

In the Matter of:

MISS. STATE BOARD OF DENTAL EXAMINERS

MEETING , BOARD

September 05, 2025

1 BEFORE THE
2 MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

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5 IN RE:

6 MSBDE BOARD MEETING, SEPTEMBER 5, 2025

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11 BOARD MEETING

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15 Held before the
16 Mississippi State Board of Dental Examiners
17 715 South Pear Orchard Road, Suite 200
18 Ridgeland, Mississippi
19 on Friday, September 5, 2025
20 beginning at 8:30 a.m.

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26 REPORTED BY: KELLYE S. SHOWS, CCR
27 CCR #1290

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1 A P P E A R A N C E S

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3 BOARD OF DENTAL EXAMINERS:

4 Mark D. Williams, DMD

5 David K. Curtis, DMD

6 Marion Lewis Grubbs, DMD

7 Haley Harrison Birmingham, RDH

8 Alexa L. Lampkin, DMD

9 Stehen W. Joe, DMD

10 Wade C. Bishop, DMD

11 John B. Carlton, DMD (Via Zoom)

12

13 BOARD ATTORNEY:

14 Westley Mutzier,
15 Senior Attorney, In-House Counsel

16 DENTAL EXAMINERS STAFF MEMBERS:

17 Denny Hydrick, Executive Director

18 Tiffany Vaughn, Deputy Director

19 Lou Sims, Licensing Representative

20 Nick Hardwick, Senior Investigator

21

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23

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1 A P P E A R A N C E S

2 (Continued)

3 ALSO PRESENT:

3 Ashley Casey
 Smiles to Go

4 Mike Murphy
5 Mobile Health Solutions

6 Laura Rishu, MDA

7 Kevin Felsher
 House of Representatives

8 Peter Boswell, MDA

9 Roddy Scarborough

10 Ms. Sherman, MDA

11 Chris Griffin, DMD

12 John Smith, DMD

13 Linda Zakkak, MDHA President

14 Karen Crews, DMD

15 Whitney Funderburg, MDHA President-Elect

16 Janet McMurphy, MDHA Treasurer

17 Elizabeth Carr
18 UMMC Department of Dental Hygiene

19 Angela Filzen, DMD

20 Yolanda Gates
 Mississippi State Department of Health

21 Jason Leach, DMD

22 Joe Nosef, Attorney

23 Noel Morgan
24 Simmons Consulting

25 Anita Eklund
 Mississippi Academy of Pediatric Dentistry

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1 (WHEREUPON, THE PROCEEDINGS WERE HELD AS FOLLOWS:)

2 BOARD PRESIDENT WILLIAMS: Good morning. I

3 have 8:30. I'd like to welcome everyone to this meeting

4 of the Mississippi State Board of Dental Examiners.

5 My name is Mark Williams and I call the meeting to

6 order. I'd like to begin with an opening prayer. If

7 y'all would indulge me and offer -- it's a personal

8 privilege to pray.

9 (Prayer.)

10 BOARD PRESIDENT WILLIAMS: Thank you, all.

11 I'd like to begin with the introduction of guests. And

12 it's always interesting, but since I -- Ms. Ashley.

13 We'll just start on the back row today. Will you start

14 by introducing yourself.

15 MS. CASEY: Yes. I'm Ashley Casey with

16 Smiles to Go.

17 BOARD PRESIDENT WILLIAMS: Thank you.

18 MR. MURPHY: I'm Mike Murphy with Mobile

19 Health Solutions.

20 MS. RISHU: I'm Laura Rishu with MDHA.

21 MR. FELSHER: Kevin Felsher, House of

22 Representatives, District 117. I chair -- vice chair

23 of public health and chair a peer committee.

24 MR. SCARBOROUGH: Roddy Scarborough.

25 MR. BOSWELL: Peter Boswell with the MDA.

1 MS. SHERMAN: (Inaudible) Sherman with the
2 MDA.

3 DR. GRIFFIN: Chris Griffin, dentist.

4 DR. SMITH: John Smith, dentist from
5 Greenwood.

6 MS. ZAKKAK: Linda Zakkak, MDHA.

7 DR. CREWS: I'm Karen Crews and I live in
8 Gulfport, Mississippi.

9 MS. FUNDERBURG: Whitney Funderburg, MDHA.

10 MS. McMURPHY: Janet McMurphy, MDHA and a
11 Board member.

12 MS.: Elizabeth (inaudible), University of
13 Mississippi Medical Center, School of Dentistry,
14 Department of Dental Hygiene.

15 DR. FILZEN: Dr. Angela Filzen, dentist,
16 consultant with the Mississippi State Department of
17 Health.

18 MS. GATES: Yolanda Gates, Mississippi State
19 Department of Health.

20 DR. LEACH: Jason Leach, general dentist.

21 MR. NOSEF: Joe Nosef, lawyer. I'm here
22 to represent my client.

23 MR. MORGAN: I'm Noel Morgan with Simmons
24 Consulting.

25 MS. EKLUND: Anita Eklund. I'm the public

1 policy advocate for Mississippi Academy of Pediatric
2 Dentistry.

3 BOARD PRESIDENT WILLIAMS: Okay. Welcome
4 to you all. Thank you for being here. Mr. Hydrick,
5 do we have a quorum?

6 EXECUTIVE DIRECTOR HYDRICK: We do. I will
7 note that Dr. Carton is present by Zoom, so we have
8 eight members present, all eight members are here.

9 BOARD PRESIDENT WILLIAMS: Okay. So we
10 have a quorum. Thank you. And we have an agenda that
11 has been submitted, and I would like to get a motion
12 to approve the agenda as submitted.

13 BOARD MEMBER LAMPKIN: So moved.

14 BOARD MEMBER BIRMINGHAM: I would like to
15 make a motion to amend the agenda.

16 BOARD MEMBER CURTIS: I second the motion
17 first to --

18 BOARD PRESIDENT WILLIAMS: Yes. Can we get
19 a second to approve? All right. So we have a motion
20 to approve the agenda and a second. Is there any
21 discussion on the agenda?

22 BOARD MEMBER BIRMINGHAM: So I would like to
23 make a motion to amend the agenda and move Item Number
24 14 up to Number 3.

25 BOARD PRESIDENT WILLIAMS: Okay. So we

1 went into -- we have a friendly amendment to your
2 motion, and so we can either withdraw the motion to
3 approve the agenda and accept the new one or accept
4 this amendment.

5 BOARD MEMBER GRUBBS: (Inaudible.)

6 BOARD PRESIDENT WILLIAMS: We have to get
7 this motion seconded before we can discuss. All right?
8 So we have a new motion, a friendly amendment to her
9 motion to accept the agenda. Can I get a second to
10 that?

11 BOARD MEMBER CURTIS: Second.

12 BOARD PRESIDENT WILLIAMS: All right. So
13 I'd like to discuss the motion from Ms. Birmingham to
14 move Agenda Item Number 14 to 3. Any discussion?

15 BOARD MEMBER GRUBBS: Why are we moving it?

16 BOARD PRESIDENT WILLIAMS: Ms. Birmingham
17 made a request.

18 BOARD MEMBER GRUBBS: Well, that's good
19 enough for me, then.

20 BOARD PRESIDENT WILLIAMS: Okay, then.

21 BOARD MEMBER BIRMINGHAM: There you go.

22 BOARD PRESIDENT WILLIAMS: All right. Any
23 other discussion? All in favor of the motion to move
24 Agenda Item 14 to 3, say "aye."

25 DENTAL BOARD: "Aye."

1 BOARD PRESIDENT WILLIAMS: Okay. So that
2 motion has now passed, and we will consider that a
3 friendly amendment to the motion to approve the agenda
4 item as submitted. Any discussion on the new agenda?

5 Westley, is it also fair to say that this
6 new agenda includes the oral proceedings that's on the
7 back of this as well and we have accepted this as
8 presented as well?

9 MR. MUTZIGER: Yes, sir.

10 BOARD PRESIDENT WILLIAMS: And you will
11 discuss that in your opening remarks?

12 MR. MUTZIGER: Yes, sir.

13 BOARD PRESIDENT WILLIAMS: Very good. Any
14 other discussion about the agenda? All in favor, say
15 "aye."

16 DENTAL BOARD: "Aye."

17 BOARD PRESIDENT WILLIAMS: Any opposed, say
18 "nay."

19 (No response.)

20 BOARD PRESIDENT WILLIAMS: All right. Motion
21 passes.

22 We will now proceed to Item Number 14 which
23 we are considering Item Number 3 on the agenda, and
24 the public hearing and proceeding for the amendment to
25 Regulation 13. As you all know, Regulation 13 was

1 amended in June. The rules and reg committee met on
2 the 12th and we approved this on the 13th of June and
3 was submitted accordingly.

4 I would like to turn the floor over to
5 Mr. Mutziger for some opening remarks about the Board's
6 procedural issues with developing Regulation 13.

7 MR. MUTZIGER: Yes, sir. Thank you, Dr.
8 Williams. Welcome everyone. Thank you for being
9 present today. As Dr. Williams stated, the Board
10 enacted a temporary rule, Board Regulation 13, to be
11 effective July 1 commensurate with House Bill 1062
12 which amended Mississippi Code Annotated Section 7395
13 that defines the scope of practice for dental hygiene.

14 Ultimately, the Dental Practice Act was
15 changed. Dental hygienists with the Dental Practice
16 Act are now permitted to perform their duties under the
17 general supervision of licensed dentists. Given the
18 truncated timetable associated with the implementation
19 of that law, notably July 1, the Board moved swiftly
20 to implement changes to Board Regulation 13. The
21 temporary rule remains in effect.

22 The Board has received greater than ten
23 requests for a public proceeding. Under the
24 Administrative Procedures Act in Mississippi, that
25 necessitates a public proceeding. So the public

1 proceeding is today regarding Regulation 13 regarding
2 those temporary changes that have been imposed by this
3 Board.

4 Within the Administrative Procedures Act the
5 Board is authorized to issue rules or guidelines
6 regarding this proceeding and they have done so. They
7 have done so at the July 25th meeting of the Board.
8 Those requirements included speaker request submissions
9 of which the Board has received today four, and those
10 are found in the Order of Presentations, Number 3
11 through 6.

12 The proceeding today will go in such an order.
13 I will provide a very brief overview of Regulation 13
14 and some additional supplemental information regarding
15 regulations in general. Following that we will have
16 the presentations, 1 through 4, Dr. Filzen, Dr. Smith,
17 Dr. Crews, and Ms. Zakkak. After each individual
18 presentation, which will be limited to ten minutes --
19 and I would ask have we identified a timekeeper? Denny,
20 I know that we spoke about that. Have we identified a
21 timekeeper?

22 EXECUTIVE DIRECTOR HYDRICK: Yes.

23 MR. MUTZIGER: Okay. Excellent. All right.
24 So ten minutes will be afforded each presenter of which
25 the opportunity has also been afforded to provide

1 supplemental information which the Board has received.
2 Following each presentation, the Board will be afforded
3 the opportunity to ask questions.

4 During this time the head of the proceeding
5 will be the chair, which will be Dr. Williams, president
6 of the Board. After each presentation is concluded it
7 will be at the Board president's discretion whether to
8 entertain additional discussion regarding Board
9 Regulation 13 whether to recognize additional speakers
10 if there are any that should request to be heard.

11 So without further ado, I move into my brief
12 presentation regarding the regulation. So you'll see
13 on the board under TBs before you just a reminder about
14 the Board's role in regulating the practice of dentistry,
15 and I'm going to talk just a little bit about the
16 difference between the law and the regulation. This is
17 just to give a solid foundation, a solid understanding
18 of this Board's authority and how we are acting in
19 this in promulgating Board Regulation 13 as amended.

20 On the screen you will find a couple of
21 provisions of law. I apologize for just reading, which
22 you can read yourselves, but for the purposes of making
23 a record I will do so. The Board's Duties and Powers.
24 The Mississippi State Board of Dental Examiners is
25 charged to regulate the practice of dentistry and dental

1 hygiene and charged to promulgate reasonable regulations
2 as are necessary or convenient for protection of the
3 public. We're all familiar with this, the Board's role.

4 The shorthand version is -- what? -- to
5 protect the public; however, the Board shall not adopt
6 any rule or regulation or impose any requirement
7 regarding the licensing of dentists that conflicts with
8 the prohibitions in 73493.

9 Additionally, section -- subsection D, the
10 Board is charged to provide for the enforcement of and
11 to enforce the laws of the state of Mississippi and
12 the rules and regulations of the State Board of Dental
13 Examiners.

14 Stated in a different section, 73917, the
15 Board is authorized to prescribe and enforce regulations
16 and to perform those acts compatible with and authorized
17 by either directly or by implication the laws of the
18 state of Mississippi for the purposes of implementing
19 the provisions of this chapter.

20 In layman's terms, the Board is charged by
21 the Mississippi Dental Practice Act, that which is
22 written by the legislature.

23 And Denny, let's go ahead and move to the
24 next slide, please. It is charged to implement the law.
25 We are not the writers of the law. We are the enforcers

1 of the law. We are given authority that is governed
2 by the law. We can only do those things within the
3 four corners of what the law has authorized us to do.

4 What you see before you is just a general
5 breakdown comparing the law versus our authority as
6 a Board to promulgate regulations. You'll see on the
7 left the Dental Practice Act. As I stated, it's
8 written by the legislature. It can only be changed by
9 the legislature. It typically is changed less frequently
10 than regulations. It tends to be broad and delivers
11 the main points. It authorizes the Board to promulgate
12 regulations.

13 As you can imagine, the legislature is not
14 equipped to manage or prescribe every specific point
15 or detail regarding the many areas which the state is
16 regulated. In such cases, it defers to specific
17 agencies to develop regulations to deliver the specific
18 points that are necessary for implementation of the law
19 and enforcement of the law.

20 Now, notably, the law as well as the
21 administrative code, the rules and regulations, today
22 talking about Board Regulation 13, they are equally
23 applicable to all licensees. The law of regulation,
24 it applies the licensees the same force and effect.
25 As I stated, Board Regulation 13 or the Board's

1 regulations, in general, seem to be more specific and
2 the Board utilizes its expertise. Right? We are a
3 Board made up of market participants made up of dentists.
4 Naturally, the Board mainly put dentists -- and forgive
5 me, Ms. Birmingham, also dental hygienists. The Board's
6 expertise in these matters of dentistry and of dental
7 hygiene is naturally going to be well-equipped to
8 address these more specific issues regarding
9 implementation of the law as provided by the
10 legislature.

11 Moving on to the next slide, Denny, I will
12 just note the provisions of the Mississippi
13 Administrative Procedures Act that got us here today
14 regarding public participation as well as the authority
15 for temporary rules.

16 Then I will ask to proceed to the next page.
17 We have just a simple breakdown. I will not belabor
18 the point in an effort of efficiency. What we have
19 here on the left is ultimately the Practice Act, and
20 the principle that I want to be seen today or taken
21 from this presentation is that on the left -- and,
22 Denny, if you'll just do just a quick pan just showing
23 the scope. There are highlighted sections here.
24 Everything on the right is the Board's regulation. It
25 all derives from the authority given to it by the

1 legislature, which is the law, the change of law that
2 occurred via House Bill 1062 effective July 1st. It
3 all derives from that authority on the left.

4 For example, Section 7395 requires or sets
5 the qualifications for a dental hygienist that is to
6 perform dental hygiene under general supervision.
7 Notably, you'll see under section -- subsection 3,
8 subsection A, the dental hygienist has practiced dental
9 hygiene in the state of Mississippi for a minimum of
10 five years, such period determined to be equivalent
11 to 6000 hours. That is a requirement prescribed by
12 the legislature by which Board Regulation 13 seeks to
13 put into effect by way of Administrative Code Board
14 Regulation 13, subsection B, A dental hygienist may
15 only practice under general supervision after obtaining
16 a registration to practice. One of the requirements
17 for the registration is just that, a requirement that
18 there be five years' experience and equivalent of 6000
19 hours.

20 Again, in the matter of being efficient,
21 I won't go through each of these but just illustrating
22 how the Board arrives at these principles within the
23 Board regulation all stems from the law. It's
24 implementing the law. So with these things in mind,
25 I know that there are several areas that we will get to,

1 specific talking points that have been submitted to
2 the Board either via a public comment or via request to
3 be a speaker today. We will certainly address those
4 and engage in discussion as necessary today to determine
5 whether the Board's temporary regulation should be
6 amended as a result of today's public proceeding.

7 So with that being said, I now would defer
8 to the chair of this oral proceeding, Dr. Williams,
9 and recognizing Dr. Filzen, our first speaker.

10 BOARD PRESIDENT WILLIAMS: Is it appropriate
11 to also mention that there -- because the July 1st
12 deadline occurred, what was written in the law that
13 there were aspects of 13 that were in direct conflict
14 with that which mandated within about a 60-day window
15 this Board take action.

16 MR. MUTZIGER: Absolutely, Dr. Williams.
17 This Board effectuated a temporary regulation because
18 of that. Board Regulation 13, as it existed -- as it
19 exists in its permanent form, not the temporary form,
20 absolutely conflicts with the law. It does not -- in
21 fact, it prohibits the practice of dental hygiene under
22 general supervision. So in order to effectuate the law
23 becoming effective July 1st, that is why the Board
24 engaged in that temporary action is to remove the
25 conflicting provisions and to provide authority for

1 general supervision to be effective July 1st.

2 BOARD PRESIDENT WILLIAMS: Okay. Thank
3 you. All right. Hearing that, I'd like to recognize
4 Dr. Angela Filzen as our first speaker. Thank you for
5 being here.

6 DR. FILZEN: Good morning, everyone.

7 BOARD PRESIDENT WILLIAMS: Good morning.

8 DR. FILZEN: I have prepared an oral
9 statement I'd like to read for the essence of time.

10 Thank you again for the Board opportunity -- this
11 opportunity to provide an official statement regarding
12 the updated guidelines for Regulation 13 in alignment
13 with Mississippi House Bill 1062.

14 We are deeply grateful for the unwaivering
15 support you, the Board, have provided the Mississippi
16 State Department of Health over the years. Your past
17 support has been instrumental in our work.

18 As you are aware, the recent enactment of
19 Mississippi House Bill 1062 has brought about
20 significant alterations in the operational framework
21 for dental hygienists under general supervision. These
22 changes, particularly the removal of a limited scope
23 of practice for dental hygienists employed by the
24 Mississippi State Department of Health, carry profound
25 implications for Mississippi State Oral Health Program.

1 They are especially critical in our mission to enhance
2 access to care and utilization of preventive dental
3 care in underserved areas across all age groups.

4 The Mississippi State Department of Health
5 has had limited general supervision privileges in
6 Regulation 13 for decades. These provisions, which
7 were excluded from House Bill 1062, are crucial for
8 the effective operation of our oral health program and
9 the expansion of access of preventive dental care in
10 underserved areas.

11 I won't go through the entirety of those
12 provisions that were removed, but I'll just say some
13 of them include screening across all ages via general
14 supervision with our dental public hygienists, public
15 demonstrations, fluoride varnish application and the
16 like.

