

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

**MONDAY November 4, 2019**

**Dental Hygienists Committee Meeting – 1:30 p.m.**

**Board Meeting – 3:00 p.m.**

The November 4, 2019, public portion of the meeting of the New Hampshire Board of Dental Examiners was called to order at 3 p.m. by Puneet Kochhar, DMD with the following members present:

Puneet Kochhar, DMD, President  
Dennis Hannon, DDS, Vice President  
Muhenad Samaan, DMD  
Tara Levesque-Vogel, DMD  
Lisa Scott, RDH  
Linda Tatarczuch, MSW, Public Member (arrived 3:05 pm)  
Ellen Legg, RDH  
Jay Patel, DDS  
Nilfa Collins, DMD

Attendees: Lindsey Courtney, Director, Division of Health Professions  
Christine Senko, Administrator, Board of Dental Examiners  
Jeanne Clement, Administrative Assistant  
JD Lavallee, Board Counsel  
Rebecca Ricard, Board Counsel

Review of the public minutes of the October 7, 2019, Board Meeting: Upon a motion by Dr. Vogel, which was seconded by Lisa Scott, RDH, the Board voted unanimously to accept the minutes as written.

**ADMINISTRATIVE**

**1. Dental Hygienists Committee**

- (a) Minutes of October 7, 2019 Dental Hygienists Committee Meeting - Upon a motion by Dr. Vogel, which was seconded by Ellen Legg, RDH, the Board voted unanimously to accept the DHC minutes as written.
- (b) Dental Hygienists Committee Comments - Myra Nikitas, RDH stated that the Committee was reviewing proposed changes for rules Den 300s, which it will submit. Discussion ensued regarding the status of HB 250. Myra stated the DHC members had questions regarding the NHDHA's position on the bill. The bill is currently in committee. Dr. Kochhar stated he thought the proposed amended bill would require the Board to report complaints to the AG's office. Dr. Kochhar noted the Board had

invited Representative Jeudy to the Board meeting twice but had not received a response.

The Committee is waiting to fill a vacancy for a DHC member, which would be nominated by the NH Dental Society.

2. NH Dental Hygienists' Association Comments. Myra Nikitas, RDH presented the comments to the Board:

- On November 7, 2019, 5:30-8:00 p.m., Dr. Echternach, DDS, will present: "SDF for the Dental Team" at Goodwin Community Health. The course will qualify for 2.0 Clinical CEUs.
- The NHDHA student liaison (Pam Delahanty, RDH) delivered treats to the dental hygiene students at NHTI.
- Upcoming courses in the works for next year to be determined.

3. Dental Society Comments:

- The NHDS Fall/Winter Business Meeting and CE will be held November 8, 2019, at the Grappone Center in Concord, NH. Dr. Shazi will speak on the oral manifestations of systemic disease. NHDS will also honor Senator Bradley for his contributions to dentistry. Executive Director Michael Auerbach encouraged all to attend.
- Mr. Auerbach discussed the ADA Coalition for Modernizing Dental Licensure. The coalition is examining issues pertaining to dental examinations. The expectation is that, in the future, there will be cohesiveness regarding dental examinations.
- New Hampshire is now a member of ADAPT. This is essentially "EHarmony" for dentists. ADAPT is a tool for recruiting new dentists. The tool calls for practitioners to complete in-depth profiles; the goal is that, by using the tool, dentists and associates who share the same practice philosophy will be connected.
- NHDS was contacted that morning by a dentist who said a patient had come into the office and had malocclusion, crossbite and was in the fourth month of a six month smile direct program. The patient had gone to a place on Elm Street in Manchester (a Smile Direct Club). It is not clear if there is a dentist on site. Mr. Auerbach noted he had looked on the website and did not see anything that would indicate there is a dentist on site. Mr. Auerbach expressed concerns if in fact the practice is open without a licensed dentist. He noted that providers are starting to see issues with patients coming in with effects of lack of proper care plan and wanted to bring it to the Board's attention.
- Mr. Auerbach reported that there is concern among some dentists regarding HB 250. As it currently stands, whenever a complaint is read it is reviewed in non-public session and the report is redacted. Dentists are concerned that even cases that are dismissed will be sent to the AG's office or DHHS and this information could be made publicly available. The Committee will review the bill in Executive Session on Wednesday, November 6, 2019, at 10:00 a.m. Dr. Hannon and Lindsey Courtney volunteered to attend.
- Dr. Vogel had questions regarding the questionnaire that was sent out from NHDS. Dr. Vogel noted the Medicaid questionnaire was not easy to fill out, as each question requires research. Mr. Auerbach noted that providers would have an additional week to complete the questionnaire. Dr. Vogel noted she will fill it out, but she can see why NHDS may not get a big response. Dr. Samaan agreed. Mr. Auerbach will send out an announcement that dentists have extra time. Dr. Kochhar noted that, even if dentists have extra time it is not easy data to obtain.

