The Board met Wednesday, April 29, 2020, via videoconference. More than 500 members of the public attended.

The President called the meeting to order at 1:06 p.m. with all board members and several staff members in attendance.

At 1:08 p.m. Dr. Sims moved to enter Executive Session and to return to public session at 1:53 p.m. Ms. Campbell seconded the motion and the President called for the vote: Dr. McIlwain, yea, Dr. Williams, yea, Dr. Sims, yea, Ms. Campbell, yea, Dr. Beckham, yea, Dr. Pischek, yea, Dr. Cunningham, yea. The motion carried. At 2:00 p.m., the Board retired from Executive Session and returned to public session.

The Board first heard from Dr. Alvin “Red” Stevens, Director, and Ms. Gina Latham, Coordinator, of the Alabama Dental Hygiene Program (ADHP). They discussed dealing with restrictions on lecture facilities imposed by social distancing requirements. Dr. Bruce Cunningham moved to encourage ADHP to accept as many as 200 students for the upcoming year. Ms. Campbell seconded the motion, and it was approved by unanimous consent.

Mr. Edmonds read the Board’s proposed Statement on Infection Control and recommended that it be released to the public:

Although Board rules require that dentists conform to current CDC guidelines, and CDC’s interim guidelines purport to prohibit elective dental procedures, CDC has stated that elective procedures are permissible if state governors so order. CDC has also clarified that if you are creating a dental aerosol, and N95 or equivalent masks are unavailable, dental personnel may use well-fitting surgical masks (Level II or III) with face shields.

Mr. Edmonds then read a statement introducing the Board’s interpretation/opinion of how CDC guidance operates under current circumstances in Alabama. The opinion was posted on the Dental Board’s website before the meeting, and will be mailed to licensees on the afternoon of the meeting. Dr. Williams moved to accept the statement and opinion. Dr. Cunningham seconded, and the statement and opinion were accepted by unanimous consent.

Mr. Edmonds then read a statement of the current law as it applies to teledentistry:

The Dental Practice Act does not prohibit one narrow class of teledentistry, wherein the doctor interacts directly with a patient. This can be to triage those patients whose conditions might constitute emergencies, or who might be carriers of COVID-19. The doctor must interact with the patient personally, rather than exclusively through auxiliary personnel; record the visit in detail, including making any necessary SOAP notes; and observe the same standard of care s/he would observe for an in-person visit.

This lone operational model of teledentistry is permissible, and will remain so once any remaining pandemic restrictions are lifted. Practitioners are cautioned to observe private and government insurers’ requirements if seeking reimbursement, and any guidelines set forth by DEA or any other governing state or federal agency.

The meeting adjourned at 2:33 p.m.