17 A recognized dental specialty by the
18 American Dental Association and this Board, dental
19 public health is the science and art of preventing and
20 controlling dental diseases and promoting dental health
21 through organized community efforts. It is a form of
22 practice that serves the community as a patient rather
23 than the individual. It is concerned with the dental
24 health education of the public with applied dental
25 research and with the administration of group dental

1 care programs, as well as the prevention and control of
2 dental diseases on a community basis.

3 Given the language of Mississippi House Bill
4 1062, it is evident that there is a limited provision
5 for the Board of Health or State Department of Health
6 to uphold its core competencies and responsibilities
7 as a nationally recognized state oral health program.
8 Your support in this matter is not just crucial but
9 also invaluable to our continuous success. We deeply
10 value your role in this and understand that without
11 your support maintaining our core competencies would
12 be a significant challenge.

13 To provide an overview of the role of state
14 oral health programs, I would like to share the
15 following information from the guidelines for state and
16 territorial oral health programs and competencies for
17 oral health programs produced by the Association of
18 State and Territorial Dental Directors, ASTDD. The
19 2021 addition of the guidelines of the State and
20 Territorial Oral Health programs produced by ASTDD was
21 initially endorsed by more than 20 national organizations
22 and federal agencies guiding health agency officials
23 and public health administrators in the development
24 and operation of strong oral health programs at the
25 state level.

1 A companion document, ASTDD Competencies
2 for State Oral Health Programs describes 78
3 competencies and seven domains that represent skill
4 sets needed for a successful state oral health program
5 whether they are present in the oral health program
6 stat or obtained from other programs or outside
7 resources. A state oral program with access to
8 expertise reflected in the competencies is better
9 positioned to carry out roles outlined in the
10 guidelines, the core public health functions of
11 assessment, policy development, and assurance identified
12 in the 1988 Institute of Medicine Report. The future
13 of public health and the ten essential public health
14 services were initially discussed in 1944, a public
15 health document. They were updated in 2020.

16 Additionally, ASTDD developed core
17 competencies again around state oral health programs
18 that speak to domains around building support, planning
19 and evaluating programs, influencing policies and
20 system changes, managing people, managing programs and
21 resources, using public health science and leading
22 strategically.

23 The document also lists eight guiding
24 principles that should be integrated throughout the
25 program rather than devoting to one competency

1 integrating oral health and general health, programming
2 of all life stages, the lifespan approach, recognizing
3 and reducing oral health disparities, identifying
4 leveraging and using resources, social responsibility
5 to advocate for and to serve underserved communities,
6 demonstrating and understanding respect for other
7 professions, their goals and roles, respecting
8 diversity, obtaining cultural competence, dedication
9 to lifelong learning and quality improvement.

10 Over the years, ASTDD has remained a
11 critical and collaborative partner to Mississippi's
12 oral health program. Their assistance in assessing
13 our oral health program along national standards,
14 providing technical support when needed, mentoring new
15 state dental directors and supporting teams serves as
16 a significant resource to our statewide efforts.

17 Oral health in America advances and
18 challenges took a comprehensive look at the nation's
19 oral health over the last 20 years. It examines
20 scientific advances and challenges like unequal access
21 to dental care that affected the oral health of people
22 in the United States. While the oral health of
23 Americans has improved significantly over the last 60
24 years, substantial oral health disparities still persist.

25 For the essence of time, I'll just share

1 a little bit more concerning state oral health programs.
2 There was an article by Dr. Louis Lambiase in "Oral
3 Health Infrastructure," the "Value of State Oral Health
4 Programs" that spoke to state oral health programs
5 serving as the go-to place and focal point for policy
6 development where multiple state agencies are
7 addressing dental and oral health issues.

8 For over 20 years, Mississippi's model for
9 community engagement and statewide dental care for a
10 nation has utilized public health dental hygienists,
11 also known as ROCHs or regional oral health consultants.
12 The ROCHs are a vital part of our oral health program
13 in promoting oral health and preventing disease at the
14 community level. Their work extends beyond clinical
15 care to encompass education, advocacy, and the
16 development of public health programs.

17 Some of the core responsibilities include
18 oral health assessment in which they assist with
19 conducting screenings and assessment -- assessing
20 treatment urgency needs. In this role, they are not
21 detecting cavities or other dental issues from a
22 disease diagnosis perspective. Utilizing the basic
23 screening survey tool, a standardized method developed
24 and maintained by ASTDD, they collect oral health
25 indicators around untreated decay, treated decay,

1 sealants and treatment urgency, preventive care. They
2 also provided treatments like fluoride treatments,
3 sealants and cleanings under the direct supervision
4 of dentists when we have those opportunities.

5 Routinely, the fluoride varnish is done
6 like in school-based clinics or Head Starts, and when
7 we have the opportunity to partner with community
8 faith-based entities where we have other local dentists
9 come in. There are times when they assist with X rays
10 and cleanings and other things under direct supervision.

11 They also assist with education, teaching
12 individuals and communities about proper oral hygiene
13 practices, nutrition, the link between oral health and
14 overall health. They assist with community outreach
15 by working in schools, senior centers in underserved
16 areas to deliver care and education, and also they
17 assist with data collection and analysis by helping to
18 monitor oral health trends in the community to inform
19 public health strategies.

20 Oral health has been at the forefront of
21 interdisciplinary practice. We work across departments
22 within the health department training social workers,
23 community health workers, health educators, breast
24 coordinators and the like on the importance of oral
25 health and its role in overall health and well-being.

1 As such, those patients are generally within the health
2 department referred to the office of oral health to help
3 them find a dental home. In that, public health dental
4 hygienists are essential in reducing health disparities,
5 improving access to care, increasing the utilization
6 of dental services, promoting lifelong oral health
7 habits, and supporting vulnerable populations.

8 It's also important to note that our state
9 health program is not funded or supported by any
10 specified state budget. We rely heavily on federal
11 funding to staff and carry out the tenets of the state
12 oral health program. Without dedicated funding annually
13 we cannot employ multiple dentists and support staff
14 to conduct oral health surveillance activities
15 throughout the state.

16 The provision of the Mississippi State
17 Department of Health for general supervision of general
18 hygienists enables us to continue our mission to ensure
19 that we are addressing the needs of our community.

20 While we understand the Board's limitation
21 based on House Bill 1062 to restore general supervision
22 for Mississippi State Department of Health dental
23 hygienists, we solicit the Board's support.

24 BOARD PRESIDENT WILLIAMS: Perfect timing.
25 Thank you. So will you -- would you be willing to

1 provide that --

2 DR. FILZEN: Sure.

3 BOARD PRESIDENT WILLIAMS: -- document to us?

4 DR. FILZEN: Okay.

5 BOARD PRESIDENT WILLIAMS: All right. Thank
6 you.

7 DR. FILZEN: Thank you.

8 BOARD PRESIDENT WILLIAMS: Any questions
9 from any Board member? I would like to state, Dr.
10 Filzen, we would like that document.

11 DR. FILZEN: Yes, sir, I'll send it to you.

12 BOARD PRESIDENT WILLIAMS: And you were here
13 in July at the Board meeting --

14 DR. FILZEN: Yes, sir.

15 BOARD PRESIDENT WILLIAMS: -- and presented
16 some of this same information, along with Dr. Eklund;
17 and we -- the Board did not remove that special --

18 DR. FILZEN: Sure. We understand.

19 BOARD PRESIDENT WILLIAMS: -- general
20 supervision issue from the language, and we feel as
21 though our hands are tied with existing 1062, that we
22 cannot supercede that to --

23 DR. FILZEN: Sure.

24 BOARD PRESIDENT WILLIAMS: -- grant that.
25 Okay. So I just want to make sure you and your office

1 knows that we -- we feel like our hands are tied.

2 DR. FILZEN: Right. And we understand.

3 BOARD PRESIDENT WILLIAMS: Okay.

4 DR. FILZEN: That last statement was to that
5 point.

6 BOARD PRESIDENT WILLIAMS: Yes.

7 DR. FILZEN: Thank you for your support, and,
8 you know, any support in the future to regain that will
9 be helpful.

10 BOARD PRESIDENT WILLIAMS: Okay. Thank you.

11 I would like -- I would like your -- if you don't mind.

12 DR. FILZEN: Yeah, that's fine. If I need
13 to leave it here, that's fine, I can.

14 BOARD PRESIDENT WILLIAMS: I'd like to have
15 it right now just for reference on a couple of other
16 things --

17 DR. FILZEN: All right.

18 BOARD PRESIDENT WILLIAMS: -- during some
19 of these other --

20 DR. FILZEN: I'll get a copy before I leave
21 and then that would be fine.

22 BOARD PRESIDENT WILLIAMS: Ma'am?

23 DR. FILZEN: I will get a quick copy or have
24 someone get me a copy of it. That's fine.

25 BOARD PRESIDENT WILLIAMS: Can we do that

1 right now because I may need to reference some of what
2 she said in a few minutes.

3 DR. FILZEN: Sure.

4 BOARD PRESIDENT WILLIAMS: Thank you.

5 DR. FILZEN: No problem.

6 BOARD PRESIDENT WILLIAMS: All right. Any
7 other questions? All right. Thank you, Dr. Filzen.

8 I would like to recognize Dr. John Smith.

9 DR. SMITH: Good morning.

10 BOARD PRESIDENT WILLIAMS: Good morning.
11 Thank you for being here.

12 DR. SMITH: Yes. So I'd like to thank the
13 Board for their service. I realize this is a
14 challenging job that involves a lot of hours and not a
15 lot of compensation, and I really wouldn't seek that
16 out but I'm thankful for what you do and appreciate it
17 greatly.

18 I'm here primarily to offer a perspective
19 as a solo practitioner for 36 years in the Mississippi
20 Delta and also as an instructor at Mississippi Delta
21 Community College in the hygiene department. So I was
22 very pleased with the -- with the House Bill 1062. It
23 was -- it was a Godsend, but it was a little late for
24 me. I could have used it 25 years ago.

25 Management companies taught me early on in

1 my practice that dental hygiene was going to be my
2 ticket. I mean, if I could build up my hygiene
3 department I would have a successful practice, and I
4 started from scratch. So that was something I focused
5 on, and I ended up having two hygienists that were very
6 busy and I was thankful for that, tremendous ladies
7 that worked for me, but it made it difficult for me to
8 take off because that was such a production generator
9 in the office. I couldn't take off. It would -- I
10 would have to lay -- you know, they would have to be
11 out of an income and I would lose quite a bit of income,
12 so I just didn't take off.

13 I actually took my name off the voter rolls
14 back in the '90s, I guess, so I wouldn't have jury duty
15 because it would have been so expensive for me. So I
16 was very dependent on the hygienists and what they
17 produced. I was in the military. I went into the Navy
18 out of dental school and then came back to Mississippi
19 and joined the National Guard. I retired from the
20 Guard as a lieutenant colonel back in the '90s, so that
21 was my vacation, Camp Shelby, the Navy base, you know,
22 Norfolk. I mean, wherever -- wherever I went for two
23 weeks, that was it because I couldn't afford taking
24 off. So House Bill 1062 would have been wonderful for
25 me.

1 So I was excited, but I did -- I was a
2 little concerned about the restrictions, and I was
3 frustrated a little bit by what we were going to have
4 to go through to make this work. I understand this is
5 a big change to the Practice Act, and we have to be
6 careful and cautious as we move into new things because
7 this is new, but I know a lot of other states -- most
8 other states have done this without any consequences,
9 so I feel like we're safe there.

10 The solo dentist in the delta has probably,
11 one, maybe two front desk people, administrative people,
12 and they're busy primarily with insurance. It is very
13 frustrating and it's getting worse every year the time
14 they spend on insurance, and that's what I'm concerned
15 about is the burden of additional administrative things
16 that they have to go through, and this is what I see in
17 the regulations that we're headed. It was actually the
18 bill.

19 I know you can't have anything -- any
20 changes to the bill, but one of the things I see is the
21 difficulty with making appointments. The one day -- I
22 talked to several receptionists about this. The
23 receptionist is the one who makes these dental
24 appointments for the hygienist. So how the receptionist
25 is going to determine the ASA classification of a

1 patient, I don't know how that's going to work. I know
2 it's important, but I just don't know how they're going
3 to -- I guess the doctor is going to have to go in and
4 classify each patient even beforehand or whatever, but
5 that's not something y'all have any control over, I
6 understand.

7 Having to have extra CPR requirements to
8 the Board seems like an extra burden. I don't know
9 if that's a good word. And let's see. Taking extra
10 CPR -- not CPR but emergency training, I think that was
11 part of your regulation was to have three hours of
12 training in emergency medicine. That, I think you
13 ought to make the dentists take it also, I mean, to be
14 fair. I worked with some young dentists and it's kind
15 of scared me what they -- how little they know about
16 emergency medicine. And nothing against the dental
17 school, but I've had some incidents in my office and
18 I've thought it just didn't seem like they really had
19 a good command of that information.

20 Switching over to the hygiene education,
21 that's been amazing to me to see how much the strenuous
22 training that they go through, and part of it is in
23 emergency medicine. I -- as a clinic instructor, we
24 go over possible medical emergencies every morning in
25 the clinic. I have one student talk about a certain

1 medical emergency. They're taught it in their hygiene
2 classes, and I teach pharmacology, so it comes up in
3 pharmacology quite a bit. So I just feel like, you
4 know, if you're going to require the hygienist to do
5 it let's require the dentist to do it. I wouldn't have
6 a problem with that.

7 And another thing I think would be important
8 as a regulation would be to have another person in the
9 office with this hygienist. A person in the office by
10 themselves, if a medical emergency comes up, that's
11 going to be a challenge. This dentist or hygienist is
12 going to be busy taking care of the person. Somebody's
13 got to call 911. And I think, you know, that would be
14 a rule that I would put in there is just to have another
15 person in the office when the hygienist is working under
16 general supervision. It's just my opinion.

17 And to end this, finalize it, I would say
18 that the quality of education that our hygienists are
19 getting is just incredible; and it's been overwhelming
20 to me to see what they go through and how much they
21 know about dentistry in general and how -- and the
22 quality that they -- the quality of graduates that
23 we're producing is very high, and I would just like for
24 the Board to be sure and consider that when they make
25 these decisions about the hygienists. So anyway, that's

1 about it. I appreciate your attention and thank you
2 for that.

3 I'm -- I've had quite a bit of experience
4 in my career in different areas of dentistry, and it's
5 been quite a blessing, but I'm in my later years. I'm
6 72 years old now and I had to come -- the stress of all
7 of that practice in the Delta, I ended up with a
8 pituitary tumor and I had to quit. That's why I sold
9 my practice. But that stress -- and a lot of it's
10 because I didn't take any time off, you know. So I
11 think this is an important bill and I'm real happy
12 about it, and I just appreciate your efforts. That's
13 all I have.

14 BOARD PRESIDENT WILLIAMS: Thank you for
15 your presentation. Any questions for Dr. Smith from
16 the Board? Thank you for your presentation.

17 I'd like to call on Dr. Karen Crews, please.

18 DR. CREWS: Good morning.

19 BOARD PRESIDENT WILLIAMS: Good morning.
20 Welcome.

21 DR. CREWS: I feel like I know everybody
22 here. I had this all written out, and I think I can
23 just talk to y'all.

24 BOARD PRESIDENT WILLIAMS: That's fine.

25 DR. CREWS: I am Karen Crews, and in this

1 phase of my life I'm a private practicing dentist in
2 Gulfport, Mississippi. I am here today just really
3 representing myself and the three other younger dentists
4 who signed the letter that we sent, Logan Malone, Eli
5 Lowery, and Scarlet Johnson; and they -- I said I'll
6 help you write the letter but y'all have to go to
7 Jackson, and here I am.

8 Before I begin, I do appreciate y'all
9 allowing me to present my thoughts, and that's what
10 they are, they're thoughts, but I also have some
11 suggestions. I want to thank y'all for the work that
12 you do. I know what goes into it, and having been at
13 the dental school for so many years and working in
14 public health, working with tobacco, most of you know
15 that I spent the first 25 years of my career teaching
16 at the school of dentistry. I loved every minute of
17 it. I wouldn't trade it for the world, but I was deeply
18 involved in tobacco treatment, research, and education.
19 And at that time the Board made such an insightful
20 decision that had a tremendous impact on me and my
21 career, but also for Mississippians in that they allowed
22 for dentists to write prescriptions for tobacco
23 dependence medications.

24 Now, this came with a lot of push-back, what
25 if's, and stay in your own lane from our medical and

1 pharmacy colleagues, but the Board supported that
2 decision which was great for dentistry and thousands
3 of Mississippians received care via the dental office
4 and dental teams for treating tobacco dependents; and
5 to this day, dentistry in Mississippi has contributed
6 to the overall decrease in the prevalence of tobacco
7 use in our state, and I just think that's wonderful
8 and I thank y'all for that.

9 When the House Bill 1062 was passed, I was
10 really excited because I had been hearing about general
11 supervision since I got out of dental school, and I do
12 believe sincerely that when Representative Kevin Felsher
13 introduced the bill and Governor Tate Reeves, who I'm
14 related to, signed the bill, I think he signed it
15 because of me, the intention was really to increase
16 access to care for Mississippi's public; and that's
17 what you're here to do is to protect our public, and,
18 hopefully, we as dentists are one of the things that,
19 you know, we seek when we become dentists is we want
20 to help people. So, you know, what you're -- you have
21 to help us to help those people, and I understand that
22 there has to be structure around that.

23 But I do think this bill provides a good
24 framework for dentists to work with their dental teams
25 to provide these services to patients, specifically

1 dental hygienists, which I agree with Dr. Smith. I
2 have learned from being in private practice for the
3 past ten years and working with three hygienists that
4 they truly are the backbone to our practice. They are
5 the directors of my prevention program. They build up
6 and help me to be successful and by caring for our
7 patients in our practice, and I do see this as a team
8 effort. I don't -- you know, I stand on their shoulders.

9 We know that general supervision is not new
10 to Mississippi. Well, it's new to Mississippi but it's
11 not new to dentistry. General supervision has been in
12 effect for -- what? -- over 40 years, and all under the
13 guise of bringing access to care for people in
14 underserved areas and such. And I do believe that when
15 Representative Felsher -- whom I have not met. I heard
16 that he's in this room. I'll have to introduce myself
17 -- worked with our colleagues in the Mississippi Dental
18 Association and the Mississippi Dental Hygiene
19 Association to design this bill. So I place a lot of
20 trust and a lot of value in the guidelines that are put
21 about.

22 Now, in terms of public health, I think, yes,
23 the access to care is a tremendous issue for Mississippi.
24 We have a dental shortage. We have many underserved
25 areas and having the ability to have our dental

1 hygienists participate in oral health activities is
2 tremendous for the state. And there are numerous
3 publications in scientific journals and reports by HRSA,
4 the Human Resources and Service Administration, that
5 have shown evidence that dental hygienists working
6 under general supervision actually improve the quality
7 of healthcare of our citizens, and this, in turn,
8 overall improves the health of the public.

9 However, today I want to talk about the
10 things that I saw in Regulation 13 that to me maybe
11 are not necessary in the daily running of our offices,
12 and these are just my thoughts. So Regulation 13 calls
13 for dentists and dental hygienists to separately
14 register and pay fees to participate under the new law.
15 They require a 24-hour notice for a dental hygienist to
16 treat a patient under general supervision, and in the
17 period of time that a dental hygienist sees a patient
18 is equal to about one day of treatment.

