level is going to be
17 missing at the legislature level, and it should not
18 be conflicting.

19 Mr. Rouse explained that the Board's function is
20 adjudicatory as opposed to legislative, but one of
21 the reasons why items like this are on the Board's
22 agenda is to make the Board and public aware and as a
23 forum of discussion. He noted the minutes would
24 reflect Board and public concerns.

25 Dr. Jaspan asked whether the Board could make a

1 recommendation based on their experience noting their
2 preferred compact even though it has to go through
3 the legislature.

4 Mr. Rouse explained that the Board's role is not
5 legislative and anything coming from the Board on
6 this issue in terms of a letter would not be
7 appropriate. He informed Board members that they
8 could contact their own legislators in their capacity
9 as a dentist about any issues but not as a
10 representative of the Board.

11 Ms. Fowler asked whether the Department of Health
12 could be a potential link for communicating concerns
13 and gathering additional information.

14 Mr. Wyant informed Ms. Fowler that he would be
15 able to share any issues with the appropriate staff
16 to address those concerns and provide the necessary
17 response. He mentioned that his knowledge is limited
18 to oral health programming and what they do around
19 community partnerships and collaboration with other
20 organizations.]

21 ***
22 Report of Committees - Legislative and Regulatory
23 Committee - No Report

24 ***
25 Report of Committees - Scope of Traditional and

1 Emerging Practice Committee - No Report

2 ***

3 Report of Committees - Probable Cause Screening
4 Committee

5 [Godfrey Joel Funari, M.S., D.M.D., noted the
6 Probable Cause Screening Committee considered two
7 cases since the last meeting.]

8 ***

9 Report of Committees - Accreditation and Licensing
10 Committee - No Report

11 ***

12 Correspondence

13 [Ronald K. Rouse, Esquire, Board Counsel, noted the
14 Academy of General Dentistry (AGD) Pennsylvania
15 Licensing Transcript regarding continuing education
16 correspondence.]

17 MR. ROUSE:

18 I believe the Chair would entertain a
19 motion to direct Board Counsel to
20 direct a response to AGD consistent
21 with the discussion in Executive
22 Session.

23 VICE CHAIR SULLIVAN:

24 Do I have a motion?

25 DR. FUNARI:

1 So moved.

2 VICE CHAIR SULLIVAN:

3 Do I have a second?

4 ACTING COMMISSIOENR CLAGGETT:

5 Second.

6 VICE CHAIR SULLIVAN:

7 Sullivan, aye; Arndt, aye; Fowler, aye;

8 Funari, aye; Jaspan, aye; Lugo, aye;

9 Mountain, aye; Murray, aye; Wyant, aye;

10 Zehring, aye; Claggett, aye.

11 [The motion carried unanimously.]

12 ***

13 Adjournment

14 VICE CHAIR SULLIVAN:

15 Having no other items to discuss, can I
16 entertain a motion to adjourn?

17 DR. FUNARI:

18 So moved.

19 VICE CHAIR SULLIVAN:

20 Do I have a second?

21 ACTING COMMISSIONER CLAGGETT:

22 Second.

23 VICE CHAIR SULLIVAN:

24 Our next meeting will be held on

25 November 17, 2023. Thank you all very

1 much. We'll see you then.

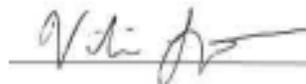
2 ***

3 [There being no further business, the State Board of
4 Dentistry Meeting adjourned at 2:01 p.m.]

5 ***

6
7 CERTIFICATE

8
9 I hereby certify that the foregoing summary
10 minutes of the State Board of Dentistry meeting, was
11 reduced to writing by me or under my supervision, and
12 that the minutes accurately summarize the substance
13 of the State Board of Dentistry meeting.

14
15
16 
17 _____

18 Victoria Lantz,

19 Minute Clerk

20 Sargent's Court Reporting

21 Service, Inc.
22
23
24
25
26

STATE BOARD OF DENTISTRY
REFERENCE INDEX

September 8, 2023

	TIME	AGENDA
1		
2		
3		
4		
5		
6		
7		
8	9:00	Executive Session
9	11:00	Return to Open Session
10		
11	11:00	Official Call to Order
12		
13	11:00	Roll Call
14		
15	11:01	Introduction of Attendees
16		
17	11:03	Appointment - Matthew Shafer, Deputy
18		Policy Director, National Center for
19		Interstate Compacts - The Council of
20		State Governments
21		
22	11:58	Approval of Minutes
23		
24	12:00	Report of Board Counsel
25		
26	12:04	Review of Applications
27		
28	12:07	Report of Prosecutorial Division
29		
30	12:24	Executive Session
31	12:39	Return to Open Session
32		
33	12:45	Appointment - John F. Erhard III,
34		D.D.S., American Board of Dental
35		Examiners
36		
37	1:37	Report of Board Counsel (cont.)
38		
39	1:58	Report of Committees
40		
41	1:59	Correspondence
42		
43	2:02	Adjournment
44		
45		
46		
47		
48		
49		
50		