

**BOARD OF DENTISTRY
GENERAL BUSINESS MEETING MINUTES
August 24, 2018
Crown Plaza Tampa Westshore
5303 West Kennedy Boulevard
Tampa, FL 33609
(813) 289-1950
7:30 A.M.**

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

I. CALL TO ORDER/ROLL CALL

MEMBERS PRESENT

T.J. Tejera, DMD, Chair
Naved Fatmi, DMD, Vice-Chair
Catherine Cabanzon, RDH, BASDH
Claudio Miro, DDS
Matthew Freedman, DMD
Nick Kavouklis, DMD
Joseph Calderone, DMD
Angela Sissine, RDH
Nick White, DMD
Fabio Andrade, Consumer Member

STAFF PRESENT

Jennifer Wenhold, Executive Director
Jessica Sapp, Program Administrator

BOARD COUNSEL

David Flynn, Esq.
Assistant Attorney General

PROSECUTION SERVICES UNIT

John Wilson, Esq.
Octavio Ponce, Esq.

COURT REPORTER

Integra Reporting Group, LLC
Melinda McKenna
114 S. Oregon Avenue
Tampa, FL 33606
(813) 868-5130

Dr. Tejera welcomed the dental students from LECOM School of Dental Medicine and the dental hygiene and dental assistant students from Hillsborough Community College. He also welcomed former board members Dr. Kochenour, Dr. Gesek, Dr. Britten, and Ms. Jackie Burt McDonough

Dr. White read the Department of Health's mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

II. DISCIPLINARY PROCEEDINGS

A. Settlement Agreements

- i. Suneetha Atluri, DMD, Case No. 2016-29178
(PCP – Thomas, Britten, Fatmi)

Dr. Atluri was present and sworn in by the court reporter. She was represented by Randolph Collette, Esq.

Mr. Ponce summarized the case for the board. Respondent was charged with the following violation: Section 466.028(1)(x), Florida Statutes, by failing to identify the perforation of tooth 30 caused by the root canal procedure; by failing to inform the patient of the perforation of tooth 30; by failing to appropriately treat the perforation of tooth 30; by failing to refer the patient to another dentist to appropriately treat the perforation; by failing to identify the retained part of the root canal file that dislodged in the patient's jaw; by failing to inform the patient that part of a root canal file had been dislodged in the patient's jaw; by failing to appropriately treat the root file that had dislodged in the patient's jaw bone; or by failing to refer the patient to another dentist to appropriately treat the root file that had dislodged in the patient's jaw bone.

A Settlement Agreement was presented to the Board with the following terms:

- Appearance
- Letter of Concern
- Fine of \$5,000.00 to be paid within six (6) months
- Costs of \$3,937.96 to be paid within six (6) months
- Continuing Education to be completed through a Florida accredited college of dentistry: Level I (3-6 hours) in Endodontics within one (1) year
- Patient reimbursement in the amount of \$784.00 and third party reimbursement in the amount of \$1,101.00 within three (3) months
- Successful completion of the Laws and Rules exam within one (1) year

After discussion, the following action was taken:

Motion: by Dr. Calderone to reject the proposed Settlement Agreement and offer a counter agreement that includes the original terms with the additions of a Level II Crown and Bridge course to be completed within 1 year and a 3 hour college course in Ethics to be completed within 18 months.

Second: by Ms. Cabanzon

Vote: Unanimous

- ii. Thomas Parham, DMD, Case No. 2017-08946
(PCP – Gesek, Melzer, Calderone)

Dr. Parham was present and sworn in by the court reporter. He was not represented by counsel.

Mr. Wilson summarized the case for the board. Respondent was charged with the following violation: Section 466.028(1)(m), Florida Statutes, by extracting patient's teeth 23, 24, 25, and 26 without recording justification for the extractions.

A Settlement Agreement was presented to the Board with the following terms:

- Appearance
- Letter of Reprimand
- Fine of \$5,000.00 to be paid within twelve (12) months

- Costs of \$4,029.70 to be paid within twelve (12) months
- Continuing Education to be completed through a Florida accredited college of dentistry: Level I (3-6 hours) in Diagnosis and Treatment Planning, 3 credit hour course in Ethics, and a 3 credit hour course in Record Keeping.
- Successful completion of the Laws and Rules exam within twelve (12) months

The patient/complainant was present and sworn in by the court reporter and addressed the Board.

After discussion, the following action was taken:

Motion: by Dr. Tejera to reject the proposed Settlement Agreement and offer a counter agreement that includes the original terms but to increase the fine to \$7,500.00. Dr. Miro added a friendly amendment to include a Level II course in Periodontics.

Second: by Ms. Cabanzon

Vote: Unanimous

Dr. Parham accepted the counter offer on the record.

- iii. Floyd E. Bennett, DMD, Case No. 2017-05766
(PCP – Thomas, Morgan, Fatmi)

Dr. Bennett was present and sworn in by the court reporter. He was represented by Randolph Collette, Esq.

Mr. Ponce summarized the case for the board. Respondent was charged with the following violation: Section 466.028(1)(x), Florida Statutes, by failing to diagnose the large multilocular radiolucency present on the Panorex; and by failing to refer patient to an appropriate specialist for definitive treatment of the radiolucency.

A Settlement Agreement was presented to the Board with the following terms:

- Appearance
- Reprimand
- Fine of \$5,000.00 to be paid within one year of returning to active practice
- Costs of \$3,970.82 to be paid within one year of returning to active practice
- Continuing Education to be completed within one year of returning to active practice, to include 3-6 hours in Radiology, 3-6 hours in Treatment Planning; 3-6 hours in Oral Pathology
- Successful completion of the Laws and Rules exam within one year of returning to active practice

After discussion, the following action was taken:

Motion: by Ms. Sissine to accept the Settlement Agreement

Second: by Dr. Calderone

Vote: Carried 8/1

iv. Loryn Merrill, DDS, Case No. 2016-16543
(PCP – Thomas, Robinson, Miro)

Dr. Merrill was present and sworn in by the court reporter. She was represented by Bowen Brown, Esq. Dr. Kavouklis recused himself from the case.

Mr. Ponce summarized the case for the board. Respondent was charged with the following violation: Section 466.028(1)(x), Florida Statutes, by failing to utilize appropriate diagnostic imaging and testing when she developed the treatment plan for surgery and implant placement; by failing to identify or provide any evaluation of the radiolucency present during her treatment of the patient.; by failing to make appropriate adjustments to patient's temporary denture so as to not compromise the implants; or by failing to adequately monitor patient's condition following implant placement and provide appropriate treatment in response to the significant bone loss which occurred.

