



Douglas A. Ducey, Governor

# Arizona State Board of Dental Examiners

“Caring for the Public’s Dental Health and Professional Standards”

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## OPEN SESSION MINUTES

### March 3, 2020

### Anesthesia and Sedation Committee

Committee Members of the Arizona State Board of Dental Examiners (“Board”) Anesthesia and Sedation Committee held a meeting at 1:00 p.m. on Friday, March 3, 2020 at the Board’s office in Boardroom C, 1740 West Adams Street, Phoenix, Arizona 85007.

#### COMMITTEE MEMBERS:

- Nick Goodman ..... Chairperson
- Ali Baghai, CRNA ..... Public Committee Member
- Lisa B. Bienstock, DMD..... Board Member
- Randall J. Blazic, DDS ..... Public Committee Member
- Jason W. Brady, DMD..... Public Committee Member
- Jeffrey N. Brownstein, DDS ..... Public Committee Member
- Ed Christensen, DDS ..... Public Committee Member
- Anthony Herro, DDS ..... Board Member
- Jonathan Jerman, MD ..... Public Committee Member
- Randall Lout, DDS..... Public Committee Member
- Heath Snell, DDS..... Public Committee Member

- Ali Baghai arrived at 1:21 p.m.
- Dr. Randall J. Blazic arrived at 1:10 p.m.
- Left the meeting at 2:41 p.m.
- Absent

#### STAFF AND ASSISTANT ATTORNEY(S) GENERAL PRESENT:

- Ryan P. Edmonson..... Executive Director
- Kristina Gomez ..... Deputy Director
- Seth T. Hargraves, Esq..... Assistant Attorney General
- Sherrie Biggs..... Licensing Manager
- Susie V. Adams ..... Programs and Project Specialist
- Nancy Elia..... Licensing Administrator
- Miriam Thompson ..... Chief Compliance Officer

#### OPEN SESSION

The meeting was called to order at 1:06 p.m. by Mr. Nick Goodman. The following order of business was then considered:

#### CALL TO PUBLIC

No one from the public wished to speak.

The Americans with Disabilities Act: Persons with disabilities may request reasonable accommodations, such as sign language interpreters. Requests should be made as early as possible to allow time to arrange the accommodation. This document is available in alternative format upon request.

## **REVIEW, DISCUSSION AND POSSIBLE ACTION ON COMMITTEE MEETING MINUTES**

Discussion and approval of the Open Session Minutes from the March 3, 2020 committee meeting

A motion was made by Dr. Randall Lout, seconded by Dr. Jason W. Brady and passed unanimously to approve the Open Session Minutes from the January 24, 2020 committee meeting.

## **CALL TO ORDER AND ROLL CALL**

Roll call of the Committee members was taken and a quorum was established. The following order of business was then considered.

## **RESEARCH OF U.S. STATES AND TERRITORIES / JURISDICTION REGARDING ANESTHESIA & SEDATION STATUTES AND RULES**

Staff had been asked at the January 24, 2020 committee meeting to review what was happening regarding sedation in other states, territories and jurisdictions. Nick Goodman requested information as to how that is going. Ryan P. Edmonson discussed the struggle staff is having with creating such a voluminous document and asks the Committee if there is a way to pare it down to something more manageable for staff to create and the Committee to review. Dr. Jason W. Brady stated that he had done a cross-section analysis of all the states regarding various levels sedation for training purposes and created a spreadsheet. He offered to share that research with this Committee. The research he did was approximately 6 months old and it was determined that would be helpful. Mr. Edmonson suggested that committee look at the document and determine if it is sufficient for the Committee's needs. Mr. Goodman asked that it be shared with staff and the committee to see if it meets the Committee's needs.

## **REPORTS OF ADVERSE OCCURRENCES**

Miriam Thompson provided her report to the Committee regarding adverse occurrences for the time period 2015 to 2020. Dr. Johnathan Jerman asked the criteria for reporting and the definitions of events. These were further explained by Ms. Thompson. Bias and procedure were discussed. Nick Goodman suggested that staff provide the number of permits held at each level. Discussion as to the outcome of adverse occurrence reported for example of the 10 reported how many resulted in hospitalization or severe consequences. After consultation with the Board's attorney, Ms. Thompson reported that of the 17 cases reported, there were 3 fatalities.