4. Commission on Dental Competency Assessments (CDCA) Comments. Dr. Vogel reported no comments. Ellen Legg, RDH reported an upcoming examination in Westchester. Dr. Kochhar inquired whether everyone had received the invitation for the annual meeting. Discussion ensued regarding who was attending. Dr. Vogel and Dr. Hannon will attend the president or president-elect meeting as Dr. Kochhar cannot attend. Discussion regarding requirements for the steering committee. Lisa Scott, RDH will represent the steering committee as Ellen Legg, RDH is not going. Discussion ensued regarding organizing a group dinner.

5. Board Office Comments

- (a) Welcome to new Board Administrator Christine Senko - Christine Senko, new Board Administrator, introduced herself and provided some information regarding her background.
- (b) Comments from Board Chair Meeting - Dr. Hannon represented the Board of Dental Examiners at the recent meeting held with board chairs and Executive Director David Grosso. Dr. Hannon reported that OPLC is looking to streamline the process for the 53 boards represented by OPLC. OPLC would like to standardize operating procedures for applications for licensure and have a web portal. OPLC would like to standardize as much as possible, understanding that each board has specialized needs that will also need to be addressed. Dr. Hannon noted that his wife is a nurse anesthetist with licenses in other states and has reported that some states have more standardized ways to apply online. There are programs that exist to streamline the application process.

Dr. Hannon reported that Executive Director Grosso discussed the need for investigators. Discussion ensued regarding lack of investigative support. Dr. Hannon reported that OPLC is trying to address that problem.

Dr. Hannon noted that there was mention at the board chair meeting of a newsletter, or other method to communicate with all boards. Dr. Hannon anticipates that will coincide with the standardized process.

Dr. Hannon noted that they discussed fees and how to establish licensing fees. Dr. Hannon reported that OPLC shoots for a maximum 125% of costs for licensing fees. OPLC is trying to figure out what it costs to process each license and what is a fair fee. Linda Tatarczuch questioned whether some boards bring in more money than others. Dr. Hannon stated there is a significant disparity in the amount of money that various boards bring in and spend. Dr. Hannon noted that some boards have 5 licensees whereas nursing has 45K.

Linda Tatarczuch asked whether OPLC is planning on having a regular gathering of board chairs. Dr. Hannon reported that it sounded as if a meeting was needed. Executive Director Grosso reported at the board chair meeting that they may call for another meeting at some point to talk about progress. Dr. Vogel noted that, in the past, OPLC had originally scheduled such meetings once per month, but it was difficult to attend, so then it was scheduled once per quarter. Dr. Vogel was only able to attend 2 times in her tenure.

Linda Tatarczuch asked about criminal background checks, noting it was something the Board wanted. Linda asked whether criminal background checks would be possible with a more uniform application. Dr. Hannon stated that, in an effort to standardize the process, he would think that would be included. Linda Tatarczuch noted that other boards have that and it is needed. Lindsey Courtney clarified that background checks are conducted by the Department of Safety. FBI must approve the form; it is her understanding that the FBI just approved of the form for Dental Examiners. This needs to be written into the rules. Lindsey Courtney stated that OPLC staff will work with Tom Broderick.