19 So we have 24 days a year, I believe, that
20 we may practice -- our hygienists, our team members
21 practicing under general supervision and ten days
22 consecutively. That's my understanding. I feel that
23 the additional registration and fees will be
24 administratively cumbersome in the busy private office,
25 and this is my experience from having been in one for

1 the last ten years. A 24 advanced notice is going to
2 affect a dentist who might call the office and say I've
3 had a family emergency. I have a medical emergency.
4 I can't be there until 10 o'clock or I've been in a
5 car wreck, which has happened to me, and everything has
6 to stop because we don't have a 24-hour notice. So
7 those patients will have to be canceled. Patients like
8 flexibility in their scheduling, and I think this kind
9 of defeats the purpose of having general supervision.

10 Finally, the period of time, regardless if
11 it's 10 minutes that a hygienist might be seeing the
12 patient, if I walk into the office 15 minutes late but
13 she goes ahead and initiates care, but I'm there for
14 the rest of the day, is equivalent to one full day, and
15 I just feel like that also defeats the purpose of having
16 general supervision.

17 So those are my concerns, and I have some
18 suggestions. I feel that the current method that the
19 Board uses that dentists attest to having their
20 continuing education, we attest to having our CPR, why
21 can't we attest to having our protocols in writing and
22 in place in our office for having general supervision
23 at our office. Why can't we attest to that. Like,
24 that seems to be a successful way to do it, and we
25 could attest to that rather than going through

1 additional registrations and all of that stuff that
2 could be administratively cumbersome.

3 Now, I understand that y'all have to have
4 a way to monitor our offices, monitor the profession
5 when a law is being enacted so that if there is a legal
6 issue, and let's say a patient files a complaint, you
7 have to have a way to say, you know, to measure that
8 and to see what really happened. So what about an
9 informed consent? Why can't every patient -- the Board
10 could design -- tell us what we need on those informed
11 consents. I would say that ASA, the patient's name,
12 date of birth, their health history, then a consent to
13 say they understand they're receiving care from the
14 dental hygienist and the dentist is not present. They
15 sign it and the patient signs it. And the hygienist
16 signs it. And really, if you think about it, they can
17 actually sign that, an initial consent, when they walk
18 in saying they understand that the dentist is not in
19 the office and then when they go back into the room
20 the hygienist -- if the Board wants, the hygienist
21 could then have that consent to care.

22 So now we have two forms of documentation.
23 This could then be scanned into the record. It's there
24 forever. Or if the office is not electronic, which I
25 think there are very few now, but they could keep it

1 in the patient file. And then when the Board needs to
2 audit us because of a particular issue that's happened
3 with an office they have that documentation of every
4 hour of every day that a dental hygienist has seen
5 someone. That's just a suggestion.

6 So I didn't come to you with just problems.
7 I came with some suggestions as well, and I hope you'll
8 take that into consideration. And I can't take credit
9 for that suggestion. I will tell you that my research
10 led me to calling several colleagues in and around and
11 neighboring states. Kentucky has this as part of their
12 law, and it seems to be working well for them.

13 In summary, I do feel that House Bill 1062
14 should be enacted as it stands with maybe some additional
15 documentation for the Board because, you know, we want
16 you to be able to do what you do so that we can do what
17 we do. So thank you for your time. I appreciate it.

18 BOARD PRESIDENT WILLIAMS: Before you leave,
19 does --

20 DR. CREWS: Oh, I have to answer questions
21 now.

22 BOARD PRESIDENT WILLIAMS: -- anybody have
23 any questions for her?

24 BOARD MEMBER CURTIS: Karen, I just have one question.
25 First of all, I think your idea of having an informed

1 consent in lieu of a 24-hour notice, that's certainly
2 something that I think is probably worth consideration,
3 and we will take that into consideration.

4 The other thing that you mentioned, however,
5 that's going to be cumbersome is the quarter of a day,
6 half a day, three-quarters of a day, how will we keep
7 up with that and who keeps up with it, and do have a
8 special log that every dentist has to have and do we
9 have -- are we going to have to add additional staff
10 here at the Board to keep up with that? That was the
11 part that led us to say a day is a day. There are no
12 half days or there's no quarter days because it just --
13 it's a matter of how do you keep up with all of that.

14 DR. CREWS: Well, if you're signing a
15 consent, so if two consents are signed on -- you know,
16 I don't -- I just feel like you'll have a documentation
17 of the patients that they were seen under general
18 supervision. And I think some of this -- you know, it
19 goes back to there is some responsibility on the dentist.
20 At the end of the day this is on me. I have to take
21 responsibility for my behavior, and if -- I understand
22 where you're coming from. I guess for me it's, you
23 know, my mother always said it's hard to think someone
24 is capable of something you're not capable of doing,
25 so I would think some of this has to be under the moral

1 and ethics that we learn and should have within us,
2 that dentists should be able to be trusted. I mean --

3 BOARD PRESIDENT WILLIAMS: So I have a few
4 comments, Dr. Crews. First of all -- and Dr. Curtis,
5 the regulation does not say 24 hours. Okay? I would
6 like to clarify that because that was initially --

7 DR. CREWS: Oh, okay. I thought --

8 BOARD PRESIDENT WILLIAMS: It says not the
9 same day. So you could let a patient know at 5 p.m.
10 today on a confirmation call that the doctor will not
11 be in the office tomorrow and the hygienist could still
12 see them at 8 a.m. That would not be 24 hours. Okay?
13 So I just -- that's a point of clarity.

14 DR. CREWS: Okay. I appreciate that, yes.

15 BOARD PRESIDENT WILLIAMS: Thank you. All
16 right. Secondly, you just mentioned moral and ethical
17 issues of dentists, and I would submit to you that part
18 of the reason we have regulations is that everybody up
19 here has investigated complaints because a dentist did
20 not follow those things, and we need guidelines so that
21 when we go to investigate a complaint we can say you
22 violated this in this area right here. Sadly, those
23 things happen.

24 The third thing is --

25 DR. CREWS: But is that the majority?

1 BOARD PRESIDENT WILLIAMS: Ma'am, I'm not
2 telling you that --

3 DR. CREWS: I guess I'm just curious --

4 BOARD PRESIDENT WILLIAMS: We don't --

5 DR. CREWS: -- that there's a history.

6 BOARD PRESIDENT WILLIAMS: I would submit
7 to you that we don't write laws in the states for the
8 majority. I mean, I don't -- I don't know anybody up
9 here that's ever killed someone, but we've got laws out
10 there --

11 DR. CREWS: Yeah.

12 BOARD PRESIDENT WILLIAMS: -- to put you in
13 jail if you kill someone.

14 Also, the attestation issue, sadly, we have
15 found recently that every year we have a CE audit and
16 we have violators of people who have not completed
17 their CE for a period of time that have not -- that
18 have not reported to the Board I didn't do my CE. So
19 we don't -- I'm not saying we're trying to catch people.
20 We just want to make sure we have a framework so that
21 there is some structure that if a violation occurs we
22 have something in writing to show that.

23 Now, in terms of the 24 days and how that's
24 administered, you have said consent -- I think when he
25 asked you about that you said an informed consent should

1 take care of that, but the informed consent is just
2 consenting to the treatment. It didn't say anything
3 about how many of those you could have in a year, and
4 this bill says 24 days. That's not something the Board
5 said.

6 DR. CREWS: Exactly. I agree with you on
7 that, and that's 24 days, and so dentists are allowed
8 to do this for 24 days; and I guess if you consider a
9 business day, that would be 24 of them. Correct? But
10 if you -- if I worked -- what if I left at noon before
11 my vacation and came back at noon when I got back?
12 Can't that count as one day?

13 BOARD PRESIDENT WILLIAMS: So our
14 determination was 24 days. And really, relative to
15 your question, I mean, we've discussed that at length,
16 okay, about the 24 days. So I'm not -- I don't want
17 you thinking I'm being -- I just want to -- you brought
18 up some things, and I appreciate you doing that.

19 And as a matter of fact, if you don't mind,
20 you just type out your consent form -- informed consent
21 that you would like to submit that. We would like --

22 DR. CREWS: Okay. I will.

23 BOARD PRESIDENT WILLIAMS: -- input. Okay?

24 DR. CREWS: Yes.

25 BOARD PRESIDENT WILLIAMS: So whatever it is,

1 your ideas, please submit them to us.

2 DR. CREWS: Well, I was thinking of an
3 informed consent in terms of a way for the Board to
4 monitor.

5 BOARD PRESIDENT WILLIAMS: I agree. And I
6 have zero problem with informed consent. In fact, I
7 think that's important. Okay? Now --

8 DR. CREWS: But I still feel like telling
9 a patient when they walk in that the doctor is not
10 there and getting them to sign an informed consent is
11 not much different from the night before.

12 BOARD PRESIDENT WILLIAMS: Well, thank you
13 for that opinion.

14 BOARD MEMBER BISHOP: Dr. Crews, I mean,
15 with regard to an emergency arising, there are numerous
16 other areas of the law that define what patients are
17 eligible for general supervision. In addition to being
18 properly informed, they have to meet those also.

19 BOARD PRESIDENT WILLIAMS: Yes. Age.

20 BOARD MEMBER BISHOP: So it's difficult --
21 you know, it's difficult to see how this bill was
22 constructed to deal with emergencies as much as it is
23 seemed to be constructed to help a dentist plan, as
24 Dr. Smith said, to be out of the office for two weeks --

25 DR. CREWS: Yeah, I understand.

1 BOARD MEMBER BISHOP: -- in addition to
2 covering their military obligations.

3 DR. CREWS: I understand. And remember, I
4 understand where you're coming from, and I'm just coming
5 from the person who's in the office -- and I know y'all
6 are in practice as well -- day in and day out. And
7 these younger dentists who said to me it seems like
8 there are so many barriers that have been put in place
9 now that it's just not worth it.

10 BOARD MEMBER BIRMINGHAM: I agree with you,
11 Dr. Crews. One of my patients showed up and they
12 expected to have their prophylaxis. That morning the
13 dentist had an emergency and then I had to tell them
14 I'm sorry, I'm here. I know you took off work, but I
15 still -- I can't see you. You know, they would be very
16 unhappy because, like you said, they like the
17 flexibility, and, I mean, they're coming to see me
18 anyway, you know.

19 DR. CREWS: Yeah. So it's just --

20 BOARD MEMBER GRUBBS: You wish.

21 BOARD PRESIDENT WILLIAMS: So just one other
22 question: You mentioned Kentucky does this.

23 DR. CREWS: Yes.

24 BOARD PRESIDENT WILLIAMS: Did you know
25 Kentucky has a registration? Did you know that?

1 DR. CREWS: A registration to participate?

2 BOARD PRESIDENT WILLIAMS: Yes.

3 DR. CREWS: No.

4 BOARD PRESIDENT WILLIAMS: Okay. I just --
5 we -- I looked at Kentucky.

6 DR. CREWS: Well, okay. So that's fine that
7 they have a registration.

8 BOARD PRESIDENT WILLIAMS: You know, I'm
9 just saying relatively speaking, so there's -- it's --
10 there's other -- other states regulate this differently
11 as well.

12 DR. CREWS: Yes.

13 BOARD PRESIDENT WILLIAMS: And that's okay,
14 but....

15 DR. CREWS: Well, I just want to make one
16 comment to that.

17 BOARD PRESIDENT WILLIAMS: Sure.

18 DR. CREWS: And that is that my suggestion
19 was to have it as an attestment rather than a
20 registration. That was it. And so whether they have
21 a registration or not, I think that's cumbersome for
22 Kentucky. I think that having the -- attesting to the
23 fact that we have the protocols in place and then
24 having those if you have to audit our office, if we
25 don't have those then that's on us.

1 BOARD PRESIDENT WILLIAMS: I agree.

2 DR. CREWS: So I'm putting --

3 BOARD MEMBER CURTIS: Karen, I'd just like
4 to say that I appreciate your comments today, and I
5 agree with most of them.

6 DR. CREWS: That's fine.

7 BOARD MEMBER CURTIS: Okay. I agree with
8 most of them.

9 DR. CREWS: I love having a public forum.

10 BOARD MEMBER CURTIS: I think where we get
11 hung up, you know, I love Haley to death, but she and
12 I still can't quite figure out how to come together on
13 these partial days.

14 DR. CREWS: Yeah.

15 BOARD MEMBER CURTIS: How we keep up with
16 them.

17 DR. CREWS: I understand.

18 BOARD MEMBER CURTIS: That's the difficult
19 part is how do you keep up with -- what is that one?
20 Was he gone a quarter of a day or just an hour or a
21 half day? I mean, because how do you come around, it's
22 21 days. So how did -- 24 days. So how do you -- how
23 do we figure --

24 DR. CREWS: Well, I understand what you're --

25 BOARD MEMBER CURTIS: -- out how long these

1 partial days. We've got to have a mechanism to do
2 that that's not burdensome, and so we'd like to hear
3 some ideas about that. I mean, that would be great and,
4 you know, we'd like to hear back from you because that
5 -- we talked about that at length. You can't imagine
6 how many hours we spent on that singular issue is how
7 do you figure out what a day is.

8 DR. CREWS: And, you know, I understand
9 after having the explanation by our attorney.

10 BOARD PRESIDENT WILLIAMS: Mr. Mutziger.

11 DR. CREWS: When you showed the law and then
12 how to regulate, I get that. I understand that you
13 are there to protect the public. That's your role. I
14 was just making some suggestions, and I do understand,
15 but I just feel like it still seems -- that's just my
16 feeling, that I still -- that it still seems restrictive,
17 but that's -- you know, I accept your comments.

18 BOARD PRESIDENT WILLIAMS: Well, also, Dr.
19 Crews, there are offices that have a nurse, multiple
20 doctors.

21 DR. CREWS: Yes.

22 BOARD PRESIDENT WILLIAMS: And that's a
23 concern as well about where we get into 24 days of
24 multiple doctors, multiple hygienists, and all of that.
25 It's --

1 DR. CREWS: Well, honestly, in our office
2 we'd probably never have to even have general supervision
3 because somebody is always there.

4 BOARD PRESIDENT WILLIAMS: I understand.

5 BOARD MEMBER BIRMINGHAM: Somebody's always
6 there, yeah.

7 DR. CREWS: I was speaking --

8 BOARD PRESIDENT WILLIAMS: And what I'm
9 saying is that we -- right. So we have had a lot of
10 consideration about this. We do appreciate your input,
11 but I promise we were not trying to overly --

12 DR. CREWS: I don't think that.

13 BOARD PRESIDENT WILLIAMS: -- be overly
14 restrictive.

15 DR. CREWS: I don't feel that way at all.

16 BOARD PRESIDENT WILLIAMS: Okay. Thank
17 you.

18 BOARD MEMBER GRUBBS: Nobody's said anything
19 about how the patient feels when they walk in your
20 office and you say, oh, gosh, the doctor's not here
21 today. And I'm sure everybody will want to see Ms.
22 Birmingham, there's no doubt about that, and not see
23 the doctor, but we do have a few patients that want to
24 see the doctor when they do come in.

25 DR. CREWS: And you know what, I think they

1 have the right to --

2 BOARD MEMBER GRUBBS: So how much respect is
3 that -- how much respect is that showing them? I'm not
4 giving them any notice.

5 DR. CREWS: Well, but the thing is is that
6 you're having a medical emergency that morning. You
7 can't give them notice, and so you give the patient --

8 BOARD MEMBER GRUBBS: No, I'm not talking
9 about a medical emergency.

10 DR. CREWS: -- the option to stay and receive
11 care.

12 BOARD MEMBER GRUBBS: I'm just talking about
13 in general, yeah, just in general.

14 DR. CREWS: Well, I think in general we're
15 going to operate as we always do by letting patients --

16 BOARD MEMBER GRUBBS: Well, how many medical
17 emergencies have you had in your practice however long
18 it's been?

19 DR. CREWS: How many?

20 BOARD MEMBER GRUBBS: How many have you had?
21 How many medical emergencies have you had? So if you've
22 got 16 patients that day, you don't -- I mean, we
23 probably won't have a medical emergency. I'm just
24 talking about the patient. Okay? I think they're due
25 some respect to get notice, and that's what -- you

1 know, that's -- we have to look at both sides of it.

2 DR. CREWS: Well, I agree, but I think it is
3 respectful to respect their time. If they want to be
4 seen and we are not there, they should be allowed to
5 be seen under the rules.

6 BOARD MEMBER GRUBBS: I mean, just like the
7 flip side, they would probably have liked to have got
8 a phone call if they've got to come back to see the
9 dentist another day because he wasn't there that day.
10 Maybe they could go shopping or go somewhere else. I
11 mean, it's -- I got it. It's just both sides.

12 DR. CREWS: Okay. Good to see y'all.

13 BOARD PRESIDENT WILLIAMS: Thank you.

14 Ms. Linda Zakkak.

15 MS. ZAKKAK: How do I follow that? Good
16 morning.

17 BOARD PRESIDENT WILLIAMS: Good morning.
18 Thank you for being here.

19 MS. ZAKKAK: Thank you for letting me speak.
20 My name is Linda Zakkak. I am the MDHA president. I
21 am accompanied today by Whitney Funderburg,
22 president-elect; Laura Rishu, secretary; and Janet
23 McMurphy, our treasurer and legislative chair. As you
24 may already know, both Janet and Laura have served on
25 this Board, so we understand firsthand the weight and

1 responsibility that you carry in protecting the --
2 safeguarding the public.

3 I would like to start by acknowledging the
4 Board for -- and former Board what you do, and on
5 behalf of the Mississippi Dental Hygiene Association
6 I wish to express our sincere appreciation for your
7 dedication and service in protecting the public.

8 So this past legislation, as we heard,
9 Representative Kevin Felsher, who's here today,
10 introduced House Bill 1062 in collaboration with the
11 Mississippi Dental Association, the Mississippi Dental
12 Hygienist Association, and other stakeholders. This
13 historic bill was signed by Governor Tate Reeves on
14 April 17th, and it marks the employment advancement of
15 oral health access for the people of Mississippi.

16 Throughout the process, MDHA's goal was we
17 collaborated by studying other states structure for
18 similar legislation. So and the final language of
19 House Bill 62 was carefully crafted to balance
20 priorities we all share. We've heard them all today,
21 and that's public protection and access to care.

22 So my purpose here today is to share the
23 MDHA's understanding of the legislative language and
24 intent and respectfully raise attention to areas where
25 Regulation 13 may have gone beyond the statute. So

1 the first area is the administrative barriers. You've
2 heard a lot about it. House Bill 62 set forth clear
3 safeguards. So dental hygienists wanting to practice
4 under general supervision -- she or he, we have men
5 dental hygienists, too, is required to have five years
6 or 6000 hours of Mississippi practice, current CPR
7 certification, comply with emergency protocols set
8 forth by the supervising dentist, and have written
9 treatment plan from their supervising dentist as well.