A Settlement Agreement was presented to the Board with the following terms:

- Appearance
- Reprimand
- Fine of \$5,000.00 to be paid within twelve (12) months
- Costs of \$8,000.00 to be paid within twelve (12) months
- Continuing Education to be completed within one year to include 3-6 hours in Diagnosis and Treatment Planning and 7-12 hours in Implants
- Successful completion of the Laws and Rules exam within twelve (12) months

After discussion, the following action was taken:

Motion: by Dr. Calderone to accept the Settlement Agreement

Second: by Mr. Andrade

Vote: Unanimous

v. Sarah Gale Parker, DH, Case No. 2017-09002
(PCP – Gesek, Melzer, Cabanzon)

Ms. Parker was present and sworn in by the court reporter. She was not represented by counsel.

Mr. Girado summarized the case for the board. Respondent was charged with the following violations: **Count I:** Section 466.028(1)(c), Florida Statutes, by entering a no contest plea to Violation of Probation; by entering a no contest plea to possession of drug paraphernalia; and/or by entering a no contest plea to maintaining a place where controlled substances are used. **Count II:** Section 456.072(1)(x), Florida Statutes, by failing to report her no contest pleas of petit theft, violation of probation, battery, possession of drug paraphernalia, and maintaining a place where controlled substances are used, entered on February 7, 2017, to the Board of Dentistry in writing within 30 days.

A Settlement Agreement was presented to the Board with the following terms:

- Appearance
- Reprimand

- Fine of \$1,000.00 to be paid within two (2) years
- Costs of \$1,640.00 to be paid within two (2) years
- Evaluation and compliance with a Department approved impaired practitioner treatment program
- Three credit hour course in Ethics through a Florida college or university within twelve (12) months
- Probation of license for twelve (12) months to include quarterly reports
- Successful completion of the Laws and Rules exam within twelve (12) months

After discussion, the following action was taken:

Motion: by Dr. Calderone to accept the Settlement Agreement

Second: by Dr. Fatmi

Vote: Unanimous

vi. Maritza Lazcano, DDS, Case No. 2016-18948

(PCP – Gesek, Melzer, Miro)

Dr. Lazcano was present and sworn in by the court reporter. She was represented by Danielle Suarez, Esq.

Mr. Ponce summarized the case for the board. Respondent was charged with the following violations: **Count I:** Section 466.028(1)(m), Florida Statutes, by failing to document justification for the course of treatment and/or the results of patient's "core build up" on May 6, 2015; by failing to document the tooth number that was extracted from patient on May 22, 2015; by failing to document justification for the course of treatment and/or the results of patient's crown recement on tooth number 13 on June 4, 2015; or by failing to document justification for the course of treatment, the anesthetic administered, and/or the results of patient's crown treatment on tooth number 12 and onlay treatment on tooth number 3 on July 17, 2017. **Count II:** Section 466.028(1)(x), Florida Statutes, by failing to adequately diagnose patient's tooth number 13; or by placing a crown restoration on patient's tooth number 13 with a large overhanging distal margin.

A Settlement Agreement was presented to the Board with the following terms:

- Appearance
- Reprimand
- Fine of \$7,000.00 to be paid within two (2) years
- Costs of \$6,990.13 to be paid within one (1) year
- Continuing Education to be completed within one year to include Level II (7-12 hours) in Crown and Bridge, Level II (7-12 hours) in Diagnosis and Treatment Planning, and 3 hours in Record Keeping
- Patient reimbursement in the amount of \$1,300.00 within twelve (12) months
- Successful completion of the Laws and Rules exam within twelve (12) months

After discussion, the following action was taken:

Motion: by Dr. Tejera to accept the Settlement Agreement

Second: by Mr. Andrade

Vote: Unanimous

Florida Board of Dentistry

Meeting Minutes

August 24, 2018

vii. Ernesto M. Ganaim, DDS, Case No. 2016-12078
(PCP – Thomas, Morgan, Perdomo)

Dr. Ganaim was present and sworn in by the court reporter. He was represented by Edwin Bayo, Esq.

Mr. Ponce summarized the case for the board. Respondent was charged with the following violation: Section 456.075(1)(kk), Florida Statutes, for being terminated from the Florida Medicaid program.

A Settlement Agreement was presented to the Board with the following terms:

- Appearance
- Letter of Concern
- Fine of \$2,500.00 to be paid within six (6) months
- Costs of \$1,228.65 to be paid within six (6) months
- Successful completion of the Laws and Rules exam within twelve (12) months

After discussion, the following action was taken:

Motion: by Mr. Andrade to reject the proposed Settlement Agreement and offer a counter agreement with the same terms but to increase the fine to \$5,000.00.

Second: by Dr. Miro

Mr. Bayo requested the Board to accept the original Settlement Agreement

Dr. Fatmi added a friendly amendment to increase the fine as stated but extend the due date to twelve months.

Vote: Carried 6/4

The Respondent accepted the counter agreement on the record.

B. Informal Hearing Not Involving Disputed Issues of Material Facts

i. Antoine Elias Skaff, DDS, Case No. 2017-17427
(PCP – Gesek, Britten, Miro)

Dr. Skaff was not present or represented by counsel.

Mr. Wilson summarized the case for the board. Respondent was charged with the following violation: Section 466.028(1)(mm), Florida Statutes, by pleading guilty to healthcare fraud in violation of 18 U.S.C. 1347.

Motion: by Dr. Tejera to find that the Respondent was properly served and has requested an informal hearing.

Second: by Ms. Sissine

Vote: Unanimous

Motion: by Dr. Tejera to adopt the findings of fact as set forth in the Administrative Complaint.

Second: by Ms. Sissine

Vote: Unanimous

Motion: by Dr. Tejera to adopt the investigative report into evidence in this proceeding.

Second: by Ms. Sissine

Vote: Unanimous

Motion: by Dr. Tejera to adopt the conclusions of law as set forth in the Administrative Complaint and find that the conduct alleged constitute violations of the Practice Act

Second: by Ms. Sissine

Vote: Unanimous

After discussion, the following action was taken:

Motion: by Dr. Calderone to impose revocation

Second: by Dr. Fatmi

Vote: Unanimous

C. Determination of Waiver

- i. Tajashree S. Karkare, DDS, Case No. 2017-05120
(PCP – Gesek, Melzer, Miro)

Dr. Karkare was present and sworn in by the court reporter. She was not represented by counsel.

