NEVADA STATE BOARD OF DENTAL EXAMINERS

Meeting Location:

Nevada State Board of Dental Examiners
6010 S. Rainbow Blvd, Suite A-1
Las Vegas, NV 89118

Zoom Video and Teleconferencing Available for this meeting
Meeting Call-In Number: (669) 900 6833
Meeting ID#: 931 0144 5434
Zoom Video (via app) Password: 113631

Meeting Date & Time

Wednesday, July 29, 2020
6:00 p.m.

MINUTES

NOTICE OF AGENDA & *COMBINED* TELECONFERENCE MEETING OF 1) THE ANESTHESIA COMMITTEE and 2) THE ANESTHESIA SUB-COMMITTEE

PUBLIC NOTICE:

The Nevada State Board of Dental Examiners may hold board meetings via video conference or telephone conference call. The public is welcomed to attend the meeting at The Board of Dental Examiners office located at 6010 S. Rainbow Blvd, Suite A1 Las Vegas, NV 89118.

Public Comment time is available after roll call (beginning of meeting) and prior to adjournment (end of meeting). Public Comment is limited to three (3) minutes for each individual. You may provide the Board with written comment to be added to the record.

Persons wishing to comment may appear at the scheduled meeting/hearing or may address their comments, data, views, arguments in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118, Attn: Angelica Bejar; FAX number (702) 486-7046; e-mail address** nsbde@nsbde.nv.gov . Written submissions should be received by the Board on or before **July 28, 2020 at 3:00 p.m.** in order to make copies available to members and the public.

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.

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Angelica Bejar, at (702) 486-7044, option 4, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact Angelica Bejar at (702) 486-7044, option 4, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at http://dental.nv.gov In addition, the supporting materials for the public body are available at the Board's office located at 6010 S Rainbow Blvd, Ste. A-1, Las Vegas, Nevada.

Note: Asterisks (*) **"For Possible Action"** denotes items on which the Board may take action.
Note: Action by the Board on an item may be to approve, deny, amend, or tabled.

1. Call to Order

- Roll call/ Quorum

Committee Member Moore called the meeting to order at approximately 6:04 p.m., and Mr. Frank DiMaggio conducted the following roll call:

Anesthesia Committee:	
Dr. D. Kevin Moore(Chair)	PRESENT
Dr. Ron West	PRESENT
Dr. W. Todd Thompson	PRESENT

Executive Staff Present: Phil Su, Esquire, General Counsel; Frank DiMaggio, Executive Director; Angelica Bejar, Public Information- Travel Administrator; Sandra Spilsbury, Site Inspection-CE Coordinator.

2. **Public Comment:** The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Mr. Cory Pickens commented that he was on the agenda for a re-review of their program. Gave a brief history of the reason why they were being re-reviewed. He explained that a Nevada dentist was registered to take their course at a location and program that was not approved by the board. When the error was realized they refunded the dentist and had the dentist registered into the correct program at the correct location and noted that they have since then corrected the issue. He asked that they verify the legitimacy of any negative comments that may have gone around regarding ADMA. He thanked the committee for their time.

***3. Chairman's Report**: *D Kevin Moore, DDS* (For Possible Action)

(a) Request to remove agenda item(s) (For Possible Action)

Committee member Moore requested to table agenda item 4 due to receiving additional information prior to the meeting, and the committee needing time to review the additional information received.

(b) Approve Agenda (For Possible Action)

MOTION: Committee Member West moved to table agenda item (4) and to approve the agenda. Committee Member Thompson seconded the motion. All were in favor, motion passed.

***4. ~~Discussion, review, and consideration of the Dental IV Sedation Certification Program offered through the Academy of Dental and Medical Anesthesia (ADMA) to make recommendations on whether it satisfies program requirements for a moderate sedation (on patients 13 years of age & older) administering permit for possible reinstatement of their prior Board approval – NAC 631.2213(2)(a)(1) [by *combined* Anesthesia Sub-Committee and Anesthesia Committee]~~** (For Possible Action) - Dr. Moore

***a. ~~Discussion and recommendations [by the Anesthesia Committee] regarding agenda item (4) to present to the Full Board~~** (For Possible Action)

Agenda item (4) was tabled.

