

**NEW HAMPSHIRE BOARD OF DENTAL EXAMINERS  
121 S. FRUIT ST., SUITE 302  
CONCORD, NH 03301-2412**

**MEETING MINUTES  
MONDAY, November 6, 2017**

**Dental Hygienists Committee Meeting – 1:00 p.m.**

**Board Meeting – 3:00 p.m.**

The November 6, 2017 meeting of the New Hampshire Board of Dental Examiners was called to order at 3:00 p.m. by Tara Levesque-Vogel, DMD with the following members present:

Tara Levesque-Vogel, DMD, President  
Arthur D. McKibbin, Jr., DMD, Vice President  
Charles Albee, DMD  
Nilfa Collins, DMD  
Ellen Legg, RDH  
Linda Tatarczuch, MSW  
Puneet Kochhar, DMD  
Robert Kuepper, DDS  
Lisa Scott, RDH

Note: All votes were unanimous unless otherwise indicated.

2018 Financial Interest Forms - Required annually from Board/DHC members.

Review minutes of October 2, 2017 Board Meeting - The Board voted to approve the public and non-public minutes as written.

**ADMINISTRATIVE**

**1. Dental Hygienists Committee**

- (a) Minutes of October 2, 2017 Dental Hygienists Committee Meeting – the Board voted to accept the minutes.
- (b) Dental Hygienists Committee Comments – Margaret Ray, RDH introduced new Committee member Barbara Stowers, RDH. At its meeting, the Committee discussed the ability of hygienists to prescribe antimicrobial agents. The Committee members were unclear whether it was in the rules package or not and it was determined that it was.

2. NH Dental Hygienists' Association Comments - Ellen Legg, RDH reported the following from the NH Dental Hygienists' Association:
  - NHDHA held two continuing education classes last month. On October 7, 2017, Patti De Gangi spoke on the new gingivitis code and on October 19, 2017, Dr. Lance Miller presented in Keene speaking on orthodontic appliances. The Association is thrilled to announce that later this month it will hold our first CE north of Concord. Christa Kedde of NE Delta Dental will present the Health Through Oral Wellness Program, at Spere Memorial Hospital's conference room at Boulder Point on November 30, 2017.
3. Dental Society Comments - Executive Director Mike Auerbach reported the following to the Board:
  - An NHDS delegation has just returned from Atlanta and the ADA Annual Meeting in Atlanta. Among the topics discussed was better engagement with dental students and new dentists, specialty recognition and midlevel legislation. Dr. Joseph Crowley of Ohio is the incoming President of ADA, and Dr. Jeffrey Cole of Delaware was named President-Elect.
  - A few weeks ago, Executive Director Auerbach received an e-mail from a Tufts dental student whom he met while she performed an externship at Goodwin Community Health in Newmarket. She is concerned about the fact that after Tufts strongly encouraged its students to take the WREB this year, the NH Board of Dental Examiners is moving toward only accepting CDCA. The student echoed the concerns of her classmates at Tufts (a major supplier of NH dentists) that they were not informed in a timely manner of this decision or the basis of said decision. Mr. Auerbach has been asked by these students to ask the Board to either reconsider its decision until all perspectives have been heard or to grandfather in the 2018 class so that young dentists and students can be properly notified of the decision.
  - Finally, the NHDS and the NDHS Foundation are hosting two major CE events in the coming weeks. This Friday, Rhonda Savage will present "Your Fantastic Dental Team" at the Grappone Center in Concord. Next Friday, the Foundation will be hosting its annual CE at the Red River Theatres in Concord – this year, we will feature Dr. Herve Sroussi's presentation on preventing, detecting and addressing HPV in the dental office.
4. Commission on Dental Competency Assessments (CDCA) Comments – The annual meeting of the CDCA will be held January 10-13, 2018. Dr. Kochhar has been assigned an exam scheduled at UNE in February 2018.
5. Board Office Comments – None.
6. WREB - #17-240
  - Guest: Dr. Bruce Horn, WREB Director of Exam Administration  
Dr. Horn addressed the Board about the contents of the WREB exam. Dr. Horn reported to the Board as follows: He said the only significant difference in the WREB exam from two years ago (when the Board accepted the exam) is that it no longer requires 2 operative procedures. This is because 97% of candidates intending to do 2 procedures are successful in passing the first procedure. The two scores are

averaged. A State can mandate a second procedure if it wishes. If a candidate fails the first exam due to a critical error, he/she has to take that examination again somewhere.

