



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

### January 24, 2020

### Anesthesia and Sedation Committee

Committee Members of the Arizona State Board of Dental Examiners (“Board”) Anesthesia and Sedation Committee held a meeting at 9:04 a.m. on Friday, January 24, 2020 at the Board’s office in Boardroom C, 1740 West Adams Street, Phoenix, Arizona 85007.

#### COMMITTEE MEMBERS:

Nick Goodman .....	Chairperson and Board Member
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
Edward H. Christensen, DDS .....	Public Committee Member
Anthony J. E. Herro, DDS .....	Board Member - General Dentist
Jonathan D. Jerman, MD .....	Public Committee Member
Randall K. Lout, DDS.....	Public Committee Member
Heath C. Snell, DDS .....	Public Committee Member

#### 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

#### GUESTS PARTICIPATING AND/OR PRESENT:

Kevin Earle .....	AzDA, Acting Executive Director
Gregory B. Sheppard, DDS .....	Licensee
Brent D. Pulley, DMD .....	Licensee
Julie D. Anfinson, DDS .....	Licensee

#### OPEN SESSION

The meeting was called to order at 9:04 a.m. by Nick Goodman. The following order of business was then considered:

## **WELCOME AND INTRODUCTIONS**

Committee members and staff introduced themselves for the record.

Nick Goodman addressed the Committee by thanking them for their commitments and thanked those in the audience for their attendance. Mr. Goodman stated that anesthesia is a serious matter and the topic has gotten a lot of attention and that Committee and the dental community wishes to ensure that proper care is given and public safety is kept in sight.

## **CALL TO THE PUBLIC**

No one from the public initially wished to speak.

## **SCOPE OF PRACTICE**

Nick Goodman acknowledged that given the size of the Committee, there is importance in determining what the Committee is trying to accomplish. He opened the floor for discussion as to what the Committee is hoping to accomplish. Dr. Anthony Herro stated that as a member of the Board he thinks anything talked about or decided on at the Committee level needs to align with the mission of the Board, which is to protect the public. Dr. Herro stated that he feels that the issues out there are for higher scrutiny, increased awareness and that protection of the public should be the most important conversation.

Dr. Jeffrey Brownstein stated that he felt safety improvements should be discussed. Ali Baghai addressed the Committee regarding his role as a CRNA and his frustration with the process of a 1304 permit. Dr. Randall Blazic stated that he believes the current permitting process should stay in place. He stated that many other states follow the model of the Arizona Board in its permitting and evaluation process. Dr. Edward Christensen stated that the Committee should address access to care, safety and how the Board's rules align with national standards. The Committee members discussed the length of time that it takes to change rules.

Dr. Jonathan Jerman asked about the creation of the Committee, which included discussion about piping and costs of piping for individual and small dental offices. Dr. Lisa Bienstock stated that it started at the Board level with the piping industry and stated there was an adverse occurrence based on failed piping, which then lead to the Board discussing its rules being outdated and a Committee was formed.

Mr. Goodman suggested that the Committee should focus on safety and public health. He stated that the Committee is an advisory Committee and they should come up with ideas and decide what should be passed onto the Board for its discussion. He stated that he feels that the Committee's scope is to review and decide which standards and guidelines that are currently in place need change and what those changes should be.

Dr. Jason Brady questioned whether the Committee has been tasked to address every issue brought up regarding anesthesia and sedation. Mr. Goodman stated that the Committee needs to establish what the issues are and then decide how to address them and whether to narrow the scope.

## **CALL TO THE PUBLIC**

Kevin Earle stated that he would like the Committee to consider: organizing the regulations by the level of sedation; adding inhalation sedation to the Board's rules; and adapting, on some level, to the changes within a national level(s). Mr. Early also stated that he believes there is a problem with

the Board's permit process, its evaluation process, including delays and inconsistencies and he would like these issues addressed as well and brought before the Board.

### **SCOPE OF PRACTICE**

The Committee discussed which issues needed to be addressed. The discussion included discrepancies in current rules, inconsistencies, the timing of the process, updates that need to occur to the language and classification of permits and what specific rules are problematic.

