

These minutes have not been reviewed or approved by the Board of Dentistry.

MINUTES OF THE MEETING
OF THE
BOARD OF DENTISTRY

January 10, 2025

ROLL CALL

The meeting of the Board of Dentistry was called to order by Dean Cope, DDS, Chairperson, at 9:00 a.m. on January 10, 2025, in the Husker Room at the Hampton Inn & Suites, located at 7343 Husker Circle, Lincoln, Nebraska, 68504. The meeting was conducted In-Person and by WebEx. The following members answered the roll call:

Dean Cope, DDS – Chairperson
Michael J. O’Hara, JD, PhD – Secretary
Yoshiharu Ameku, DDS
Gene Giles, DDS
Terrence Lanphier, DDS
Lynlee Medhi
Takanari Miyamoto, DDS
Hannah Randell, RDH
Brent Johnson, DDS – New Member
Abby Rennau – New Member

Absent: None

A quorum was present, and the meeting convened.

Also present to participate in the meeting: Vonda Apking, Program Manager; Heather Ord, Health Licensing Coordinator; Anna Harrison, Compliance Monitor; Teresa Hampton, Department Attorney; T.J. O’Neill, Assistant Attorney General; and Mark Meyerson, Investigator with the Investigation Unit.

Cope announced that there is a copy of all the public documents being reviewed at this meeting available in the meeting room pursuant to the Open Meetings Act.

In accordance with Neb. Rev. Stat. § 84-1411 of the Nebraska Open Meetings Act, copies of the agenda were e-mailed to the Board members and other interested parties, posted on the DHHS web site at <https://dhhs.ne.gov/licensure/Pages/Agendas-and-Minutes.aspx> and posted on the Bulletin Board at the entrance to the Nebraska State Office Building on December 31, 2024 with revisions posted on January 6, 2025 and January 7, 2025.

ADOPTION OF AGENDA

Giles moved, seconded by Ameku, to approve adoption of the agenda with the Chair having the authority to rearrange agenda items as needed. Voting aye: Ameku, Cope, Giles, Rennau, Lanphier, Medhi, Miyamoto, O’Hara, Randell and Johnson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

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APPROVAL OF MINUTES -October 4, 2024

Page 8: Paragraph 5 line 2: “CRDT” should be “CRDTS” under the “Discussion on Dental and Dental Hygiene Examinations”.

Page 8: Paragraph 6 line 2: “CRDT” should be “CRDTS” under the “Discussion on Dental and Dental Hygiene Examinations”.

Page 8: Paragraph 6 line 3: “for dentistry” added at the end of the sentence that states “Lanphier moved, seconded by Miyamoto for the Academic Year of 7/1/2025-6/30/2026 to accept both CRDTS exam and the ADEX exam with mandatory periodontal exam.”

Giles moved, seconded by O’Hara, to approve the September 27, 2024, minutes as corrected. Voting aye: Ameku, Cope, Giles, Lanphier, Medhi, Miyamoto, O’Hara, and Randell. Voting nay: None. Absent: None. Abstain: Rennau and Johnson. Motion carried.

PUBLIC COMMENTS

There were no public comments at this time.

INVESTIGATIONAL REPORTS AND APPLICATION REVIEW – CLOSED SESSION

O’Hara moved, seconded by Lanphier, to go into closed session at 9:07 a.m. for the purpose of review and discussion of investigative reports, licensure applications, and other confidential information, and for the prevention of needless injury to the reputation of the individuals. Voting aye: Ameku, Cope, Giles, Rennau, Lanphier, Medhi, Miyamoto, O’Hara, Randell and Johnson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

The Board returned to Open Session at 11:10 a.m.

APPLICATION REVIEW – OPEN SESSION

Dental Reinstatement AFTER Discipline Application(s)

Haggen Kenneth, DDS – application for Reinstatement after discipline to request removing limitations from his license. O’Hara moved, seconded by Medhi to recommend the denial of removing the limitations off of Kenneth Hagen’s dentist license on the basis of insufficient evidence to justify removing limitations. Lanphier recused. Voting aye: Ameku, Cope, Giles, Rennau, Medhi, Miyamoto, O’Hara, Randell and Johnson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

Dental Applications(s)

No applications were reviewed by the Board.

Dental Assistant Application(s)

No applications were reviewed by the Board.

Dental Hygienist Application(s)

No applications were reviewed by the Board.