Mr. Ponce summarized the case for the board. Respondent was charged with the following violation: Section 466.028(1)(x), Florida Statutes, by failing to adequately seat and seal the crowns she placed on patient's teeth 8 – 10 to avoid open margins; and/or by failing to diagnose that the permanent crowns had open margins which needed to be addressed.

Motion: by Dr. Fatmi to find the Administrative Complaint was properly served on Respondent and that Respondent failed to timely respond to the Administrative Complaint and has waived the right to request a hearing.

Second: by Ms. Cabanzon

Vote: Unanimous

Motion: by Dr. Fatmi to accept into evidence the final investigative file for the purposes of establishing a prima facie case for a violation of the Florida Statutes as charged in the Administrative Complaint.

Second: by Ms. Cabanzon

Vote: Unanimous

Motion: by Ms. Sissine to adopt as its findings of fact, those facts alleged in the Administrative Complaint.

Second: by Dr. Fatmi

Vote: Unanimous

Motion: by Ms. Sissine to find that the findings of fact support a finding of a violation of Florida Statutes, as charged in the Administrative Complaint.

Second: by Dr. Fatmi

Vote: Unanimous

The Department made the following recommendations:

- Reprimand
- \$10,000 fine due within 6 months
- Level II Crown and Bridge to be completed within 12 months
- Level II Diagnosis and Treatment Planning to be completed within 12 months

After discussion, the following action was taken:

Motion: by Dr. Tejera to accept the Department's recommendations

Second: by Ms. Cabanzon

Vote: Unanimous

The Department requested the Board assess the costs of \$1,071.37 to be paid within six (6) months.

Motion: by Dr. Calderone

Second: by Dr. Fatmi

Vote: Unanimous

D. Recommended Order

- i. Matthew R. Moye, DDS, Case No. 2010-21018
(PCP – Thomas, Britten, Calderone/Gesek, Melzer, Calderone)

Dr. Moye was not present but was represented by Edwin Bayo, Esq.

Mr. Flynn provided his opening remarks.

Mr. Ponce summarized the case for the board. Respondent was charged with the following violation: Section 466.028(1)(c), Florida Statutes, by being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which related to the practice of dentistry.

A Settlement Agreement was presented to the Board with the following terms:

- Appearance was not required but Respondent's counsel shall be present to answer any questions of the Board
- Reprimand
- Suspension of licensure to practice dentistry until such time as Respondent demonstrates to the Board, by petition, Respondent's ability to practice dentistry with reasonable skill and safety to patients and the Board enters an Order lifting the suspension.
- \$1,000.00 fine to be paid within one (1) year of the date of Order lifting suspension
- Costs of \$3,000.00 to be paid within one (1) year of the date of Order lifting

- suspension
- Successful completion of the Laws and Rules exam within one (1) year

At the November 17, 2017 Board meeting, the Board rejected the Settlement Agreement and requested the Department refer the case to the Division of Administrative Hearings to seek revocation. The Administrative Law Judge recommended that the Board of Dentistry enter a Final Order determining the Respondent violate section 456.072(1)(c) and section 466.028(1)(c) and (m) and to impose the following:

- One year probation with appropriate terms set to commence upon his release from incarceration
- \$10,000.00 fine
- Reimbursement of costs
- Ethics course
- 100 hours of community service
- Evaluation from the Professionals Resource Network

Mr. Bayo addressed the Board and the Board heard the Petitioner's exceptions.

Motion: by Dr. Freedman deny the Exceptions based off of the Department's argument

Second: by Dr. Miro

Vote: Unanimous

The Board discussed the following penalties:

Board to set probation terms or reserve jurisdiction until probation begins

1 year continuum

Cannot practice dentistry until he appears before the board. Must appear within 6 months of release from incarceration

Motion: Dr. Andrade made a motion to revoke

There was not a second so the motion failed.

The Department withdrew their exceptions

Motion: by Dr. Fatmi to accept the findings of facts from the Administrative Law Judge

Second: by Ms. Cabanzon

Vote: Unanimous

Motion: by Ms. Cabanzon to adopt the conclusions of law

Second: by Dr. Miro

Vote: Unanimous

Motion: by Ms. Cabanzon to impose the following penalties

Second: by Dr. Fatmi

Vote: Unanimous

- Probation to commence after his first appearance before the Board at the conclusion of his incarceration. Cannot practice dentistry until he appears before the Board, which must be within six months of release; Reserve jurisdiction to place probation terms until

- he appears before the board; Restricted from practice until he appears before the board
- \$10,000.00 fine to be paid within 18 months of appearing before the board
- Three hour college course in Ethics to be completed within 12 months after release of incarceration
- 100 hours of community service. Must be non-dental related and serving the indigent
- PRN evaluation prior to his appearance before the board and compliance with any conditions

Motion: by Ms. Cabanzon to impose costs of \$12,683.84 to be paid within 18 months after release of incarceration

Dr. Fatmi 2nd

Unanimous

E. Voluntary Relinquishments

- i. Gregory Rotole, DDS, Case No. 2016-26251
(PCP – Gesek, Robinson, Miro)

Dr. Rotole was not present nor represented by counsel. Mr. Ponce presented the case before the board which includes the following violations: **Count I:** Section 466.028(1)(c), Florida Statutes, by entering a plea of nolo contendere to disturbing the peace; and/or, by entering a plea of nolo contendere to resisting an officer without violence. **Count II:** Section 456.072(1)(x), Florida Statutes, by failing to report his pleas to the Board of Dentistry in writing within 30 days.

Motion: by Dr. Fatmi to accept the Voluntary Relinquishment

Second: by Ms. Sissine

Vote: Unanimous

III. PROSECUTION REPORT

A. John Wilson, Assistant General Counsel

<u>Legal Case Status</u>	<u>Report</u> Dated 1/29/2018	<u>Report</u> Dated 4/25/2018	<u>Report</u> Date 7/30/2018
Total cases open/active in Prosecution Services:	256	261	280
Cases in intake status:	1	6	17
Cases in holding status:	1	2	1
Cases in Emergency Action Unit:	7	6	5
Cases under legal review:	138	138	160

Cases awaiting supplemental investigation:	5	9	8
Cases where a recommendation has been made for future Probable Cause Panel meetings:	53	59	52
Total cases where probable cause has been found:	63	59	63
Cases pending before DOAH:	0	1	3*
Cases agendaed for current or future Board meeting:	15	13	17
Cases pending before Appeals Court:	0	0	0
Cases a year or older from legal review:	98	120	129**

Motion: by Dr. Fatmi to allow prosecution to continue prosecuting a year or older cases.
Second: by Ms. Sissine
Vote: Unanimous

IV. REQUEST FOR CONTINUING EDUCATION CREDIT

A. TeamSmile, Request for Non-Profit to be approved for CE

TeamSmile is a non-profit company that collaborates with professional sports teams to provide free dental care to high-risk children. They submitted a request to be approved in accordance with Rules 64B5-12.0185 so their volunteers can receive continuing education credit.

