

BEFORE THE DENTAL ANESTHESIA TECHNICAL REVIEW COMMITTEE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
STATE OF NEBRASKA

IN THE MATTER OF	)	<u>TRANSCRIPT</u>
A PUBLIC HEARING REGARDING THE	)	VOLUME I of I
DENTAL ANESTHESIA PROPOSAL.	)	(Pages 1 through 22)
	)	EXHIBITS 1 and 2

Nebraska State Office Building  
301 Centennial Mall South  
Lower Level A  
Lincoln, Nebraska

Convened, pursuant to notice, at 1:08 p.m.,  
November 20, 2013,

BEFORE:

John Tennity, D.P.M., Chairperson.

COMMITTEE MEMBERS PRESENT:

Jeffrey Baldwin, Pharm.D., R.P.; Ryan McCreery,  
Ph.D.; Corrinne Pedersen; Connie Benjamin;  
Janet Rochford; Edmund Bruening.

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DHHS STAFF PRESENT:

Ron Briel, Program Manager  
Marla Scheer, Administrative Support

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I N D E X

EXHIBITS:

Marked Offered Ruled On Found

1	Committee Members (1 page)	4	--	--	Appendix
2	Sign-in Sheet (2 pages)	4	--	--	Appendix

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	Reporter's Certificate				3
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TESTIMONY

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	Crystal Stuhr				5
	Lisa Moravec				10

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REPORTER'S CERTIFICATE:

State of Nebraska            )  
                                  ) ss  
County of Lancaster        )

I, Wendy C. Cutting, reporter for GENERAL REPORTING SERVICE, certify that I reported the proceedings in this matter; that the transcript of testimony is a true, accurate and complete extension of the recording made of those proceedings; further, that the disposition of the exhibits is referenced in the index hereto.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Lincoln, Nebraska, this 27<sup>th</sup> day of November, 2013.

Wendy C. Cutting  
Reporter

- - -

1 PROCEEDINGS:

2 (Exhibits 1 and 2 were marked for identification.)

3 DR. TENNITY: Today's meeting is all about the  
4 public hearing portion of this proposal. Everybody has a  
5 copy of the format and procedures for a public hearing, and  
6 I want to review them with everybody first.

7 The first group to testify will be members from  
8 the applicant group. I have two names on this list as of  
9 now. All applicants are going to be given five minutes to  
10 address the committee, and then the opponents, and then  
11 neutral testifiers.

12 The one thing I would like you to keep in mind,  
13 I'd like to keep redundancy down, if possible. Looking at  
14 the list today, I think we've got plenty of time to address  
15 everybody's concerns.

16 What I do want from testifiers is, please state  
17 your name clearly, spell it for everybody, and if you have  
18 any written documentation that you want to give to us, we  
19 need -- we all need copies of it.

20 Anybody have any questions regarding the format  
21 of the rest of the proceedings today?

22 MR. BRIEL: And save questions for the end until  
23 the person is finished testifying.

24 DR. TENNITY: Yeah, and that includes us. If  
25 they're testifying, let's not -- let's let them do their

1 testimony and then at the end of their testimony, if you do  
2 have questions, we certainly do want to hear from you.

3 So, hearing no questions, for the applicant group  
4 I've got Dr. Bauer.

5 DR. BAUER: May I say I was a little confused on  
6 writing this thing down. I put my name down just in case  
7 we had to receive questions from the Board.

8 DR. TENNITY: Sure.

9 DR. BAUER: So, I have nothing to add.

10 DR. TENNITY: Okay, very good. Then I have a  
11 Crystal, last name Stuhr.

12 MS. STUHR: Yes, like the museum.

13 DR. TENNITY: Crystal, can you spell your name for  
14 us, please?

15 MS. STUHR: C-r-y-s-t-a-l, last name is S-t-u-h-r.

16 DR. TENNITY: And you're representing?

17 MS. STUHR: I am representing Nebraska Dental  
18 Assistants Association.

19 CRYSTAL STUHR

20 MS. STUHR: Our president was unable to come, so  
21 I'm here on her behalf, so thank you.

22 DR. TENNITY: Well, welcome.

23 MS. STUHR: Thank you.

24 DR. TENNITY: The floor is yours.

25 MS. STUHR: Basically, I just wanted to let you

1 know that we are in support of the proposal for continued  
2 education for -- or dental anesthesia proposal. And we  
3 think it's really necessary for the safety of the patient,  
4 and that's our bottom line. We've done a lot of research  
5 ourselves with our organization, and we definitely think  
6 that change is needed in a lot of parts of the statute, and  
7 this is definitely the beginning of -- that we feel like it  
8 it does need to change.