***5. Discussion and consideration of possible revisions to the current Moderate Sedation (for patients 13 years of age & older) Program Provider Application Form [by *combined* Anesthesia Sub-Committee and Anesthesia Committee]** (For Possible Action) - Dr. Moore

***a. Discussion and recommendations [by the Anesthesia Committee] regarding agenda item (5) to present to the Full Board** (For Possible Action)

Committee Member Moore stated that they would be looking at the Moderate Sedation Program Provider Application Form, and called for discussion. He noted that his would be a review of the application and process, and to see if the committee members were comfortable with the current structure of the form, which he briefly reviewed.

Committee Member Moore called for a roll call of the Anesthesia Sub-Committee. Mr. DiMaggio conducted the following roll call of the Anesthesia Sub-Committee:

Anesthesia Sub-Committee Roll Call:	
Dr. D. Kevin Moore(Chair)	PRESENT
Dr. Brendan Johnson	PRESENT
Dr. Amanda Okundaye	PRESENT
Dr. Edward Gray	EXCUSED
Dr. Jade Miller	PRESENT
Dr. Joshua Saxe	EXCUSED
Dr. Ted Twesme	PRESENT
Dr. Tomas Kutansky	PRESENT

A quorum of the Anesthesia Sub-Committee was confirmed at approximately 6:14 p.m.

Committee Member Thompson noted that the form was last revised in August of 2018 and he did not see any revisions to be made to the form. Committee Member West stated that there was not that many approved courses for Moderate Sedation available. He inquired if they wanted licensees to continue to participate in live training programs since some of the programs currently available are offering virtual training programs and if they were inclined to accept such course, which would allow programs to be tailored to fit the Board's training requirements; or would they continue to require that the courses remain face-to-face live training. Committee Member Johnson stated that from an academics perspective virtual learning would be doable, however, that doing away with a live training course with a live patient where they are also trained to monitor and on emergency scenarios, would not be ideal. He added that it would a great liability risk and was grossly opposed to allowing them to change it to virtual training. Committee Member West clarified that meant that the didactic aspect of the training possibly could be completed virtually. Sub-Committee Member Okundaye noted that while they are moving to a more virtual world, her input was that should the 60 hours be done virtually that they would need to have something to show that those 60 hours were actually completed since it wasn't in person. Her only concern with virtual training was she would want proof showing that they have reviewed and grasped the materials of the training. She noted the importance of having the administration of anesthesia training be done in person. There was discussion of considering having the didactic portion be completed virtually and the administration training completed in person, while considering the important aspects to keep in mind should they consider allowing a portion of the requirements be virtually completed. Committee Member Thompson stated that the application in question does not state how the training must be completed, and therefore did not feel that the review of the application merited a discussion of changing the form as presented.

MOTION: Committee Member Thompson made a motion to accept the current agenda item with the application form as is. Discussion: Committee Member West read section 2 of the form into the record and clarified that he was looking at the manner, purpose and method of how the education might be completed. Committee Member Moore inquired if any of the sections listed on the application would disallow part of the course from being completed virtually. Sub-Committee Member Okundaye stated that this year her course that she is teaching is part hybrid, and therefore, part of it is being completed virtually. She noted that given the current times they would not want to be so strict in this new climate. Additional discussion ensued regarding the possibility of allowing a portion of the training be completed virtually and the possible number of hours they would allow to be done virtually, and how many hours must be live training. There was discussion of possibly tabling the discussion of online training and live training hours. Committee Member Moore inquired if Committee Member Thompson stated a motion. Committee Member Thompson stated that his motion was to keep the form as is. He expressed his concerns with some of the discussion regarding changing the number of hours of live patient training and allowing for a portion of the hours to be completed virtually, while trying to be realistic of some of the hybrid courses currently being offered at the universities. He noted that he was against the idea of allowing a 60-hour course that consisted of all virtual training. Committee Member Moore seconded the motion. Discussion: Sub-Committee Member Miller noted that one option is that when a program provider submits an application, upon review they should be able to determine if that particular program had too many hours completed virtually. Ms. Sandra Spilsbury stated that she receives numerous calls from providers regarding concerns of their course possibly not meeting the requirements. Furthermore, that they hesitate submitting an application for their program and pay the application fee when the fee is not refundable, if they cannot guarantee that their program would be approved because it is not clearly defined if the didactic portion of the course may be completed online. She noted that many courses do offer the didactic portion online and will only know if their course meets the requirements by submitting the provider application and potentially lose the money should the course be denied for not meeting the criteria. Additional discussion ensued regarding where the live patient training be completed. She noted that the Board historically has not accepted courses that have the live patient training conducted in a private practice setting. Committee Member West inquired if the Sub-Committee members who are practicing permit holders, if they would be opposed to having a course done in a private practice versus requiring it be done in a hospital or approved Continuing Education setting. Sub-Committee Member Kutansky stated that