After discussion, the following action was taken:

Motion: by Dr. Fatmi to approve
Second: by Dr. Kavouklis
Vote: Unanimous

V. REVIEW OF APPLICATIONS

A. Application for Moderate Sedation Permit

i. Gerard Wasselle, DMD

Dr. Wasselle was present and sworn in by the court reporter. He was represented by Edwin Bayo, Esq. His appearance was requested by the Anesthesia Chair, as the board office did not received proof that the Moderate Sedation course, Conscious Sedation Consulting, LLC, is a training program through an accredited dental school or program or through an accredited teaching hospital as required by Rule 64B5-14.003(2)(d).

The Board questioned where he would be practicing to which he responded in a pediatric practice. Dr. White had concerns with him treating pediatric patients without the appropriate training.

Dr. Wasselle indicated he would like to waive his 90 day rights and place his application on hold while he completes a CODA accredited program.

ii. David Yates, DMD

Dr. Yates was present and sworn in by the court reporter. His appearance was requested by the Anesthesia Chair, as the board office has not received proof that the Moderate Sedation course, Conscious Sedation Consulting, LLC, is a training program through an accredited dental school or program or through an accredited teaching hospital as required by Rule 64B5-14.003(2)(d).

Dr. Yates indicated he would like to waive his 90 day rights and place his application on hold while he completes a CODA accredited program.

B. Application for Dental Hygiene License

i. Juan Diego Garcia

Mr. Garcia was present and sworn in by the court reporter. His application was before the Board due to an affirmative answer in the criminal and disciplinary history section of his application.

After discussion, the following action was taken:

Motion: by Mr. Andrade to approve

Second: by Dr. Calderone

Vote: Unanimous

C. Application for Dental License

i. Michelle Ward, DDS

Ms. Ward was present and sworn in by the court reporter. Her application was before the Board due to an affirmative answer in the criminal and disciplinary history section of her application.

After discussion, the following action was taken:

Motion: by Dr. Fatmi to approve
Second: by Ms. Cabanzon
Vote: Unanimous

D. Application for Dental Teaching Permit

- i. Item Removed

E. Application and Petition for Radiography Program

- i. Casey Stoutamire, Florida Dental Association

Petition of Rule 64B5-16.002(3), F.A.C.

Ms. Stoutamire was present and sworn in by the court reporter. She filed a petition seeking a variance of the rule which requires the Board office to verify that the supervising licensee of the radiography program has not had disciplinary action taken against their license. Instead, the Florida Dental Association will verify this through the DOH's website.

At the May 18, 2018 board meeting, Ms. Cabanzon requested to review the clinical guidelines and how competency will be verified. Ms. Stoutamire submitted supplemental documentation for review.

After discussion, the following action was taken:

Motion: by Dr. Calderone to approve the petition and application
Second: by Ms. Sissine
Vote: Carried 9/1

VI. REPORTS

A. Board Counsel

- i. Rules Report

Mr. Flynn provided an overview of the rules currently in progress.

- ii. Annual Regulatory Plan

Mr. Flynn requested the Board delegate authority to review the plan with the Board Chair.

Motion: by Ms. Cabanzon
Second: by Dr. Fatmi
Vote: Unanimous

B. Executive Director

- i. Financial Reports

This was provided as informational.

ii. Teaching Permit Holder Update

Ms. Wenhold provided the Board with an update that now allows Teaching Permit Holders to report their required continuing education to the Department's CE tracking system, CE Broker.

iii. Health History Questions

Ms. Wenhold explained that the Department was working to revise the Health History questions on the application and indicated a future conference call would be set up with a member from each board to provide input.

C. Chair

i. Joint Committee on Controlled Substances

D. Board Members

i. Ms. Cabanzon, Council on Dental Hygiene Update

- Rules 64B5-16.001, 16.006, 16.007, F.A.C.

Ms. Cabanzon proposed the below changes to the rules which is an effort to make the rules easier to read and understand.

64B5-16.001 Definitions of Remediable Tasks and Supervision Levels.

(1) Remediable tasks, also referred to as expanded functions of dental assistants, are those intra-oral tasks which do not create unalterable changes in the oral cavity or contiguous structures, are reversible and do not expose a patient to increased risks. The use of a laser or laser device of any type is not a remediable task.

(2) A dentist may delegate a remediable task to dental hygienists, and dental assistants so long as delegation of the task poses no increased risk to the patient and the requirements of training and supervision set out in Chapter 64B5-16, F.A.C., are met.

(3) Remediable tasks are those specified in Section 466.024, F.S., and those designated as such by the Board. The Board hereby designates the tasks listed in Chapter 64B5-16, F.A.C., as remediable tasks.

(4) Direct supervision requires that a licensed dentist examine the patient, diagnose a condition to be treated, authorize the procedure to be performed, be on the premises while the procedure is performed, and approve the work performed prior to the patient's departure from the premises.

(5) Indirect supervision requires that a licensed dentist examine the patient, diagnose a condition to be treated, authorize the procedure to be performed, and be on the premises while the procedure is performed.

(6) General supervision requires that a licensed dentist examine the patient, diagnose a condition to be treated, and authorize the procedure to be performed.

(7) Any authorization for remediable tasks to be performed under general supervision is valid for a maximum of 24 months; after which, no further treatment under general supervision can be performed without another clinical exam by a Florida licensed dentist.

(8) Without supervision dental hygienists may perform the remediable tasks specified in Section 466.023 (3), F.S., Section 466.0235, F.S. and Section 466.024 (2), F.S., as long as all provision of respective statute are met.

~~(8)~~ (9) Any tasks delegable to dental assistants will be delegable to dental hygienists under the same supervision level, unless otherwise stated in the rules.

Amended 8-20-80, 1-28-81, 3-4-81, 10-8-85, Formerly 21G-16.01, Amended 6-30-86, 12-31-86, 7-5-87, 2-21-88, 1-18-89, Formerly 21G-16.001, Amended 3-30-94, Formerly 61F5-16.001, Amended 4-6-97, Formerly 59Q-16.001, Amended 1-6-99, 10-29-00, 2-5-09, 3-29-17.