9 We were a little bit bummed with the ancillary  
10 recommendations coming out not allowing dental assistants  
11 or dental hygiene to be a part of this, because we feel  
12 truly that there's many times when the doctor steps out of  
13 the operatory to see another patient or for whatever  
14 reason, take a phone call, and we feel like we really need  
15 to be able to monitor that patient safely and with proper  
16 training. And we are in support of training for dental  
17 assistants to be able to do the monitoring. We are not  
18 feeling like we're at the point that we need to do any of  
19 the titrating, but we feel like we, as dental  
20 assisting -- we are -- I am a dental assisting instructor,  
21 and we teach emergencies. We teach the basic principles of  
22 nitrous oxide and sedation. We teach the pros and cons of  
23 it. We teach kind of to be able to respond and to watch  
24 and monitor our patient. We require everybody to have -- to  
25 be CPR certified in our program. And it's a health care

1 professional CPR certification. And so we feel like, with  
2 that, that does help with our knowledge as well.

3 Obviously, we would like to be put into that  
4 again, but we are in the process of working with the Dental  
5 Health Task Force, and we feel that hopefully, when we get  
6 to that point with them, we could develop this within that  
7 portion of the proposal. Questions?

8 DR. TENNITY: Does any of the committee have any  
9 questions for this applicant?

10 MR. BRUENING: I would have a question. You say  
11 you're "bummed." You're bummed about what?

12 MS. STUHR: We're bummed that we don't -- we've  
13 been excluded a little bit in the fact that we still,  
14 basically, because of the safety of the patient, we feel  
15 like we should be able to have the right to help monitor  
16 that patient because of the situation of the doctor is not  
17 always in the room.

18 MR. BRUENING: But you support the application --

19 MS. STUHR: We support --

20 MR. BRUENING: -- as it is right now.

21 MS. STUHR: We do.

22 MR. BRUENING: You believe that your association  
23 has a working relationship and that you can influence  
24 inclusion in the future.

25 MS. STUHR: Correct, exactly.

1 MR. BRUENING: So you don't feel that this is  
2 precluding anything that would allow your organization and  
3 the people you represent to be recognized in the future.

4 MS. STUHR: Right, exactly. We understand,  
5 because right now, dental assistants don't have a scope of  
6 practice in the state of Nebraska. And so, we understand  
7 the hesitation because of that, because there's so many  
8 variations. Our Nebraska Dental Assisting Association  
9 supports education, supports educated dental assistants.  
10 We feel not everybody has to go through formal training,  
11 but to have the option to do a continuing education program  
12 or something so they would still be trained adequately to  
13 also monitor would be appropriate as well.

14 MS. PEDERSEN: Do you think this is going to put  
15 a kind of like, onus on the dental assistants to say, come  
16 on, you can do this. You can do this. Do you think any  
17 dentists would kind of say, go ahead and do it?

18 MS. STUHR: Well, I can't -- you know, I don't  
19 know -- it could happen. It easily could happen,  
20 especially if they get called to an emergency or something  
21 in another operatory, they may be, like, keep your eyes on,  
22 you know, and delegate that responsibility to their  
23 chairside assistant. You know, we just feel like -- I mean,  
24 I'm a supporter of education, period, for dental assistants.  
25 And so, I know what we teach in accredited programs and we

1 teach a lot -- I mean, we teach vital signs, how to  
2 take -- you know, we teach how to identify and talk to the  
3 patient if they're starting to have trouble, and we would  
4 like to be able to continue to be able to monitor.

5 MS. ROCHFORD: How many dental hygiene programs  
6 are in the state of Nebraska schools?

7 MS. STUHR: I'm in dental assisting. There are  
8 two dental hygiene programs in the state of Nebraska.  
9 Dental assisting, too, is -- no, four. Four dental  
10 assisting programs, accredited.

11 MS. PEDERSEN: And where are they at?

12 MS. STUHR: Hastings, Lincoln, and two in Omaha.  
13 There was a second one in Lincoln, but I don't think it's  
14 still rolling.