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E-MAIL BALLOTS SINCE THE LAST MINUTES

No E-Mail Ballots at this time.

REGULATIONS UPDATE

There are no updates at this time.

LEGISLATION UPDATE

LB83-Adopt the Dentist and Dental Hygienist Compact

Introduced 1/10/2025 by Roundtree.

A bill for an act relating to public health; to amend sections 38-131 and 38-1101, Revised Statutes Cumulative Supplement, 2024; to adopt the Dentist and Dental Hygienist Compact; to require criminal background checks under the Uniform Credentialing Act; to harmonize provisions; to provide an operative date; and to repeal the original section.

<https://nebraskalegislature.gov/FloorDocs/109/PDF/Intro/LB83.pdf>

DISCUSSION REGARDING ACCEPTING ADEX SCORES RETROACTIVELY

Lanphier moved, seconded by Rannau, to accept the CRDTS and ADEX with mandatory periodontal exam for the 2024 – 2025 testing cycle. Voting aye: Ameku, Cope, Giles, Rennau, Lanphier, Medhi, Miyamoto, O'Hara, Randell and Johnson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

LETTER TO SUBCOMMITTEE FOR OROFACIAL MYOLOGY DISCUSSION

September 11, 2024

To the Subcommittee concerning Orofacial Myology of the Nebraska State Dental Board:

I graduated from University of Nebraska Dental School 50 years ago, May of 1974. I have loved dental hygiene from the beginning. I worked for wonderful dentists who taught me a great deal. I respected them and they respected me. After working as adjunct faculty for the Iowa Western Dental Hygiene Program in the clinic at Creighton Dental School for 10 years (2001-2011), I took my first 28-hour orofacial myology course. I had discussed this with Dr. Terry Wilwerding, DDS who was the chair of the Nebraska State Dental Board at that time. He told me that the opinion of the Board was Orofacial Myology was in the scope of practice for Dental Hygiene, assuming that the referring dentist would be the supervising dentist.

Since 2011, I have presented many Lunch and Learn power points in dental practices, initiated by the dentist. In spite of their interest and enthusiasm about orofacial myology, I found that they were not quick to add a simple myology screening to their exams. If a referral came, it was often from the hygienist in the practice. That doesn't mean dentists and orthodontists do not refer to me, they do. BUT things have changed since 2011. Many different medical professions: chiropractor's, physical therapists, body workers, lactation consultants, speech language pathologists, occupational therapists and a variety of physicians have gained an understanding of myofunctional therapy. There are two family practice physicians that refer patients to me often, saying "this is the piece

I've been missing". One physician is a patient and has completed tongue thrust therapy after a sublingual frenectomy. His referrals are desperately needing what I have to offer professionally. Also, parents are "owning" the medical care for their children researching online, getting 2nd opinions and of course listening to friends, etc. Some families switch doctors or dentists to find one concerned about mouth breathing, sleep apnea, and tethered oral tissues.

In the 12+ years I have been practicing, I have established a good reputation for quality care. I know my dental education is a key factor in my success. I have worked hard to gain a team of like-minded people that communicate with one another, trust one another and strive to do better with every patient. We are open to learning more from one another and confer regularly. I understand the purpose of general supervision by a dentist for a hygienist, but this isn't exactly dentistry. Many "supervising dentists" don't really understand what orofacial myology is about.

An orofacial myologist screens:

- *airway issues and refers to an ENT, orthodontist, or physical therapist*
- *malocclusion: referring to orthodontist*
- *skeletal structure which can impact airway, referring to physical therapists*
- *tethered oral tissues which can impact airway/sleep/choking/aspirating and more, referring to an airway centric ENT, dentist, or periodontist who has had further training in identifying and treating those restrictions. A myologist prepares the patient for frenulotomy/frenuloplasty with exercises before surgery to aid in sublingual and lingual muscle fiber definition and preparing for post-surgery exercises for optimal range of motion during healing.*
- *articulation issues to be referred to speech language pathologists*
- *orofacial myology disorders to correct oral phase swallow muscle function which impacts the long-term success of orthodontic care, airway, digestion and generally improved health.*

This is not a solo-practice but a team effort.

Finally, one doesn't have to practice dentistry a long time to realize the toll it takes on one's body. My body can no longer practice dental hygiene, a career I loved. My dental education prepared me well for orofacial myology which I call "chronic problem solving." This is a highly rewarding profession and there are not enough of us.