Remediation – Remediation is at the direction of the state dental board, not WREB. WREB requires comprehensive treatment planning – (6-8 selective response questions), not multiple choice. The prosthetic section is optional. Dr. Albee asked about the Maryland model, which instead of naming acceptable exams, sets forth the criteria which an exam must meet if it wants the exam be accepted by a board. Dr. Horn said that if the state board tells WREB what it wants, based on other examining procedures, WREB will look at that. A candidate must commit to a class 2 restoration and if successful, they do not have to do a second restoration unless a state board requires it. Dr. McKibbin asked Dr. Horn why the Board was not notified of the changes to the WREB exam earlier. Dr. Horn apologized, but said that WREB did communicate with the educational institutions. Dr. McKibbin asked why WREB can't get together with ADEX and have only 1 exam. Dr. McKibbin said the Board has input into the ADEX exam, but not the WREB exam. Dr. Horn said that WREB has 22 member states and Dr. Horn urged the Board to join WREB so New Hampshire can have input into the WREB exam.

Dr. Horn asked why NH has not joined WREB. Dr. McKibbin said that he does not think that WREB meets the level of the ADEX exam.

Linda Tatarczuch expressed her concern that on one day a student could work on one patient and fail, and then in the afternoon of the same day try again. Dr. Horn said that a candidate failing the operative exam due to critical error cannot move on to the second operative exam that day. He or she would have to sign up for another exam or do remediation. If the Board wants to require that a student do 2 operative procedures, it can mandate that. Dr. Horn said that ADEX also gives a prosthetic exam.

## 7. WREB/Regional Exams

### (a) Letter from David Perkins, CDCA Chair to Tufts Students - #17-241

Dr. Perkins addressed the Board and responded to Dr. Horn's presentation. Dr. Perkins explained that what is on the ADEX exam is determined by what an entry level dentist does. A Class 3 is one of the highest scoring exams. Perio was going to be eliminated but some states said it was in their statutes. He recommends that everyone take the perio exam and most do. In the CDCA there is no compensatory scoring, and if a student fails a part of the exam, he or she has to go back and retake that part of the exam. The failure rate is much higher than 3% and that is because a false positive is not the way to go. ADEX does not want students with false positives to pass. The DSE is a computer exam. Dr. Perkins was on the board in CT and the board's job is to set a standard, which the ADEX exam does. Dr. Kochhar asked if ADEX requires remediation when someone fails the exam. Dr. Perkins said that that is the student's responsibility, and ADEX does not follow up on this.

Dr. David Hedstrom, from NH and a former NH Board member, addressed the Board. He said that he thinks the current exam process is much less onerous than it used to be. NERB, now CDCA, created its exam so that state boards did not have to develop their own exams. He said that boards should hold institutions to high standards as this will protect the patients. He said he did not believe that an exam which has a 97% pass rate, such as WREB does, has any value to the students. Testing agencies should provide a fair exam. Ellen Legg asked if the failure rate at Tufts was pretty high last year and Dr. Hedstrom said yes, but that this was an aberration. Dr. Hedstrom said that Tufts gave the WREB exam at the same time and WREB had a much higher pass rate which Dr. Hedstrom attributes to the fact that WREB is an easier exam. The perception among the students is that the WREB is an easier exam.

Former NH Board member Stacy Plourde, RDH addressed the Board and asked a couple of questions to Dr. Horn. She asked about the averaging of the scores of the two operative procedures. Dr. Horn explained that the first score can be very low, below 3.0, but the candidate can compensate with a second procedure, and must exceed the score on the second procedure by at least as much as the score was below on the first procedure.

Ms. Plourde asked if WREB's psychometricians are contracted with WREB. Dr. Horn said that one is on WREB's staff but is independent. WREB also uses a second psychometrician who the Joint Commission also uses. WREB also uses a California psychometrician. He said that the exam content is driven by practice analysis. Ms. Plourde said that ADEX does not have psychometricians who are on staff.

Ms. Plourde asked if a state mandates that a candidate take another procedure, how would the results be given to the State? Dr. Horn answered that the scores are reported individually as they have been for the last 15 years.

Mike Auerbach addressed the Board. He said the N.H. Dental Society is not interested in the turf war with respect to the regional exams, but is concerned with attracting dentists to NH and wants to make sure the climate is simple and clear for them, so that when changes are made, this Board can communicate the changes in a timely manner.

Dr. Horn addressed the Board once again and said that the WREB exam is not easier and its endodontic exam is harder because it requires the candidate to take different kinds of radiographs. He would like the Board to listen to a testing specialist about the WREB exam.

- (b) Concerns expressed by James Kaim, DDS, New York University - #17-242.
- (c) Wyoming Dental Board/Letter from Tufts Student (Tabled from Oct) - #17-221, also Atch I.

No motion was made to have a revote on this issue of whether to accept the WREB exam.

A motion was made by Dr. Kochhar and seconded by Dr. Albee to accept the WREB examination if it included the following:

- A. The ADEX Dental Skills Exam (DSE)
- B. A Prosthetics Manikin component
- C. A patient centered Class II restoration with non-compensatory grading
- D. A patient centered Class III restoration with non-compensatory grading

During the discussion Dr. Bruce Horn spoke to the proposed motion. He said that it would be impossible to administer the WREB exam with these conditions because it would change the WREB format too much.