The Committee discussed CO<sub>2</sub> monitoring, alarm fatigue, ventilating and potential liabilities created by rule changes. Ali Baghai stated that he believes CO<sub>2</sub> monitoring should be mandated. Dr. Randall Blazic feels CO<sub>2</sub> needs to be monitored and it is not currently monitored and should be basic care when using anesthesia. Dr. Heath Snell disagreed with monitoring a patient who is under mild or moderate sedation. Dr. Edward Christensen feels CO<sub>2</sub> is important and can catch breathing trouble early. Dr. Randall Lout stated that he believes a precordial stethoscope is adequate and Dr. Jason Brady agreed that there should be some sort of monitoring. Mr. Baghai stated that the Board's rules should include recategorizing the permits and CO<sub>2</sub> monitoring equipment should be standard. The Committee discussed the cost to a practice and if additional equipment is needed.

Dr. Lout asked for clarification on how the Committee process will work as far as making recommendations and instituting changes, how things were going to be presented to both the Committee and the Board. Nick Goodman advised that if the Committee members come to a consensus, the Committee recommendation would be made and whatever is argued at a Committee level would most likely be argued at a Board level. Mr. Goodman provided direction on the Committee should make motions and recommendations for the Board's review.

Ryan Edmonson addressed the Committee regarding its roll and stated it is to establish some guidelines for all dentists to ensure consistency. Mr. Edmonson explained the process from the Committee level through the Board level and ultimately a rule package that would be reviewed through the Governor's Regulatory Review Council ("GRRC").

Kevin Earle encouraged the Committee to be very methodical and look at national standards; do research on what other states have done; and he would like to see the Committee put a recommendation in writing for the Board to consider and present it to GRRC.

The Committee discussed national levels and Dr. Jeffrey Brownstein stated that he believes that the national levels may be complicated to implement because there are so many different specialties who each have their own standards.

### **CALL TO THE PUBLIC**

Dr. Greg Shephard, a pediatric dentist, addressed the Board regarding the precordial stethoscope as it pertains to 1303 anesthesia and sedation permit. He opined that the graph doesn't pick up enough – stating that a precordial stethoscope is right in the ear and is more reliable than the graph.

### **SCOPE OF PRACTICE**

Ryan Edmonson suggested that the Committee review national standards and see how and where the Board's rules differ. Dr. Lisa Bienstock suggested that each Committee member should review their specialty's national standards and decide what can be added or subtracted from the Board's

rules based on those national standards. The Committee discussed recommending solutions to problems versus continuing to point out the problems. Ali Baghai stated that he would like for patients to have more access to their needs and by amending the 1304 permit would grant more access to CRNAs for anesthesia and/or sedation. Mr. Baghai stated the differences between CRNAs entering a medical office versus a dental office. Mr. Baghai stated that the Arizona Medical Board determines the rules for IV sedation and they have to be followed, but there is no permit needed except for general or tracheal anesthesia and he would like to see the 1304 permit deregulated, to some extent, but mostly just to be able to provide greater access of care.

### **CALL TO THE PUBLIC**

Dr. Brent D. Pulley stated that he would like to see better definitions and concern for patient. He stated that permitting is important, but that the license application is too easy and not enough is being asked in the Board's application process.

### **SCOPE OF PRACTICE**

The Committee discussed moving forward with Ryan Edmonson's and Kevin Earle's suggestions and review current national standards and other governing entities to rules to help establish the Board's rules. The Committee requested that board staff provide research regarding adverse occurrences. Dr. Health Snell felt knowing the statistics could help narrow the scope on where the Committee's focus should be in regard to changes.

### **CALL TO THE PUBLIC**

Dr. Julie Anfinson stated that she does not feel that there is any training for anesthesia and sedation evaluators and the lack training or education leads to inefficiencies and inconsistencies between evaluators and the outcomes of the evaluations.

### **SCOPE OF PRACTICE**

Dr. Edward Christensen asked what the process is for applicants who fail the initial evaluation. Sherrie Biggs responded and explained the process.

### **NEXT COMMITTEE MEETING DATE**

The Committee discussed the days of the week and the times of the day that work best for the Committee to hold their meetings. A consensus was met that the majority prefer mid-week, afternoon meetings and the next meeting should be held prior to the end of February.

The Committee directed staff to poll the members for a Tuesday afternoon in February and another Tuesday afternoon in March or April to establish at least two more meetings.

### **ADJOURNMENT**

A motion was made by Dr. Anthony Herro, seconded by Dr. Randall Lout and passed unanimously to adjourn at 10:54 a.m.