Meeting Notice

Missouri Dental Board
Policy Review Committee

March 23, 2007 ~~ 9:00 a.m.

Missouri Council of School Administrators
2550 Amazonas Drive
Jefferson City, Missouri

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Except to the extent disclosure is otherwise required by law, the Policy Review Committee of the Missouri Dental Board is authorized to close meetings, records and votes, to the extent they relate to the following: Sections 610.021 (1), (3), (5), (7), (13) and (14), RSMo, and Section 620.010.14 (7) and (8), RSMo.

The Policy Review Committee of the Missouri Dental Board may go into closed session at any time during the meeting. When the meeting is closed, the appropriate section will be announced to the public with the motion and vote recorded in open session minutes.

Please see attached tentative agenda for this meeting.

cc: Members, Missouri Dental Board
Nanci Wisdom, Attorney-at-Law
Laurie Morris, Office of Administration
Ms. Vickie Wilbers, Executive Director, Missouri Dental Association
President, Missouri Dental Association
President, Missouri Dental Hygienists' Association
President, Missouri Dental Assistants' Association
David T. Broeker, Director, Division of Professional Registration

Posted: 3/13/2007
9:00 a.m.

Open Agenda

Missouri Dental Board
Policy Review Committee

March 23, 2007 9:00 a.m.

Missouri Council of School Administrators
2550 Amazonas Drive
Jefferson City, Missouri

1.	Call to Order	Dr. Wallace
2.	Roll Call	Pat Lepp
3.	Approval of Agenda	Dr. Wallace
4.	Review of Sedation Rules • 20 CSR 2110-4.010 – Definitions • 20 CSR 2110-4.020 – Conscious Sedation • 20 CSR 2110-4.030 – Guidelines for Administration of Conscious Sedation • 20 CSR 2110-4.040 – Deep Sedation/General Anesthesia	Dr. Wallace
5,	Prioritize Task List	Dr. Wallace
6.	Other Agenda Items	Dr. Wallace
7.	Motion to Close	Ms. Thompson
8.	Adjournment	

Posted: 3/13/2007
9:00 a.m.

Open Minutes
Missouri Dental Board
Policy Review Committee

March 23, 2007 – 9:00 a.m.

Missouri Council of School Administrators
3550 Amazonas Drive
Jefferson City, MO 65109

The open meeting of the Missouri Dental Board's Policy Review Committee (PRC) was called to order by Dr. Kevin Wallace, Chairperson, at approximately 9:15 a.m. on Friday, March 23, 2007, at the Missouri Council of School Administrators, 3550 Amazonas Drive, Jefferson City, Missouri.

COMMITTEE MEMBERS PRESENT:
Dr. Kevin Wallace, Committee Chairperson
Dr. Rolfe McCoy, Member
Ms. Patricia A. Lepp, R.D.H., Member
Ms. E. Maxine Thompson, Member

STAFF MEMBERS PRESENT:
Sharlene Rimiller, Executive Director
Justin C. Smith, Executive I
Brian Barnett, Investigator III

GUESTS:
Dr. Craig Hollander, Missouri Academy of Pediatric Dentistry
Lori Bruce, R.D.H., Missouri Dental Hygienists' Association
Ms. Jeanie Skibiski, CRNA, Missouri Association of Nurse Anesthetists
Dr. Thomas Saak, Past President, Missouri Society of Anesthesiology
Mr. Fred Brown, Executive Director, Missouri Society of Anesthesiology
Ms. Georgene Bosaw, CRNA, Missouri Association of Nurse Anesthetists
Dr. Guy Deyton
Dr. Rob Coyle, Missouri Academy of Pediatric Dentistry
Allan Schwartz, D.D.S., CRNA
Darren Elliott, Missouri Association of Nurse Anesthetists
Dr. Jake Lippert, Missouri Dental Association
Dr. Perrin Jungbluth, University of Missouri – Kansas City
Dr. Brett Ferguson, Missouri Society of Oral and Maxillofacial Surgery

To better track the order in which items were taken up on the agenda, each item in the minutes will be listed in the order it was discussed in the meeting.

APPROVAL OF AGENDA

A motion was made by Dr. McCoy and seconded by Ms. Lepp that the agenda be approved as written. Motion carried 4 to 0.

REVIEW OF SEDATION/ANESTHESIA RULES

Dr. Wallace explained that this meeting was being held as a method to review issues with any of the conscious sedation and deep sedation/general anesthesia rules that are currently in effect. He stated that this would be the first of numerous meetings on this subject, so those who were not able to attend this will have future opportunities for comment.

Dr. Saak, Past President of the Missouri Society of Anesthesiology, addressed two questions that had been raised by the Board staff. First, the rules do not address the definition of the anesthesia team. Dr. Saak believes the definition should include the following professionals as being eligible to be part of the anesthesia team: dentists, anesthesiologists, nurse anesthetists, and anesthesia assistants. This differentiates from Dr. Deyton's response to the question because not all would be employed by the dental office as the rule currently requires.

