Meeting Notice

Missouri Dental Board

March 3, 2010

Division of Professional Registration
3605 Missouri Boulevard
Jefferson City, Missouri

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Except to the extent disclosure is otherwise required by law, the Missouri Dental Board is authorized to close meetings, records and votes, to the extent they relate to the following: Chapter 610.021, Subsections (1), (3), (5), (7), (13), (14), and Chapter 324.001.8 and 324.001.9 RSMo.

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

The Board is requesting that comments for the Board’s consideration be presented in writing prior to the meeting. Please submit all written comments to the Missouri Dental Board, P.O. Box 1367, Jefferson City, MO 65102 or email to dental@pr.mo.gov.

Please see the attached tentative agenda for this meeting.

cc: Members, Missouri Dental Board
Members, Advisory Commission for Dental Hygienists
Loretta Schouten, Attorney-at-Law
Office of Administration
Vicki Wilbers, Executive Director, Missouri Dental Association
President, Missouri Dental Association
President, Missouri Dental Hygienists’ Association
Missouri Dental Assistants’ Association
Missouri Dental Assistants Educators
Jane Rackers, Director, Division of Professional Registration
Open Agenda

Missouri Dental Board

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Wednesday, March 3, 2010
1. 10:00 a.m. - Call to Order Dr. Wallace

2. Roll Call Ms. Lepp

3. Approval of the Agenda Dr. Wallace

4. 10:05 a.m. Public Discussion of Proposed Sedation Rule Changes and Board Deliberation on Proposed Changes Dr. Wallace
   - The Board is requesting that comments for the Board’s consideration be presented in writing prior to the meeting. Please submit all written comments to the Missouri Dental Board, P.O. Box 1367, Jefferson City, MO 65102 or email to dental@pr.mo.gov.

5. 11:05 a.m. Review of Advertising Rules Dr. Wallace

6. Other Agenda Items Dr. Wallace

7. Adjournment
The open meeting of the Missouri Dental Board was called to order by Dr. Kevin D. Wallace, President, at approximately 10:02 a.m. on Wednesday, March 3, 2010 at the Division of Professional Registration, 3605 Missouri Boulevard, Jefferson City, Missouri.

**BOARD MEMBERS PRESENT:**
Dr. Kevin D. Wallace, President
Dr. Eric J. Aubert, Vice President
Ms. Patricia A. Lepp, R.D.H., Secretary
Dr. Paul P. Titterington, Member
Dr. Mark F. Saladin, Member

**STAFF MEMBERS PRESENT:**
Brian Barnett, Executive Director
Bonnie Mengwasser, Executive I

**LEGAL COUNSEL PRESENT:**
Earl Kraus, Division Counsel

**GUESTS PRESENT:**
Thomas E. Saak, M.D., Missouri Society of Anesthesiologists
Michael Hoffmann, D.D.S.
David Dear, D.D.S., Academy of General Dentistry
Sallie Poepsel, CRNA, Missouri Association of Nurse Anesthetists
Ms. Carol Kemna, Missouri Association of Nurse Anesthetists
Mr. Aaron Washburn, Missouri Dental Association
Ms. Karen Dent, Missouri Primary Care Association/Oral Health Network of Missouri
Tim Grayem, D.D.S.

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 THE AGENDA**
A motion was made by Dr. Aubert and seconded by Dr. Titterington to approve the open agenda as written. Dr. Wallace requested that an item be added to the agenda to set a time for the Board's March 22, 2010 conference call meeting. The motion and the
second were withdrawn. A motion was made by Dr. Aubert and seconded by Dr. Titterington to approve the open agenda as amended. The motion carried unanimously.

**BOARD DISCUSSION OF PROPOSED SEDATION RULE CHANGES**

The Board reviewed the written comments that were submitted to the Board office prior to the meeting. In reviewing the comments received from Dr. Saak, Dr. Wallace recommended that the Board approve the changes he has indicated. The first change is to 20 CSR 2110-4.010 (1)(DD), in which Dr. Saak requested that the Board remove the words "employed by the dental office." The second change is to 20 CSR 2110-4.040(7)(B)2, in which Dr. Saak requested that the Board add "(certification of non-dentists shall be approved by their respective licensing authorities)."