64B5-16.006 Remediable Tasks Delegable to a Dental Hygienist.

(1) By virtue of their training and licensure, dental hygienists are authorized to perform the following remediable tasks without additional training as defined in Chapter 64B5-16, F.A.C under Direct supervision ~~the following levels of supervision:~~

(a) Gingival curettage.

(2) By virtue of their training and licensure, dental hygienists are authorized to perform the following remediable tasks without additional training as defined in Chapter 64B5-16, F.A.C., under Indirect supervision ~~the following levels of supervision:~~

(a) Removal of excess remaining bonding adhesive or cement following orthodontic appliance removal with slow-speed rotary instrument, hand instrument or ultrasonic scalers.

(3) By virtue of their training and licensure, dental hygienists are authorized to perform the following remediable tasks without additional training as defined in Chapter 64B5-16, F.A.C under General supervision: ~~the following levels of supervision:~~

(a) Removing calculus deposits, accretions and stains from exposed surfaces of the teeth and from the tooth surfaces within the gingival sulcus (prophylaxis);

(b) Placing and exposing dental and carpal radiographic film and sensors; ~~and;~~

(c) Root Planing.

(4) By virtue of their training and licensure, dental hygienists are authorized to perform the following remediable tasks without additional training as defined in Chapter 64B5-16, F.A.C., without supervision:

(a) Provide educational programs, faculty or staff training programs, and authorized fluoride rinse programs.

(b) Apply fluoride varnishes, and silver diamine fluoride, instruct patients in oral hygiene care and supervising patient oral hygiene care and other services which do not involve diagnosis or treatment of dental conditions.

(c) Perform the remediable tasks specified in Section 466.023 (3), F.S., Section 466.0235, F.S. and Section 466.024 (2), F.S., as long as all provision of said statute are met.

(~~4~~) (5) The following remediable tasks may be performed by a dental hygienist who has received ~~formal~~ training in these procedures in pre-licensure education or who has received formal training as defined by Rule 64B5-16.002, F.A.C., and who performs the tasks under ~~4~~Direct supervision:

(a) Fabricating temporary crowns or bridges intra-orally which shall not include any adjustment of occlusion to the appliance or existing dentition;

(b) Selecting and pre-sizing orthodontic bands, including the selection of the proper size band for a tooth to be banded which does not include or involve any adapting, contouring, trimming or cementing or otherwise modifying the band material such that it would constitute fitting the band;

(c) Selecting and pre-sizing archwires prescribed by the patient's dentist so long as the dentist makes all final adjustments to bend, arch form determination, and symmetry prior to final placement;

(d) Selecting prescribed extra-oral appliances by pre-selection or pre-measurement which does not include final fit adjustment;

(e) Preparing a tooth surface by applying conditioning agents for orthodontic appliances by conditioning or placing of sealant materials which does not include placing brackets;

(f) Packing and removing retraction cord, so long as it does not contain vasoactive chemicals and is used solely for restorative dental procedures;

(g) Removing and re-cementing properly contoured and fitting loose bands that are not permanently attached to any appliance;

(h) Inserting or removing dressings from alveolar sockets in post-operative osteitis when the patient is

uncomfortable due to the loss of a dressing from an alveolar socket in diagnosed cases of post-operative osteitis; and,

(i) Apply bleaching solution, activate light source, monitor and remove in-office bleaching materials.

~~(2)~~ (6) The following remediable tasks may be performed by a dental hygienist who has received training in these procedures in pre-licensure education or who has received formal training ~~and who as defined by Rule 64B5-16.002, F.A.C.,~~ and who performs the tasks under ~~i~~Indirect supervision:

(a) Placing or removing rubber dams;

(b) Placing or removing matrices;

(c) Applying cavity liners, varnishes or bases;

(d) Making impressions for study casts which are not being made for the purpose of fabricating any intra-oral appliances, restorations or orthodontic appliances;

(e) Making impressions to be used for creating opposing models or the fabrication of bleaching stents and surgical stents to be used for the purpose of providing palatal coverage as well as impressions used for fabrication of topical fluoride trays for home application;

(f) Taking of impressions for and delivery of at-home bleaching trays;

(g) Securing or unsecuring an archwire by attaching or removing the fastening device;

(h) Taking impressions for passive appliances, occlusal guards, space maintainers and protective mouth guards;

(i) Marginating restorations with finishing burs, green stones, and/or burlew wheels with slow-speed rotary instruments which are not for the purpose of changing existing contours or occlusion;

(j) Cementing temporary crowns and bridges with temporary cement;

(k) Monitor the administration of the nitrous-oxide oxygen making adjustments only during this administration and turning it off at the completion of the dental procedure; and,

~~(l) Monitor and remove in-office bleaching materials, after placement of bleach by dentist.~~

(m) Using adjunctive oral cancer screening medical devices approved by the U.S. Food and Drug Administration.

~~(3)~~ (7) The following remediable tasks may be performed by a dental hygienist who has received training in these procedures in pre-licensure education or who has received formal training as defined by Rule 64B5-16.002, F.A.C., and who performs the tasks under ~~g~~General supervision:

(a) Polishing restorations which is not for the purpose of changing the existing contour of the tooth and only with the following instruments used with appropriate polishing materials – burnishers, slow-speed hand pieces, rubber cups, and bristle brushes;

(b) Polishing clinical crowns of the teeth which is not for the purpose of changing the existing contour of the teeth and only with the following instruments used with appropriate polishing materials – slow-speed hand pieces, bristle brushes, rubber cups, porte polishers and air-abrasive polishers;

(c) Applying of topical fluorides that are approved by the American Dental Association or the Food and Drug Administration, including the use of fluoride varnishes and silver diamine fluoride; These procedures may also be performed as provided in subsection (10) of this rule.

(d) Removing excess cement from dental restorations and appliances with non-mechanical hand instruments or ultrasonic scalers only;

(e) Placing periodontal or surgical dressings;

(f) Removing periodontal or surgical dressings;

(g) Removing sutures;

(h) Using appropriate implements to ~~pre~~assess and chart suspected findings of the oral cavity;

(i) Applying sealants;

(j) Placing or removing prescribed pre-treatment separators; and,

(k) Insert and/or perform minor adjustments to sports mouth guards and custom fluoride trays.

(l) Placing subgingival resorbable chlorhexidine, doxycycline hyclate, or minocycline hydrochloride.