- (c) Comments from Chronic Pain Meeting - Dr. Hannon reported that he also attended the Chronic Pain meeting. CMS is going to have a requirement in January 2021 that all prescriptions be electronic, including dentists. Dr. Kochhar noted that this would only be for Medicaid/Medicare providers. Dr. Hannon stated that was correct, but typically people make adjustments for Medicaid and Medicare that apply across the boards. Dr. Vogel inquired as to what is meant by electronic prescriptions. Dr. Hannon stated that the prescriptions would be done online. Dr. Kochhar noted that the prescriptions are sent electronically in a separate platform. The patient will have a pharmacy on file that that is who the electronic prescription will be sent to.
  - (d) Discussion re: December Board Holiday Celebration - Dr. Kochhar asked whether the Board wants to do a Yankee Swap and go out to dinner or order food. Discussion about where to order food. The Board ordered from Constantly Pizza last year. Consensus is that the Board will order Constantly Pizza and do a Yankee Swap, with a limit of \$20.00.
6. Draft Final Rule Proposal with JLCAR Attorney Comments - #19-264, also Atch I - The Board discussed the JLCAR Attorney Comments. As to Den 401.03, the phrase “and arranged by supervision” should be deleted because the rule is already stating that the duties should be performed under direct supervision. The same is true for subparagraph (a)—it should be deleted. The Board discussed the recommendations for deletions under Den 402.01(a)(1), 402.01(c), and 402.01(d) and agreed.

As to rule Den 403.03, the Board discussed that, starting in January 1, 2020, they would enforce emergency medical training requirements. Discussion about whether to make it clear that it would be enforced in 2021. The rule will be enforced for renewals for April 1, 2021. Discussion ensued regarding how to word when the requirement will take effect. Dr. Kochhar suggested issuing a declaratory ruling stating that the CE requirements apply from a date certain onward. They could vote and then make a declaratory ruling.

Upon motion by Dr. Vogel, with a second by Ellen Legg, RDH, the Board unanimously voted in favor of approving changes to the rules as included in attachment #19-264.

Ellen Legg, RDH moved to issue a declaratory ruling, and Dr. Patel seconded. Discussion ensued regarding wording of declaratory ruling. Lisa Scott, RDH suggested stating: “As of January 2020, at least 2 CEUS must be done in medical emergency training effective for all future renewals.” Dr. Collins asked whether those dentists who take PALS and ACLS be exempt. Discussion ensued about whether they are currently exempt. Dr. Kochhar noted that the Board had had the discussion before. Dr. Collins stated she believed prior discussions

concerned CPR training only, not for ACLS and PALS. Discussion ensued regarding exceptions.

The Board voted to issue a declaratory ruling that “medical emergency training course is required for all renewals for April 2021 and all subsequent renewals.”

Dr. Samaan moved to approve Dr. Collins’ suggestions that licensees who complete ACLS and PALS within a renewal period are exempted from the emergency medical training requirement, which was seconded by Dr. Vogel. Discussion ensued regarding exemptions. The Board noted that ACLS and PALS are expensive courses. The Board voted to approve the motion.

## 7. Teledentistry

- (a) Guest Sean Murphy, VP of Advocacy and General Counsel, American Association of Orthodontists - 15 minute presentation (no document) - #19-265 -

Sean Murphy introduced himself to the Board. Mr. Murphy stated that the Board had spoken earlier about SmileDirectClub. The AAO views them as involved in a teledentistry platform. Mr. Murphy encouraged the Board to go on the SmileDirect website (smiledirect.com) if the Board wanted to understand the model. Essentially, the consumer can do an at-home impression kit or go into a SmileDirect Shop (there is one in Manchester). The issue really gets down to the issues of supervision, standards of care, and whether the model lives up to NH Dental Laws.

There are a few things to think about. A few states have come down with teledentistry laws (California, Arkansas, New Mexico) that protect patients from AAO’s perspective. Many people think telehealth is all the rage. AAO understands that there are times where teledentistry makes sense. AAO is not against teledentistry or access to care, but it has to be limited to the right type of care.

In Arkansas, there must be a patient doctor relationship established before services can be provided. In both Arkansas and California, the doctor must provide the patient with a lot of information regarding follow up care. Follow up care is another thing to consider: if someone needs to see a dentist in person, how do they go about doing that? Mr. Murphy noted that AAO does not want to start resolving one access-to-care issue and end up sending people to the emergency room when they do not have access to a follow-up dentist in-person.

New Mexico has a law that makes a lot of sense. In New Mexico, teledentistry is limited to diagnosis and treatment planning. It does not make sense to have a multi-month treatment protocol and never see a dentist. One thing brought up in California is that, when it comes to orthodontics, orthodontics cannot begin until radiograph or bone imaging. Once they obtain imaging, they can move forward with teledentistry.