10 Regulation 13 added additional requirements,
11 additional documentation, completion of a Board-approved
12 CE in medical emergency in the prior 12 months and
13 mandatory Board registration, a \$25 one time fee. We
14 certainly understand these provisions; however, our
15 concern is that they create redundancy and unnecessary
16 administrative burden on both the hygienist and the
17 supervising dentists, and the Board for that matter.
18 So, for example, most of the requested documents require
19 for licensure renewal and maintenance.

20 The additional requirement of the eight-hour
21 CE goes beyond the statute. The existing safeguards
22 that were in the statute were intended to be sufficient
23 as we understand it.

24 The one time registration fee and
25 registration, while modest, adds another barrier. The

1 statute was based on the same model the Board already
2 uses as Dr. Crews attested to for license renewal,
3 attestation verification and random audits, a system
4 that is proven to have protected the public without
5 requiring unnecessary paperwork and additional costs.

6 The second area I'd like to bring attention
7 to is patient notification. So the House Bill states
8 the patient of record is notified in advance of the
9 appointment that supervising dentist will be absent
10 from the location. Regulation 13 adds that the advanced
11 notification cannot be the same day notification.

12 It's important to note that the statute
13 already places firm limits on who may be treated under
14 general supervision, as Dr. Wade said. The patient
15 must have been examined by the supervising dentist
16 within the seven -- the past seven months, must be 18
17 years of age, and classified as an A1 -- ASA1 or ASA2.
18 These provisions address clinical and patient safety.
19 They require the dentist to evaluate the patient's
20 health status and limit care to healthy adult patients.
21 The regulation does not go -- does not add any
22 additional safeguards in those areas, yet, when it comes
23 to patient notification, which is an administrative
24 matter rather than a clinical one, the regulation poses
25 a stricter rule than the statute by prohibiting same

1 day notification.

2 Finally, as mentioned earlier, MDHA
3 collaborated by studying other states, and you will
4 find Kentucky's statute contains nearly identical
5 wording. You will also find that Louisiana, Tennessee,
6 and Kentucky use quote, unquote, a business day, which
7 we've had lots of debate on, in the statutes as well
8 just like in House Bill 1062's language suggesting
9 similar intent.

10 In closing, this bill is a bill that was
11 built on trust of the Mississippi dental work force.
12 It was developed with input -- shared input from the
13 dentists and the dental hygienists with the common
14 purpose of safe, ethical, and accessible care for the
15 people of Mississippi. So we respectfully ask the
16 Board to thoughtfully consider how these additional
17 regulations extend beyond the scope of the statute and
18 keep the rules closely aligned with the plain language
19 and intent of House Bill 62.

20 Thank for your careful attention that you've
21 given to this matter.

22 BOARD PRESIDENT WILLIAMS: Thank you. Does
23 anybody have any questions for Ms. Zakkak?

24 DR. ZAKKAK: Thank you.

25 BOARD PRESIDENT WILLIAMS: All right. So

1 we have Board discussion, if desired. Anybody have any
2 comments they would like to make?

3 Mr. Mutziger, any comments?

4 MR. MUTZIGER: I'm just very happy with the
5 public taking the opportunity to provide input into the
6 process. You know, it's a vital part of developing
7 effective regulations that is getting feedback from
8 persons who are going to be truly affected by this.
9 I'm particularly -- I think there have been some
10 interesting suggestions. You know, I think the Board
11 will be wise to take into consideration the feedback
12 they've received today and at least consider utilization
13 of some of the ideas that have been put before the
14 Board.

15 One that jumps out perhaps the most and the
16 one talked about the most is informed consent, but
17 other than that, you know, simply the Board, I would
18 say that they take this opportunity if you have
19 additional questions or wish to engage in additional
20 discussion, by all means take this opportunity to
21 address those issues.

22 BOARD PRESIDENT WILLIAMS: Any Board members
23 have a comment?

24 BOARD MEMBER JOE: I have a comment from
25 Dr. Robert Smith, former Board member. He sent me a

1 text this morning and wanted me to read it. Dr. Smith
2 says, Sorry, I can't be here and make a personal
3 appearance this morning. I'd like to make a statement.
4 His statement is, I like the wording of the bill as
5 signed by the governor. I oppose all the regulations
6 that the State Board wants to add on to control the
7 legislation as passed. I think we as dentists are
8 smart enough not to commit insurance fraud by signing
9 off on exams we did not do. I think our hygienists are
10 trained and responsible enough to know how to clean
11 teeth and not break the law.

12 To summarize my feelings, after practicing
13 in Mississippi for 44 years and serving for 13 years
14 on the Board, let the doctors run their practices. This
15 bill was written to help them and accommodate their
16 patients.

17 BOARD PRESIDENT WILLIAMS: All right.
18 Dr. Joe, any other comments?

19 BOARD MEMBER JOE: No.

20 BOARD MEMBER CURTIS: I think we have taken
21 some pretty good notes. I've been watching you,
22 Dr. Williams.

23 BOARD PRESIDENT WILLIAMS: Yes.

24 BOARD MEMBER CURTIS: And we've got some
25 documents in writing. And as chair of rules and regs,

1 I certainly am open to us reentering this as a matter
2 of business in a follow-up meeting. I can't promise
3 when, but certainly we've got -- we've got a lot of
4 stuff on our plate, but we certainly -- or I am
5 certainly open to taking another look at this and
6 making additional modifications based on what we've
7 heard today.

8 BOARD PRESIDENT WILLIAMS: Any other
9 comments?

10 MR. MUTZIGER: Just for purposes of
11 facilitating discussion, I will offer, you know, it's
12 interesting this idea of advanced notice. So the
13 statute clearly prescribes that this -- that a
14 requirement is must be notified in advance. Okay.
15 What does that mean? You know, applied to its logical
16 extreme, I could -- an office manager could call five
17 minutes before the appointment and say, Hi, the dentist
18 cannot make it but the hygienist can see you.

19 So that would be the logical extreme. Is
20 that -- is that acceptable? Well, I think one must
21 consider what is the intent of the statute even
22 opposing the requirement that notification must be in
23 advance. Is it a safety requirement in and of itself
24 the statute requires notification in advance? To me,
25 you all are better equipped to answer that than I am.

1 Is that a safety -- does that pertain to safety? To
2 me, it strikes more of an administrative or a
3 convenience requirement for the patient.

4 Now, if that's the case, to me, it would
5 seem that the restriction of cannot be same day
6 notification is about as minimal as you can get when
7 it comes to imposing a restriction on for advanced
8 notice. So I think that that's something worth
9 considering.

10 Is there any comments or feedback about
11 that?

12 BOARD MEMBER CURTIS: I think your --
13 Westley, I mean, I see both sides of it, to be quite
14 honest with you, and, you know, I see Haley's side of
15 it perfectly well, but I also understand this side.
16 So if same day notification -- if a person has had to
17 take a day off of work and they fully wanted to talk
18 to the dentist because they had an issue they wanted
19 to discuss with the dentist, I don't think a 15-minute
20 notification suffices because now they've already taken
21 a day off work and they're not going to get to see the
22 dentist.

23 And so that was our thinking on the committee
24 when we considered this is that maybe they need to do
25 it the night before or the afternoon before. I mean,

1 that was -- that was what that was all about. It really
2 didn't have anything to do with patient safety or -- I
3 mean, the hygienists are perfectly fine of taking good
4 care of their patients. I don't have a problem with
5 that. I mean, it had to do more of taking into account
6 of our patient is expecting to see the dentist this
7 day and took a day off work and they don't find out
8 they're not going to see the dentist until they get
9 there. Is that going to cause a problem?

10 Yes, ma'am?

11 MS. McMURPHY: Yes, sir. I would --
12 Representative Felsher is here, and I would love him
13 to have an opportunity to respond on any of this as
14 he was the author of the bill. But besides that, I'll
15 give you an example in my daughter-in-law's practice.
16 My granddaughter fell and broke her arm --

17 BOARD PRESIDENT WILLIAMS: Ma'am, we've
18 asked people to come to this center --

19 MS. McMURPHY: Oh, I'm sorry. Sure.

20 BOARD PRESIDENT WILLIAMS: -- for a
21 microphone so it can be recorded. We have a court
22 reporter and everything else.

23 MS. McMURPHY: Sure. I'm sorry.

24 BOARD PRESIDENT WILLIAMS: No, it's all
25 good. If you're going to speak, we need to have it in

1 an official -- thank you.

2 MS. McMURPHY: Yes. My name is Janet

3 McMurphy.

4 BOARD PRESIDENT WILLIAMS: Thank you.

5 MS. McMURPHY: I'm a hygienist. I'm a

6 former Board member. I used to sit on the other side

7 of this. This is an example -- a true example of what

8 happened. My daughter -- my granddaughter fell and

9 broke her arm at school. So my daughter-in-law is a

10 general dentist. She obviously had patients on her side

11 and the hygiene side. I picked up my granddaughter.

12 We made arrangements for her -- my granddaughter to

13 see the orthopedic surgeon, whatever, at 4:00 in the

14 afternoon. So it was going to require her to be gone

15 one hour out of the day. So whatever your definition.

16 But my point is, is from the time my

17 granddaughter broke her arm, which was at around noon,

18 there was ample time to inform a patient that was

19 coming at 4 o'clock. I can understand walking in the

20 door and finding -- yes, I would be uncomfortable with

21 that, too, if you're taking off, you've got a

22 baby-sitter, it's your only day off, I understand. I

23 mean, I get all of that.

24 But there are examples of how if you have

25 enough notification to say the doctor cannot be here

1 today. She's had a family emergency. Would you -- do
2 you still want to come. Do you still want to come.
3 You have the opportunity to say no and to reschedule
4 at that point. I do understand, you know, what is --
5 I don't know that I would be real happy if I walked in
6 and -- I know I wouldn't. I would not do that. I
7 would not have done that to my patient. Let me put it
8 that way. In the 40-plus years that I worked, I would
9 not have allowed that to happen to a patient who was
10 coming in to think that they were not going to have
11 the opportunity to see the dentist. That's what --

12 BOARD MEMBER CURTIS: Yeah, I appreciate
13 your coming, and I think they really -- I think that
14 really defines the argument that we have to have amongst
15 ourselves is how much -- how much time is enough.

16 MS. McMURPHY: Right.

17 BOARD MEMBER CURTIS: That's going to be
18 what we've got to deal with.

19 BOARD PRESIDENT WILLIAMS: Also, the same
20 implication is for the dental procedures as well that
21 were scheduled that afternoon. Right? I'm not --
22 those patients had to be canceled. The dentist left.
23 The procedures that the dentist was responsible for
24 are not going to occur that afternoon.

25 And then we, as a Board, get into this issue

1 of all of the other requirements associated with this
2 law.

3 MS. McMURPHY: Yes, sir.

4 BOARD PRESIDENT WILLIAMS: Are the patients
5 -- has the dentist in this emergency issue vetted these
6 patients to be ASA1 or ASA2? Have they made sure they
7 were of age?

8 MS. McMURPHY: Right. All the other,
9 absolutely.

10 BOARD PRESIDENT WILLIAMS: And so when a
11 patient comes in and says I had bypass six weeks ago,
12 does that affect the ASA1 statement?

13 MS. McMURPHY: Which happens.

14 BOARD PRESIDENT WILLIAMS: Correct. So
15 what I'm saying is that when advanced notification
16 occurs it's not just the dentist isn't going to be here.
17 It's have the other requirements been done.

18 MS. McMURPHY: Oh, yes, sir.

19 BOARD PRESIDENT WILLIAMS: And this bill
20 asks -- requires that the dentist has done due diligence
21 to verify that patients are eligible to be seen, and
22 that's part of our issue with trying to say that
23 advanced notification should be -- could be -- and the
24 way we've interpreted this, not the same day. So we
25 have considered your example, and we appreciate that.

1 MS. McMURPHY: Right.

2 BOARD PRESIDENT WILLIAMS: And you all have
3 suggested that we trust the dentist to attest that
4 they've done these things, and you said you've been on
5 this side of the --

6 MS. McMURPHY: I do and I understand.

7 BOARD PRESIDENT WILLIAMS: -- table and you
8 know there are still violators.

9 MS. McMURPHY: Yes, sir. And I --

10 BOARD PRESIDENT WILLIAMS: And so when we
11 create some of these regulations, we consider these to
12 be ways that can help us regulate the statute so that
13 if there is a violation there was clear-cut regulatory
14 guidelines that have been violated --

15 MS. McMURPHY: Right.

16 BOARD PRESIDENT WILLIAMS: -- versus an
17 interpretation that says, well, I saw two hours' worth
18 of patients 96 times this year. That's administratively
19 very difficult for this Board, and if a dentist attests
20 to that and then if the dentist has three hygienists
21 it's -- we have had lots of challenges and we're not
22 discounting the fact that if a dentist has an emergency
23 that things change, and it's unfortunate and --

24 MS. McMURPHY: And I would think that even
25 if there was --

1 BOARD PRESIDENT WILLIAMS: -- for Dr.

2 Smith, I've practiced the same way. When I went on
3 vacation, my office shut down. It was zero income
4 because I was gone.

5 MS. McMURPHY: I had to arrange my
6 vacations around the dentist that I worked for, so, I
7 mean, yeah, I've been there. I've done it. But that
8 -- that was an example of --

9 BOARD PRESIDENT WILLIAMS: I understand.

10 MS. McMURPHY: -- what a real life. And
11 yes, I would have expected the dentist at that point
12 to look at who was on the schedule -- this was before
13 general supervision was allowed -- that they would have
14 gone through the same protocol with the patient if they
15 were going to leave the office that they would have
16 gone through in any other.

17 BOARD PRESIDENT WILLIAMS: I understand.
18 And so that's ultimately how we got to the 24.

19 BOARD MEMBER BIRMINGHAM: I still think we
20 need to go back to our main job is to protect the
21 public, and I don't see where the hour or -- I just
22 don't understand how that falls into protection of the
23 public.

24 BOARD PRESIDENT WILLIAMS: Okay.

25 BOARD MEMBER BIRMINGHAM: That's my comment.

1 BOARD PRESIDENT WILLIAMS: So....

2 MR. MUTZIGER: Again, you may need to shut

3 me up because discussion -- I could facilitate the

4 discussion all day. But it would it be interesting.

5 What would you propose, Dr. Crews, would be a reasonable

6 alternative because I think that Dr. Williams makes a

7 very good point that at least regarding that patient

8 safety, to a degree, is implicated and that ensuring --

9 ensuring there's adequate time for the practitioner

10 to ensure that all of the safety requirements are met?

11 So I would invite you to offer a reasonable alternative.

12 And I'm sorry, I said Dr. Crews. I apologize.

13 BOARD PRESIDENT WILLIAMS: Ms. McMurphy.

14 MR. MUTZIGER: Ms. McMurphy, my apologies.

15 DR. CREWS: (Inaudible.) I have one.

16 MR. MUTZIGER: But I would ask you, and with

17 your permission --

18 BOARD PRESIDENT WILLIAMS: Sure.

19 MR. MUTZIGER: -- Dr. Williams, I would --

20 BOARD PRESIDENT WILLIAMS: Ms. Zakkak, would

21 you like to approach?

22 MR. MUTZIGER: -- like to open it up to

23 whomever. What would be a reasonable alternative?

24 BOARD PRESIDENT WILLIAMS: Yes, please,

25 come to this because our court reporter is here and

1 she's recording. Thank you.

2 MS. ZAKKAK: So I did think about that when
3 Dr. Crews was saying -- the informed consent can have
4 the requirements, which is the patient has had their
5 exam for the last seven months with the date. The
6 informed consent can have that the patient is 18 years
7 of age and that the health records were reviewed to
8 make sure that they are ASA1 or 2.

9 And in that same consent form you can have
10 are you aware that the dentist is not going to be --
11 and the prior -- is absent, and they can sign it and
12 the hygienist can sign it and, therefore, you have a
13 record of -- and make sure that the patient has met
14 all the requirements as by the bill, and now -- and
15 they also are informed and they're signing an informed
16 consent that they know that the dentist is absent.

17 MR. MUTZIGER: Does that -- does your
18 approach take into consideration -- I think that that
19 approach may miss an element which -- I don't think the
20 language of the bill gives clear -- it doesn't tell us
21 this is strictly for patient safety. It doesn't tell
22 us that this is specifically for patient convenience,
23 so we have to take all the way to interpret this based
24 off the language that we have, which is advanced
25 notice.

1 MS. ZAKKAK: Well, we have -- we have

2 Representative --

3 MR. MUTZIGER: So if -- I understand, but

4 we, as a Board, are left with the text of the bill, the

5 text of the law. That's what we have to interpret. By

6 all means, I'm not discounting that if Representative

7 Felsher wishes to address the Board, by all means, but

8 my point is in the alternative that you're offering

9 should there not be consideration to the patient for

10 advanced notification for that patient having at least

11 a minimum standard in place that hey, we're not going

12 to notify you 10 minutes before, 30 minutes before,

13 an hour before? For example, if that dentist -- the

14 emergency pops up the day before, should the Board

15 have a minimum standard, and if so what should that

16 minimum standard be of notification?

17 MS. ZAKKAK: But isn't it left to the

18 patient?

19 MR. MUTZIGER: An hour, one day?

20 BOARD PRESIDENT WILLIAMS: Also, this health

21 that they -- the qualification that the patient's ASA1

22 and ASA2 can change significantly.

23 MS. ZAKKAK: Correct.

24 BOARD PRESIDENT WILLIAMS: So are you

25 expecting the patient to know their ASA classification

1 when they sign this consent form?

2 MS. ZAKKAK: I'm expecting us to be able to
3 review and ask them.

4 BOARD PRESIDENT WILLIAMS: So the front desk
5 or the hygienist?

6 MS. ZAKKAK: The hygienist and the dentist.

7 BOARD PRESIDENT WILLIAMS: And the hygienist,
8 was that part of their training?

9 MS. CARR: Yes.

10 MS. ZAKKAK: Yes.

11 BOARD PRESIDENT WILLIAMS: So you know what
12 an ASA1 and ASA2 patient is?

13 BOARD MEMBER BIRMINGHAM: Yes.

14 MS. ZAKKAK: Yes. I mean, I'm a director
15 here --

16 BOARD PRESIDENT WILLIAMS: I understand.
17 Thank you, ma'am. So yes is good. So what I'm saying
18 is that -- so then you are responsible for the health
19 history review prior -- prior to signing the informed
20 consent or after?

21 MS. ZAKKAK: Prior. Of course, prior.

22 BOARD PRESIDENT WILLIAMS: Okay.

23 MS. McMURPHY: Representative Felsher is
24 here if you would like to ask.

25 MR. FELSHER: I would just like to say I

1 intended really to be here at the pleasure of the Board
2 to talk to -- speak to any intent why the bill was
3 drafted, how it was drafted, and the intent behind
4 anything the best I could speak to. So if you'd like
5 me to speak to anything, I'm here and I can avail
6 myself to you.

7 BOARD MEMBER CURTIS: Representative, thank
8 you so much for being here, and, you know, I want to
9 hear from you and balance that off what our attorney
10 presents us with, and that is the letter of the law and
11 whatever the intent was. So when the law was drafted
12 and the language was put in there the patient should
13 receive prior notification, what does that mean?
14 That's what we're grappling with.