~~(4)~~ (8) The following remediable tasks may be performed by a dental hygienist who has received training in these procedures in pre-licensure education or on-the-job training and who performs the tasks under general supervision:

(a) Fabricating temporary crowns and bridges in a laboratory;

(b) Applying topical anesthetics and anti-inflammatory agents ~~which are not applied by aerosol or jet spray;~~

- (c) Taking or recording patients' blood pressure rate, pulse rate, respiration rate, case history and oral temperature;
- (d) Retracting lips, cheeks and tongue;
- (e) Irrigating and evacuating debris not to include endodontic irrigation;
- (f) Placing and removing cotton rolls;
- (g) Placing or removing temporary restorations with non-mechanical hand instruments only; and,
- (h) Obtaining bacteriological cytological (plaque) specimens, which do not involve cutting of the tissue and which do not include taking endodontic cultures, to be examined under a microscope for educational purposes.

~~(5)~~ (9) The following remediable task may be performed by a dental hygienist who has received on-the-job training and who performs the task under direct supervision: Changing of bleach pellets in the internal bleaching process of non-vital, endodontically treated teeth after the placement of a rubber dam. A dental hygienist may not make initial access preparations.

~~(6)~~ (10) The following remediable tasks may be performed by a dental hygienists who has received training in these procedures in pre-licensure education or who has received formal training as defined by Rule 64B5-16.002, F.A.C., and who performs the tasks without supervision, as long as all provision of respective statute are met.

(a) Perform the remediable tasks specified in Section 466.023 (3), F.S., Section 466.0235, F.S. and Section 466.024 (2), F.S.:

(b) Screening of a patient, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for a diagnosis;

(c) Assessment of a patient, a limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment to a licensed practitioner.

~~(6)~~ (11) Administration of Local Anesthesia:

(a) Notwithstanding Section 466.003(11), F.S., the administration of local anesthesia becomes a remediable and delegable task if a Florida licensed dental hygienist has been appropriately certified by the Board and has received a certificate from the Florida Department of Health authorizing the dental hygienist to administer local anesthesia in compliance with and pursuant to Section 466.017(5), F.S. Upon the issuance of the certificate, the hygienist will be referred to as a Certified Registered Dental Hygienist.

(b) Under direct supervision, a CRDH may administer local anesthesia in accordance with the following:

1. The patient must be eighteen years of age or older,
2. The patient must not be sedated; and,
3. The CRDH may administer intraoral block and soft tissue infiltration anesthesia.

(c) A Registered Dental Hygienist may apply for certification as a Certified Registered Dental Hygienist after completion of the required education mandated by Section 466.017(5), F.S., and in accordance with Rule 64B5-14.003, F.A.C.

Rulemaking Authority 466.004(4), 466.017(6), 466.023, 466.024 FS. Law Implemented 466.017(6), 466.023, 466.024 FS. History—New 1-18-89, Amended 11-16-89, 3-25-90, 9-5-91, 2-1-93, Formerly 21G-16.006, Amended 3-30-94, Formerly 61F5-16.006, Amended 1-9-95, 6-12-97, Formerly 59Q-16.006, Amended 1-25-98, 9-9-98, 3-25-99, 4-24-00, 9-27-01, 7-13-05, 2-14-06, 3-24-08, 7-20-09, 10-17-10, 8-5-12, 6-28-17, 8-29-17, 2-27-18.

~~64B5-16.007 Levels of Supervision for Dental Hygienists.~~

~~By virtue of their training and licensure, dental hygienists are authorized to perform the following remediable tasks without additional training as defined in Chapter 64B5-16, F.A.C., under the following levels of supervision:~~

~~(1) Direct supervision: Gingival curettage.~~

~~(2) By virtue of their training and licensure, dental hygienists are authorized to perform the following remediable tasks without additional training as defined in Chapter 64B5-16, F.A.C., under the following levels of supervision:~~

~~Indirect supervision: Removal of excess remaining bonding adhesive or cement following orthodontic appliance removal with slow speed rotary instrument, hand instrument or ultrasonic scalers.~~

(3) General Supervision:

(a) Removing calculus deposits, accretions and stains from exposed surfaces of the teeth and from the tooth surfaces within the gingival sulcus (prophylaxis);

(b) Placing and exposing dental and carpal radiographic film and sensors; and,

(c) Root Planing.

(4) Without Supervision: Provide educational programs, faculty or staff training programs, authorized fluoride rinse programs, apply fluoride varnishes, and silver diamine fluoride, instruct patients in oral hygiene care and supervising patient oral hygiene care and other services which do not involve diagnosis or treatment of dental conditions. Perform the remediable tasks specified in Section 466.023 (3), F.S., Section 466.0235, F.S. and Section 466.024 (2), F.S., as long as all provision of said statute are met.

Rulemaking Authority 466.004, 466.023, 466.024 FS. Law Implemented 466.023, 466.024(7) FS. History New 1 18 89, Formerly 21G 16.007, 61F5 16.007, Amended 9 27 95, 6 12 97, Formerly 59Q 16.007, Amended 1 8 01, 6 11 07, 7 20 09, 6 28 17, 8 29 17.

Motion: by Dr. Fatmi to approve with the amendment to 16.006(1)(C) (highlighted above)

Second: by Ms. Cabanzon

Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Dr. Cabanzon that no part of this rule or a violation of this rule should be designated as a minor violation.

Second: Ms. Calderone

Vote: Unanimous

- ADEX Annual Meeting Update
- Oral Health Florida Update
- ii. Ms. Sissine, Rules Committee Update
- iii. Dr. Miro, Anesthesia Committee Update
- iv. Mr. Andrade, Dental Health Workforce

VII. DISCUSSION

A. HB 21 Update

i. Review of Continuing Education Courses

Mandatory continuing education on prescribing controlled substances must be completed by January 31, 2019 and each subsequent biennium.

The Board considered the continuing education course on opioid prescribing submitted by

InforMed.

After discussion, the following action was taken:

Motion: by Dr. Fatmi to approve

Second: by Mr. Andrade

Vote: Unanimous

Board staff will notify CE Broker of the approval.

ii. Rule 64B5-17.0045, Standards for the Prescribing of Controlled Substances for the Treatment of Acute Pain

Mr. Flynn proposed the following draft language following discussion from the Joint Boards held on June 21, 2018.

(Substantial rewording of Rule 64B5-17.0045 follows. See Florida Administrative Code for present text.)
64B5-17.0045 Standards for the Prescribing of Controlled Substances for the Treatment of Acute Pain. The standards of practice in this rule do not supercede the level of care, skill and treatment recognized in general law related to healthcare licensure. All dentists who are authorized to prescribe controlled substances shall comply with the following:

(1) Definitions.