There are a lot of players involved, people involved, and AAO wants patient safety to be paramount.

Dr. Vogel noted that SmileDirect still has a process where patients can do the impressions at their house and do not have to go into a facility. Mr. Murphy stated that,

essentially, patients go online, they get a self-assessment, they click on buttons to indicate what their mouth looks like and, if they are a candidate for SmileDirect, they can do it at home or in a SmileDirect shop. Putty and trays are Type 2 medical devices. SmileDirect will ship trays. The average treatment time is six months. There is a thirty-day money back guarantee; so, if things are not working right at the 4-month mark, that falls outside the 30-day window.

Ellen Legg, RDH noted there is a concern regarding there not being an x-ray. There could be all kinds of things going on. It is a scary thing to move teeth without an x-ray. Mr. Murphy noted that 2/3 of what goes on in the mouth happens beneath the gum line and is not visible. The pictures are great, but there are no scans. When it comes to moving teeth, if there is periodontics disease, that will be an issue. What do the roots like like? SmileDirect admits that if patients have a bite issue, patients should see a provider in-person. Mr. Murphy has a news release AAO put out that it will share with the Board. Mr. Murphy reported that there have been a few lawsuits.

Discussion ensued regarding the North Carolina case at the US Supreme Court. Dr. Vogel questioned who is doing the impression. Mr. Murphy noted his understanding is that it was not always a licensee doing the scan. Mr. Murphy reported that he was a litigator before he came to AAO. North Carolina's case was a terrible decision. As a regulatory body, the Board needs to regulate if doing it for the public safety and wellbeing of the public. Mr. Murphy noted that 2 boards have taken action and have been sued by SmileDirect, but in both dismissal orders, said board members will not have financial penalties. Mr. Murphy noted that, when it comes to dentistry, who is better to regulate than dentists? Dentists understand the requirements.

Dr. Vogel noted that they could talk about this further another time. They do not have anything to talk about scanning. Dr. Kochhar noted that we need to figure out what the Board is doing for teledentistry. Dr. Kochhar stated this was not supposed to be a discussion about SmileDirect. Dr. Kochhar stated that the Board will take paperwork from Mr. Murphy. The Board was looking for guidance; the first part helped, but the discussion regarding SmileDirect is not benefitting anyone and not solving the problem at hand right now. Mr. Murphy requested an additional 60 seconds to speak; Dr. Kochhar stated to send an email.

After completing additional board business, the Board returned to the discussion with Mr. Murphy. Mr. Murphy spoke about three sample pieces of legislation. There are 5 overarching parameters: 1) There should be a doctor patient relationship if actual treatment involved. 2) geographic proximity—What happens in case of an emergency? The Board should think about whether to limit teledentistry to some geographic proximity, such as 120 miles away. This would allow patient to reach provider in the event of an emergency. 3) Transparency should be paramount. When it comes to advertising, should be able to very easily find out who the doctor is, the location, the license number, physical practice address. 5) DSO Model. When it comes to teledentistry platforms, the Board should consider whether it should be owned or controlled by dentists. Mr. Murphy stated dentists know what is best for patients.

Discussion ensued regarding specific legislation in Arkansas. Linda Tatarczuch asked whether geographic proximity assumed that the care was being provided in the same

state. Mr. Murphy noted that if the Board required the dentist to be licensed in both states, the concern would be satisfied.

Dr. Kochhar noted Mr. Murphy's presentation had been helpful and thanked him for attending.

- (b) Guest Mike Bullek, Administrator, NH Board of Pharmacy – Discuss prescription writing as it pertains to Teledentistry (no document) - #19-266 -

Mr. Bullek appeared before the Board to discuss prescription writing as it pertains to teledentistry. Mr. Bullek noted that the issue will be what happens when dentists write prescriptions for narcotics. Various rules and regulations require dentists to have a DEA license in the state to prescribe; the Board would have to promulgate regulations that mirror what the federal government requires. The Board of Medicine has some pretty good rules in such circumstances, where providers are outside the state. However, certain part of the Board of Medicine rules need to be updated as well. Mr. Bullek explained that pharmacy should be the easiest component as long as the Board follows federal control guidelines to prescription controlled substances.