there have been some evaluations he has conducted where the permit holder had their training done at a university setting and were scary to proctor because they were undertrained. He noted that he was reluctant to make the criteria easier. There were concerns that with COVID-19, hospital settings may not be available for individuals to get the training. Sub-Committee Member Kutansky expressed his concern regarding the delicacy of the area that individuals are being trained for, the administration of anesthesia. There was some discussion regarding the settings that the training would take place. Sub-Committee Member Okundaye stated that the locations that the training takes place at must have ADA/CERP/AGD certification, which the certification criteria requires that the training must be in a university based program. Additionally, that it is nearly impossible to obtain ADA/CERP/AGD certification in a private practice setting. All were in favor of the motion, motion passed.

Committee Member Moore stated that he would make a note of Sub-Committee Member Okundaye's suggestion that the matter regarding the hours of training be revisited by the Committee at the end of the year, when they may have a better understanding of the effects of COVID-19.

***6. Discussion and consideration of possible revisions to the current Anesthesia Evaluator/Inspector Application Form [by Anesthesia Sub-Committee and Anesthesia Committee]**

(For Possible Action) - Dr. Moore

***a. Discussion and recommendations by the [Anesthesia Committee] of the possible revisions to the current Anesthesia Evaluator/Inspector Application Form to present to the Full Board**

(For Possible Action)

Committee Member Moore referred the committee and sub-committee members to the page with the requirements listed on the application form, and he proceeded to review each requirement. He continued on to discuss the terms "good standing" and how it may be defined, which he deferred to Mr. DiMaggio for discussion. Mr. DiMaggio stated that currently "good standing" was not defined in Nevada Chapter 631. He noted that it would be at the Board's discretion to define it. He added that he provided proposed drafts for the committee and sub-committee members to consider. Mr. DiMaggio briefly went over the proposed drafts he created for consideration. There was light discussion regarding liability coverage concerns, where it was noted that Nevada currently does not mandate liability coverage for dentists. Several committee and sub-committee members favored the proposed drafts as presented. Committee Member Moore asked Mr. DiMaggio to include a question regarding liability insurance coverage to the proposed drafts. He noted that he was not certain if the Board could require coverage if the statutes do not require licensees to obtain such coverage.

MOTION: Committee Member Thompson made the motion to accept the draft changes proposed by the Executive Director on the Anesthesia evaluator/inspector application form. Committee Member West seconded the motion. All were in favor, motion passed.

***7. Discussion and recommendations of possible revisions to the current Anesthesia Administering Permit Application Forms [by Anesthesia Sub-Committee and Anesthesia Committee]**

(For Possible Action) - Dr. Moore

i. General Anesthesia (For Possible Action)
ii. Moderate Sedation (pediatric specialty) (For Possible Action)
iii. Moderate Sedation (for patients 13 years of age & older) (For Possible Action)

***a. Discussion and recommendations [by the Anesthesia Committee] of the possible revisions to the current Anesthesia Administering Permit Application Forms to present to the Full Board**

(For Possible Action) - Dr. Moore

Committee Member Moore stated he listed these as a group and opens it up to suggestions for proposed changes. He inquired if there were any proposed changes to the forms. No proposed changes were offered.

MOTION: Committee Member Thompson made the motion to keep the forms as is. Committee Member West seconded the motion. All were in favor, motion passed.

