

**MINUTES**  
**SPECIAL MEETING**  
**North Dakota Board of Dental Examiners**  
**March 18, 2020, 6:00 PM CDT**

**Call to Order:** The meeting was called to order at 6:00 PM CDT.

Board Members and Administrative Staff Attendance

Greg Evanoff, DDS, President	Otto Dohm, DDS
Alison Fallgatter, DDS, President-Elect	Mike Goebel, DDS
Michael Keim, DDS, Immediate Past President	Rita Sommers, Executive Director
Tim Mehlhoff, CPA, Secretary-Treasurer	Tara Brandner, Assistant Attorney General
Bev Marsh, RDH	Jacinda Simmons, Admin Assistant

Dr. Evanoff opened the meeting by explaining the logistics of a public body holding a meeting. Dr. Evanoff explained open meetings laws, and that public meetings require prior public notice by the Board by following specific notification and other requirements that all business of the Board must be conducted in public. The meeting was attended via conference call by approximately 280 additional listeners. Oral surgeon Marcus Tanabe, DDS, MD, Brad Anderson, DDS, a member of the Governor's Advisory Response Team and Will Sherwin, NDDA Executive Director who were invited to comment and respond to questions from members of the Board to provide information regarding emergent and urgent care and hear latest developments and announcements from the NDDA. Ms. Brandner provided information on the Board's legal authority regarding closure of offices. Mandates for dental office closure would require an executive order by the Governor. Ms. Brandner reiterated the dental board does not have legal authority to close dental practices.

**COVID-19:** Each Board member commented on the COVID-19 pandemic and provided opinions or insights for a Board recommendation. General concerns related to decisions in addition to the dynamic situation related to what may occur once dental offices might be available only to those patients with urgent or emergent dental needs. The Board expressed the essential need for dentists to remain available for emergency and urgent care for their patients. Many members concurred with the ADA's guidelines which is available on-line to members and nonmembers of the ADA. Ms. Marsh offered insight on dental staff's perspectives and concerns. Ms. Brandner added that many boards are inundated with similar questions and stressed that regulatory Boards do not have the authority to close businesses. Regarding dentistry, she continued, the emergency threshold for urgent or emergent dental care must be determined by the individual dentist unless the Governor issues an order and defines specific emergencies within such an order. Ms. Brandner confirmed that the Board could recommend or make suggestions which would not have the weight of law. Board members spoke in favor of a recommendation for licensees to provide appropriate types of emergency dental care consistent with the American Dental Association's (ADA's) guidance on distinguishing emergent vs. elective care suitable under current conditions so that dentists could communicate this with their employees. It was pointed out that government agencies are not asking offices to shut down currently, but rather consider what is emergent and what is not, and to continue to fulfill their obligation to provide such care for patients of record. Another consideration discussed was that emergency rooms (ERs), oral surgeons and as well as endodontists would be left responsible for urgent dental care if dentists were to shut down their offices completely. Doing so could be considered as patient or practice abandonment. A recommendation suspending elective care should not be interpreted as a requirement or expectation for closing an office. Limiting non-essential dental and surgical procedures would also provide potential benefit by conserving medical supplies and personal protective equipment (PPE) such as gloves, masks and other important materials for use where they may have greater need or benefit when providing essential care during the present COVID-19 pandemic.

Dr. Tanabe shared information that the primary goal is to slow down, not accelerate, spread of the COVID-19 virus. The ER community is concerned that hospitals may well be overrun with patients and that ER personnel may also contract the virus. This is also a concern for oral surgeons. The Centers for Disease Control (CDC) is asking all medical providers (including those in dentistry) to slow the process and not to accelerate it. However, oral surgeons are also concerned that by merely providing antibiotics, patient's issues could become more challenging = to address later, and perhaps lead to an appointment in the ER. Based on statistics from the cruise ship Diamond Prince, a dentist could unknowingly treat an asymptomatic but infected individual while only wearing routine masks and gloves, yet producing aerosols with potential virus in the air and potentially infecting staff and others nearby. Therefore, it is important to limit dental care to treat emergent or urgent problems. Dr. Tanabe emphasized the importance of continuing to provide emergent dental care for patients in the dental office to minimize the exposure risk to the public and to help ease any added burden on emergency rooms and hospitals. Although diagnosed cases of COVID-19 is currently limited in North Dakota, this could rapidly change.

Dr. Evanoff requested Ms. Sommers and Ms Brandner craft a written statement with a recommendation from the Board which emphasizes that it is imperative that dentists care for and manage their own patients with emergency or urgent dental needs, maintain contact access with patients and reminding dentists that failure to do so could result in disciplinary action. The Board also desired to recommended that dentists protect themselves from liability and consult with their own legal advisor should the choose to provide care beyond these recommendations. The Board can only make recommendations and cannot mandate dentist's specific actions or office closure. The Board consensus was also that it should recommend following all directives put in place by the federal and/or state governments as well as the ND Department of Health in addition to recommendations made regarding COVID-19 by the CDC while further mentioning that the BODE does not have statutory authority to close dental offices.

Dr. Evanoff called for the Board to convene again March 19, 2020 at 10:00 AM to review a statement draft to review which could be then adopted by the Board and circulated to licensees.

Adjournment: Dr. Goebel moved to adjourn. Dr. Dohm seconded the motion. Without objection, the meeting was adjourned at 7:23 PM CDT.

Respectfully submitted,

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Rita Sommers, Executive Director

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Tim Mehlhoff, CPA, Secretary-Treasurer