I have served on the Board of Director's for the International Association of Orofacial Myology and am currently serving on the Board of Examiners for the past 4+ years. The International Association currently requires 2 completed case studies, which may take 12-18 months to complete, to apply for the certification exam. They must submit all paperwork, communications with referral sources, before and after photos, treatment plans and treatment notes, of course redacting names/personal information. Those case studies are graded anonymously by 2 examiners. If the case studies pass and their educational background is sufficient, the written exam is provided. Currently, it is multiple choice, true/false and twelve 2-page essays. These are also graded by 2 anonymous examiners. When the written exam is passed with an 80%, another examiner will observe that clinician for 6-8 hours of face-to-face patient care, in various stages of therapy. Passing this phase earns a Certification in Orofacial Myology which is maintained with 20 hours of continuing education every 2 years. This certification is a trademark, COM®. I hope this Board would be proud to support the caliber of care dental hygienists are, can and will be providing.

Sadly, I must add that there are professionals that claim to be and advertise as "orofacial myologists" because they took a course or are using some of my treatment plans. COM® is more than You Tube videos and a list of exercises. The IAOM chose to add

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case studies because people were taking a class and thought they could take the exam. The exam is more than information from a class. It is looking at a patient, what is wrong, what are they doing, why are they doing it and how can I help them change. This is what true therapy is.

At this point, you might be thinking that all Orofacial Myologists do not have this experience and background, and you are right. But I did start somewhere.

Thank you for your time and consideration in this manner.

Sincerely,

Nancy L. Wehner, BSDH, RDH, PHRDH, COM®

Certified Orofacial Myologist®

The Board discussed to have the orofacial myology subcommittee review and discuss the letter that was submitted then report back to the board for further discussion.

LETTER FROM DEPARTMENT VETERANS AFFAIRS DISCUSSION

The Board acknowledges receipt of letter.

REQUEST OF APPROVAL FOR MODERATE IV SEDATION TO DENTIST COURSE

Postponed discussion until the April 4, 2025 meeting.

DISCUSSION ON WHAT AN UNLICENSED DENTIST FROM ANOTHER COUNTRY IS ABLE TO DO IN A DENTAL PRACTICE

Cope stated a dentist cannot do anything without a license other than be an unlicensed dental assistant.

PRACTICE QUESTION: FOREIGN TRAINED DENTIST WORKING AS DENTAL ASSISTANT, RADIOGRAPHY AND CORONAL POLISHING, WOULD ONE NEED TO TAKE AN APPROVED COURSE?

Cope stated a foreign trained dentist working as dental assistant, radiography and coronal polishing would need to take approved courses.

PRACTICE QUESTION: BOARD'S STANCES ON DENTIST TREATING SLEEP APNEA USING ORTHODONTIC TECHNIQUES TO EXPAND THE ARCHES, MANDIBULAR ADVANCEMENT DEVICES, MYOFUNCTIONAL THERAPY. A DENTISTS UTILIZE HOME SLEEP STUDIES TO SCREEN PATIENTS FOR SLEEP DISORDERED BREATHING AS LONG AS THEY ARE INTERPRETED AND DIAGNOSED BY A SLEEP PHYSICIAN? AFTER DIAGNOSIS FROM A SLEEP PHYSICIAN, DO DENTISTS NEED A PRESCRIPTION FROM THE PATIENT'S PRIMARY CARE PHYSICIAN TO UTILIZE A MAD OR OTHER TREATMENT MODALITIES? (DR. KELLY ANDERSON, DDS)

*Dr. Melanie Steckelberg, DDS
Steckelberg Dental
3201 S 33rd Ste A
Lincoln, NE 68506*

January 10, 2025

VIA hand delivery

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State of Nebraska Board of Dentistry

Dear Members of the Board of Dentistry,

I would like to share my recommendation regarding today's meeting agenda item listed with a practice question from Dr. Kelly Anderson, DDS.

