STATE OF TENNESSEE
DEPARTMENT OF HEALTH

IN THE MATTER OF: ) BEFORE THE TENNESSEE
) BOARD OF DENTISTRY
JOSEPH BROWN, DDS ) CASE NUMBER: 2019011771
RESPONDENT )
MT. JULIET, TENNESSEE )
TENNESSEE LICENSE NO.: 9293 )

CONSENT ORDER

Come now the Division of Health Related Boards of the Tennessee Department of Health (hereinafter the “Division”), by and through the Office of General Counsel, and Respondent Joseph Brown, DDS, (hereinafter “Respondent”), and respectfully move the Tennessee Board of Dentistry (hereinafter the “Board”) for approval of this Consent Order affecting Respondent’s license to practice as a dentist in the State of Tennessee.

The Board is responsible for the regulation and supervision of dentists licensed to practice in the State of Tennessee. See Tennessee Dental Practice Act (hereinafter the “Practice Act”), Tennessee Code Annotated Section (hereinafter “TENN. CODE ANN. §”) 63-5-101, et seq. It is the policy of the Board to require strict compliance with the laws of this State, and to apply the laws so as to preserve the quality of dental care provided in Tennessee. It is the duty and responsibility of the Board to enforce the Practice Act in such a manner as to promote and protect the health, safety and welfare of the citizens of the State of Tennessee, including by disciplining dentists who violate the provisions of TENN. CODE ANN. § 63-5-101, et seq., or the Rules and Regulations promulgated by the Board and recorded in the Official Compilation Rules and Regulations of the State of Tennessee (hereinafter “TENN. COMP. R. & REGS.”).
Respondent, by his signature to this Consent Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their disqualification from hearing this matter should this Order not be ratified. Likewise, all matters, admissions and statements disclosed or exchanged during the attempted ratification process shall not be used against Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

I. STIPULATIONS OF FACT

1. Respondent has been at all times pertinent hereto licensed by the Board as a dentist in the State of Tennessee, having been granted license number 9293 by the Board on June 17, 2011, which currently has an expiration date of September 30, 2020.

2. Respondent was audited by the Board as part of the renewal process for his Limited Conscious Sedation Anesthesia permit.

3. Respondent failed to obtain the required four (4) hours of continuing education in the area of anesthesia/sedation.

II. GROUNDS FOR DISCIPLINE

The facts stipulated in paragraphs one through three in the Stipulations of Fact, supra, are sufficient to establish that grounds for discipline of Respondent’s dental license exist. Specifically, Respondent has violated the following statutes or rules which are part of the
Tennessee Dental Practice Act (TENN. CODE ANN. § 63-5-101, et seq.), for which disciplinary action before the Board is authorized:

4. The facts as stipulated to in paragraph 3 constitute a violation of TENN. COMP. R. & REGS., Rule 0460-02-.07(8)(c):

   Continuing education. In order to maintain a limited or comprehensive conscious sedation or deep sedation/general anesthesia permit, a dentist must:

   Obtain a minimum of four (4) hours of continuing education in the subject of anesthesia and/or sedation as part of the required forty (40) hours of continuing education for dental licensure. ACLS or PALS certification shall not be included as any part of the required four (4) hours.

5. The facts as stipulated to in paragraph 3 constitute a violation of TENN. COMP. R. & REGS., Rule 0460-01-.05(7)(b):

   Any dentist, dental hygienist, or dental assistant who fails to obtain the required continuing education hours and/or CPR training may be subject to disciplinary action pursuant to T.C.A. §63-5-124(a)(1) and (18).

III. POLICY STATEMENT

The Tennessee Board of Dentistry takes the following action in order to protect the health, safety and welfare of the citizens of the State of Tennessee and ensure that the public confidence in the integrity of the dental profession is preserved.

IV. ORDER

NOW THEREFORE, Respondent agrees to the following:

6. The Tennessee dental license of Joseph Brown, DDS, license number 9293, is hereby REPRIMANDED effective from the date of entry of this Consent Order.
7. Respondent shall pay a civil penalty in the amount of one hundred dollars ($100.00) dollars for each hour he was deficient for a total of four hundred ($400.00) dollars pursuant to Respondent’s failure to maintain the required number of continuing education hours and comply with the sedation permit requirements in violation of Section II, Grounds for Discipline. Any and all civil penalties shall be paid within thirty (30) days of the effective date of this Consent Order.

8. Any and all civil penalty payments shall be paid by **certified check, cashier’s check, or money order** payable to the **State of Tennessee**, which shall be mailed or delivered to: Disciplinary Coordinator, The Division of Health Related Boards, Tennessee Department of Health, 665 Mainstream Drive, Second Floor, Nashville, Tennessee 37243. A notation shall be placed on said check that it is payable for the civil penalty of **JOSEPH BROWN, DDS, COMPLAINT NO. 2019011771**.

9. Respondent shall pay, pursuant to **TENN. CODE ANN. § 63-5-124(e)**, all costs allowable by law associated with the prosecution of this matter, including all costs assessed against the Board by the Division’s Bureau of Investigations in connection with the prosecution of this matter. Any and all costs shall be paid in full within thirty (30) days of Respondent’s receipt of the Assessment of Costs. Payments shall be paid by **certified check, cashier’s check, or money order** payable to the **State of Tennessee**, which shall be mailed or delivered to: Disciplinary Coordinator, The Division of Health Related Boards, Tennessee Department of Health, 665 Mainstream Drive, Second Floor, Nashville, Tennessee 37243. A notation shall be placed on said check that it is payable for the costs **JOSEPH BROWN, DDS, COMPLAINT NO. 2019011771**. Pursuant to **TENN. CODE ANN. § 63-1-144(b)**, the maximum amount of costs to be assessed shall not exceed one thousand dollars ($1,000.00).
10. Respondent understands that this is a formal disciplinary action and will be reported to the National Practitioner Data Bank (N.P.D.B.) and/or similar agency.

V. APPROVAL BY THE BOARD

This CONSENT ORDER was approved by a majority of a quorum of the Tennessee Board of Dentistry at a public meeting of the Board and signed this 10th day of October, 2019.

[Signature]
President
Tennessee Board of Dentistry

APPROVED FOR ENTRY:

[Signature]
Joseph Brown, DDS
Respondent

DATE
7-15-19

Jennifer L. Putnam (B.P.R. # 29890)
Assistant General Counsel
Office of General Counsel
Tennessee Department of Health
665 Mainstream Drive, 2nd Floor
Nashville, Tennessee 37243
(615) 741-1611

DATE
7/26/19
CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this Consent Order has been served upon Respondent, Joseph Brown, DDS, 1013 Mires Road, Mt. Juliet, Tennessee, 37122 by delivering same in the United States Mail, Certified Mail Number 7016 0400 0000 6508 7385, return receipt requested, by United States First Class Mail, with sufficient postage thereon to reach its destination, and by email at elijah.brown17@gmail.com.

This 11th day of October, 2019.

Jennifer L. Putnam
Assistant General Counsel