

**VIRGINIA BOARD OF DENTISTRY
REGULATOR MEETING MINUTES
February 27, 2026**

- TIME AND PLACE:** The meeting of the Regulatory Committee was called to order at 9:00 a.m., at the Perimeter Center, 9960 Mayland Drive, Board Room 4, Henrico, Virginia 23233.
- PRESIDING:** Sultan E. Chaudhry, D.D.S., President
- MEMBERS PRESENT:** Surya Dhakar, D.D.S.
Bruce R. Hutchison, D.D.S.
Margaret F. Lemaster, R.D.H.
J. Michael Martinez de Andino, J.D.
- STAFF PRESENT:** Jamie C. Sacksteder, Executive Director
Erin T. Weaver, Deputy Executive Director
David E. Brown, D.C., Director, Department of Health Professions
Matthew Novak, Agency Regulatory Coordinator
Donna M. Lee, Discipline Case Manager
- ESTABLISHMENT OF A QUORUM:** With five members present, a quorum was established.
- Ms. Sacksteder read the emergency evacuation procedures.
- Dr. Chaudhry welcomed Dr. Brown back as the Director of the Department of Health Professions.
- PUBLIC COMMENT:** Dr. Chaudhry explained the parameters for public comment and opened the public comment period.
- Written Public Comment was received from Dr. Amy Adair regarding the agenda topic of Dentist-in-Charge, which was distributed to the Committee prior to the meeting.
- Dr. Jonathan Wong - (1) AI – Expressed concern about the clinical use of AI that will involve state and federal issues as well as security problems, and to put all the responsibility on the dentist is burdensome. He encouraged the Committee to take a more comprehensive look at the use of AI. He stated that AI can be a tool for dentists to use, but ultimately it is the responsibility of the dentist on how to use AI in the practice; (2) Dentist-in-Charge – One person in charge may infringe on the employee/dentist relationship; (3) Legal Name – The nursing regulation was removed due to safety issues. There also must be concerns about workplace violence. The Board does not regulate entities; and (4) Scope of Practice – There may be occasions when oral surgery necessitates procedures to be performed below the clavicle such as bone grafts; dentists may oversee nurses concerning IV catheter placement; and the administration of anesthesia may involve other areas of the body.

Laura Givens, Virginia Dental Association – Ms. Givens read public comments submitted by Dr. Robert Strauss, who was unable to attend the meeting. Dr. Strauss supports the elimination of the requirement for OMS audits. As far as the Scope of Practice agenda item, Dr. Strauss stated in his letter that there are many conditions of the maxillofacial area that require intervention elsewhere in the body to manage. He suggested a modification to the regulation that would allow an OMS to provide appropriate, safe and current standard of care surgeries, while still excluding any practitioner, including an OMS, from inappropriate and unethical procedures.

Dr. Chaudhry closed the public comment period.

APPROVAL OF MINUTES: Dr. Chaudhry asked if there were any edits or corrections to the May 16, 2025, Regulatory Meeting Minutes. Hearing none, Mr. Martinez moved to approve the minutes as presented. The motion was seconded and passed unanimously.

COMMITTEE DISCUSSION TOPICS: Ms. Sacksteder informed the Committee that no decisions would be made today; the purpose of this meeting is to discuss what information the Committee may need to determine whether potential regulatory changes are necessary for the topics on the agenda. She noted that the regulatory process requires time, research, and careful consideration, and today marks the beginning of that process. She emphasized that today's discussion is meant to guide staff on what may need further research for future regulatory committee meetings. Ms. Sacksteder also reminded the Committee that nothing decided in committee is final; any recommendations must be taken to the full board for discussion, motions, votes, and next steps.

Artificial Intelligence (AI): Ms. Sacksteder stated that at every conference this year there were discussions about the use of AI in the practice of dentistry. She discussed that the regulations should ensure that dentists make the final diagnosis; and HIPAA concerns that patients are being informed when AI tools are used in their care.

The Committee discussed that it is hard to regulate something that is evolving so fast; concerns about AI diagnosing x-rays; a resource level to practitioners; burdensome to document every time AI is used; HIPAA compliance is necessary; and patient consent. There was a conversation about the role vendors would have to ensure HIPAA compliance; perhaps requiring vendors to register with the Commonwealth; some degree of accountability of companies providing the AI; and a reminder that HIPAA is a federal not state requirement.

After considerable discussion, the Committee determined that it should be reinforced that any treatment rendered is because of a diagnosis by a dentist, and that AI can be used as a tool to assist the dentist in various aspects of dentistry. The Committee requested that Board staff review the current regulations to see if any possible changes can be incorporated into existing regulations to address AI concerns and provide findings to the Committee at a future meeting.