(a) Acute Pain. For the purpose of this rule, “acute pain” is defined as the normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness. The term does not include pain related to:

1. Cancer.

2. A terminal condition. For purposes of this subparagraph, the term “terminal condition” means a progressive disease or medical or surgical condition that causes significant functional impairment, is not considered to be reversible without the administration of life-sustaining procedures, and will result in death within 1 year after diagnosis if the condition runs its normal course.

3. Palliative care to provide relief of symptoms related to an incurable, progressive illness or injury.

4. A traumatic injury with an Injury Severity Score of 9 or greater.

(b) Prescription Drug Monitoring Program (PDMP) or “the system”. For the purpose of this rule, the system is defined as the Florida Department of Health’s electronic system to collect and store controlled substance dispensing information as set forth in Section 893.055, F.S.

(c) Substance Abuse. For the purpose of this rule, “substance abuse” is defined as the use of any substances for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.

(2) Standards. The nature and extent of the requirements set forth below will vary depending on the practice setting and circumstances presented to the dentist. The Board has adopted the following standards for the prescribing of controlled substances for acute pain:

(a) Evaluation of the Patient. A medical history and physical examination appropriate for the patient’s clinical condition must be conducted and documented in the medical record. The medical record also shall document the presence of one or more recognized medical indications for the use of a controlled substance.

(b) Treatment Plan. The written treatment plan shall indicate if any further diagnostic evaluations or other treatments are planned including non-opioid medications and therapies if indicated. After treatment begins, the dentist shall adjust medication therapy, if necessary, to the individual **medical** needs of each patient.

(c) Informed Consent and Agreement for Treatment. The dentist shall discuss the risks and benefits of the use of controlled substances including the risk of abuse and addiction as well as physical dependence with the patient, persons designated by the patient, or with the patient’s surrogate or guardian if the patient is **incompetent**. The discussion shall also include expected pain intensity, duration, options, use of pain medications, non-medication therapies, and common side effects. Special attention must be given to those pain patients who are at risk of misuse

or diversion of their medications.

(d) Periodic Review. Based on the circumstances presented, the dentist shall review the course of treatment and any new information about the etiology of the pain. Continuation or modification of therapy shall depend on the dentist's evaluation of the patient's progress. If treatment goals are not being achieved, despite medication adjustments, the dentist shall reevaluate the patient and determine the appropriateness of continued treatment. The dentist shall monitor patient compliance in medication usage and related treatment plans.

(e) Consultation. The dentist shall refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder requires extra care, monitoring, and documentation, and may require consultation with or referral to an expert in the management of such patients.

(f) Medical Records. The dentist is required to keep accurate and complete records to include, but not be limited to:

1. The medical history and a physical examination, including history of drug abuse or dependence, if indicated,
2. Diagnostic, therapeutic, and laboratory results,
3. Evaluations and consultations,
4. Treatment objectives,
5. Discussion of risks and benefits,
6. Treatments,
7. Medications (including date, type, dosage, and quantity prescribed),
8. Instructions and agreements,
9. Drug testing results if indicated;
10. Justification for deviation from the 3-day prescription supply limit for a Schedule II controlled substance for acute pain;

11. Outline of problems encountered when attempting to consult the PDMP, if the system was non-operational or the **clinician**, or his or her designee, is unable to access the PDMP due to a temporary technological or electrical failure; and

12. Periodic reviews. Records must remain current, maintained in an accessible manner, readily available for review, and must be in full compliance with Rule 64B5-17.002, F.A.C, Section 456.057, F.S., Section 466.018, F.S., and Section 466.028(1)(m), F.S.

(g) Compliance with Laws and Rules. Dentists shall at all times, remain in compliance with this rule and all state and federal laws and regulations addressing the prescribing and administration of controlled substances.

Motion: by Dr. Kavouklis to approve to proposed language

Second: by Dr. Fatmi

Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Dr. Tejera that no part of this rule or a violation of this rule should be designated as a minor violation.

Second: Ms. Sissine

Vote: Unanimous

iii. Take Control Website

Ms. Wenhold provided a presentation and overview on the Take Control Website and informed the public and the Board that this is the appropriate sit to visit and direct licensees and consumers to when seeking information.

iv. Online Services DEA Designation

v. Rule 64B5-13.005, F.A.C. Disciplinary Guidelines

64B5-13.005 Disciplinary Guidelines.

(1) When the Board finds an applicant, licensee, or certificate holder whom it regulates under Chapter 466, F.S., has committed any of the acts set forth in Section 456.072(1) or 466.028, F.S., it shall issue a final order imposing appropriate penalties as recommended in these disciplinary guidelines. For any violation found that is for fraud or making a false or fraudulent representation, the Board will impose a fine of \$10,000.00 per count or offense. The use of terms to describe the offenses herein within the individual guidelines is intended to be only a generally descriptive use of the terms. For an accurate description of the actual offenses, the reader should refer to the statutory disciplinary provisions. The maximum penalties set forth in any individual offense guideline include all of the less severe penalties that would fall in between the maximum and the minimum penalties stated:

VIOLATION	PENALTY RANGE	
	MINIMUM	MAXIMUM
(a) No change.		
(b) Having a license to practice dentistry or dental hygiene revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country. (Sections 466.028(1)(b), 456.072(1)(f), F.S.)		
First Offense	\$1,000 fine.	Suspension/denial until the license is unencumbered and active in the jurisdiction in which the disciplinary action was originally taken, or up to five years followed by probation and \$10,000 fine or revocation.
Second Offense	Imposition of discipline which would have been imposed if the substantive violation occurred in Florida. Probation and \$1,000 fine.	Suspension Revocation until the license is unencumbered in the jurisdiction in which disciplinary action was taken and \$10,000 fine.
Third Offense	One year suspension followed by probation and \$5,000 fine.	Revocation and permanent denial and \$10,000 fine.
(c) through (k) No change.		
(l) Making deceptive, untrue, or fraudulent representations in or related to the practice of dentistry.		