The motion was withdrawn after Dr. Horn's remarks when it became apparent that the proposed changes to the WREB Examination, to make it "similar" to the ADEX Examination, were not acceptable to WREB.

Dr. McKibbin made the following motion, which was seconded and approved by vote of the board:

That the NH BODE send a letter to the President of WREB which asks WREB to reconsider joining with ADEX to develop a national pre-licensing examination.

Dr. McKibbin made the following motion, which was seconded and approved by vote of the board:

That the NH BODE send a letter to the President of ADEX which asks ADEX to increase their efforts to work with WREB to develop a national dental pre-licensing exam.

At its December meeting, the Board will set forth the specifics as to why it believes the WREB exam is not "similar" to the ADEX exam.

8. Board's Finances  
Guest: Melissa Van Sickle, OPLC Finance Associate - #17-243 - This agenda item was tabled until the December meeting due to the unavailability of Ms. Van Sickle.
9. Holiday Party Discussion - #17-244 - The Board decided to have a holiday celebration at its December meeting and everyone will bring an appetizer to share. There will also be a Yankee Swap.
10. Dental Assistant Inquiry re: Radiology qualification (Tabled from Oct) - #17-237 – The Board voted not to waive the additional 4 hours of training in radiology. Dental assistant Michelle White has to take 4 more credits and the DANB exam before she can take radiographs. She must stop taking radiographs immediately.
11. Memo - License Status - #17-245 – The Board voted that a licensee can have an inactive license and a volunteer license at the same time.

12. Memo - Refresher courses for inactive licensees who wish to become active - #17-246 – With respect to hygienists, the Board voted that the course at NHTI is an acceptable refresher course. With respect to dentists, the Board voted to table the discussion until its December meeting. Dr. Albee volunteered to research this issue and come back to the Board to make a suggestion with respect to what topics must be included in an acceptable refresher course and how many hours it should be.
13. Memo - Opioid Prescribing CEU's- #17-247, also Atch I – The Board voted that Dr. McKibbin will be its representative and will determine which opioid educational courses are acceptable and should be placed on the Board’s website.
14. Opioid Presentation at Greater Nashua Dental Society - #17-248 – The Board voted to post this course on its website.

## LICENSURE AND REPORTS

### 1. DENTIST APPLICATIONS APPROVED

Victor M. Alarcon Villaneuva, DDS  
Thomas J. Filip, DMD  
Preethi Jayakumar, DDS  
Hiren S. Korat, DMD  
Wen-Tse Lin, DMD  
Malvika Singh, DMD  
Stephanie R. Slate, DMD  
Melissa J. Torres, DDS  
Gillian M. Weeks, DMD  
Laura B. Williams, DMD  
Min Zhu, DMD

### 2. HYGIENIST APPLICATIONS APPROVED

Marganit E. Ben Dakon, RDH  
Courtney L. Desrosiers, RDH  
Kendall N. Fry, RDH  
Caitlin F. Lange, RDH  
Mary R. Polce, RDH  
Diana D. Ressler, RDH  
Casey E. Smith, RDH

### 3. PUBLIC HEALTH SUPERVISION

- (a) #17-250 – The Board voted to accept the Public Health Summary Reports and send letters of appreciation to:
  - Frisbie Smiles Dental Program
  - Lakes Region Community Oral Healthcare

4. ANESTHESIA/SEDATION

(a) Anesthesia/Sedation Evaluations Chart - #17-251 – The Board voted to approve:

- Facility Inspection of:
  - Adam Bateman, DDS, MD - General Anesthesia/Deep Sedation permit for Nashua, NH location
- Comprehensive Evaluations of:
  - Vincent Albert, DMD
  - Dennis Hannon, DDS

(b) Application for Moderate Sedation Restricted Permit

- Ashley Pinette, DMD - #17-252 – The Board voted to inform Dr. Pinette that she does not need a facility inspection and approved her permit application.

(c) Applications for General Anesthesia/Deep Sedation Permits - #17-270 - Patrick McCarty, DDS and Lily Hu, DMD -

- The Board voted that Dr. McCarty needs a comprehensive evaluation. The Board approved his permit application.
- The Board voted to check if Dr. Hu has had a facility inspection in New Hampshire. If so, she will need a comprehensive evaluation. The Board approved her permit application.