Ms. Lepp requested that the reference to subsection (1)(AA) in 20 CSR 2110-4.010 (1)(AA) be changed to (1)(BB). Also with regard to 20 CSR 2110-4.010, Ms. Lepp requested that (1)(CC)3 be changed to say "A currently licensed certified nurse anesthetist." Ms. Lepp pointed out that the word "conscious" under the purpose for 20 CSR 2110-4.020 needs to be changed to "moderate." In 20 CSR 2110-4.010, Ms. Lepp also suggested that the Board consider adding the following language from the definition of enteral moderate sedation, (1)(L), to the definition of maximum recommended dose, (1)(S): "Drugs used for enteral moderate sedation shall not exceed 1.5 times the maximum recommended dose (MRD) for a period of twelve (12) hours before and after the patient appointment (i.e. MRD for Triazolam is .5 mg. One and a half times the MRD for Triazolam is .75mg total dose for one appointment)."

With regard to the current requirements in 20 CSR 2110-4.020 for permit holders to document completion of an advanced cardiac life support (ACLS) course during the past five (5) years, Ms. Lepp would rather require permit holders to maintain current ACLS certification. Mr. Barnett asked if a permit holder doesn’t maintain current ACLS certification throughout the five (5) year period, if that will prohibit that individual from being able to renew his/her permit. Dr. Hoffmann informed the Board that the American Heart Association allows a sixty (60) day grace period to renew ACLS certification. If an individual doesn’t renew his/her certification within that timeframe, s/he will be required to completely retake the course.

Dr. Wallace addressed Ms. Poepsel and Ms. Kemna by saying that he greatly respects the training that certified registered nurse anesthetists (CRNAs) go through. However, in reviewing the statutes and rules that govern CRNAs, it seems very clear that in order for a CRNA to provide sedation services in a dental office, that CRNA must be supervised by the dentist. Because of this requirement, Dr. Wallace feels that the Board wouldn’t be "doing its job" in protecting the public unless it requires the dentist to have the appropriate training.

Ms. Poepsel pointed out that in looking at 20 CSR 2110-4.010(1)(CC)3, the Board has established a CRNA as a qualified sedation provider, but that 20 CSR 2110-4.020(5) contradicts this by saying “If the primary administrator of enteral, parenteral or pediatric moderate sedation in a dental office is a certified registered nurse anesthetist, the
operating dentist must possess the appropriate moderate sedation permit for the service being provided.” Dr. Wallace explained that his interpretation of 20 CSR 2110-4.010 (1)(CC) is that those individuals are considered to be qualified sedation providers when other conditions are met.

Ms. Poepsel informed the Board that the rules governing CRNAs require that a CRNA be supervised by any licensed physician, podiatrist or dentist, but those individuals don’t necessarily have to be certified to provide sedation and/or anesthesia services.

Ms. Kemna asked if the Board has had issues with CRNAs providing sedation services in a dental office. Dr. Wallace replied by saying that he is not aware of any issues the Board has had with CRNAs over the course of his term, but his concern is what would happen if there is an emergency; what did the Board do to ensure the dentist was prepared to handle that situation if the Board doesn’t require the dentist to be permitted. Dr. Wallace feels that the statutes and rules governing CRNAs put the burden on the Board to require that a dentist be adequately trained.

Dr. Hoffmann asked what the Board’s take is on emergency training through the use of patient simulators. Dr. Wallace researched the possibility of dentists going into hospitals throughout the state to obtain live patient emergency training, but he did not feel assured that all hospitals would be willing to allow for that. Dr. Wallace believes that emergency training through the use of patient simulators is much more accessible in Missouri than emergency training through the use of live patients; therefore it would be more practical to allow training to be provided through the use of patient simulators.

Dr. Dear informed the Board that he regularly gets asked by other dentists if they instruct their patients to take a Valium or Triazolam before coming in for a procedure and the dentist then uses nitrous oxide during the procedure, if that is considered to be moderate sedation or anxiolysis. Dr. Wallace explained that in the proposed rule change, as long as a dentist stays within the MRD or below, it would be considered anxiolysis and anything above that would be considered moderate sedation.

Dr. Hoffmann commented that a lot of dentists want a “cookbook” approach to sedation, but it isn’t possible to know that the combination of a specific patient weight and a specific dosage of a sedative agent will have the exact same effect on every patient.