15 DR. TENNITY: Thank you very much.

16 And for opponent testimony, I got Lisa Moravec.

17 MS. MORAVEC: Neutral.

18 DR. TENNITY: Neutral. Well, then I don't have  
19 any against. How about neutral?

20 Thank you for correcting me, Lisa.

21 Lisa, while you hand out, can you spell your name  
22 for the microphone and who you represent?

23 MS. MORAVEC: Lisa, L-i-s-a, Moravec,  
24 M-o-r-a-v-e-c.

25 DR. TENNITY: Thanks for coming in, Lisa. The

1 floor is yours.

2 LISA MORAVEC

3 MS. MORAVEC: Greetings, and good afternoon. My  
4 name is Lisa Moravec, and I am currently serving as the  
5 Nebraska Dental Hygienists' Association President. I want  
6 to thank you for the opportunity to address the Technical  
7 Review Committee in your important task of looking at this  
8 proposal and considering what is best for the citizens of  
9 Nebraska.

10 The Nebraska Dental Hygienists' Association would  
11 like to encourage you to consider returning to the original  
12 proposal which included dental auxiliary in your  
13 recommendations. We have shown strong support for the  
14 auxiliary inclusion and feel it is imperative for the  
15 safety of the public. We cannot fully support the proposal  
16 that is before the committee as we believe it to be  
17 incomplete without the auxiliary portion being part of this  
18 process.

19 The Nebraska hygienists have shown that local  
20 anesthesia has been safely administered without incident by  
21 dental hygienists since 1995 when it became law in Nebraska.  
22 By allowing dental hygienists to administer local anesthesia  
23 under general supervision, which is currently allowed under  
24 indirect supervision, we will be able to better address the  
25 needs of Nebraskans. Since 1995, we have had a generational

1 change of providers and their educational preparation to  
2 administer local anesthesia has been well equipped to  
3 provide them this service.

4 I personally am from rural Nebraska and feel I can  
5 confidently speak on behalf of the challenges of  
6 continuation of care for patients when the dentist must be  
7 gone for personal or professional reasons, especially in a  
8 single-dentist practice. In fact, just last week, we had  
9 to clear our entire schedule of patients, because the  
10 dentist needed to go home sick. Allowing hygienists to  
11 continue to be able to treat their patients while providing  
12 adequate pain control when the dentist is home sick or has  
13 been gone for a meeting ensures that patients don't miss out  
14 on necessary treatment because of this restriction.

15 Additionally, we have documented that throughout  
16 the nation, dental hygienists are able to safely administer  
17 and titrate nitrous oxide. Our dental hygiene programs are  
18 currently preparing graduates to perform these tasks safely  
19 and effectively, please reference attachment. Many will  
20 seek jobs in neighboring states where this is already within  
21 a hygienist's scope of practice.

22 Finally, we believe that the language in the  
23 original proposal concerning the establishment of minimal  
24 standards for dental assistants providing clinical care  
25 needs to be supported for several reasons. The inclusion of

1 dental assistants and creating minimal standards for  
2 educational parameters for assistants is necessary for the  
3 protection of the public. As I am sure you have all heard  
4 the tremendous impact of ill-informed or untrained  
5 individuals performing critical tasks in the dental office  
6 through the horror stories of the Oklahoma dentist, please  
7 see attached articles referencing that. We would be naïve  
8 to believe that inferior care because of lack of support  
9 staff education is not already occurring in Nebraska. By  
10 including the dental assistants in the proposal, it will  
11 ensure minimal educational parameters, such as infection  
12 control, basic CPR, and a certified nitrous oxide course  
13 are essential for the safety of the public. We do caution  
14 the piecemeal approach to certification. Therefore, it is  
15 necessary to create comprehensive standards for persons  
16 performing such duties to ensure they are duly qualified  
17 through thoughtful state regulation.

18 In conclusion, the Nebraska Dental Hygienists'  
19 Association believes that it is a reasonable request to ask  
20 the Technical Review Committee to reconsider the inclusion  
21 of the dental auxiliary portion as submitted in the original  
22 proposal. Thank you for your time and consideration of this  
23 important proposal which will update our statutes to be in  
24 line with current educational and professional standards  
25 that are being utilized across the nation.

1 DR. TENNITY: Anybody on the committee have a  
2 question?

3 DR. BALDWIN: I have one question. It's actually  
4 a technical question, but you said the dentist went home  
5 sick and you were still giving pain control?