15 MR. FELSHER: Well, first and foremost, we
16 should know that this bill was drafted in conjunction
17 with the Mississippi Dental Association which is made
18 up of your peers and the hygienist association and
19 others, and the intent of that language, I suppose, in
20 my mind was as soon as you know as a dentist or as a
21 dentist office that that patient would not be seeing
22 the dentist or have the opportunity to see the dentist,
23 that is when that notification should be made.

24 If the dentist happened to -- and, you know,
25 Dr. Grubbs made a great point, how many emergencies do

1 we have. Well, hopefully, none. Some people may have
2 three, four, five. I don't know. It doesn't matter.
3 The point is when they occur they occur, and that could
4 be a car accident, that could be you have the flu or
5 stomach virus, whatever it may be, you're stricken with
6 that at 8 a.m. in the morning. Your first cleaning and
7 consult is at 8:30. I as a patient would rather have
8 the opportunity to say I'm okay with just my cleaning.
9 I'd like to at least get that and not have to come
10 back, if possible. That's just me as a patient. I
11 think that's reasonable.

12 However, to your point, if you knew 24 or
13 48 hours before and you did not notify the patient until
14 the morning of the appointment, that would be going
15 against the intent of the bill, in my opinion.

16 BOARD MEMBER CURTIS: Okay.

17 MR. FELSHER: Does that address your
18 question?

19 BOARD MEMBER CURTIS: It helps us. I don't
20 know that it solves the problem, but it certainly helps
21 us. I just want everybody to know that that -- as far
22 as chair of rules and regs, that's -- that's the major
23 issue that we grapple with is what is the intent and
24 are we following the law the way that we're supposed to
25 follow the law. When we define what prior notification

1 is, we want to make sure that what we've put into our
2 regulation follows the intent of the law, and I think
3 that's what Westley is talking about is, you know, it
4 doesn't matter what we think is right or wrong. We've
5 got to follow what the law says.

6 MR. FELSHER: Well, and the strict reading
7 of the law, as I appreciate it, I don't have the bill
8 right in front of me --

9 BOARD MEMBER CURTIS: Yes, sir.

10 MR. FELSHER: -- but it's advanced notice.
11 And to your point, advance is advance, ahead of the
12 appointment. But so many of the regulations that you're
13 opposing are a lot more restrictive, to be honest with
14 you, than some other states; and I'm not saying that's
15 wrong or right, but I am just saying I think the spirit
16 of this bill was to allow -- we know that Mississippi,
17 unfortunately, is fairing in the worst in categories
18 in healthcare outcomes right now. We're pretty much
19 47, 48, 49. We're trying to improve upon that.

20 Well, where does health start. From my
21 reading, it's oral health, and why would we not want the
22 most access to oral health that we could possibly have.
23 And we're not saying oral health without any rules or
24 regs, but common sense rules and regs. So let's just
25 ask ourselves is what we're doing patient centric or

1 is it more toward I hate to use the word "punitive."
2 Or to your point, I think there was a quote,
3 you know, If men were angels, there would be no need
4 for laws. Right? And I appreciate that. And you've
5 -- you've seen the flip side of this. I have not sat
6 where you sit, but I will say this: We had faith in
7 dentists when we drafted this bill and we had faith in
8 hygienists, and we have to have faith in our
9 professionals. Will there be bad actors? Always,
10 unfortunately, but we hope for the greater good of the
11 order that, you know, 99-point-something percent are
12 not.

13 And so I respect at the end of the day your
14 job as rules and reg folks on that side, but I hope you
15 also will consider the intent of the bill.

16 BOARD MEMBER CURTIS: Thank you very much.

17 BOARD PRESIDENT WILLIAMS: So I'd appreciate
18 some clarification on that, but I will just tell you
19 that, unfortunately, we do see the bad actors, and if
20 you ask a highway patrolman or a police officer about
21 the public, you'd probably get a little different
22 opinion than, say, a 99.9 percent of the public. Even
23 getting here today, there's a fair chance that the
24 majority of the people in this room broke the speed
25 limit, but nobody attested to the fact that they wanted

1 to get a ticket. Right? I just -- it happens.

2 So without some structure or regulation,

3 when it comes time to discipline someone for violating

4 House Bill 1062, we need some structure with that. This

5 issue of registration being overly burdensome, you've

6 now suggested that we do informed consent, two of them,

7 prior to a patient being treated for a routine prophyl.

8 We went through that with COVID, having to scan people's

9 temperatures and get -- I mean, I will tell you I have

10 -- we probably had a ream of paper of consents that were

11 signed so that we could see a patient during COVID.

12 You remember that, too. And we scanned them into our

13 computers and to prove that we had done informed consent

14 and checked temperatures. All of those things were

15 still just as good as a patient admitting to something

16 or the office saying I checked their temperature.

17 So informed consent is still burdensome.

18 It is still restrictive. And when I hear registering

19 one time is more restrictive -- it is also true, Ms.

20 Zakkak, that I think you said five years or 6000 hours.

21 That's not true. It's "and." So you could have been

22 a hygienist for five years, been on maternity leave

23 three times and not practiced for 6000 hours. We at

24 some point need to try to verify the fact that you as

25 a hygienist meet the criteria. That's an administrative

1 issue.

2 And the last thing that I would kind of
3 point out here or ask since you're here -- and we do
4 appreciate you being here.

5 MR. FELSHER: Sure.

6 BOARD PRESIDENT WILLIAMS: I would love
7 desperately -- I'd love for you -- on this and that's
8 to actually put you on the agenda. That would have
9 really helped from a chair standpoint. But we have
10 heard issues of the dentist is late and I want to start
11 seeing a patient, and then we have to balance that with
12 what's in the bill of saying there's 24 days that this
13 can be applied, this general supervision. The Board
14 didn't put those 24 days in there, but we're asked if
15 the dentist shows up 30 minutes into this hygiene visit
16 does that count now for one of the days. Well, they
17 started practicing under general supervision but the
18 dentist showed up late. We didn't look at this as a
19 get-out-of-jail-free card to say, well, you know, I
20 woke up late and I didn't -- I had -- dog -- I had to
21 kick my dog, whatever it was. You know, I don't know,
22 and trying to administer a day is a day is a day, I
23 mean, this is not like in your example where you knew
24 I'm going to be gone a half a day to take care of my
25 daughter's broken arm or I'm going to go on vacation,

1 Dr. Smith, and I'll be out of town for a week but I'm
2 going to let my hygiene department continue to work.
3 That's four or five days or 4 1/2, whatever it is in
4 your office, and that could be easily managed in terms
5 of attestation, or whatever it is, saying there's 24
6 days.

7 But relative to saying the doctor is going
8 to be late today, I'm going to start seeing patients,
9 that's not what this general supervision seems to be
10 promoting because we don't know that all of the criteria,
11 the written treatment plan, the qualification of the
12 health standard, the advanced notification, all of
13 those things were being met. So we have struggled with
14 this, and there's a lot of administrative things that
15 Denny and the rest of the staff try to do.

16 We also see offices -- and in this state
17 corporate dentistry is becoming more and more prevalent
18 where a dental office may be owned by someone who is
19 not the dentist practicing and there may be multiple
20 doctors there. So does every doctor get 24 days in
21 that practice of doing this? Those are things that are
22 very real working issues that this Board must
23 administrate -- administer, and then we get into the
24 how many hygienists there are in each practice, up to
25 three at a certain time, but as Dr. Bishop has pointed

1 out there are practices who employ part-time hygienists.

2 A corporate dental office may have six or eight

3 hygienists.

4 So we have lots of things that go well

5 beyond a solo practitioner in a city and a state

6 working with a team. And I will tell you above -- one

7 of the things mentioned, I fully support a team

8 approach to dental care. I value my hygienists, I value

9 my assistants, and I value the people at the front desk.

10 Without those people we cannot function.

11 But when it comes time for this Board to

12 look at a complaint at some point in the future,

13 having some structure to the law gives us a way to

14 regulate things so that we can be more fair to the

15 people we're trying to protect, the public, and the

16 people we are trying to help regulate, dentists and

17 dental hygienists.

18 MR. FELSHER: So Dr. Williams, if I can

19 speak to that.

20 BOARD PRESIDENT WILLIAMS: Sure.

21 MR. FELSHER: I would just say this is

22 nothing new. General supervision -- Mississippi came

23 -- we're late to the party.

24 BOARD PRESIDENT WILLIAMS: Correct.

25 MR. FELSHER: Okay? It's happening, I

1 believe, in 47 other states. We were 48 or something
2 to that degree. There's other models to look at all
3 the way back 40 years ago, I believe, when Colorado did
4 it up until now. There's only two states that haven't
5 done it. Plenty of other folks you can talk to to see
6 hey, how are y'all handling this? This is our law.
7 These are what we think are some ambiguities or some
8 things that are open-ended and maybe a little
9 subjective. Do y'all have that? And maybe you've
10 done that. Maybe you've done that. But all I'm
11 saying is whatever you come up with, I hope that it's
12 patient centric and that it is common sense, and I'll
13 just leave it at that.

14 BOARD PRESIDENT WILLIAMS: Thank you.
15 And I do appreciate you saying that, and I will tell
16 you that we have had a lot of conversations about this,
17 and I do not want what I'm about to say to seem in any
18 way -- I don't want it misinterpreted, but we were not
19 consulted at all on this bill prior to it being signed
20 by the governor in April. The Board officially did not
21 have a position with this, and this -- you and others
22 have mentioned that the MDA, the MDHA and others, which
23 I hope was including the MDS, I don't know --

24 MR. FELSHER: Is that the Mississippi Dental
25 Society?

1 BOARD PRESIDENT WILLIAMS: Yes.

2 MR. FELSHER: They did endorse the bill, from
3 my understanding --

4 BOARD PRESIDENT WILLIAMS: Yes, good.

5 MR. FELSHER: -- sometime in January or
6 February.

7 BOARD PRESIDENT WILLIAMS: Good. I would
8 hope so, because they're a valued member of the dental population
9 in the state.

10 But this was given to us at the end of April
11 with a hard start date of July 1 definitive. It was
12 outlined in the statute July 1, and there were aspects
13 of Reg 13 that were in direct conflict with the statute
14 that was going to be enacted on July 1. So we were --
15 we felt compelled to make these changes to Reg 13 and
16 did so with a lot of forethought despite the fact that
17 it may not be appreciated.

18 MR. FELSHER: I'd really like to speak to
19 that, what you just said.

20 BOARD PRESIDENT WILLIAMS: Sure.

21 MR. FELSHER: Number 1, I did not know, and
22 I've just learned right now, that the Board can take
23 or have input in a position on a piece of legislation.
24 Is that what you said?

25 BOARD PRESIDENT WILLIAMS: I didn't say

1 that. I did not say that. I'm not --

2 MR. FELSHER: Well, what are you saying?

3 I want to be clear.

4 BOARD PRESIDENT WILLIAMS: No, no, I'm just
5 saying that we had very little time once this -- we
6 heard something may be happening, but in terms of seeing
7 the official law, we did not see that until the end of
8 April.

9 MR. FELSHER: So let me speak to that. The
10 bill was introduced in January. January, February,
11 March, April, anybody in the free world could have
12 looked at that bill and called me. I have an open line.
13 Could have called MDA or could have called a hygienist
14 or whoever, but I prefer they call me. I didn't receive
15 a call from anybody on this Board, but the bill was
16 (inaudible).

17 Number 2, it was passed, I think, around
18 April 1st, March 31st, April 1st. That is three months
19 until July. I didn't hear anything at that point
20 either. But three months is a decent amount of time
21 to look at something. It's not all the time in the
22 world, but it's a decent amount of time to look at
23 policies and rules and regs. So there was no pressure
24 cooker, in my opinion, and that's kind of what I'm
25 hearing, and I want you to clarify on that.

1 BOARD PRESIDENT WILLIAMS: Well, thank you
2 for pointing that out. Mr. Hydrick, when did we
3 receive the bill from the governor's office?

4 EXECUTIVE DIRECTOR HYDRICK: So it was weird.
5 The way it was reported to me through Mississippi State
6 Alliance is that it was signed on April the 22nd. That
7 is when it was reported to us, it came through.

8 And then the next entry on that was -- but
9 it was signed a week ago by the governor, which I'd
10 never seen that before. So I don't know how that works,
11 but we were in a Board meeting on that day in April
12 when I received the notification from State Watch that
13 it had been signed. Does that make sense?

14 MR. FELSHER: It does.

15 EXECUTIVE DIRECTOR HYDRICK: And I can pull
16 it up and show how it's in there. So we had a Board
17 meeting on April I think it was the 22nd, and we were
18 literally in a meeting when I saw it. And I didn't pay
19 attention to it until afterwards.

20 MR. FELSHER: Sure. Mr. Hydrick, let me
21 ask you this, or Dr. Williams: Does the Dental Board
22 have a legislative, so to speak, liaison or watchdog
23 that looks over all things dental for you? I would
24 hope that you might have such a thing.

25 EXECUTIVE DIRECTOR HYDRICK: We do not

1 employ a lobbyist, no.

2 MR. FELSHER: Not a lobbyist. I said a
3 liaison. There's a difference. And certainly, you're
4 welcome to the Capitol at any time to come talk about
5 dental legislation. And I'm not being coy here.

6 BOARD PRESIDENT WILLIAMS: No, no.

7 MR. FELSHER: Y'all are a part. You're
8 opinion matters to me. I would have welcomed anything
9 you had to say. I just didn't hear from you. And in
10 the legislative process these bills are available
11 online once they're filed 24/7 for anyone that wants
12 to go look on our legislative website. So I would say
13 in the future, if there's anything dental that I'm
14 working on that you have an opinion on, please call me.
15 I'm all ears.

16 BOARD PRESIDENT WILLIAMS: We understand
17 that there was -- it went back and forth and there was
18 some amendments.

19 MR. FELSHER: Back and forth? That's part
20 of the legislative process.

21 BOARD PRESIDENT WILLIAMS: I understand.
22 So once again, we hear one thing and then we heard
23 another. Until it was signed, we didn't know what we
24 were going to be dealing with.

25 MR. FELSHER: Sure.

1 BOARD PRESIDENT WILLIAMS: And I believe
2 that he said that we don't have a lobbyist, but I think
3 it's we cannot have a lobbyist.

4 MR. FELSHER: Okay. And I never used the
5 term "lobbyist." I think I said "liaison."

6 BOARD PRESIDENT WILLIAMS: Yes, I understand
7 that, but I'm just, relatively speaking, we -- yeah.
8 I'll just....

9 MR. MUTZIGER: If I may, again, we want to
10 thank you for being --

11 BOARD PRESIDENT WILLIAMS: Yeah, we
12 appreciate you being here today.

13 MR. MUTZIGER: -- for being here today. And,
14 you know, as the Board, you know, our job is certainly
15 to enforce the law, and we thank you for helping us to
16 understand the intent because that's what we want to
17 do is to effectuate the intent of the law. And so I
18 think that that's valuable in us being able to evaluate
19 this notion of kind of bringing us back to the language
20 of advanced notice.

21 You know, that's the true challenge here
22 -- right? -- is striking that balance between affording
23 that patient the opportunity to say hey, I still want
24 my hygiene. I still want my hygiene visit but while
25 also protecting an abuse because, you know, that's what

1 we're faced with, most times. When we write these
2 regulations, we do it for the 2 percent. We do it for
3 those people who, unfortunately, don't follow the law.
4 How do we prevent the abuse of that 2 percent from
5 waiting to the last minute and so, you know, that's
6 where our focus should be as a Board is being able to
7 draw that line, can we draw that line in regulation.

8 And it may be that, you know, given that
9 what we've heard today we just may need to go back to
10 the drawing board to truly exhaust all possibilities
11 to see if we can draw that line to protect the patient
12 from being called the same day and being taken advantage
13 of to a last minute notification while also preserving
14 their ability to say hey, look, I've already taken a
15 day off. Let me at least see the hygienist.

16 And, you know, I think given that what we've
17 heard today I don't think it harms anyone for us just
18 to continue to try to exhaust all possibilities to try
19 to strike that balance. So I would advise the Board
20 that to engage in that endeavor. I'm not saying that
21 the solution will be found, but given what we've heard
22 today there's very passionate -- you know, I think
23 what's really -- what's really nice today is that
24 everybody is passionate about the patient, and I think
25 that's the right focus.

1 BOARD PRESIDENT WILLIAMS: Sure.

2 MR. MUTZIGER: Right? You know, whether it's
3 passion about protecting the patient's ability,
4 respecting the patient's time, or respecting the
5 patient's choice to still be seen and protecting the
6 patient's care they receive, I think the mission is the
7 same.

8 So, yeah, that being said, I just advise --
9 let's do exhaust that possibility, and we can do it.
10 We're happy to do it as staff and bring it back to the
11 Board. Some options are engaging further discussion,
12 whatever the Board's will may be, but we want to thank
13 you for helping us to understand what the legislature's
14 intent is because that's what we follow is what the
15 legislature prescribes. And we understand, absolutely,
16 the legislature is -- your goal is our goal: Protecting
17 patients and ensuring good care, so we certainly want
18 to do that.

19 MR. FELSHER: And Dr. Williams, before I --

20 BOARD PRESIDENT WILLIAMS: Yes, sir.

21 MR. FELSHER: -- if I may, I didn't gather
22 your name at first.

23 DR. FILZEN: Dr. Filzen, Angela Filzen.

24 MR. FELSHER: Dr. Filzen, I think you were
25 speaking to some unintended consequence of the bill

1 that disallowed some oral hygiene in nonprofit maybe
2 settings.

3 DR. FILZEN: Yes, state government.

4 MR. FELSHER: State government. I have
5 been in contact with Dr. Edney. This is not something
6 that can be addressed administratively through the
7 Department of Health. We're going to go back and do
8 a surgical change legislatively.

9 BOARD PRESIDENT WILLIAMS: Good.

10 MR. FELSHER: We're going to -- we're going
11 to -- I want to speak to that. I have to leave and I
12 did not want that (inaudible).

13 MS. EKLUND: I had raised my hand just to
14 go right back to that and to thank you, and I understand
15 the other worries that we have today, but Westley's
16 point about we can't change in reg what the law says,
17 so thank you so much for working with all of us in the
18 public health arena to, hopefully, correct that and
19 place that back in there. Thank you so much.

20 MR. FELSHER: Thank y'all for your service.

21 BOARD PRESIDENT WILLIAMS: Thank you so much.
22 We appreciate you.

23 BOARD MEMBER CURTIS: Westley, would it be
24 out of order for me to put a motion on the table?

25 MR. MUTZIGER: To what effect?

1 BOARD MEMBER CURTIS: Well, to refer this
2 entire matter back to rules and regs for consideration.

3 MR. MUTZIGER: So whether it be to rules
4 and regs or to ask the staff, you know, just in
5 consideration perhaps of what is the -- what is the
6 intended method? I hate to bite down further with the
7 rules and regs committee with this, but if that's what
8 the Board's wish in addressing that, by all means.