Dr. Kochhar noted that CMS is requiring providers to move to electronic prescriptions in 2021. Mr. Bullek stated there is legislation for electronic prescribing. The Board of Pharmacy does not consider it a legislative problem and will not mandate. Right now, about 35% of prescriptions in New Hampshire are e-prescribed. However, the big chain pharmacies will eventually require e prescribing. Wal-Mart wanted e-prescribing by January 2020 but rolled it back. Mr. Bullek noted that there will be issues with pharmacists accepting narcotics from teledentist. Pharmacists have corresponding responsibility; pharmacists are responsible to determine if controlled narcotics are prescribed for a legitimate reason. Many pharmacists right now are refusing prescriptions for various reasons; one such reason is if the provider is out of state.

Dr. Kochhar stated that, as he understands it, patients can only obtain an opioid if the prescription is a hard copy. Mr. Bullek stated there has to be a hard copy if it is an original prescription. Prescribers cannot electronic prescribe original narcotic prescriptions. Dr. Kochhar asked Mr. Bullek if he had suggestions for writing rules. Mr. Bullek stated he would refer the Board back to the federal registry or the controlled substances act. If prescribers are handwriting something out, it needs to be a totally complete description of the pharmacist will call the provider. The big issue right now is address. Mr. Bullek stated he does not know why the DEA is coming up with these issues; however, lately, they have been focusing on verifications, especially for narcotics prescriptions. Mr. Bullek stated he can assist with rules when the time comes.

Discussion ensued regarding the Opioid FAQ sheet and how to give that in the context of electronic prescribing for controlled drugs. Mr. Bullek noted that, in pharmacy, the prescriptions cannot be printed if it is electronically prescribed because by federal law, cannot print out an e-prescribed prescription. The prescription has to stay electronic. Pharmacists will provide the patient the counseling form that lists side effects and actions. There may need to be more discussion as to what happens with teledentistry prescriptions.

- (c) SmileDirectClub Letter re: Teledentistry platform/model - #19-278 - Dr. Kochhar noted the Board received the letter this morning. Lisa Scott, RDH stated the Board needs to investigate the office in Manchester. Dr. Kochhar stated this is a different issue; they are offering to have SmileDirect come and speak to the Board. Dr. Vogel stated that was a great idea. Dr. Vogel stated there are lots of discrepancies in terms of what they state to patients and what they advertise. The Board generally discussed it would be a good idea to have SmileDirect come and speak to the Board. The Board office will invite SmileDirect for the next meeting.

At 4:03 p.m. the Board voted by roll call to recess the public meeting for the purposes of consulting with legal counsel. At 4:44 p.m., the Board voted by roll call to resume public session. NC recused.

At 4:44 p.m., pursuant to RSA 91-A:3, the Board voted by roll call to go out of public session and into non-public session because public disclosure may render a proposed action ineffective or adversely affect the reputation of a person other than a Board member.

At 5:04 p.m. the Board voted by roll call to recess the non-public meeting for the purposes of consulting with legal counsel. At 5:35 p.m., the Board voted by roll call to resume public session.

- (d) Teledentistry “White Paper” from Neil Hiltunen, DMD (Tabled from Sept. 2019) - #19-235 - See (e) below.
- (e) Propose/write rules for Teledentistry (no document) - #19-267 - Dr. Patel noted the radiograph issue is something to consider. Lisa Scott, RDH noted they spoke about this in hygiene. Dental hygienists taking x-rays can do so under the general supervision or as a CPHDH. So, if hygienist is doing teledentistry and the dentist is not that, does that cover general dentistry or do we require the hygienist to be a CPHDH? Dr. Kochhar noted it depends on what the rule is. Lisa Scott, RDH stated it was something to think about. Dr. Kochhar stated the Board should not be specific because specificity is a problem for the Board. Discussion ensued regarding the requirement that examinations be performed in-person. Dr. Kochhar stated the Board should make a list for discussions for next month.

Ellen Legg, RDH stated another issue, as far as licensing the dentists, is they have to be licensed in New Hampshire per rules. SmileDirect states they have a dentist of record but how does anyone know? Dr. Samaan suggested someone call and ask for the name of the licensed dentist.

Dr. Patel stated the Board should consider the issue with scanning because that is the same as an impression. Dr. Vogel stated lots of things are coming up, for example, assistants placing a crown. Discussion ensued regarding assistants placing crowns. Dr. Vogel stated that with lots of changes in technology the rules are not clear.