The Committee continued their discussion of adverse occurrences and how age plays a role in sedation and adverse occurrences. And it was decided to amend the report to show the ages of the patients at the time of the occurrences, whether there were any long-term adverse effects, and the level of permit of the licensee's involved. Mr. Goodman read from information provided by Kristina Gomez the number of permit holders for each category of permit. The Committee requested staff to expand the spreadsheet to include more detail in the adverse occurrence cases.

Training of general dentists and other 1304 permit holders was discussed as well as what is involved in an Advance Airway Management course and how it differs from ACLS (Advanced Cardiac Life Support). The Committee directed staff to provide information as to what is required by the rules regarding Airway Management Course. Dr. Ed Christiansen discussed whether a conflict of interest might exist if the person giving the exam was also the entity providing the 1304 services

## SCOPE OF WORK

Nick Goodman reminded the Committee that it is a Committee making a recommendation to the Board and the Board will decide as to any changes. The Committee proceeded to go through the rules page by page to discuss changes. Dr. Randall Lout felt the definitions should more closely mirror the definitions used by the American Dental Association (“ADA”).

Discussion was held on multiple dosing by 1303 permit holders and particularly multiple dosing of pediatric patients by 1303 permit holders, and multiple dosing in accordance with the current 1303 rules in combination with Nitrous. Dr. Lout advised the Committee that Association of Pediatric Dentistry advises against multiple dosing. Dr. Lout suggests changes to instruct no multiple dosing in pediatrics. Dr. Randall J. Blazic voiced his concerns regarding giving multiple dosing in minimum sedation and suggests that multiple dosing for minimal sedation should not be acceptable.

Ryan Edmonson reminded the Committee that suggested changes will go through the Governor’s Regulatory Review Council (“GRRC”) and not the Legislature. Mr. Edmonson suggested that Dr. Heath Snell or another committee member come before GRRC and present rules of sedation, which was discussed as well as adding inhalation as a technique of sedation. The Committee discussed changing the level of permits to classes of permit in order to more clearly represent that 1 is a higher level than 4; and perhaps adding another class and clarification be made that children ages 8 and under should have additional requirements.

Dr. Lisa B. Beinstock suggested that persons holding a level 1301 permit would not require a separate pediatric classification since that is the highest level of anesthesia. The Committee discussed adding a classification for pediatric sedation to the 1303. The Committee discussed including a pediatric certificate or endorsement for those permit holders working on children 8 and under. Dr. Snell does not believe anyone with a class 2 formerly 1302 permit should be performing anesthesia or sedation on anyone under 8. Dr. Jason W. Brady wants to be careful as to not exclude a portion of the pediatric community. Dr. Brady suggested adding a P (for pediatric) class to the class 2 and 3 permits.

Mr. Ali Baghai suggested adding sedation/anesthesia language to the 1304 permit title rather than leaving the title as it currently reads. Making the title definition more in align with the class 1 permit.

Mr. Goodman stated that the Board would need to figure out how the grandfathering would work. Mr. Edmonson stated that at the time of the sedation the dentist would have to use the rules in place and not go back to previous statute he had at the time of his initial permitting. Mr. Edmonson brought to the committee’s attention that once rules have changed, permit holders will have to follow those rules. You cannot go backward and capture things once a rule has changed, they will have to do sedation on the basis of the current rule.

Dr. Brady stated that competency is in alignment with pediatric endorsement; doctors who have been out of the practice or in an administrative roll would need to be current. The Committee discussed requiring an additional permit holder with additional pediatric training be present during 1303 sedation of children. Dr. Brady suggested that all four levels of permit should have a P designation to be consistent.

Mr. Baghai stated that the CRNA, Anesthesiologist, Oral Surgeons have vigorous training in anesthesia as a baseline and a pediatric dentist may not have that level of training in sedation.

Dr. Lout informed the Committee that California currently has a P designation for all levels. He does not want to take away the pediatric designation for class 1. He thinks that people who are trained to do the sedation will meet the necessary requirements. Dr. Brady feels currency should be a determination as well instead of only education.