6 MS. MORAVEC: No. We had to cancel our entire  
7 day's patients. We are not able to adequately administer  
8 pain control for our patients and continue their necessary  
9 treatment because we are currently not able to administer  
10 local anesthesia under general.

11 DR. BALDWIN: But is your vision that the dental  
12 hygienists will be able to do that in the situation where  
13 the dentist wasn't present?

14 MS. MORAVEC: If there was a situation where,  
15 yeah, the dentist was gone to a meeting or had to go home  
16 sick, that we wouldn't have to cancel the patients, that we  
17 could continue to see them. And we believe that we've  
18 shown evidence through the 18 years that we have been  
19 administering already that we can do so safely.

20 DR. BALDWIN: In your scope of practice, do you  
21 have prescriptive authority?

22 MS. MORAVEC: Not currently.

23 DR. BALDWIN: That would need to occur if you were  
24 going to pursue something like that.

25 DR. TENNITY: The good news and the bad news.

1 The good news is, I'm going to refocus everybody.  
2 The -- you know, I appreciate everybody's testimony, but to  
3 ask the Technical Review Committee to reconsider this is  
4 impossibility, because we have the task of reviewing the  
5 proposal that's put in front of us by the proponent group.  
6 We do not have the ability to do that. So, we, in a  
7 previous meeting, accepted the revised proposal. That's  
8 all we can judge on. We can't delve beyond what that  
9 proposal has. And this committee is fully aware of all the  
10 implications of dental assisting and dental hygienists.  
11 But, unfortunately, this is not the venue for that.

12 MS. MORAVEC: And I was under the impression that  
13 you could just make an ancillary recommendation to include  
14 possibly auxiliary being included. And therefore, we  
15 thought this was the appropriate time to testify that --

16 DR. TENNITY: We can come up with ancillary  
17 recommendations regarding the proposal.

18 MR. BRIEL: Although, we would have to be careful  
19 how you construct those so that you don't contradict the  
20 basic premise of the entire review. So you couldn't just  
21 sneak the old proposal in the back door via an ancillary  
22 recommendation. The die is cast on that as far as your  
23 committee is concerned.

24 DR. TENNITY: Correct.

25 MR. BRIEL: However, I need to point out that

1 that there is an Auxilliaries Technical Committee that will  
2 be formed and will meet, we anticipate, late January, early  
3 February. That's what I've been told, that will deal with  
4 these issues at that time. Now, that time frame may fall  
5 away, but sometime this winter, I've been told that that  
6 issue will move forward and will include these issues.

7 DR. TENNITY: Thank you, Lisa.

8 MR. BRUENING: Dr. Tennity, in light of what  
9 you've just said, it may disallow a question, but I do have  
10 a question of Lisa.

11 DR. TENNITY: Please go ahead.

12 MR. BRUENING: I'm curious, Lisa, why does your  
13 association believe that the original application was  
14 amended?

15 MS. MORAVEC: Well, I think the original  
16 application came forth with the support of the Board of  
17 Dentistry, the Dental Association, the Dental Hygiene  
18 Association, and the Dental Assistants. And I believe that  
19 a small number of people that brought opposition overtook  
20 all of the support of those four original people that had  
21 come forth with it. And I don't entirely believe that the  
22 individuals that were opposed really fully understood the  
23 education that dental hygienists had or what was going on in  
24 private practice settings, because they didn't have those  
25 same things in their office settings.

1 MR. BRUENING: Thank you.

2 MS. MORAVEC: Thank you.

3 MS. PEDERSEN: About the fourth paragraph down,  
4 you roll in, "By including the dental assistants in the  
5 proposal it will ensure minimal . . ." Did you mean the  
6 assistants or the hygienists, because the hygienists already  
7 can do some of this up here.

8 MS. MORAVEC: Right.

9 MS. PEDERSEN: So you were really saying dental  
10 assistants?

11 MS. MORAVEC: That is correct.

12 MS. PEDERSEN: Okay.

13 MS. MORAVEC: We feel that -- and I had  
14 previously submitted a letter that there are multi parts to  
15 this. You have the dentist, the hygienist, and the  
16 assistant. And by cutting off two legs of a three-legged  
17 stool, so to speak, you are excluding two critical  
18 components. So, for the safety of the public, and as she  
19 had previously testified, there needs to be some  
20 educational parameters for those that are going to be in  
21 the same vicinity assisting the dentist with monitoring.