9 BOARD MEMBER CURTIS: Okay.

10 MR. MUTZIGER: Just perhaps in consideration
11 of how -- how to attack the issue.

12 BOARD PRESIDENT WILLIAMS: I mean, I don't
13 know that we can come up with a determination this
14 morning, so our determination should, I believe, be
15 whether a motion of some sort that we proactively --
16 we have a next --

17 BOARD MEMBER CURTIS: I think we can
18 probably have an administrative answer, but I still
19 think it needs to go back to rules and regs.

20 BOARD PRESIDENT WILLIAMS: Okay.

21 BOARD MEMBER CURTIS: Yeah.

22 MR. MUTZIGER: So sure, a motion would be
23 appropriate to refer to rules and regs to explore
24 further to -- if you'd like, I will attempt to provide
25 you the language.

1 BOARD MEMBER CURTIS: Yes, absolutely.

2 MR. MUTZIGER: So what I understand, Dr.

3 Curtis, the motion that you all are intending to provide

4 is that Regulation 13, in its temporary form, be

5 referred back to the rules and regulations committee to

6 exhaust all possibilities of drawing that line regarding

7 advanced notification and trying to accommodate both

8 respect for the patient's time of advanced notification

9 as well as respecting the patient's right to choose or

10 election of hygiene treatment same day.

11 BOARD MEMBER CURTIS: That is the intent of

12 my motion.

13 MR. MUTZIGER: So we have that for the

14 record.

15 BOARD PRESIDENT WILLIAMS: So is that a

16 motion you just made?

17 BOARD MEMBER CURTIS: That's a motion.

18 BOARD MEMBER LAMPKIN: I second.

19 BOARD PRESIDENT WILLIAMS: I'm sorry, Dr.

20 Carr. We have a motion on the floor and I now have

21 a second. Any discussion about this motion? All right.

22 BOARD MEMBER CURTIS: Okay. We have

23 somebody --

24 BOARD PRESIDENT WILLIAMS: I know she wants

25 to make a question here, but any other discussion about

1 the motion?

2 Ma'am, is what you want to say referring to

3 this motion that's on the floor now?

4 MS. CARR: Yes, sir.

5 BOARD PRESIDENT WILLIAMS: Okay. Thank you.

6 MS. CARR: Elizabeth Carr. I would like to
7 respectfully ask and then also ask an apology to Haley,
8 but I would like to respectfully ask that Haley be put
9 on that committee in some form since this directly
10 affects dental hygiene, so to have her input on that
11 committee -- I'm sorry, Haley, that committee.

12 BOARD MEMBER CURTIS: She is. She's on
13 that.

14 MS. CARR: She's on rules and regs
15 committee?

16 BOARD MEMBER BIRMINGHAM: I'm not a --

17 BOARD MEMBER CURTIS: No, she's --

18 BOARD MEMBER BIRMINGHAM: I'm not a
19 voting --

20 BOARD MEMBER CURTIS: She's asked to attend
21 those meetings.

22 MS. CARR: Okay. Good. Okay. Thank you
23 very much.

24 BOARD PRESIDENT WILLIAMS: Thank you. Thank
25 you for your time.

1 All right. So any other discussion about
2 Dr. Curtis' motion to have the rules and reg committee
3 take this back up and look particularly at these areas
4 of emphasis today? Any other discussion? Hearing
5 none, I'll call for the vote. All in favor, say "aye."

6 DENTAL BOARD: "Aye."

7 BOARD PRESIDENT WILLIAMS: Any opposed?

8 (No response.)

9 BOARD PRESIDENT WILLIAMS: All right. Motion
10 carries.

11 All right. Hearing that, we will consider
12 that as a Board determination, and that would conclude
13 Item Number 8 on our oral proceeding for Regulation 13.

14 MR. MUTZIGER: I would bring one more matter
15 to the Board's attention, and that would be, as you
16 alluded to earlier, as we have received during the
17 public comment period the question has been raised this
18 notion of the restriction of three dental hygienists,
19 and so the law I would put to you, according to my
20 reading, can equally be interpreted that the limitation
21 apply to three hygienists at one time, meaning the
22 Board could apply the law in such a way that only three
23 hygienists could be approved as eligible for general
24 supervision.

25 Alternatively, the Board might consider

1 allowing more than three be approved by the dentist;
2 however, at one time during which general supervision
3 is occurring only a maximum of three actually be
4 practicing. That question has been raised. I can tell
5 you that in the initial formulation of the regulation
6 the intent was that only three be approved, and
7 because that's -- to be honest, that's the cleanest
8 way to effectuate the Board's regulations. If only
9 three are approved by the Board, well, that ensures
10 that no more than three at a time will be practicing.

11 It's very simple in terms of an
12 administrative standpoint of enforcing the law; however,
13 again, in the spirit of trying to determine the intent
14 of the law, it does present a scenario which a dentist
15 may employ, say, five hygienists and maybe that dentist
16 wants -- that dentist respects the rule of law and will
17 only have three hygienists working at any one time,
18 but if that hygienist -- if that dentist is not able
19 to approve more than three, he's limited to only
20 selecting three of his five.

21 And so that's an issue that has come up
22 before the Board, and I would ask for the Board to
23 consider that, whether to proceed in the current
24 position of only approving three or whether perhaps it
25 could approve more than three while keeping the

1 restriction of only three practicing at one time.

2 BOARD PRESIDENT WILLIAMS: Okay. I submit
3 to you that the rules and regs committee will take
4 that up.

5 MR. MUTZIGER: Okay.

6 BOARD PRESIDENT WILLIAMS: All right. That
7 will be a part of their determination in the future.

8 Are you good with that?

9 BOARD MEMBER CURTIS: Yes.

10 BOARD PRESIDENT WILLIAMS: All right.
11 Hearing no other discussion about that, I would just
12 tell you our -- the Board commits to reviewing this,
13 and we will proceed in the future as directed by the
14 rules and reg committee.

15 Hearing that, I will close the oral
16 proceeding relative to Regulation 13, and I thank you
17 all for your attendance and your input. I look forward
18 to seeing you at a future Board meeting.

19 I will take the personal privilege to say
20 that we will now have a 10-minute break, and Board
21 members get first -- are first in line at the bathroom.

22 (OFF RECORD 10:28 A.M. TO 10:45 A.M.)

23 BOARD PRESIDENT WILLIAMS: We'd like to
24 reconvene after our break and continue with the Board
25 agenda item which was previously noticed as Number 3,

1 which is approval of the Board minutes from a previous
2 meeting. Could I get a motion to approve those?

3 BOARD MEMBER GRUBBS: Motion.

4 BOARD PRESIDENT WILLIAMS: And a second.

5 BOARD MEMBER JOE: Second.

6 BOARD PRESIDENT WILLIAMS: Motion and second.

7 Any changes, amendments, or discussions? All in favor
8 of approving the Board minutes from a previous meeting,
9 say "aye."

10 DENTAL BOARD: "Aye."

11 BOARD PRESIDENT WILLIAMS: Any opposed?

12 (No response.)

13 All right. We also have now some UROLA
14 license applications that we are being asked to approve.
15 Ms. Sims.

16 MS. SIMS: The first one is Brianna Bailey.
17 As you see on the back of each application, there are
18 notes explaining their application. Brianna Bailey is
19 applying by UROLA, of course. She's been licensed in
20 another state for more than a year. She is promising
21 -- promising employment from Dr. Edward Brown. No,
22 she's from Mississippi. She will also be applying for
23 a specialty license also, orthodontics.

24 BOARD PRESIDENT WILLIAMS: Can I get a
25 motion to approve? Are these one at a time or group?

1 We should do them one at a time?

2 MR. MUTZIGER: You can do them in a group.

3 Ms. Sims, if you would, continue on with the rest of
4 your UROLA applications.

5 MS. SIMS: Yes.

6 BOARD PRESIDENT WILLIAMS: All right, Dr.
7 Ford.

8 MS. SIMS: Okay. The next one is Dr. Ford.
9 She has promised employment at Mississippi Delta Health
10 Center, Mississippi Delta, and she has been licensed
11 in another state for -- since 1994, Michigan 2020.

12 BOARD PRESIDENT WILLIAMS: Any discussion
13 about Dr. Ford?

14 MS. SIMS: Okay. So the next one is Dr.
15 Ibahim. He applied for a license by credentials but
16 was not eligible. So he is eligible for this license
17 because he has been licensed in another state for more
18 than a year, and he has residency in Mississippi.

19 BOARD PRESIDENT WILLIAMS: Any discussion
20 about Dr. Ibahim?

21 MS. SIMS: And the next one is Dr. Rhoads.
22 He has been licensed in another state for more than
23 a year. Promised employment at Aspen Dental in Olive
24 Branch, Mississippi.

25 BOARD PRESIDENT WILLIAMS: Any discussion

1 about Dr. Rhodes? Dr. Romero.

2 MS. SIMS: Dr. Romero also is applying by
3 UROLA. He has been licensed in a state more than a
4 year, and also he just did his residency at OMS in New
5 York, and he will be applying for a specialty license
6 also and he has promised employment at Aspen Dental.

7 BOARD PRESIDENT WILLIAMS: Any questions?

8 Any discussions? All right. Dr. Stanley.

9 MS. SIMS: The next one is Dr. Stanley. He
10 is UROLA also. He is military, but this will be
11 private. He will do private practice also, but mainly
12 military.

13 BOARD PRESIDENT WILLIAMS: And he's been
14 licensed in another state for more than a year?

15 MS. SIMS: He's been licensed in another
16 state for more than a year, and he just completed an
17 OMS residency.

18 BOARD PRESIDENT WILLIAMS: So is he applying
19 with UROLA or the MFFA?

20 EXECUTIVE DIRECTOR HYDRICK: UROLA.

21 BOARD PRESIDENT WILLIAMS: Thank you. I
22 just wanted to confirm that. And it's my understanding
23 that with UROLA applications the Board is required to
24 grant these licenses within ten days. So these people
25 have a license already? We're just being asked to

1 approve them?

2 EXECUTIVE DIRECTOR HYDRICK: No. We have
3 not issued it.

4 BOARD PRESIDENT WILLIAMS: They have not
5 issued the license but will be at the result -- pending
6 our vote. So you've heard these applications for
7 licensure with UROLA. Could I get a motion to approve
8 these license applications?

9 BOARD MEMBER BISHOP: So moved.

10 BOARD PRESIDENT WILLIAMS: Could I get a
11 second?

12 BOARD MEMBER LAMPKIN: Second.

13 BOARD PRESIDENT WILLIAMS: Is there any
14 discussion about any of those collectively or
15 individually? All right. All in favor, say "aye."

16 DENTAL BOARD: "Aye."

17 BOARD PRESIDENT WILLIAMS: Any opposed?
18 (No response.)

19 BOARD PRESIDENT WILLIAMS: Thank you. The
20 motion carries. Ms. Sims.

21 MS. SIMS: Okay. So the next two will be
22 military. This is for Celina Prince. As you see the
23 documents that are in the application, she is the wife
24 of the Chad Wagner, and he is active duty at Keesler
25 Air Force base. So she is applying for the military

1 spouse dental license.

2 BOARD PRESIDENT WILLIAMS: And she's a
3 dentist who's practiced in another state for more than
4 a year?

5 MS. SIMS: Yes, California.

6 BOARD PRESIDENT WILLIAMS: Will she be
7 working on base or in private practice?

8 MS. SIMS: Private practice. And Chad
9 Wagner is next. This is the husband of Celina Prince.
10 He is active duty military at Keesler Air Force base,
11 and he has been licensed in the state for more than a
12 year. Actually, he's licensed in two states.

13 BOARD PRESIDENT WILLIAMS: Okay. Very good.
14 Could I get a motion to approve these two licenses
15 using the MFFA?

16 BOARD MEMBER LAMPKIN: So moved.

17 BOARD PRESIDENT WILLIAMS: We've got a
18 motion. How about a second?

19 BOARD MEMBER JOE: Second.

20 BOARD PRESIDENT WILLIAMS: A second. Any
21 discussion from the gallery?

22 MR. SCARBOUGH: Roddy Scarborough. Question
23 on Ms. Prince. You have family --

24 BOARD PRESIDENT WILLIAMS: Doctor.

25 MR. SCARBOROUGH: Excuse me, Dr. Prince --

1 BOARD PRESIDENT WILLIAMS: Yes.

2 MR. SCARBOROUGH: -- the female. You have
3 Military Freedom Act listed for her, but you said under
4 UROLA, so which one is it?

5 BOARD PRESIDENT WILLIAMS: I'm sorry if I
6 said that. MFFA.

7 MS. SIMS: Yeah, the next two were military.
8 This is the husband and wife.

9 BOARD PRESIDENT WILLIAMS: These two -- we
10 put them under UROLAs. These two are MFFAs.

11 MR. SCARBOROUGH: So does that imply that
12 they are required to get a license by credentialling
13 or exam in the next year?

14 EXECUTIVE DIRECTOR HYDRICK: No. So this
15 is a full license.

16 MR. SCARBOROUGH: Okay. I just remember
17 back in '16 whenever I was sitting on the other side
18 of the table that that was -- that was a stipulation
19 from the family --

20 BOARD PRESIDENT WILLIAMS: In '20, there
21 was a significant change in the MFFA.

22 EXECUTIVE DIRECTOR HYDRICK: In 2022, I
23 think that law went into effect at the same time as
24 the universal licensing.

25 MR. SCARBOROUGH: They made it basically

1 the same?

2 EXECUTIVE DIRECTOR HYDRICK: Exactly. It's
3 very similar.

4 BOARD PRESIDENT WILLIAMS: It's very
5 similar.

6 EXECUTIVE DIRECTOR HYDRICK: It's the exact
7 same.

8 MR. SCARBOROUGH: Different lipstick on the
9 same pig.

10 EXECUTIVE DIRECTOR HYDRICK: It's the exact
11 same.

12 BOARD PRESIDENT WILLIAMS: All right. Or
13 the same lipstick on two pigs.

14 Any other comments or questions about these
15 two applications? All right. All in favor of approving
16 these, say "aye."

17 DENTAL BOARD: "Aye."

18 BOARD PRESIDENT WILLIAMS: Any opposed?

19 (No response.)

20 BOARD PRESIDENT WILLIAMS: Ms. Sims, we have
21 UROLAs for our hygienists.

22 MS. SIMS: So the next two are hygienists,
23 UROLA, and they are residents of Mississippi. The
24 first one is Mary Butler. She has been licensed in
25 the state for more than a year, and she is a resident

1 of Mississippi as you see her driver's license and her
2 mortgage.

3 BOARD PRESIDENT WILLIAMS: Okay. And she
4 meets all qualifications. Correct?

5 MS. SIMS: Yes.

6 BOARD PRESIDENT WILLIAMS: From McCall Creek.

7 BOARD MEMBER BIRMINGHAM: She's from Texas,
8 I believe.

9 BOARD PRESIDENT WILLIAMS: I've never heard
10 of McCall Creek.

11 MS. SIMS: So Amanda Hedberg, she is a
12 resident of Mississippi. You should see her mortgage.
13 And these -- that was all that she had to offer at the
14 time due to not having a full statement of her mortgage
15 because it was not presently due.

16 BOARD MEMBER BIRMINGHAM: She had just
17 bought a house. Right?

18 MS. SIMS: Yes.

19 BOARD MEMBER BIRMINGHAM: Do we still need
20 her New York verification or has she completed
21 everything?

22 MS. SIMS: So I uploaded a permit, so it's
23 verification because New York mails theirs. So I went
24 to the website and did the primary source of everything.

25 BOARD MEMBER BIRMINGHAM: Okay.

1 BOARD PRESIDENT WILLIAMS: So can I get a
2 motion to approve these two licenses?

3 BOARD MEMBER BIRMINGHAM: I'll make a motion
4 to approve these licenses.

5 BOARD PRESIDENT WILLIAMS: So we have a
6 motion. How about a second?

7 BOARD MEMBER JOE: Second.

8 BOARD PRESIDENT WILLIAMS: All right. Motion
9 and a second. Any discussion on these two hygienist
10 licenses? All in favor, say "aye."

11 BOARD MEMBERS: "Aye."

12 BOARD PRESIDENT WILLIAMS: Any opposed?
13 (No response.)

14 BOARD PRESIDENT WILLIAMS: Ms. Sims, the
15 specialty applications.

16 MS. SIMS: So specialty, the first one is
17 Dr. Battle. She just did a residency in endo '23 to '25
18 at LSU. She was issued a license, as you see, on the
19 application July 2025 by examination.

20 BOARD MEMBER GRUBBS: Where is she going to
21 practice? Where is she practicing?

22 MS. SIMS: She did not give me a specific
23 location of where she will be practicing.

24 BOARD PRESIDENT WILLIAMS: Okay. Could I
25 get a motion to approve the endodontic specialty

1 license for Dr. Battle?

2 BOARD MEMBER JOE: So moved.

3 BOARD PRESIDENT WILLIAMS: Can I get a
4 second?

5 BOARD MEMBER BISHOP: Second.

6 BOARD PRESIDENT WILLIAMS: Thank you. Any
7 discussion? All in favor, say "aye."

8 BOARD MEMBERS: "Aye."

9 BOARD PRESIDENT WILLIAMS: Any opposed?
10 (No response.)

11 BOARD PRESIDENT WILLIAMS: All right.
12 Thank you.

13 MS. SIMS: The next one is Jorge Romero.
14 You have just approved the application for UROLA. He
15 just graduated the residency program OMS in New York.

16 BOARD PRESIDENT WILLIAMS: Let's take these
17 oral surgery applications together.

18 MS. SIMS: Okay. Ross Stanley, he also
19 applied for a license by UROLA and graduated OMS in
20 2024.

21 BOARD PRESIDENT WILLIAMS: And that was with
22 the military. Right? San Antonio?

23 MS. SIMS: Yes.

24 BOARD PRESIDENT WILLIAMS: And Dr. Wagner.

25 MS. SIMS: Chad Wagner, he just applied for

1 a license by UROLA also.

2 BOARD PRESIDENT WILLIAMS: MFFA.

3 MS. SIMS: Yeah, for the military. He just
4 graduated OMS, June 2025.

5 BOARD PRESIDENT WILLIAMS: All right. So
6 we have three applications for oral maxillary facial
7 surgery by specialty licenses for Dr. Romero, Dr.
8 Stanley, and Dr. Wagner. Could I get a motion to
9 approve these?

10 BOARD MEMBER JOE: So moved.

11 BOARD PRESIDENT WILLIAMS: Could I get a
12 second?

13 BOARD MEMBER BISHOP: Second.

14 BOARD PRESIDENT WILLIAMS: A motion and a
15 second. Any discussion on approving the oral OMS
16 specialty licenses for these three? All in favor, say
17 "aye."

18 DENTAL BOARD: "Aye."

19 BOARD PRESIDENT WILLIAMS: Any opposed?

20 (No response.)

21 BOARD PRESIDENT WILLIAMS: All right.
22 Motion carries.

23 MS. SIMS: So the next two are ortho. The
24 first one is on Brianna Bailey. She just graduated
25 June 2025 from the University of Louisville.

1 BOARD PRESIDENT WILLIAMS: It says she's a
2 recent graduate of the ortho department in --

3 MS. SIMS: Yes, 2025. And she applied for
4 a license by UROLA also.

5 The next one is Dr. Schuchert. He was just
6 issued a license on August 20th. He applied by
7 credentials.

8 BOARD PRESIDENT WILLIAMS: All right. Could
9 I get a motion to approve the orthodontic specialty
10 license for Dr. Bailey and Dr. Schuchert?