The American Society of Anesthesiologists provided a statement on the anesthesia care team which was approved by their delegation in October 2006. Dr. Saak believes that if these positions are included as part of the anesthesia team, the definitions of those individuals should be included in the definitions section of the rule. Currently, there is no definition of an anesthesia assistant. They should also be listed as qualified providers in 20 CSR 2110-4.010. Dr. Saak further stated that the anesthesia assistant profession is a growing profession and now has a program being offered in four (4) universities, so it is important that if the Board defines the anesthesia team that the anesthesia assistant be included in that definition.

Ms. Lepp pointed out that currently, the conscious sedation rules refer to the team administering and monitoring the sedation as the "sedation team," however, the deep sedation/general anesthesia rule refers to those in similar positions as the "anesthesia team." She stated that the PRC will need to address if the terminology should be the same or different in each rule.

Ms. Thompson asked Dr. Saak if the anesthesia assistant is a new profession. Dr. Saak responded that the anesthesia assistant is not a Certified Registered Nurse Anesthetist (CRNA), but it has been taught in programs for the past twenty (20) or thirty (30) years. They are a mid-level provider, in that they are trained to work under the supervision and direction of an anesthesiologist. They typically are graduates from a pre-medical program offered at a college or university, and an anesthesia assistant program thereafter. Anesthesia assistants work with an anesthesiologist, not individually.

Dr. Deyton recommended that the Committee examine the word "employed" within the rule and consider a revision to include "employed or contracted." He explained that one

reason for the wording as it is now was due to jurisdiction issues and liability for problems that may occur. The Dental Board only has jurisdiction of dentists and dental offices, and he tried to protect that jurisdiction through the wording in the rules. He also stated that the current terminology regarding the teams for conscious sedation and deep sedation/general anesthesia are differentiated because the requirements and responsibilities are different for each level of sedation.

Dr. Saak questioned what is meant by "the dentist must order the anesthesia services" referred to in 20 CSR 2110-4.020 and 20 CSR 2110-4.040. Dr. Deyton addressed this in his written response stating that the term "order" does not mean writing a prescription, but rather a simple request for services and does not require a permit. Dr. Saak stated that the MSA (Missouri Society of Anesthesiology) is okay with that explanation. He further stated that if the PRC would like a recommendation for a rewrite of these rules, he has preliminary ideas proposed in the response by MSA. Dr. Saak stated that the purpose of his preliminary proposal was to allow for additional liability on the anesthesiologist or nurse anesthetist, and lessen the liability on the dentist for those services performed by the anesthesiologist or nurse anesthetist.

Dr. Wallace believes that this section is in need of the most clarification. He asked Dr. Saak what he means by "evaluation" within his proposal. Dr. Saak stated that the dentist should evaluate the patient for the purposes of knowing what they need to do individually, ensure proper protocol, and know personally that the patient is ready to leave the office. Dr. Wallace is of the opinion that the Board either needs to be fully behind the idea of having anesthesiologists and nurse anesthetists perform their specialty, or not have them doing the procedures in dental offices because of the liability issue.

Dr. Deyton stated that Premier Dental Anesthesia has gone above and beyond the requirements by establishing protocols for preoperative evaluation that are not required by rule; however, there is nothing in the rule that would prevent another less qualified anesthesia service provider from providing similar services. Ultimately, Dr. Deyton believes that the Board has no control over regulating other anesthesia service providers because they have no jurisdiction over them, therefore, there has to be some sort of responsibility by the dentist. The responsibility in the current rules lies with the dentist-in-charge, who attests that the providers offering sedation in the dental office are qualified providers.

Ms. Lepp asked Dr. Deyton if he believes that dentists need to possess a permit even if nurse anesthetists or anesthesiologists are the providers performing the sedation. Dr. Deyton stated he personally believes that the dentist-in-charge should have some level of competence in order to manage the setting; however, that is not how the rule reads.

Dr. Schwartz stated that he believed that the spirit of the rule was based on the knowledge that the dentists obtained in their dental program the established level of competence that enables them to appropriately manage the setting with no additional

training. Dr. Deyton explained that when the Board initially wrote these regulations, they drew upon expert testimony for guidance.

Dr. Hollander stated that the pediatric dentists have been an advocate of creating an amendment to the rules for dentists treating patients under the age of thirteen (13) due to the different nature of the patient. He stated that, generally, these cases involve conscious sedation rather than deep sedation/general anesthesia. Dr. Hollander believes the current rules have inadvertently caused an access to care issue due to the lack of accessibility to anesthesiologists or nurse anesthetists to pediatric dentists in the smaller communities. Dr. Wallace asked if the Missouri Academy of Pediatric Dentistry (MAPD) has a written idea for a rewrite of the regulation. Dr. Hollander responded that the MAPD has not yet written any formal response; however, he anticipated that they would have quality input into the process. Dr. McCoy asked if the response would be similar to the comments that the MAPD submitted to the Missouri Dental Board (MDB) after the rules were established two (2) years ago. Dr. Hollander believed that the ideas and concerns would be similar. He stated that the rules have really put a strain on the 53 pediatric dentists throughout the state. Dr. Coyle stated that one of the problems for pediatric dentists in regards to the sedation rules is the fact that all of the required continuing education coursework is based on adult physiology, which varies greatly in children.