22 MR. BRUENING: I would submit that if you cut off  
23 two legs of a stool, you have a milk stool.

24 (Laughter.)

25 MS. PEDERSEN: With a little wider board.

1 DR. TENNITY: Always an engineer in the group.

2 MR. McCREERY: Lisa, I have one more question for  
3 you. The task that we have as a committee is to compare  
4 the status quo situation to the proposal that we have in  
5 front of us. And my question for you is, despite your  
6 concerns about the limitations of the amended proposal, do  
7 you still feel like, or does your organization still feel  
8 like, that the proposal that we have in front of us is an  
9 improvement over the status quo in terms of safety? It  
10 might not be what you would desire or design if you had it  
11 to do over, but I'm asking you a very pointed question  
12 about what's happening now and what the changes are. Do  
13 you feel like that it would be an improvement for safety?

14 MS. MORAVEC: We feel, as an organization, that  
15 we cannot fully support the proposal as it states, because  
16 it is incomplete, but we are testifying neutral because we  
17 do not oppose that this is a needed change. We just don't  
18 think you're looking at the entire picture by not including  
19 the hygienists and the assistants in addressing this change  
20 in statute.

21 DR. TENNITY: Thank you very much, Lisa.

22 Is there a summary? Do you want me to summarize?

23 MR. BRIEL: You could ask people to come forward  
24 if they have any -- first the applicants to come forward if  
25 they have any summary comments. Any final concluding

1        comments --

2                DR. TENNITY: Any final concluding comments you  
3 want to add?

4                DR. BLAHA: You know, I took to heart your comment  
5 about redundancy, so I'm not going to belabor anything. I  
6 do have a procedural question. And if this is the  
7 appropriate time to ask that, may I?

8                DR. TENNITY: No time like the present.

9                DR. BLAHA: All right. Do you folks remember at  
10 our last meeting there was a letter that came from the  
11 pediatric dentists, and they had some concerns about the  
12 proposal, but didn't offer any specific recommendations.  
13 Well, in the intervening time, they have made some  
14 recommendations, which I think merit looking at. And there  
15 are probably a couple of other little things that may need  
16 to be tweaked. I guess, my question is, do we have a period  
17 of time that we can look at some things as a board and come  
18 back with any recommendations for changes at this point, or  
19 are we --

20                MR. BRIEL: Not in changes in the proposal, per  
21 se. Is that what you mean?

22                DR. BLAHA: Yeah. And I'm talking, not about  
23 anything that changes the substance of the proposal, per se,  
24 but some minor things in wording here and there. Do we have  
25 the opportunity to do that?

1 DR. TENNITY: At any time, you can. The --

2 MR. BRIEL: You'd have to clarify exactly what  
3 those are at this point.

4 DR. TENNITY: Yeah.

5 MR. BRIEL: I can't answer a hypothetical  
6 question.

7 DR. TENNITY: And they could be taken into  
8 consideration for ancillary recommendations, but being  
9 honest --

10 MR. BRIEL: That would be the only way you could  
11 address such --

12 DR. TENNITY: Yes.

13 MR. BRIEL: -- right, through an ancillary.

14 DR. TENNITY: Exactly, at this point.

15 MR. BRIEL: And bring those to the next meeting  
16 and -- or submit them in advance. If you have something,  
17 you can submit them in advance so that the committee has an  
18 opportunity to look at them before their next meeting.

19 DR. TENNITY: From a committee's perspective, you  
20 know, the fact that they're not here to testify, nothing's  
21 been submitted to this committee, is, you know, how do I  
22 say, telling, I guess, or interesting.

23 MR. BRIEL: Yeah, where are they?

24 DR. BLAHA: I believe I mentioned that last time,  
25 but, you know -- well, okay, you answered my question, thank

1       you.