11 BOARD MEMBER GRUBBS: Motion.

12 BOARD PRESIDENT WILLIAMS: Second?

13 BOARD MEMBER JOE: Second.

14 BOARD PRESIDENT WILLIAMS: Motion and second.
15 Any discussion? All right. All in favor, say "aye."

16 BOARD MEMBERS: "Aye."

17 BOARD PRESIDENT WILLIAMS: Any opposed?
18 (No response.)

19 BOARD PRESIDENT WILLIAMS: The motion
20 carries. Ms. Sims.

21 MS. SIMS: The next two will be pediatrics.
22 The first one is Dr. Andrade. She was just issued a
23 license in July by examination, and she also just
24 graduated from pediatric residency June 2025. And as
25 you see on all of these applications, the code

1 accreditation is -- they're also attached.

2 The next one is Dr. Hreish. She graduated
3 from UMC in 2025, pediatric.

4 BOARD PRESIDENT WILLIAMS: Could I get a
5 motion to approve these two licenses for pediatric
6 specialists?

7 BOARD MEMBER LAMPKIN: So moved.

8 BOARD PRESIDENT WILLIAMS: I've got a motion.
9 How about a second?

10 BOARD MEMBER BIRMINGHAM: Second.

11 BOARD PRESIDENT WILLIAMS: A motion and a
12 second. Any discussion? All in favor, say "aye."

13 BOARD MEMBERS: "Aye."

14 BOARD PRESIDENT WILLIAMS: Any opposed?
15 (No response.)

16 BOARD PRESIDENT WILLIAMS: All right.
17 Motion carries.

18 Thank you, Ms. Sims, on the licenses. And
19 you are also responsible for some permits for
20 anesthesia?

21 MS. SIMS: Yes.

22 BOARD PRESIDENT WILLIAMS: Are you prepared
23 to proceed?

24 MS. SIMS: Yes. The next two will be Class
25 II sedation permits. The first one is on Dr. Daniel

1 Gamache. As you see, he did do the DOTS program June
2 2025, and it was approved by the AAP.

3 BOARD PRESIDENT WILLIAMS: All right. Next.

4 MS. SIMS: The next one is Dr. Hreish. She
5 just graduated from UMC 2025 and applied for a specialty
6 license also.

7 BOARD PRESIDENT WILLIAMS: Okay. So she's
8 a pediatric dentist who has completed all of the
9 requirements in her specialty program. Right?

10 MS. SIMS: Yes.

11 BOARD PRESIDENT WILLIAMS: Okay. Can I get
12 a motion to approve these two Class II anesthesia
13 permits?

14 BOARD MEMBER LAMPKIN: So moved.

15 BOARD PRESIDENT WILLIAMS: I've got a motion.
16 How about a second?

17 BOARD MEMBER JOE: Second.

18 BOARD PRESIDENT WILLIAMS: Motion and a
19 second. Any discussion? All in favor, say "aye."

20 BOARD MEMBERS: "Aye."

21 BOARD PRESIDENT WILLIAMS: Any opposed?
22 (No response.)

23 BOARD PRESIDENT WILLIAMS: All right. The
24 motion carries.

25 Ms. Sims, motion to -- I mean, the request

1 for a reinstatement.

2 MS. SIMS: This is a reinstatement for Kim
3 Mulloy. Kim failed to renew her dental hygiene license
4 '24 to '26 during the biannual cycle, so her license
5 was voided in June -- January 2025. There was some
6 discrepancies with the dental office of a renewal fee.
7 We discovered that Kim did not have a license when she
8 applied for a general supervision under a dentist, so
9 her license was voided and she practiced until we
10 notified her that her license was voided.

11 BOARD MEMBER BIRMINGHAM: How long was that?

12 MS. SIMS: It expired October. The grace
13 period went to December. It was voided in January. So
14 from January until June -- July. I'm sorry.

15 BOARD MEMBER BIRMINGHAM: So she
16 (inaudible) front office?

17 MS. SIMS: The office failed to renew her
18 license. They only paid a \$25 fee.

19 BOARD MEMBER GRUBBS: How long did she
20 practice without a license without the grace period or
21 anything like that?

22 MS. SIMS: From --

23 BOARD PRESIDENT WILLIAMS: Six months, seven.

24 MS. SIMS: -- November 1st to July.

25 BOARD PRESIDENT WILLIAMS: Now, we have

1 discussed this before about people who did not renew
2 and practicing without a license for some period of
3 time, and it's not just the reinstatement of the said
4 license but the fact that they were practicing without
5 a license. That is something that the Board I think
6 should consider.

7 Now, I also would have appreciated those
8 who were here earlier to have heard this, that part of
9 how the Board found out this person was practicing
10 without a dental license was through the registration
11 process of trying to become a hygienist practicing
12 under general supervision which, in my opinion, supports
13 the notion that there are safety checks and balances
14 in some of what was done with Reg 13 despite the fact
15 that we heard complaints today about overregulating and
16 too much paperwork.

17 BOARD MEMBER GRUBBS: So what do we do about
18 that?

19 BOARD PRESIDENT WILLIAMS: Well, I just --
20 we, first of all, have a motion -- no, I mean, we have
21 an application to reinstate a license. First of all,
22 we need to consider that.

23 And secondly, we need to consider do we need
24 to refer this to the appropriate area for disciplinary
25 complaint?

1 EXECUTIVE DIRECTOR HYDRICK: Generally
2 speaking, when a violation of a regulation or the
3 evidence of practicing without a license is brought to
4 the Board staff member, the complaint is automatically
5 submitted and we work through our normal processes
6 with that. So anytime there is just, generally
7 speaking, discovery of an overt violation that would
8 be -- it would work its way through the normal
9 enforcement process.

10 BOARD PRESIDENT WILLIAMS: So are we
11 saying we go -- we go ahead and give her license now
12 and then go through the investigative process?

13 MR. MUTZIGER: That's right.

14 BOARD PRESIDENT WILLIAMS: Is that what you
15 said generally --

16 EXECUTIVE DIRECTOR HYDRICK: Two separate
17 issues.

18 BOARD PRESIDENT WILLIAMS: Yes. But by
19 giving the license back, we're not -- we're not --

20 MR. MUTZIGER: You're not --

21 BOARD PRESIDENT WILLIAMS: -- preventing --

22 MR. MUTZIGER: -- waiving your ability to
23 prosecute should you determine there's knowledge.

24 BOARD PRESIDENT WILLIAMS: Correct. We're
25 not waiving that right to say that there's an automatic

1 complaint against the licensee.

2 BOARD MEMBER JOE: Will there be discipline
3 against that dentist, too, that employs her?

4 EXECUTIVE DIRECTOR HYDRICK: I don't think
5 we should probably speak about any -- at least
6 administratively in any open -- any potential open
7 enforcement cases at this time.

8 MR. MUTZIGER: And I think Denny is giving
9 good advice. So I would say that, Dr. Joe, your -- it
10 sounds to me like you're noting a concern that perhaps
11 the Board should also take notice of the dentist's
12 involvement in this situation. Is that what I'm
13 hearing?

14 BOARD MEMBER JOE: Yes.

15 MR. MUTZIGER: Okay. So I think that's
16 noted. And again, like Denny said, normal complaint
17 procedures will be followed for any investigation.

18 BOARD MEMBER BIRMINGHAM: So you're saying
19 you're giving her -- when will she be able to practice?

20 MR. MUTZIGER: Well, as soon as you all
21 approve reinstatement she would have her license to
22 begin practice.

23 BOARD MEMBER BIRMINGHAM: And go through
24 the process of....

25 BOARD PRESIDENT WILLIAMS: Well, she can

1 -- she will be able to practice once we reinstate, if
2 we reinstate; however, a violation occurred, and that
3 will be investigated based off of the fact that there
4 was -- she practiced without a license from last
5 November when it was officially voided despite the fact
6 that notification occurred at the very latest in
7 January. At least until July she was practicing without
8 a license. Is that correct?

9 EXECUTIVE DIRECTOR HYDRICK: Correct.

10 BOARD MEMBER GRUBBS: Do we have a reason
11 for that? Can I say something? Was there a reason for
12 that?

13 BOARD PRESIDENT WILLIAMS: They applied for
14 the general supervision, and through that process of
15 registering her for the general supervision they
16 determined that the license was -- that she was
17 registering was -- that was no longer valid.

18 BOARD MEMBER GRUBBS: I thought I heard
19 somebody say -- I got that, but I thought I heard
20 somebody say that they thought her dentist had paid
21 a fee --

22 BOARD MEMBER BIRMINGHAM: That's what I read
23 in your notes.

24 MS. SIMS: They paid the \$25 fee.

25 BOARD PRESIDENT WILLIAMS: Yeah. She's just

1 saying they paid the fee to register her for general
2 supervision.

3 MS. SIMS: They paid a \$25 fee, but --

4 BOARD MEMBER BIRMINGHAM: Oh, okay.

5 BOARD PRESIDENT WILLIAMS: Nothing to do
6 with her license.

7 BOARD MEMBER BIRMINGHAM: I thought -- I
8 thought that that's what it was saying, that she
9 paid --

10 BOARD MEMBER GRUBBS: You're just trying
11 to cover for her.

12 BOARD MEMBER BIRMINGHAM: No, I'm --

13 BOARD MEMBER GRUBBS: That's okay. We
14 expect that.

15 BOARD PRESIDENT WILLIAMS: I just want to
16 confirm that I am correct, that she was not under the
17 impression that the dentist paid her license fee. The
18 dentist paid the \$25 registration fee --

19 BOARD MEMBER BIRMINGHAM: Okay.

20 BOARD PRESIDENT WILLIAMS: -- to register her
21 for general supervision, and that's when this Board
22 office determined that her license --

23 EXECUTIVE DIRECTOR HYDRICK: I believe there
24 was a \$25 fee that --

25 MS. SIMS: They paid a \$25 fee during the

1 biannual renewal cycle.

2 BOARD MEMBER BIRMINGHAM: Yes. They only
3 paid \$25.

4 MS. SIMS: They only paid \$25, so I don't
5 know what they clicked in her -- yeah.

6 EXECUTIVE DIRECTOR HYDRICK: But it was not
7 a renewal application?

8 MS. SIMS: It was not a renewal application.

9 BOARD PRESIDENT WILLIAMS: All right.
10 Could I get a motion to reinstate this license?

11 BOARD MEMBER BIRMINGHAM: I guess I'll make
12 a motion.

13 BOARD PRESIDENT WILLIAMS: All right. We
14 have a motion on the floor to reinstate the license.
15 Can I get a second?

16 BOARD MEMBER CURTIS: Second.

17 BOARD PRESIDENT WILLIAMS: All right.
18 Motion and a second.

19 All right. All we're voting on in is to
20 restate the license. There will be other issues that
21 occur through the normal investigative process of what
22 this Board does on a regular basis.

23 Any other discussion about the potential
24 reinstatement of this license?

25 BOARD MEMBER GRUBBS: Yeah. When did --

1 what was the date that we found out about this?

2 MS. SIMS: July.

3 BOARD MEMBER GRUBBS: Huh?

4 MS. SIMS: July.

5 BOARD MEMBER GRUBBS: Okay. So have we

6 already told our investigative people about this or are

7 we waiting on this for a particular reason?

8 EXECUTIVE DIRECTOR HYDRICK: Dr. Grubbs, in

9 a public session we can't speak on any of the ongoing

10 investigation that may exist.

11 BOARD PRESIDENT WILLIAMS: All right. Go

12 back to discussion on reinstating the license only.

13 Any more discussion on reinstating the license? Hearing

14 none, all in favor of reinstating the license, say

15 "aye."

16 BOARD MEMBERS: "Aye."

17 BOARD PRESIDENT WILLIAMS: Is there any

18 opposed?

19 (No response.)

20 BOARD PRESIDENT WILLIAMS: Hearing none,

21 we'll reinstate the license.

22 Ms. Vaughn, I'm sure Ms. Sims is glad to

23 move from the hot seat. Thank you for presenting all

24 of that today.

25 You've got the corporate trade names.

1 MS. VAUGHN: Yes, sir, corporate trade names.

2 The first one on the list is Batesville Premier Dental,
3 PLLC. This is being requested by Dr. Stephen Sullivan
4 and Dr. Kyle Wiggins. The physical address is going to
5 be 160 Cracker Barrel Drive in Batesville, Mississippi.

6 So again, they're asking the start date of 9/8/2025
7 the advertising as Batesville Premier Dental, PLLC.

8 BOARD PRESIDENT WILLIAMS: So can I get a
9 motion to approve this name?

10 BOARD MEMBER CURTIS: So moved.

11 BOARD PRESIDENT WILLIAMS: Can I get a
12 second?

13 BOARD MEMBER BIRMINGHAM: Second.

14 BOARD PRESIDENT WILLIAMS: I'd like for
15 any discussion. First of all, I would ask you all to
16 consider the word "Premier." Does the word "Premier,"
17 Board Attorney, imply anything that could be misleading?

18 MR. MUTZIGER: I guess my question will be
19 have we -- what we approved in the past for reference.
20 I'm not aware of whether we approved other Premiers,
21 but I can see how that would raise your flag.

22 BOARD MEMBER JOE: Last night I inquired
23 about the word "Superior." It almost seems synonymous,
24 Superior.

25 BOARD PRESIDENT WILLIAMS: The word "Premier"

1 has definite connotations to it that are open subject
2 to interpretation. Do you think it's in any way
3 potentially misleading?

4 MR. MUTZIGER: Denny, do we have a way to
5 search --

6 EXECUTIVE DIRECTOR HYDRICK: That's what I
7 did. I didn't mean to throw it up on the screen, but
8 2005 there was a request for a Premier Dental Care.
9 The Board has approved the use of Premier Dental Care
10 only. That was made the 9th of 2005.

11 MR. MUTZIGER: And that's an approval?

12 EXECUTIVE DIRECTOR HYDRICK: It was an
13 approval.

14 BOARD MEMBER GRUBBS: That was?

15 EXECUTIVE DIRECTOR HYDRICK: It was just
16 a letter sent to them. It's not in the minutes. I'd
17 have to search minutes, but....

18 BOARD MEMBER GRUBBS: I was going to say
19 I wasn't on the Board. That's why I was asking that.

20 EXECUTIVE DIRECTOR HYDRICK: That's the
21 only one that comes up, though, when I do a quick
22 search. Now, I have not searched minutes. I'm just
23 searching corporate trade names.

24 BOARD MEMBER CURTIS: Search Superior.

25 EXECUTIVE DIRECTOR HYDRICK: I'm sorry?

1 BOARD MEMBER CURTIS: Superior.

2 EXECUTIVE DIRECTOR HYDRICK: It's not
3 pulling up.

4 BOARD PRESIDENT WILLIAMS: So is there any
5 more discussion about the name Batesville Premier
6 Dental, PLLC? Hearing none, I call for a vote. All
7 in favor of approving this corporate trade name, say
8 "aye."

9 BOARD MEMBERS: "Aye."

10 BOARD PRESIDENT WILLIAMS: All opposed?

11 BOARD MEMBER GRUBBS: Yes.

12 BOARD MEMBER CURTIS: Yes.

13 BOARD PRESIDENT WILLIAMS: So we have some
14 concerns with this name. Westley?

15 MR. MUTZIGER: Okay. Board Regulation 55.
16 Bare with me, sir. Let me find the pertinent language.
17 Each corporate trade name shall be registered. Each
18 corporate trade name must be approved by the Board
19 prior to use. Must list the family name. All
20 advertisements, including qualify -- record. Okay.
21 Due to the increase in the....

22 BOARD PRESIDENT WILLIAMS: While he's doing
23 that, Denny, is there -- is there a Batesville Dental?
24 Is there already one of those?

25 EXECUTIVE DIRECTOR HYDRICK: Let me go back

1 up here. I was looking for something else.

2 MR. MUTZIGER: That names which judgment
3 of the Board are false, misleading, or deceptive will
4 be prohibited. So there is a process by which -- let's
5 see here.

6 EXECUTIVE DIRECTOR HYDRICK: There's a
7 Batesville Dental Care and a Batesville Orthodontic
8 Clinic.

9 BOARD PRESIDENT WILLIAMS: So when I looked
10 this up I would just contend that if there's a
11 Batesville Dental and a Batesville Premier Dental, it
12 would imply a comparative analysis, at least
13 superficially, that a Premier dental practice would be
14 better than a Batesville -- a Batesville Premier would
15 be better than a Batesville Dental practice.

16 MR. MUTZIGER: Now, you have the ability to
17 request to appear before the Board.

18 BOARD PRESIDENT WILLIAMS: Yes, I
19 understand.

20 MR. MUTZIGER: So given the fact they --
21 I don't have as much heartburn given the fact they have
22 the opportunity to come back before the Board, so, you
23 know, it's up to you all.

24 BOARD MEMBER GRUBBS: (Inaudible.)

25 BOARD PRESIDENT WILLIAMS: Well, right now

1 it's been voted against, so yes, you're welcome to
2 discuss.

3 BOARD MEMBER GRUBBS: Well, I would -- I
4 would figure that if Denny picked up the phone and
5 called and said we have heartburn about your Premier
6 name, why don't you just drop the name Premier and
7 we'll do this.

8 BOARD PRESIDENT WILLIAMS: There's already
9 a Batesville Dental.

10 BOARD MEMBER GRUBBS: Oh, there's already
11 a Batesville Dental?

12 BOARD PRESIDENT WILLIAMS: Batesville Dental
13 Care. So that's a double-edged sword. Number 1, you
14 can't just drop that name without it being potentially
15 a conflict.

16 But secondly, in my opinion, because there
17 is one already named that, this implies, rightly or
18 wrongly -- I believe it implies a different level of
19 care in some way.

20 MR. MUTZIGER: And I get it. Is the average
21 lay person going to be misled by this name?

22 BOARD PRESIDENT WILLIAMS: If you went to
23 the auto repair shop here at Bob's Auto and then next
24 door to Bob's is Premier Auto.

25 MR. MUTZIGER: Just for sake of argument,

1 Winning Smile versus the Losing Smile. Everybody else
2 by implication is the losing smile, you know.

3 BOARD PRESIDENT WILLIAMS: I understand.

4 I don't have a problem with it. If you want us to go
5 back and revote, you need to say so as Board attorney,
6 but practically speaking --

7 MR. MUTZIGER: Again, I do not given the
8 fact they have the opportunity to appear before the
9 Board, then I don't have a concern at this time if you
10 feel it's misleading.

11 MS. EKLUND: May I interject a point of
12 comment, there is another Premier Dental in the state
13 of Mississippi.

14 BOARD PRESIDENT WILLIAMS: We understand.

15 MS. EKLUND: Already out there.

16 BOARD PRESIDENT WILLIAMS: Yes?

17 MR. SCARBOROUGH: And I also remind the
18 Board -- I'm like Lewis now, this is not what the Board
19 should do doing, but you have Kroger and Norquist
20 restraining trade issues coming from a state entity.