Dr. Deyton stated that he supports a different and separate rule specifically for sedation in pediatric dentistry. He believes that the Board can address sedation by level of consciousness or regulate by procedure. Dr. Coyle explained that the threshold for anxiolysis moving in to sedation is narrow, especially in children, and he believes that a permit should be required for anxiolysis when treating children. Dr. Deyton agreed due to dentists attempting to avoid the conscious sedation rule claiming that they are treating the patient for anxiolysis when in actuality they are sedating the patient.

Dr. Wallace stated that he received a telephone response from Dr. Richard Weber. He stated that Dr. Weber's only concern is the rule allowing for an oral surgeon to go to a general dentist's office to administer sedation in any location that has a site certificate. Dr. Deyton believes that the rules regarding this are clear in that the sedation can only be given by a dentist with a valid permit at a location with a valid site certificate.

Dr. Schwartz stated that he has three (3) additions to the written comments that he submitted to the Board. He believes that in order to bring the definitions to more contemporary terminology, enteral conscious sedation should be renamed minimal sedation (anxiolysis), and parenteral conscious sedation should be renamed parenteral conscious sedation/analgesia. Dr. Wallace asked Dr. Schwartz if he has seen the proposal to revise the American Dental Association (ADA) guidelines for the administration of conscious sedation. Dr. Wallace stated that that draft document has further subdivided the levels of sedation. Dr. Schwartz does not have a problem with the draft guidelines from the ADA, but believes that the Board should wait to act on any rule changes until those guidelines are approved. Dr. Saak agreed with the update to the terminology.

Dr. Schwartz further stated that the Board needs to clarify that the sedation provider may not administer moderate or deep sedation/general anesthesia to more than one patient simultaneously. Dr. Deyton explained that this was discussed at the time that the rules were written. He stated that it is not uncommon to have a patient at the onset of sedation at the same time that another patient is in recovery. Dr. Saak explained that anesthesiologists can perform anesthesia on up to four (4) patients at one time with the assistance of a nurse anesthetist or anesthesia assistant; however, he cannot imagine ever performing two (2) anesthetic procedures at the same time in a dental office. Dr. McCoy stated that the definition of simultaneous would need to be further defined within the rule because it could be construed in different ways.

Dr. Ferguson stated that it is a very good possibility in an oral and maxillofacial surgery office to have one (1) or possibly two (2) patients recovering, as well as performing anesthesia on another patient. He believes that the key in this situation is having dedicated personnel for post operative anesthesia recovery. If the Board attempts to define procedural and recovery guidelines then it could become a problem. Dr. Schwartz stated that if a dentist has two (2) patients under sedation running simultaneously it is not the appropriate standard of care.

Dr. Schwartz also believes that a secure and stable intravenous catheter should always be used in lieu of a butterfly catheter because of its instability. Dr. Saak agreed with this assessment.

Dr. Deyton made a request for the Board to consider making the sedation monitoring course a requirement for dentists to renew their conscious sedation permits and for the sedation team when renewing site certificates. Currently, the language requiring a sedation monitoring course is only necessary for the initial permit or site certificate. He stated that the courses through the University of Missouri – Kansas City (UMKC) School of Dentistry are readily available and affordable. Dr. Deyton further stated that he believes that all providers of sedation should be required to obtain Advanced Cardiac Life Support (ACLS) certification. Dr. Ferguson agreed with Dr. Deyton's opinion because the ACLS certification is not nearly as difficult to obtain as it used to be due to continuous remediation. Dr. Ferguson stated that the Pediatric Advanced Life Support (PALS) will soon become a requirement for all oral and maxillofacial surgeons. Dr. Deyton believes that the biggest oversight when creating the sedation rules was not creating a separate permit for pediatric dentists.

Dr. Wallace asked for all of the proposed thoughts to be put in the form of proposed changes to the rules, and sent to the Board office for compiling, distribution and review at the next meeting.

FUTURE MEETING DATES

The PRC set June 1, 2007 at 11:00 a.m. in Jefferson City for its next meeting date. The staff was instructed to get this information out to all interested parties as soon as possible.

REVIEW OF PRIORITIZED TASK LIST

The PRC reviewed their prioritized task list and determined that there is no update needed at this time.

ADJOURNMENT

There being no further business to be brought before the PRC at this time, a motion was made by Dr. McCoy and seconded by Ms. Thompson that the meeting adjourn. Motion carried 4 to 0. The meeting adjourned at approximately 11:15 a.m.

Respectfully submitted,

Justin C. Smith, Executive I

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Sharlene Rimiller, Executive Director

Approved by Board on: _____