2                   MR. BRUENING: I guess, pursuing that a little  
3 bit, so during the -- through this process, then, the  
4 applicant is sitting there saying, okay, there is input that  
5 may have value --

6                   DR. BLAHA: Yes, sir.

7                   MR. BRUENING: -- to what's being submitted?

8                   DR. BLAHA: And what I'm also saying, Ed, you  
9 know, we've got -- we are people that, we all have full-time  
10 jobs other than doing this. And this is a big application  
11 and there are little things that we would like to tweak.  
12 Again, nothing that would substantially change the proposal,  
13 but things that we think would be helpful in dressing it up  
14 and making it, not perfect, but --

15                   MR. BRUENING: I guess my point, I think that's  
16 consistent with the process. Now, what I'm hearing is,  
17 technically, we can't do anything with it, but I, for one,  
18 would like to hear if there is an add-on --

19                   DR. BLAHA: But you would accept --

20                   MR. BRIEL: We'd see what --

21                   MR. BRUENING: -- that we might be able to  
22 consider.

23                   DR. BLAHA: You've answered my question, thank  
24 you.

25                   MR. BRIEL: We need to see it first. That's the

1           thing. We can't respond to thin air.

2                   DR. BALDWIN: And our recommendations do not  
3 necessarily -- are not the end all and be all. It goes  
4 through a series of --

5                   MR. BRIEL: To the Board of Health. However, the  
6 proposal can no longer be amended. It is what it is  
7 throughout the entire process.

8                   DR. BALDWIN: But if it goes to something like the  
9 Legislature, then it can be amended there.

10                   MR. BRIEL: Then it's, you know, who knows.  
11 You're in free fall when you go -- but just in this process.  
12 So, submit your ideas and this committee will look at them  
13 and see if there's anything there for an ancillary  
14 recommendation when the time comes.

15                   DR. TENNITY: And to paraphrase for the opponent  
16 group -- or the neutral group and the ancillaries is they  
17 wish to be included in this, and at this point, they are  
18 not. And we understand that.

19                   MR. BRIEL: And there's not much we can do about  
20 that.

21                   DR. TENNITY: Correct.

22                   MR. BRIEL: Does anyone have anything else? If  
23 there's anyone who wants to make a final comment, it's wide  
24 open. This is your opportunity. You may do so. Going,  
25 going, gone, so to speak.

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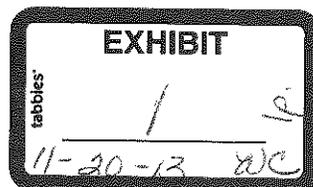
DR. TENNITY: Going, going, gone.

(Whereupon, at 1:35 p.m. on November 20, 2013, the  
proceedings were concluded.)

- - -

**MEMBERS OF THE DENTAL ANESTHESIA  
TECHNICAL REVIEW COMMITTEE – May 2013  
(Public Version)**

<b>John Tenny, D.P.M. (Chairperson)</b> Representing the Nebraska State Board of Health Private Practice Podiatrist	(Lincoln)
<b>Jeffrey Baldwin, Pharm.D., R.P.</b> UNMC College of Pharmacy Professor of Pharmacy	(Omaha)
<b>Ryan McCreery, Ph.D.</b> Associate Director of Audiology Boys Town National Research Hospital	(Omaha)
<b>Corrinne Pedersen</b> Manager of Member Development Nebraska Municipal Power Pool	(Lincoln)
<b>Connie Benjamin</b> State Director for AARP Nebraska	(Lincoln)
<b>Janet Rochford</b> Retired, Rochford Custom Homes	(Kearney)
<b>Edmund Bruening</b> Self-employed Business Manager, Consultant	(Lincoln)



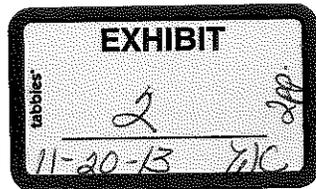
**SIGN IN SHEET**  
For Public Testimony on the  
Dental Anesthesia Technical Committee Review  
November 20, 2013 (1:00 p.m. start time)

TESTIFIERS - Please Print or Write Legibly for the Record

<b>PROPOSER'S NAME</b>	<b>REPRESENTING</b>
1. <u>Charles J. Bauer</u>	<u>Board of Dentistry</u>
2. <u>Crystal Stuh</u>	<u>NDAA</u> <u>CRYSTAL</u>
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Passed on 11/20/13

STUHR



**SIGN IN SHEET**  
For Public Testimony on the  
Dental Anesthesia Technical Committee Review  
November 20, 2013 (1:00 p.m. start time)

TESTIFIERS - Please Print or Write Legibly for the Record

**NEUTRAL, NAME**

**REPRESENTING**

1. Lisa Moravec

NDHA

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