

NEVADA STATE BOARD OF DENTAL EXAMINERS
6010 S Rainbow Boulevard, Suite A-1
Las Vegas, Nevada 89118
(702) 486-7044

Public Meeting

Friday March 11, 2016
3:33 p.m.

ANESTHESIA SUBCOMMITTEE

(Brendan Johnson, DDS (Chair); Jade Miller, DDS; A Ted Twesme, DDS; D Kevin Moore, DDS; Amanda Okundaye, DDS; Edward Gray DDS; and Joshua Saxe, DDS)

MINUTES

Please Note: The Nevada State Board of Dental Examiners may 1) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; 2) combine items for consideration by the public body; 3) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. See NRS 241.030. Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.

At the discretion of the Chair, public comment is welcomed by the Board, but will be heard only when that item is reached and will be limited to five minutes per person. A public comment time will also be available as the last item on the agenda. The Chair may allow additional time to be given a speaker as time allows and in his/her sole discretion. Once all items on the agenda are completed the meeting will adjourn.

Asterisks () denote items on which the Board may take action.
Action by the Board on an item may be to approve, deny, amend, or table.*

I. Call to Order, roll call, and establish quorum

Dr. Johnson called the meeting to order and Mrs. Shaffer-Kugel conducted the following roll call:

Dr. Brendan Johnson -----PRESENT	Dr. Amanda Okundaye-----PRESENT
Dr. Jade Miller -----PRESENT	Dr. Edward Gray -----PRESENT
Dr. A Ted Twesme -----PRESENT	Dr. Joshua Saxe -----PRESENT
Dr. D Kevin Moore -----EXCUSED	

Others Present: Burt Wuester, on behalf of John Hunt, Board Legal Counsel; Debra Shaffer-Kugel, Executive Director.

Other Attendees: Richard Dragon, NDA; Brad Wilbur, NDA; Bob Talley, NDA.

Dr. Johnson introduced himself to the subcommittee. He stated to the members of the subcommittee that he wanted this meeting to be the preface to future meetings to be held.

2. Public Comment: (Public Comment is limited to three (3) minutes for each individual)

Dr. Dragon commented that he had submitted a letter with his comments regarding the NDA's opinion of some of the regulations being considered.

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

- *3. Review, Discussion of current Anesthesia Regulations NAC 631.2211 - NAC 631.2254 and Draft Proposed Regulations for NAC 631.2211 - NAC 631.2254 pursuant to the new definitions for minimal and moderate sedation enacted through AB89. (For Possible Action)

Dr. Twesme stated that he wanted to respond to Dr. Gray's letter where he questioned the purpose for changing the language. Dr. Twesme stated that there were some changes made to the definitions, which were not in the current regulations, which now required that the language be changed to include the new definitions. There was some discussion regarding the level of significant changes to be made, and whether or not it could be simpler. Dr. Okundaye explained that the ADA made some changes, and that based on the current regulations, the guidelines had changed tremendously and now needed to be brought current. In addition to adding moderate and minimal sedation, the subcommittee members discussed wanting to add a pediatric portion to the regulations. Dr. Miller added that there have not been great issues with the way the sedation regulations are written, however, that the Board does want to remain current, and wants to continue to ensure that the safety of the public is protected without being too onerous to licensees.

Dr. Saxe commented that sedation on pediatric patients needed to be included in their discussion and suggested language. He added that he did not believe that the current continuing education courses covered the area of pediatrics, but rather adults only. He stated that such training/courses should not be considered adequate training for dentists to administer anesthesia to pediatric patients. Dr. Saxe noted to the subcommittee that currently there are no programs for general practitioners to be trained on sedating pediatric patients on a one-on-one basis. Dr. Twesme noted that at the previous subcommittee meeting, it was discussed and agreed upon to create a permit specifically for the administration of anesthesia to pediatric patients' age twelve (12) and under.

Dr. Okundaye stated that she was actively teaching a course in moderate sedation in the State of Oregon. She noted that the course/program did not allow for students to sedate anyone under the age of sixteen (16). She stated that the State of California has a Pediatric Oral Sedation Permit that states that if they have gone to a pediatric residency, that they have more than enough hours to treat all pediatric patients from eighteen (18) months and older. However, for those who did not complete a pediatric residency, the permit age bracket would be ages twelve (12) and up. She suggested that the Board consider something similar in discussing sedation permits. Dr. Miller sent out some of his ideas and read them into the record. One of the recommendations made by Dr. Miller was to change the requirement of three (3) hours of continuing education ("CE") be amended to sixteen (16) hours of CE's. Dr. Saxe stated that there really are not any courses that have training with hands-on training on moderate sedation. Dr. Okundaye stated that she was not aware of any programs available for training hands on, especially for general practitioners with the exception of pedodontic specialty programs.

Dr. Talley inquired if nitrous oxide, by itself without any oral medication, would be considered separate. The subcommittee and Mrs. Shaffer-Kugel answered affirmatively.