The Board is going to consider these issues at the next meeting.

8. Consider “real ID” for future rule change - #19-268 - The Board discussed whether to permit the “real ID” for identification in the future. Dr. Vogel stated that, in order to fly, one needs or will need a real ID. Dr. Hannon stated many documents are needed to obtain a real ID. You need to provide proof of residence. It should be the same process as needed for licensure.

Dr. Kochhar stated the Board should be trying to add this identification as one of the items to use. Dr. Samaan suggested adding it to the rules that applicants can use a real ID in lieu of a passport. Dr. Samaan noted not everyone has a real ID. Dr. Vogel stated that if the applicant does not have a passport they can show a real ID. Ellen Legg, RDH stated that since applicants have to show many documents for real ID, perhaps individuals can show that in lieu of a passport. Discussion ensued regarding eliminating the passport requirement or using a real ID in lieu of a passport.

Dr. Kochhar stated the Board should put in on the rule change list. Linda Tatarczuch suggested bringing in a real ID application for clarification. The Board tabled the discussion until the January meeting.

9. Memo from Karen Crowley, DMD re: Newly published Guidelines for Pediatric Anesthesia - #19-270 - The Board discussed that they appreciate Dr. Crowley’s work. Dr. Crowley stated no change, will send recommendations. No further discussion until recommendations are received.
10. Informational (emailed previously)

- Response from AAOMS in Journal of Oral and Maxillofacial Surgery
- CDCA Advances Technology in Dental OSCE Testing

Dr. Kochhar inquired whether there were any questions on these items. Dr. Kochhar stated he heard about the Dental OSCE training. Most of the class failed. This was the test program. Dr. Kochhar does not know what happened; they must go back and look at it again. Dr. Vogel stated it is harder because the students have to diagnose the decay and do not know which tooth they are doing. Dr. Kochhar stated it could be a different tooth or a different lesion. Dr. Vogel stated everyone has to do a modification request.

## LICENSURE AND REPORTS

1. DENTIST APPLICATIONS APPROVED

Priscila P. Dal Seco, DMD  
Navid Entezari, DMD  
Elena Lazari, DMD  
Andrew B. Locke, DMD

David A. Najem, DDS  
Marie O. Omeler-Emile, DDS  
Nailah R. Tillman, DDS

2. HYGIENIST APPLICATIONS APPROVED

Melissa M. Colongeli, RDH  
Morgan A. Frati, RDH  
Jacqueline M. Harrison, RDH  
Joy L. Lord, RDH

Ann M. Reed, RDH  
Monica A. Olivieri, RDH  
Noorie Shakya, RDH

3. PUBLIC HEALTH SUPERVISION

(a) #19-271 - Public Health Summary Reports Chart - On a motion made by Dr. Vogel and seconded by Dr. Samaan, the Board voted to approve all of the Public Health Summary Reports and to send letters of appreciation to the following reporting agencies:

- APD Upper Valley Smiles School Dental Program
- Concord Dental Sealant Coalition
- Concord YMCA Cavity Prevention Program
- Easter Seals Oral Health Center

4. ANESTHESIA/SEDATION

(a) #19-272, also #19-260 - Corrected Practice Name for General Anesthesia/Deep Sedation permit - Patrick McCarty, DDS (Pelham, NH) -

Dr. Kochhar noted that this was approved last month but the practice name was the wrong name so it was resubmitted with the correct name. Upon motion by Dr. Vogel, which was seconded by Dr. Samaan, the Board voted to unanimously approve the application for a General Anesthesia/Deep Sedation Permit for Patrick McCarty with the corrected practice name.

At 6:16 p.m., motion was made by Dr. Samaan to go out of non-public meeting by roll call.

At 6:44 p.m., Dr. Vogel moved to seal the non-public minutes. Ellen Legg, RDH seconded the motion. The Board voted unanimously to maintain the privacy of the items discussed in non-public session pursuant to RSA 91-A:3, on the grounds that public disclosure may adversely affect the reputation of a person other than a Board member, or render the proposed action ineffective

At 6:44 p.m., the Board voted by roll call to go out of non-public session and into public session.

Dr. Kochhar adjourned the meeting at 6:45 p.m.