21 So I'm just throwing that out there for -- it depends
22 on how Kroger and Norquist crowd runs with this group.

23 BOARD PRESIDENT WILLIAMS: I understand.

24 So we had a motion to have the name presented, and we
25 took a vote and the vote was we did not approve the

1 name. Unless something is done to reconsider it, I'm
2 going to suggest that we turn this back over to our
3 executive director and let him handle this with the
4 dentist who's made this application.

5 MR. MUTZIGER: Do you think it's interesting
6 it's been brought up from the gallery that it appears
7 that Premier Dental currently exists?

8 BOARD PRESIDENT WILLIAMS: Well, Westley
9 -- I mean, I'm sorry, Denny showed us that --

10 MR. MUTZIGER: He sure did.

11 BOARD PRESIDENT WILLIAMS: -- it's up there.

12 MR. MUTZIGER: So I will advise you that,
13 you know, if he chooses to appear, you don't have a leg
14 to stand on.

15 BOARD PRESIDENT WILLIAMS: Well, it's not
16 that the leg to stand on, but Premier Dental is
17 stand-alone. This is taking the name of another dental
18 office in the same area and adding Premier to it. So
19 I do think it's different, the same as, but different
20 personally.

21 MR. MUTZIGER: Then I would say let the
22 process play out unless the Board chooses to do
23 differently.

24 BOARD PRESIDENT WILLIAMS: Well, if we are
25 bound by attorney's guidance to do differently --

1 MR. MUTZIGER: You're not bound by -- my
2 guidance is just that.

3 BOARD PRESIDENT WILLIAMS: I understand,
4 but I'm just --

5 MR. MUTZIGER: The Board is --

6 BOARD PRESIDENT WILLIAMS: We don't want to
7 do something that's unduly punitive.

8 MR. MUTZIGER: Dr. Williams, my
9 recommendation is you've got a Premier Dental elsewhere
10 in the state. Is this worth your time for the fight?

11 BOARD MEMBER CURTIS: Motion to reconsider.

12 BOARD PRESIDENT WILLIAMS: All right. I
13 have a motion to reconsider.

14 BOARD MEMBER BISHOP: Second.

15 BOARD PRESIDENT WILLIAMS: We have a second.
16 So what's your motion to reconsider say there?

17 BOARD MEMBER CURTIS: Yeah, I think we
18 should allow it given, you know, we have additional
19 information that has been provided to us which is the
20 nature of a motion to reconsider under parliamentary
21 rules. The fact that we already have a Premier Dental
22 in Mississippi and that there are many other corporate
23 trade names that imply that they're better, I don't
24 pick on anybody, which you may have Happy Smiles as
25 opposed to Unhappy Smiles. I can list thousands of

1 those types of examples, and we've been awfully lenient
2 over the years to allow those, and so I think we're
3 kind of picking on this person a little bit.

4 BOARD PRESIDENT WILLIAMS: I promise there
5 was not an intent to pick on anyone.

6 BOARD MEMBER CURTIS: No, I'm not implying
7 that you were.

8 BOARD PRESIDENT WILLIAMS: Despite the fact
9 that that might be what it may look like, it is to try
10 to protect the entity of saying that --

11 BOARD MEMBER CURTIS: I get it.

12 BOARD PRESIDENT WILLIAMS: -- all Batesville
13 dental clinics have equal opportunity to treat patients.

14 So we have a motion and second. Any other
15 discussion?

16 (No response.)

17 BOARD PRESIDENT WILLIAMS: Hearing none, all
18 in favor of reconsidering the previous motion to not
19 allow this corporate trade name, now we are going to
20 potentially -- or we will allow Batesville Premier
21 Dental, PLLC. All in favor of that, say "aye."

22 BOARD MEMBERS: "Aye."

23 BOARD PRESIDENT WILLIAMS: Any opposed?

24 BOARD MEMBER GRUBBS: In the spirit of the
25 real feeling of the Board, I'll vote no.

1 MR. MUTZIGER: We have one nay. Duly noted.

2 Thank you.

3 BOARD PRESIDENT WILLIAMS: Ms. Vaughn.

4 MS. VAUGHN: Okay. The second one on the

5 list is from a Dr. Katherine Reece and a Dr. Quotasze

6 Williams. They are seeking the name of Dental

7 Professionals of Mississippi, PC, also known as Dental

8 Care at the Fountains. This is going to be located at

9 4033 Fountain Lane in Horn Lake, Mississippi. And

10 again, it's Dental Professionals of Mississippi, PC,

11 also known as Dental Care at the Fountains.

12 BOARD PRESIDENT WILLIAMS: So I guess that

13 precludes the Dental Amateurs of Mississippi be a good

14 name as opposed to the Losing Smile. All in favor of

15 approving this name, say "aye." Or I'm sorry. Can I

16 get a motion to approve this name?

17 BOARD MEMBER GRUBBS: Motion.

18 BOARD PRESIDENT WILLIAMS: Can I get a

19 second?

20 BOARD MEMBER LAMPKIN: Second.

21 BOARD PRESIDENT WILLIAMS: All right. Motion

22 and a second. Any discussion on the name? And the

23 name is Dental Professionals of Mississippi not Dental

24 Care at the Fountains. That's just how they're doing

25 business. Does everybody got that because on our

1 agenda it's listed as Dental Care at the Fountains

2 which is not the corporate trade name they're applying

3 for?

4 EXECUTIVE DIRECTOR HYDRICK: Westley, does it

5 matter if there already is a Dental Professionals of

6 Mississippi that's been approved?

7 MR. MUTZIGER: Sure.

8 EXECUTIVE DIRECTOR HYDRICK: The Board

9 approved in 2016 the name Dental Professionals of

10 Mississippi d/b/a My Vicksburg Dentist. They said the

11 -- please be advised the Board has approved the use of

12 Dental Professionals of Mississippi d/b/a My Vicksburg

13 Dentist only, and it was approved in 2016.

14 MR. MUTZIGER: So I don't understand. Is

15 the request for Professionals -- Dental Professionals

16 or is the request for --

17 BOARD PRESIDENT WILLIAMS: So is this the

18 same Dental Professionals down there in Vicksburg who

19 spun it up here and then there's this place called

20 Dental Care at the Fountains?

21 EXECUTIVE DIRECTOR HYDRICK: It's (inaudible.)

22 Dental. So they have the same corporate address as the

23 one in '16 and the one that's presented to you today.

24 BOARD PRESIDENT WILLIAMS: So the name that

25 they're applying for is Dental Care at the Fountains?

1 MR. MUTZIGER: Yes, that would seem to be
2 the case.

3 BOARD PRESIDENT WILLIAMS: Thank you for
4 the clarification because that's what we have on our
5 agenda, Dental Care at the Fountains. So can we amend
6 the motion to say let's approve Dental Care at the
7 Fountains? Do we have a motion on the floor?

8 BOARD MEMBER CURTIS: If that's going to
9 be the official corporate name registered with the
10 secretary of state then I would say yes, but if they're
11 already operating under NE, an umbrella corporation
12 that's already listed with the secretary of state, I
13 mean, that's not appropriate. Westley, am I off on
14 that?

15 MR. MUTZIGER: So it appears that it's the
16 same corporate entity that for purposes of our approval
17 corporate trade name, what they're going to forward out
18 to the public, it appears that what they're requesting
19 approval on is the At the Fountains or whatever that
20 name is. And so that name is not on record with us
21 and that's what we're concerned with is what they're
22 going to hold out to the public.

23 BOARD MEMBER CURTIS: So not necessarily
24 what's registered with the secretary of state?

25 MR. MUTZIGER: Registered with the secretary

1 of state.

2 BOARD MEMBER CURTIS: All right.

3 BOARD PRESIDENT WILLIAMS: So I think we have
4 a motion on the floor to approve Dental Professionals
5 of Mississippi.

6 BOARD MEMBER CURTIS: No, Dental Care at the
7 Fountains.

8 MR. MUTZIGER: You asked for a motion to
9 amend to --

10 BOARD PRESIDENT WILLIAMS: I did, I asked
11 that, but I'm saying on the floor right now that we
12 have a motion that said --

13 MR. MUTZIGER: You are correct.

14 BOARD PRESIDENT WILLIAMS: -- approve Dental
15 Professionals of Mississippi. And now we have to
16 either rescind that motion or amend it to say Dental
17 Care -- I just soon rescind it. That will be cleaner.
18 So your motion to rescind --

19 BOARD MEMBER CURTIS: Motion to rescind.

20 BOARD PRESIDENT WILLIAMS: Motion to rescind.

21 All right. Can I get a second on that?

22 BOARD MEMBER LAMPKIN: Second.

23 BOARD PRESIDENT WILLIAMS: Any discussion?

24 All in favor, say "aye."

25 BOARD MEMBERS: "Aye."

1 BOARD PRESIDENT WILLIAMS: Any opposed?

2 (No response.)

3 BOARD PRESIDENT WILLIAMS: All right. We are
4 rescinding the motion to approve Dental Professionals
5 of Mississippi.

6 Now can I get a motion to approve Dental
7 Care at the Fountains?

8 BOARD MEMBER CURTIS: So moved.

9 BOARD PRESIDENT WILLIAMS: Can I get a
10 second?

11 BOARD MEMBER GRUBBS: Second.

12 BOARD PRESIDENT WILLIAMS: All right.
13 Motion and a second.

14 All right. Sorry for the confusion.
15 Everyone is clear we're voting on the name Dental Care
16 at the Fountains. All in favor, say "aye."

17 BOARD MEMBERS: "Aye."

18 BOARD PRESIDENT WILLIAMS: Any opposed?
19 (No response.)

20 BOARD PRESIDENT WILLIAMS: The motion
21 carries. Thank you. Ms. Vaughn.

22 BOARD MEMBER GRUBBS: Dr. Williams, can I
23 address C, please. We had a request that that be
24 removed or not addressed, that that is not an issue
25 anymore.

1 BOARD PRESIDENT WILLIAMS: Move to strike
2 through letter C and move on to Mobile Dental Units.

3 Ms. Vaughn.

4 MS. VAUGHN: The dental unit is going to be
5 Amite County Medical Services, Incorporated. The
6 doctor requesting it is a Dr. Brantley Dunaway, and
7 this is going to be a mobile dental unit and he's going
8 to provide services for the elementary and high school
9 around Amite County.

10 BOARD PRESIDENT WILLIAMS: Okay. Can I get
11 a motion to approve this mobile dental unit?

12 BOARD MEMBER LAMPKIN: So moved.

13 BOARD PRESIDENT WILLIAMS: We have a motion.
14 Can I get a second?

15 BOARD MEMBER JOE: Second.

16 BOARD PRESIDENT WILLIAMS: A motion and a
17 second. Any discussion on approving this mobile dental
18 unit?

19 BOARD MEMBER LAMPKIN: Everything has been
20 (inaudible) inspection and everything was perfect.

21 BOARD PRESIDENT WILLIAMS: It's a beautiful
22 looking truck. I've seen pictures. All right. Any
23 more -- no other discussion, all in favor, say "aye."

24 BOARD MEMBERS: "Aye."

25 BOARD PRESIDENT WILLIAMS: Any opposed?

1 (No response.)

2 BOARD PRESIDENT WILLIAMS: All right.

3 Motion carries.

4 So Mr. Hydrick, do you have a Board meeting
5 date here proposed for some regulatory issues? Number
6 12.

7 EXECUTIVE DIRECTOR HYDRICK: Yes. So we
8 received a -- requested a number of requests for a
9 public oral proceeding on these regulation changes,
10 and so we need to set a date for that. It could be
11 our next Board meeting, November 7th, but it's up to
12 the Board.

13 BOARD MEMBER GRUBBS: What is that for?

14 EXECUTIVE DIRECTOR HYDRICK: So Regulations
15 35, 53, 61, and 62 that were changed back in April
16 maybe.

17 MR. MUTZIGER: It was proposed.

18 EXECUTIVE DIRECTOR HYDRICK: For some reason
19 there was delays getting recognition that the OLRC had
20 received these changes, and so until that happened it
21 couldn't be posted on the public -- on the Secretary
22 of State and have a 30 day -- 25 day open comment
23 period, and so the public comment period just ended a
24 week or so ago, I think. I'm not sure on the date but
25 just recently ended, and so we have to now -- so now

1 we need to set up a time for that.

2 BOARD MEMBER CURTIS: And just for your
3 recollection, you know what 61 and 62 are about?
4 New language was adopted for those two entities, and
5 I think 53 was the one on informed consent. Is that
6 not right?

7 EXECUTIVE DIRECTOR HYDRICK: Patient records,
8 yes, sir.

9 BOARD MEMBER CURTIS: Patient records. And
10 what was 37?

11 EXECUTIVE DIRECTOR HYDRICK: That's the fees.

12 BOARD MEMBER CURTIS: Fees. Got you.

13 EXECUTIVE DIRECTOR HYDRICK: So, you know,
14 we were going to update our fee schedule.

15 BOARD MEMBER CURTIS: All right.

16 BOARD PRESIDENT WILLIAMS: Okay. So I like
17 the November 7th date.

18 BOARD MEMBER CURTIS: This is saying
19 November 6th?

20 BOARD PRESIDENT WILLIAMS: The 6th is fine.
21 I like November 6th better, 2nd, 3rd, 4th.

22 EXECUTIVE DIRECTOR HYDRICK: I think since
23 we took care of a lot of business today with
24 applications pending, I think November 7th personally
25 we'll have plenty of time to have a -- instead of

1 having another called.

2 BOARD PRESIDENT WILLIAMS: All right.

3 BOARD MEMBER CURTIS: And that's an in
4 person?

5 EXECUTIVE DIRECTOR HYDRICK: Yes.

6 BOARD PRESIDENT WILLIAMS: All in favor of
7 moving this public hearing to November the 7th for
8 Regulations 37, 53, 61, and 62, can I get a motion
9 to do that?

10 EXECUTIVE DIRECTOR HYDRICK: Or we don't
11 need a motion. We can just say we're setting it.
12 Right?

13 BOARD MEMBER CURTIS: Right.

14 BOARD PRESIDENT WILLIAMS: That will be on
15 the agenda for the November 7th meeting.

16 New business. Is there any new business
17 to be brought before the Board?

18 All right. Hearing none, we previously
19 moved Item 14 to Number 3, so now we will consider the
20 need to go into executive session. Does anybody have
21 anything they would like to discuss in executive
22 session?

23 MR. MUTZIGER: We do have consideration of
24 a disciplinary matter, so I would advise you of a cause
25 for executive session; however, to follow the

1 appropriate process you first need to ask for a motion
2 to have closed session to determine whether executive
3 session is appropriate.

4 BOARD PRESIDENT WILLIAMS: All right. Can
5 I get a motion to enter a closed session to determine
6 if executive session is necessary?

7 BOARD MEMBER LAMPKIN: So moved.

8 BOARD PRESIDENT WILLIAMS: Can I get a
9 second?

10 BOARD MEMBER JOE: Second.

11 BOARD PRESIDENT WILLIAMS: Is there any
12 discussion? Westley, why should we enter a closed
13 session?

14 MR. MUTZIGER: It's the state prescribed
15 process.

16 BOARD PRESIDENT WILLIAMS: So it is the
17 state prescribed process. So we need to enter closed
18 session. All in favor of that -- any other discussion?

19 All in favor, say "aye."

20 BOARD MEMBERS: "Aye."

21 BOARD PRESIDENT WILLIAMS: Any opposed?
22 (No response.)

23 BOARD PRESIDENT WILLIAMS: All right. We're
24 going to be in closed session.

25 MR. MUTZIGER: Typically, the Board --

1 BOARD PRESIDENT WILLIAMS: I just want to
2 make sure it didn't look like I was trying to run
3 people out. Thank you all for being here.

4 (THE BOARD WENT INTO CLOSED EXECUTIVE
5 SESSION.)

6 BOARD PRESIDENT WILLIAMS: We're back in
7 open session, and Mr. Mutziger would you report the
8 results of the executive session.

9 MR. MUTZIGER: The Board voted to approve
10 the consent order and Docket Numbers 2024-005 and
11 2024-042.

12 BOARD PRESIDENT WILLIAMS: Is there any
13 other discussion in open session?

14 BOARD MEMBER GRUBBS: I was just curious
15 with our representative that was here, and maybe Denny
16 might be able to answer this. Legislatively, can they
17 come back and take what we've put in place and revise
18 that as far as....

19 EXECUTIVE DIRECTOR HYDRICK: They can't
20 revise our regulation.

21 BOARD MEMBER GRUBBS: No, I'm talking about
22 the restrictions that we have.

23 BOARD PRESIDENT WILLIAMS: He can revise the
24 House Bill 1062, yes, and he is going to amend it for
25 the State Department of Health. He could potentially

1 clarify or amend any part of 1062 when they do this
2 submission.

3 BOARD MEMBER GRUBBS: So what we have in
4 place, he could adjust that?

5 BOARD PRESIDENT WILLIAMS: He could.

6 BOARD MEMBER CURTIS: He can clarify prior
7 notification and exactly what that means, what the
8 intent of that is. He could do that legislatively.

9 BOARD MEMBER GRUBBS: When do they go back
10 in session?

11 EXECUTIVE DIRECTOR HYDRICK: January the
12 2nd.

13 BOARD MEMBER GRUBBS: He'll have heartburn
14 with us doing a lot more about reassessing the state
15 agency, what they're going to do. That's just me
16 personally.

17 BOARD PRESIDENT WILLIAMS: He said his
18 phone is open. You can call him anytime, and I mean
19 that sincerely because I didn't -- I wasn't trying to
20 throw shade at him, but what I said was true. He did
21 not come to this Board and ask us. He took the input
22 from political organizations, the MDA.

23 BOARD MEMBER GRUBBS: I really appreciate
24 the way you handled that. I was proud of you.

25 BOARD PRESIDENT WILLIAMS: So he listened

1 to those people knowing full well that it was going to
2 come to the regulatory board. So any other comments?
3 Hearing none, I ask for a motion to adjourn.

4 BOARD MEMBER LAMPKIN: So moved.

5 BOARD PRESIDENT WILLIAMS: Can I get a
6 second?

7 BOARD MEMBER CURTIS: Second.

8 BOARD PRESIDENT WILLIAMS: All in a favor,
9 say "aye."

10 BOARD MEMBERS: "Aye."

11 BOARD PRESIDENT WILLIAMS: Any opposed?

12 (No response.)

13 BOARD PRESIDENT WILLIAMS: Meeting adjourned.

14 (CONCLUDED AT 11:53 A.M.)

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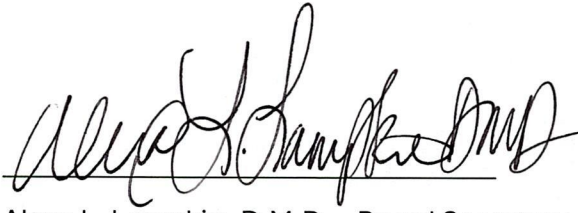
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The minutes of the September 5, 2025, meeting of the Mississippi State Board of Dental
Examiners were approved on November 7, 2025.

A handwritten signature in black ink, appearing to read "Alexa L. Lampkin D.M.D.", written over a horizontal line.

Alexa L. Lampkin, D.M.D. – Board Secretary