(Sections 466.028(1)(l), 456.072(1)(a), F.S.)		
---	--	--

First Offense	\$1,000 fine.	6 months probation with conditions and \$10,000 fine.
Second Offense	1 year probation with conditions and \$1,000 fine.	6 months suspension and \$10,000 fine.
Third Offense	2 years probation with conditions and \$2,500 fine.	Revocation and \$10,000 fine.
(m) through (o) No change.		
(p) Prescribing, procuring, dispensing, administering, mixing, or otherwise preparing a legend drug or controlled substance, other than in the course of the professional practice of the dentist. (Section 466.028(1)(p), F.S.)		
First Offense	\$500 fine.	Probation with conditions, \$10,000 fine and up to suspension
Second Offense	Probation with conditions and \$2,500 fine.	Suspension and \$10,000 fine.
Third Offense	Suspension followed by probation and \$5,000 fine.	Revocation and \$10,000 fine.

(q) Prescribing any medicinal drug scheduled in Chapter 893, F.S., to herself or himself. (Section 466.028(1)(q), F.S.)		
First Offense	\$500 fine.	Suspension followed by probation with conditions and \$10,000 fine.
Second Offense	Probation with conditions and \$2,500 fine.	Suspension and \$10,000 fine.
Third Offense	Suspension followed by probation and \$5,000 fine.	Revocation and \$10,000 fine.
(r) through (s) No change.		
(t) Fraud, deceit, or misconduct in the practice of dentistry or dental hygiene. (Section 466.028(1)(t), F.S.)		
First Offense	\$2,500 fine.	Probation with conditions and \$8,000 fine.
Second Offense	Probation with conditions and \$8,000 fine.	Suspension followed by probation and \$10,000 fine.

Third Offense	Probation with conditions and \$10,000 fine.	Revocation and \$10,000 fine.
(u) through (cc) No change.		
(dd) Presigning blank prescription or laboratory work order forms. (Section 466.028(1)(dd), F.S.)		
First Offense	\$500 fine.	Probation with conditions and \$500 fine.

Second Offense	\$1,000 fine.	Probation with conditions and \$7,500 fine.
Third Offense	Probation with conditions and \$2,500 fine.	Suspension and \$10,000 fine.
(ee) through (aaa) No change.		
(bbb) Engaging in a pattern of practice of prescribing medicinal drugs or controlled substances which demonstrates a lack of reasonable skill or safety to patients or a violation of ss 893.055 and 893.0551 or law and rules relating to prescribing practitioners. (Section 456.072(1)(gg), F.S.)		

First Offense	\$1,500 fine.	Probation with conditions and \$8,000 fine.
Second Offense	Probation with conditions and \$3,000 fine.	Suspension and \$10,000 fine.
(ccc) No change.		
(ddd) Being convicted of, or entering a plea of nolo contendere to, any misdemeanor or felony, regardless of adjudication, under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518, or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program. (Section 456.072(1)(ii), F.S.)		
First Offense	Misdemeanor – Reprimand, \$10,000 fine, suspension. <u>Felony – Revocation.</u>	Misdemeanor – \$10,000 fine, revocation. <u>Felony – Revocation.</u>
Second Offense	<u>Misdemeanor or Felony-- Revocation and \$10,000 fine</u>	<u>Misdemeanor or Felony-- Revocation and \$10,000 fine</u>
(eee) through (fff) No change.		
(ggg) Being convicted of, or entering a plea of guilty or nolo contendere, to any misdemeanor or felony, regardless of adjudication, a crime in any jurisdiction which relates to health care fraud. (Section 456.072(1)(ll), F.S.)		

First Offense	Misdemeanor – \$10,000 fine, reprimand.	Misdemeanor – \$10,000 fine, suspension.
---------------	---	--

	Felony – Revocation \$10,000 fine.	Felony – Revocation \$10,000 fine.
Second Offense	Misdemeanor or Felony- \$10,000 fine, revocation.	Misdemeanor or Felony- \$10,000 fine, revocation.

(iii) through (jjj) No change.

(2) No change.

(3) Penalties imposed by the Board pursuant to subsections (1) and (2), above, may be imposed in combination or individually, and are as follows:

(a) No change.

(b) Imposition of an administrative fine not to exceed \$10,000.00 for each count or separate offense; for any violation found that is for fraud or making a false or fraudulent representation, the Board will impose a fine of \$10,000.00 per each count or offense, pursuant to Section 456.072(2)(d), F.S. Unless stated otherwise in the disciplinary order, any imposed administrative fines are due within 90 days of the effective date of a final order imposing fines;

(c) through (g) No change.

(h) Costs. The licensee is responsible for payment of all costs of investigation and prosecution related to a disciplinary case. Additionally, all costs related to compliance with an order taking disciplinary action are the obligation of the licensee. Unless stated otherwise in the disciplinary order, any imposed costs are due within 90 days of the effective date of a final order imposing costs.

(4) through (5) No change.

Rulemaking Authority 456.079(1) FS. Law Implemented 456.072(2), 456.079(1), 466.028 FS. History—New 12-31-86, Amended 2-21-88, 1-18-89, 12-24-91, Formerly 21G-13.005, 61F5-13.005, 59Q-13.005, Amended 4-2-02, 8-25-03, 2-27-06, 12-25-06, 6-11-07, 9-15-10, 12-2-10, 1-24-12, 4-25-17,_____.

Motion: by Dr. Calderone to approve the proposed language

Second: by Ms. Sissine

Vote: Unanimous

The Board considered the economic impact and determined that a Statement of Estimated Regulatory Cost was not necessary and the rule will not need legislative ratification.

Motion: by Dr. Tejera that no part of this rule or a violation of this rule should be designated as a minor violation.

Second: Ms. Sissine

Vote: Unanimous

B. ADA Policies on Teledentistry and Dentistry’s Role in Sleep Related Breathing Disorders

VIII. FOR YOUR INFORMATION

A. Notice of INBDE Implementation and NBDE Discontinuation

- B. Correspondence from the National Commission on Recognition of Dental Specialties and Certifying Boards

IX. NEW BUSINESS

- A. Recognition of Dr. Kochenour

Dr. Tejera thanked and recognized Dr. Kochenour for his years of service on the Board.

- B. Licensure Ratification Lists

After discussion, the following action was taken:

Motion: by Dr. Fatmi to approve
Second: by Ms. Sissine
Vote: Unanimous

- C. Anesthesia Ratification List

After discussion, the following action was taken:

Motion: by Ms. Cabanzon
Second: by Dr. Kavouklis
Vote: Unanimous

X. OLD BUSINESS

- A. Review of Minutes – May 18, 2018 Board Meeting

After discussion, the following action was taken:

Motion: by Ms. Cabanzon
Second: by Dr. Fatmi
Vote: Unanimous

XI. ADJOURNMENT

After no further discussion, the Board voted to adjourn at approximately 1:45 p.m.