Dr. Dear informed the Board that in the past, with an adult patient that was mildly to severely anxious, he would prescribe five to ten milligrams (5-10 mgs) of Diazepam and also use nitrous oxide. After taking the sedation course offered by the University of Missouri – Kansas City (UMKC), he decided that since he wasn’t making any profit, that he couldn’t afford to take the risk, so now those patients aren’t being treated at all and usually end up in the emergency room or an oral surgeon’s office. Dr. Wallace asked what risk Dr. Dear felt was involved. Dr. Dear responded by saying that “it wasn’t only the risk, but all the extra... having a pulse oximeter, recording all the stuff...” Dr. Dear expressed that he didn’t feel it was profitable to have to invest in the monitoring and patient safety related equipment required. Dr. Dear stated that he wasn’t comfortable
treating his patients with more than ten milligrams (10 mgs) of Diazopam because his office is forty-five (45) minutes away from a hospital. Dr. Dear also commented that after reviewing some of the comments that were received and other states’ regulations, he wonders if the Board is setting the bar a little high.

A motion was made by Dr. Saladin and seconded by Ms. Lepp to amend 20 CSR 2110-4.010 (1)(DD) by removing the phrase "employed by the dental office," and to amend 20 CSR 2110-4.040(7)(B)2 by adding "(certification of non-dentists shall be approved by their respective licensing authorities).” The motion carried unanimously.

A motion was made by Ms. Lepp and seconded by Dr. Titterington to amend the proposed drafts as follows:

- **20 CSR 2110-4.010**
  - Change the reference in subsection (1)(AA) from (1)(AA) to (1)(BB).
  - Change subsection (1)(CC)3 to say “A currently licensed certified nurse anesthetist.”
  - Add the following language from the definition of enteral moderate sedation, (1)(L), to the definition of maximum recommended dose, (1)(S): “Drugs used for enteral moderate sedation shall not exceed 1.5 times the maximum recommended dose (MRD) for a period of twelve (12) hours before and after the patient appointment (i.e. MRD for Triazolam is .5 mg. One and a half times the MRD for Triazolam is .75mg total dose for one appointment).”

- **20 CSR 2110-4.020**
  - Under the Purpose, change the word “conscious” to “moderate.”
  - Change any reference to permit holders being required to document completion of an advanced cardiac life support (ACLS) course during the past five (5) years to maintain current ACLS certification.

The motion carried unanimously.

A motion was made by Dr. Saladin and seconded by Dr. Titterington to approve the amended sedation rule proposals and submit them through the formal rulemaking process. The motion carried unanimously.

Mr. Barnett noted that when he submits the proposed rule changes to the Division, he will also forward them to the Board’s e-mail distribution list.

**RECESS**
The Board recessed at approximately 10:47 a.m. and reconvened at approximately 11:12 a.m.
REVIEW OF ADVERTISING RULE
Dr. Wallace informed the Board that he feels the advertising rules should exist to protect the public, and he’s not sure that the current rules do that. Dr. Wallace believes that certain parts of the advertising rule were designed to protect dentists from competitive advantage. Dr. Wallace asked for the Board members’ opinions on if they believe not allowing dentists to advertise superiority of service is really a means of protecting the public. Ms. Lepp feels that in order for a dentist to advertise superiority of service, s/he must have some proof to back up that claim.

Ms. Lepp would like to keep the requirement for the general dentistry disclaimer. Dr. Wallace feels that the requirements for both the non-ADA recognized specialty area disclaimer and the general dentistry disclaimer should be removed.

Dr. Wallace suggested the Board members begin by reviewing the statute to determine what parts of the statute they feel are important and what parts they question.

Mr. Washburn informed the Board that the Missouri Dental Association (MDA) doesn’t currently have an official position on this issue. Mr. Washburn said that he receives more calls regarding the advertising regulations than anything else.

A motion was made by Dr. Titterington and seconded by Dr. Aubert to instruct the Board members to review the portion of 332.321, RSMo. that pertains to advertising to outline changes that need to be made, and submit comments to Mr. Barnett by March 26, 2010 to include on the April meeting agenda. The motion carried unanimously.

FUTURE MEETING SCHEDULE
It was the decision of the Board to schedule its next conference call meeting for 6:00 p.m. on Monday, March 22, 2010.

Ms. Lepp informed the Board that if she isn’t replaced prior to the April meeting, she will only be able to attend on Thursday.

ADJOURNMENT
There being no further open business to be brought before the Board at this time, a motion was made by Dr. Aubert and seconded by Dr. Titterington that this meeting adjourn. The motion carried unanimously. The meeting adjourned at approximately 11:58 a.m.

Respectfully submitted,

Bonnie Mengwasser, Executive I

Brian Barnett, Executive Director