Dr. Jonathan Jerman stated that he has made recommendations in his edits as far as the need for permit holders to have demonstration of skills. He brings to point the fact that children are different than teenagers and adults; the oxygen consumption rate can be faster and response time is diminished when kids have issues. He feels most complications with children are airway issues. He believes someone should be available who knows how to manage the airway. Association of Pediatric Dentistry put out guidelines that there should be a second provider available that knows airway management for pediatric patients and he suggested that the committee should consider recommendations to that effect. There are significantly more codes in office based settings where no one was trained in airway management. The dentist administering sedation should have ACLS, PALS and Advanced Airway and would not require a second person brought in with those skills for pediatrics age 8 and younger.

Class 3 formerly 1303 for initial applicants to get the Pediatric designation it was suggested to require an additional 60 hours CE and 25 cases per year to stay current. Pediatric residency programs require 25 cases and it is not an arbitrary number. Dr. Snell suggested they could either do the 25 per year or not have the designation. Dr. Beinstock suggested permit holders could be required to send in the attestation of cases yearly to maintain the pediatric distinction rather than waiting 5 years.

Discussing moderate sedation the Committee suggests that if medication is administered that results in the patient exceeding the level of intended sedation the procedure be stopped. Rules currently do not say that and ADA does.

There was consensus amongst the Committee with having a pediatric designation for class 2 and class 3 permits, but no consensus as to exactly what that will be.

Upon agreement of the Committee, Mr. Goodman turned the meeting over to Dr. Anthony Herro due to a scheduling conflict that required Mr. Goodman to leave the meeting.

#### **NEXT COMMITTEE MEETING**

The Committee discussed the days of the week and the times of the day that work best for the Committee to hold their meetings. April 16 and May 8 at 2:00 p.m. were decided and it was agreed that Board staff will send out an email reminder for those dates and times.

#### **SCOPE OF PRACTICE**

Ryan Edmonson suggested that the committee members should take a look at the rules and submit changes and suggestions similar to Dr. Jonathan Jerman and Dr. Heath Snell and submit it to staff. He stated that staff will then distribute any amended suggestions to the Committee members prior to the next meeting.

Ali Baghai, addressed the Committee to ask their input on how to submit potential changes regarding the 1304 permitting process. He suggested a level 5 permit to credential CRNA and Medical Anesthesiologists to replace the need to have evaluators go out and evaluate 1304 permit applicants. Sherrie Biggs discussed the procedure for aligning evaluators with applicants. Dr. Randall Lout suggested that staff submit a report on the 1304 permits to determine when applications are received and when permits are obtained.

Dr. Anthony Herro suggested that staff present information as to when permits were requested and when they were processed and what delays occurred. Ms. Biggs discussed the process by which evaluators are assigned and dates of evaluations are set. Susie Adams discussed the situations that may slowdown the evaluation process. Dr. Jason W. Brady suggested ramping up to get more evaluators and ensure that the process is not discriminatory to a 1304 permit holder. Dr. Snell discussed problems he is having with a current evaluation scheduling.

Mr. Baghai asked that the Committee discuss general dentist offices not having to have an Automated External Defibrillators (AED) on hand. Dr. Herro suggested adding that topic to a future meeting as a future agenda item.

Discussion was held about the fees and qualifications for a mobile permit and whether it is warranted. Dr. Ed Christiansen discussed there being multiple office and mobile office permit. Ms. Biggs discussed the mobile permit vs. multiple office triennials. Dr. Jason W. Brady stated that 1304 permits are for non-permitted doctors hiring someone to come in.

Dr. Ed Christiansen addressed Dr. Jonathan Jerman's previous comment regarding the two-provider process during procedures and stated that he prefers the anesthesia team approach and feels it is safer for the children. He did not feel statistics were used in preparing the reports that suggest a two-person anesthesia team were safer. He feels it should be discussed at a future time.

Dr. Herro added to future meetings how to finalize the mobile vs. multiple office permits. Dr. Brady wants it to stay status quo. Dr. Herro suggested a future meeting agenda item: evaluation process; continue starting at the R4-11-1301 section and go through that; Dr. Randall Lout and Dr. Lisa B. Beinstock will work on changes regarding the pediatric designations.

#### **ADJOURNMENT**

A motion was made by Dr. Randall J. Blazic, seconded by Jonathan Jerman and passed unanimously to adjourn at 3:05 p.m.