(d) Robert Kuepper, DDS - NHASEC Advisory Subcommittee Proposals and Details re: 4 issues - #17-271, also Atch I

1. The NHBODE's NH Anesthesia/Sedation Evaluation Committee (NHASEC) Advisory Subcommittee is concerned that a dentist licensed to practice in NH may submit an application to the NHBODE to provide anesthesia/sedation, pass only a facility inspection, and then begin to administer anesthesia/sedation to patients for eight months (or more in some instances), without having passed a comprehensive evaluation, (which would have included the successful response to all appropriate emergency scenarios). To remedy this current situation, the NHASEC Advisory Subcommittee proposes a NEW CATEGORY of anesthesia/sedation evaluations and permits, the ***Initial Provisional Anesthesia/Sedation Evaluation and Permit***. An applicant for an initial permit to administer anesthesia/sedation would be required to pass this Initial Provisional Anesthesia/Sedation Evaluation, which would consist of a facility inspection and the evaluation of the applicant's responses to the required emergency scenarios currently contained in our comprehensive evaluation. Two committee members would be assigned to this evaluation. A comprehensive evaluation consisting of the usual components, (facility inspection, live patient demonstration and emergency scenarios) would then be required within eight (8) months following the date of issuance of the Initial Provisional Anesthesia/Sedation permit. The applicant would be informed that this initial Provisional Anesthesia/Sedation Evaluation must be successfully completed

**prior to** being granted a *provisional* anesthesia/sedation permit and prior to being allowed to provide anesthesia/sedation to patients. The NHASEC Advisory Subcommittee believes this new step in the permitting process will ensure fundamental knowledge of, and adequate application of resuscitation skills by the new anesthesia/sedation team, prior to being issued a provisional anesthesia/sedation permit and prior to being allowed to provide these services to patients.

2. The NHASEC Advisory Subcommittee is concerned that some dentists holding anesthesia/sedation permits may not be conducting in-office training for their anesthesia/sedation teams on a sufficiently frequent basis, i.e. more than just in preparation for the required comprehensive evaluation every five years. The NHASEC Advisory Subcommittee proposes that all anesthesia/sedation permit holders be required to conduct in-office training of their teams at least quarterly and that the length of time dedicated to each session and the subject material presented be documented and be made available for review by the NHBODE upon request of the Board. The NHASEC Advisory Subcommittee would make recommendations to the NHBODE regarding appropriate minimum standards for course content, etc., for distribution to all permit holders.
  
3. The administrative staff of the NHBODE has faced ongoing questions relative to the subject of itinerant anesthesia/sedation providers, to include NH licensed MD anesthesiologists/CRNAs and dentists, with respect to requirements for facility and/or comprehensive evaluations. All NH licensed MD anesthesiologists/CRNA's and dentists must pass an initial facility inspection prior to being allowed to provide services to dental patients. It will be determined at that initial facility inspection if the provider is "self-contained," which is defined as possessing all items included in our current facility inspection check-list, all of which are portable and enable the provider to provide anesthesia/sedation services totally independent of any requirement for any the objects listed on the facility inspection form which might be fixed in or provided by the facility being inspected. If the anesthesia/sedation permit applicant is a NH licensed dentist, the applicant would be required to pass an Initial Provisional Anesthesia/Sedation Evaluation, a component of which would be this facility inspection, and would provide the basis for the evaluators making the determination of whether or not the provider is "self-contained". That dentist would then be required to pass a comprehensive evaluation within eight months of issuance of the initial provisional anesthesia/sedation permit and every five years thereafter, with each comprehensive evaluation including a facility inspection to document continued "self-contained" status. Any anesthesia/sedation provider who is determined to be "self-contained," whether he/she is a NH licensed MD anesthesiologist/CRNA or dentist, would not be required to pass another facility inspection for any additional offices in which he/she might provide anesthesia/sedation services, with the exception of the "dentist example" as cited in the previous sentence.
  
4. The NHASEC Advisory Subcommittee proposes that the Board allow any retired NH dentist holding an active dental license and an unexpired anesthesia/sedation permit to apply to the NHBODE's NH Anesthesia/Sedation Evaluation Committee to be

considered for appointment to the Committee as an evaluator, only for the duration of his/her current, unexpired anesthesia/sedation permit.

With respect to item 1, the Board voted to accept this recommendation and to include it in the next rules package.

With respect to item 2, the Board voted to accept this recommendation and to include it in the next rules package.

With respect to item 3, the Board voted to accept this recommendation, to include in the next rules package, and to follow this policy until the rules are changed.

With respect to item 4, the Board voted to modify this recommendation to allow any retired N.H. dentist holding an active dental license and a current or expired anesthesia/sedation permit, to apply to be an evaluator for the NH Anesthesia/Sedation Evaluation Committee. If approved by the Board, such a person must do evaluations with someone who is not retired. The Board voted to include this in the next rules package and to follow this policy until the rules are changed.

At 5:55 p.m. and pursuant to RSA 91-A:3, the Board voted to go into non-public session by roll call vote because public disclosure may render a proposed action ineffective or adversely affect the reputation of a person other than a Board member.