***8. Discussion, review, and possible consideration of revisions to the current Anesthesia Evaluation/Inspection Forms [by the Anesthesia Sub-Committee and Anesthesia Committee]** (For Possible Action) - Dr. Moore

i. General Anesthesia (For Possible Action)
ii. Moderate Sedation (For Possible Action)

Committee Member Moore stated this was to review the evaluation/inspection forms currently being used. It was briefly noted that it was suggested that they possibly change the headings where the drugs are listed. Sub-Committee Member Twesme noted that on the General Anesthesia (GA) Evaluation/Inspection form under section (7) Ancillary Equipment item (i) it states "electrocardioscope and defibrillator" which should be listed separately as they are two different items. Ms. Spilsbury noted that pursuant to NAC 631.2227, they had both items listed together, and therefore was unsure if they would be able to list them separately on the evaluation/inspection form. Sub-Committee Member Twesme stated that they would still be in compliance with the regulation if they were to separate them on the form as both items were still required equipment. It was noted to separate item (c) and make sphygmomanometer and stethoscope two separate items, since they must have both. Sub-Committee Twesme noted that it would be best separate them as there have been times where an office is only equipped with one item and not both as listed.

Sub-Committee Member Okundaye noted that on page 4 of the GA Evaluation/inspection form, under item (1) Bag valve mask with appropriate size masks, she noted that an adult sized masked would be more appropriate since the kids they see are measured by weight, which many of them better fit an adult sized mask, and therefore, did not feel that inspectors should be limiting it to certain offices only providing pediatric sized masks. She noted, however, that it could be addressed during calibration and didn't necessitate a change on the form. Sub-Committee Member Okundaye clarified that the bag can be an adult sized bag, however, that the mask sizes they must carry are from neo-natal to adult sized. It was agreed that the way it is written on the evaluation form is acceptable, but would like it addressed during calibration.

Sub-Committee Member Okundaye noted that there was one other area that she felt should also be discussed at a future calibration, which was on page three of the Moderate Sedation (MS) site inspection form, specifically under "'Drugs' item 1 – Vasopressor drug available?" it should be made clear that providers may use any of the acceptable drugs listed that may be used as a vasopressor. She suggested that they list the three that are acceptable and have the provider or inspector indicate which of the three drugs they have elected to use to satisfy this requirement for their MS permit. Sub-Committee Member Twesme asked for clarification if an epi-pen would be appropriate. Sub-Committee Member Okundaye stated yes. Additional discussion ensued on the list of appropriate drugs that inspectors should be referring to when conducting the inspections and that the provider should be allowed to select from the list of acceptable drugs to satisfy a particular category during inspection. Committee Member Moore stated that during calibration it will be noted that so long as the provider has a drug that is on the list of acceptable drugs then the provider should not be delayed in receiving a passing inspection. Sub-Committee Member Twesme suggested that perhaps Sub-Committee Member Okundaye could put together a list of acceptable drugs for the different categories that providers and inspectors could refer to. Committee Member Moore stated that they should have a class of drugs that would be acceptable and not have it so limited and specific based on preferred medications. He added further that the updated list of drugs be provided to providers and inspectors in their packets.

Sub-Committee Member Okundaye referred the committees to the Simulated Emergencies section, specifically item 14, that instead of stating Local Anesthesia "overdose" she preferred the term "toxicity" and suggested it be changed.

Sub-Committee Member Okundaye suggested removing 'Laryngospasm' from the simulated emergencies of the moderate sedation evaluation forms as they do not use it under that permit type. She noted, however, that if they do not change it, she would like it to be discussed at calibration. She stated they could discuss that scenario during the exam, and should they feel it fits that simulated emergency then they would be fine; she just wanted to point out that for moderate sedation providers it was not something they would see. Ms. Spilsbury noted that under NAC 631.2225, it did list an airway obstruction laryngospasm as one of the scenarios that is required for both the issuance of a permit and

for renewals of a permit, whether a general anesthesia permit or moderate sedation permit. Ms. Spilsbury noted further that for the use of the term "toxicity" instead of "overdose" the regulation lists "overdose" and perhaps that is why the form uses that term. Committee Member Moore stated he appreciated them bringing these suggestions to their attention, as he would like them to be reviewed by Mr. Phil Su for future regulation changes. There was lengthy discussion regarding the term 'laryngospasm' and the legal requirements of having to use the term in the emergency scenarios for general anesthesia and moderate sedation permits, with offered opinions from several committee members on its necessity as it related to general anesthesia and moderate sedation. Committee and sub-committee members appeared to agree to include 'airway obstructions/laryngospasms' to the moderate sedation permit evaluation form and to leave the language as is on the general anesthesia evaluation/inspection form.