Practice Question: Board's stance on dentist treating sleep apnea using orthodontic techniques to expand the arches, mandibular advancement devices, myofunctional therapy. A Dentists utilize home sleep studies to screen patients for sleep disordered breathing as long as they are interpreted and diagnosed by a sleep physician? After diagnosis from a sleep physician, do Dentists need a prescription from the patient's primary care physician to utilize a MAD or other treatment modalities? (Dr. Kelly Anderson, DDS)

In 2015 the American Academy of Sleep Medicine and American Academy of Dental Sleep Medicine jointly published Clinical Practice Guideline for the Treatment of Obstructive Sleep Apnea and Snoring with Oral Appliance Therapy: An Update for 2015. The clinical guideline was published in Volume 11, Number 7 of Journal of Clinical Sleep Medicine. In the interest of the widest dissemination possible, the editors and publishers of Journal of Dental Sleep Medicine and Journal of Clinical Sleep Medicine have agreed to allow for its dual publication.

In 2022, the American Academy of Dental Sleep Medicine published an update to their standards, Dental Sleep Medicine Standards for Screening, Treatment, and Management of Sleep-Related Breathing Disorders in Adults Using Oral Appliance Therapy: An Update.

I believe that these two papers, which are a practice standard and a guideline, will answer most questions that Nebraska Dentists have about practicing Dental Sleep Medicine in Nebraska.

Respectfully, I request that the Nebraska Board of Dentistry adopt the following as standards and guidelines for dental practice in Nebraska

- 1. Clinical Practice Guideline for the Treatment of Obstructive Sleep Apnea and Snoring with Oral Appliance Therapy: An Update for 2015. Journal of Dental Sleep Medicine 2015: 2 (3): 71-125.*
- 1. Dental Sleep Medicine Standards for Screening, Treatment, and Management of Sleep-Related Breathing Disorders in Adults Using Oral Appliance Therapy: An Update. J Dent Sleep Med. 2022: 9 (4)*

Sincerely,

Melanie A. Steckelberg, D.D.S.

Apking mentioned in the 1992 "Report from the Nebraska Board of Examiners in Dentistry" newsletter states "It is the opinion of the Board of Examiners in Dentistry that the Nocturnal Airway Patency Appliance can be fabricated by a dentist but not without a prescription from a

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physician. The Board did not feel a dentist could prescribed this treatment because it is not for a dental condition”.

Hampton mentions that the Board is able to request the statutes to be opened to add dental sleep apnea treatment to be added to the dental scope of practice.

DESIGNATION OF THE METHOD OF WHICH THIS BODY GIVES PUBLIC NOTICE OF ITS MEETINGS

Apking informed the Board that the Department currently sends notifications via email to interested parties, post meeting agendas to the Department’s Public website, and post a paper agenda inside the State Office Building.

Lanphier moved, seconded by Giles, to continue the current method of which this body gives public notice of its meetings. Voting aye: Ameku, Cope, Giles, Rennau, Lanphier, Medhi, Miyamoto, O’Hara, Randell and Johnson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

ELECTION OF OFFICERS

Ameku moved, seconded by Miyamoto to keep Chair and Secretary the same and appoint Lanphier as Vice-Chairperson. The slate of officers is as follows: Cope – Chairperson, Lanphier – Vice-Chairperson, and O’Hara – Secretary. Voting aye: Ameku, Cope, Giles, Rennau, Lanphier, Medhi, Miyamoto, O’Hara, Randell and Johnson. Voting nay: None. Absent: None. Abstain: None. Motion carried.

PUBLIC COMMENTS

O’Hara mentioned in articles regarding the use of artificial intelligence (AI) for diagnostic purposes. Some jurisdictions already prohibit doing a first assessment using AI if you are going to have the government, in any way, do anything to you. They can us AI to verify of a human decision but no to replace the decision of a human.

Dr. Melanie Steckelberg, DDS
Steckelberg Dental

Steckelberg mentioned the point of order where if an item is not on the agenda, it cannot be discussed.

Hampton verified an item cannot be discussed without being on the agenda, however, can be an announcement.

Dean Wallen
Creighton University

Dean Wallen expressed her appreciation for Dr. Cope, Dr. Steckelberg, and the Board members with difficult discussions and efforts over the last 12 months over legislation efforts, regulations, statute language changes, workforce, and things of those nature.

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MEETING SCHEDULE

The next regular meeting is scheduled for April 4, 2025.

To see the list of meeting dates, agendas and minutes go to:

<https://dhhs.ne.gov/licensure/Pages/Agendas-and-Minutes.aspx>

ADJOURNMENT

The Board adjourned the meeting at 12:13 p.m.

Respectfully submitted by,

(signature on file with the Department)

Michael O'Hara, JD, PhD, Secretary
Board of Dentistry