Legal Name: Ms. Sacksteder explained that the Board will frequently get complaints where complainants are unable to identify the dentist because the dentist used a shortened name or nickname in practice, not the name issued on the license by the Board; therefore, not able to identify dentist for the complaint. A growing concern for patient safety and transparency. Discussion was had regarding the importance of patients being able to correctly identify who is treating them, while the dentist still being able to go by a shortened name or nickname because of the difficulty of pronouncing their name.

The Committee requested that Board staff review other Board regulations regarding use of clinical name in the practice of dentistry. Any proposed regulations will be presented to the Committee at a future meeting.

OMS Audit: Ms. Sacksteder informed the Committee that the Oral and Maxillofacial Surgery (OMS) Audit has been conducted every three years since 2002. She stated that previous audits have not identified systemic or egregious issues and it cost the Board approximately \$37,053 to conduct the audits. Most violations pertain to the failure of the OMS to maintain an updated profile.

Dr. Hutchison moved that the Committee recommend to the Board that 18VAC60-21-390 be repealed. The motion was seconded and passed.

Dentist-In-Charge: Ms. Sacksteder explained that it has become an issue when dentists work for companies and they are not aware of such things as the billing and hiring practices, recordkeeping, and infection control problems. If a disciplinary issue arises, the culpability is assigned to the dentist. Many associate dentists lack authority or oversight responsibilities. The Dentist-In-Charge would be responsible for the clinical and administrative oversight within corporate practices. The Dentist-In-Charge is modeled after the Pharmacist-In-Charge with the Board of Pharmacy.

The Committee was informed that the Boards of Pharmacy and Veterinary Medicine license the facilities; however, it may not be appropriate for the Board of Dentistry since they do not license facilities.

After discussion, the Committee agreed that a formal dentist-in-charge or something similar may be necessary to ensure proper clinical and administrative oversight within multi-provider or corporate practices and instructed Board staff to investigate other existing regulations from other states to address this issue and present the information to the Committee at a future meeting.

CE Broker: Ms. Sacksteder stated that CE Broker is currently optional and free to licensees. She reviewed the time and cost to use Board staff to conduct a continuing education audit by manually verifying continuing education. A proposed solution would be to require licensees to use an approved CE reporting service as a condition of renewal, which would improve audit efficiency, reduce administrative workload, and more consistent documentation. The CE Broker program has audit capabilities, and it would be at no cost to DHP or the licensees.

There was a discussion about the prior practice of reviewing continuing education when respondents came in for disciplinary matters, however, it was determined that it was not a fair process to audit for continuing education. It was questioned whether it is necessary to do a continuing education audit.

The Committee agreed to explore the requirement to have licensees use an approved CE reporting service as a condition of renewal and requested Board staff to draft appropriate regulatory language, which will be reviewed by the Committee at a future meeting.

Scope of Practice: Ms. Sacksteder informed the Committee that in 2025 there were two serious cases where dentists were practicing outside the scope of dentistry. The scope of practice cannot be redefined in the law.

An example was provided of OMS Cosmetic Procedure Permit holders who are restricted to performing procedures above the clavicle in regulation. It was discussed if the same could be done for general dentists.

After discussion, the Committee agreed to look at developing clarification of scope of practice perhaps by providing a guidance document. The Committee encouraged Board staff to discuss the matter with Board counsel and present possible solutions to the Committee at a future meeting.

Sexual Misconduct: Ms. Sacksteder told the Committee that there are current regulations addressing sexual misconduct for dentists, but not for dental hygienists and dental assistants.

The Committee decided there should be sexual misconduct regulations across all dental professions. Board staff will submit proposed regulations that are identical to the dentist regulations to the Committee for review at a future meeting.

Ethics: Ms. Sacksteder noted that while the Board does not have a code of ethics in regulation, the law (54.1-2706) references the standards of ethics for dentistry and dental hygiene. She explained that although Guidance Document 60-15 previously contained useful information, it is no longer in use. The Committee was informed that issues such as continuity of care and disruptive workplace conduct could be better addressed through ethics-related regulations. Ms. Sacksteder also clarified that the Board cannot incorporate the ADA or ADHA codes of ethics by reference.

The Committee requested that Board staff review current regulations to verify where ethical obligations already exist by creating a crosswalk to determine whether additional regulations are necessary, and present the findings to the Committee at a future meeting.

ADJOURNMENT:

With all business concluded, the Board adjourned at 12:35 p.m.

Sultan E. Chaudhry, D.D.S., President

Jamie C. Sacksteder, Executive Director

Date

Date