Dr. Twesme clarified for Mrs. Shaffer-Kugel that depending on the level of unconsciousness of a patient determines if a permit is needed. Some patients may sedate more easily than other. There was discussion regarding intra and intra in combination with inhalations and how the ADA guidelines address it. They agreed that it was a gray area. More discussed ensued related to scenarios of unique reactions to different patients and the amount of medication and/or analgesia administered to them. They mentioned the difficulty and importance of creating language and setting standards that were protective of both the public and licensees. Mrs. Shaffer-Kugel read the new definition of minimal. She commented that under the minimal sedation definition, she needs clarification on whether or not a permit is to be required. Dr. Okundaye noted that the ADA guidelines explain more clearly whether a permit is needed, therefore, making the currently adopted regulation less ambiguous. Mrs. Shaffer-Kugel noted that the definition is a statute, and that missing language would have to be added to the statute, thus requiring a statutory change. She stated that they have the option to leave the language as is, and go back to the legislature and request that the definition be more defined; or that the second option would to adopt regulations that are consistent with the statute as it now stands. Mr. Wuester advised the committee that they would have to go back and review the legislative intent, and depending on what is found, they could then more clearly define the intent of the statute in the regulation language. Dr. Miller interjected that when someone is given a single dose, it is considered anxiolysis and a patient would not need to be monitored; however, that if nitrous is administered with a drug then the patient would be in minimal intraoral sedation and they would need to have a pulse oximeter on them.

Dr. Twesme referred the subcommittee to review NAC 631.2211(2) and (3), where it reads "...the administration of the nitrous oxide; and... (3) Oral medication..." he stated that it would be advisable, as suggested by Dr. Gray in previous discussion to amend the term "and" to read "or". Mrs. Shaffer-Kugel agreed that she understood the term 'and' to indicate that a permit is required. Dr. Miller commented that the American Academy of Pediatric Dentistry with joint guidelines with Americana Pediatrics that medication for pediatric patients must be dispensed in the office. It was agreed upon to add the language to the regulation that medication given to pediatric patients must only be dispensed in office. The subcommittee further discussed and agreed to add language to address the level of consciousness a patient must be at in order to be approved to be discharged from the office following treatment. Dr. Okundaye addressed that there is language that was adopted in the State of Oregon where the Dental Board requires that patient files provide responses to the level on consciousness to deem patients eligible to be released. The subcommittee agreed to include language to address that practitioner's note in patient files the level of conscious a patient is in prior to being released from the practice.

Dr. Twesme suggested that they define "adult" and "Pediatric" by age. It was discussed that an 'adult' patient would be anyone age twelve (12) and older. Any patient under the age of twelve (12) would be deemed a 'pediatric' patient.

Mrs. Shaffer-Kugel inquired on site permits and how currently there is a site permit for conscious sedation, with the new definitions however, the definition for conscious sedation is now broken down into moderate sedation and minimal sedation, and inquired if this would now require a site permit for each type or if one site permit would be valid for both types. Dr. Saxe stated that they could, perhaps, keep the site permit as is, and simply define the pediatric sedation permit, and those with a minimal and/or moderate sedation permit. Mrs. Shaffer-Kugel added that they will want to make sure that for those applying for a site permit are aware and understand that a site permit will allow for only those with a minimal or moderate sedation permit to administer at that location, and clarify that those administering to pediatric patients will require a separate permit. Mrs. Shaffer-Kugel gave an example of a licensed dentist that limits their practice to pediatric patients and currently holds a conscious sedation permit, based on the new language he would not be able to administer to pediatric patients. It was stated that they would have to consider grandfathering in those who limit their practice to treat pediatric patients and who currently hold a conscious sedation permit. Dr. Twesme read his recommendation to reword the third proposed language by Dr. Saxe for NAC 631.2213(3): "General anesthesia, deep sedation, or minimal or moderate sedation, may not be given to a patient 12 years or younger years of age, unless (a) the licensee holds a general anesthesia permit, or (b) has completed a post-graduate program in pediatric dentistry [approved by the Commission on Dental Accreditation in addition to the requirements as outlined as above for a permit in the administration of minimal or moderate sedation]." The subcommittee agreed with the recommended language by Dr. Twesme. Dr. Okundaye stated that they could include in their language to define a minor patient as anyone under the age of 12. Dr. Miller mentioned adding that general dentists giving oral sedation medication to be administered only to patients ages 13 and older, as children younger will be given nitrous oxide.

4. **Public Comment:** (Public Comment is limited to three (3) minutes for each individual) No comments were made.

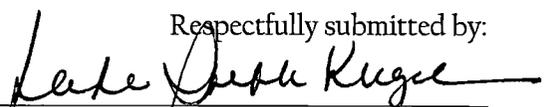
Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

5. **Announcements:** Dr. Johnson indicated that he would like to schedule the next meeting for some time in the upcoming month.

*6. **Adjournment** (For Possible Action) **MOTION:** Dr. Saxe made the motion to adjourn. Motion was seconded by Dr. Miller. All were in favor of the motion.

Meeting Adjourned at 4:57 pm.

Respectfully submitted by:


Debra Shaffer-Kugel, Executive Director