***a. Discussion and recommendations [by the Anesthesia Committee] of the possible revisions to the current Anesthesia Evaluation/Inspection Form to present to the Full Board**
(For Possible Action) - Dr. Moore

MOTION: Committee Member West made the motion to recommend the following changes to the General Anesthesia Form: (1) under ancillary equipment split items (c) and (i) to list the equipment separately; and (2) change number 14 under emergency scenarios to read 'local anesthesia overdose/ toxicity. Committee Member Thompson seconded the motion. All were in favor, motion passed.

MOTION: Committee Member West made the motion to recommend the following changes to the Moderate Sedation form: (1) under emergency scenarios change the moderate sedation form to read 'airway obstructions/laryngospasm; and (2) change number 14 under emergency scenarios to read 'local anesthesia overdose/ toxicity. Committee Member Thompson seconded the motion. All were in favor, motion passed.

***9. Discussion and consideration of possible revisions to the current Simulated Emergencies & Responses for corresponding anesthesia permits [by Anesthesia Sub-Committee and Anesthesia Committee]** (For Possible Action) - Dr. Moore

i. General Anesthesia (For Possible Action)
ii. Moderate Sedation (pediatric specialty) (For Possible Action)
iii. Moderate Sedation (for patients 13 years of age & older) (For Possible Action)

***a. Discussion and recommendations [by the Anesthesia Committee] of the possible revisions to the current Simulated Emergencies & Responses for corresponding anesthesia permits to present to the Full Board** (For Possible Action) - Dr. Moore

Committee Member Moore stated that they would only be required to go into closed session if they were going to go into specifics. He noted that the scenarios were deemed confidential and that they had not been revised in years, and that he would like new scenarios written. Sub-Committee Okundaye stated that she would like to have both the Anesthesia Sub-committee and Anesthesia Committee members to meet during calibration and, perhaps, review and revise the emergency scenarios at that time. It was clarified that the Anesthesia Sub-Committee meet to review and revise the emergency scenarios during calibration, and then present the proposed revisions to the Anesthesia Committee for review and possible recommendation to the Board for approval.

MOTION: Committee Member West made the motion to have the Anesthesia Sub-Committee to thoroughly review the emergency scenarios to make appropriate changes to submit to the Anesthesia Committee for approval. At the request of Committee Member Moore, Committee Member West added to his motion to have the Anesthesia Evaluators partake in the review and revision of the emergency scenarios. Committee Member Thompson seconded the motion. All were in favor, motion passed.

Sub-Committee Member Twesme stated that he currently sat on the CDCA Anesthesia Committee and noted that they have an Anesthesia exam that can be purchased from CDCA for general anesthesia, pediatric moderate sedation, and moderate sedation, that included an exam that they could take; which includes them doing a virtual evaluation where they will review the appropriate drugs as it pertained to each permit type. He explained what the virtual evaluation entailed. He went on to briefly

discuss certain instances where evaluators have had to step in during an evaluation to help control a potential emergency situation, specifically in California. Committee Member Moore inquired if it would be possible to have him request for CDCA to give a presentation of this option, and that he would list it on a future agenda.

10. Public Comment: This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. The Chairperson of the Board will impose a time limit of three (3) minutes. The Chairperson may allow additional time at his/her discretion.

Dr. Cory Pickens, with the ADMA, commented on the virtual training as it pertained to the 60 hours of live training required, and stated that he believed that the 60 hours could be done virtually if they have a live instructor training them where questions can be answered in live time. He added that there should be testing in general areas based on those 60 hours, which would be based on whether or not the state wants to add a participation/proficiency aspect to the didactics and clinical portions of the training. He noted that the ADMA will not further anyone unless they can prove proficiency on the topics covered in the 60 hours; which included them having to pass a test on each topic, including clinical. He made additional comments regarding evaluations and stated that Nevada has always led the way in being progressive and issuing strong regulations for public safety that have a lot of common sense. He noted that he agreed with Sub-Committee Member Okundaye's recommendation to have an educational component added to the site inspection and to hold calibrations to ensure that the inspectors/evaluators and committee members are all on the same page.

Mr. Mercer, with the ADMA, stated that he had been in touch with Sandra Spilsbury via email and he respectfully requested an update on that agenda item and wanted to know if there was any additional information needed so that the board could move forward with their application. Ms. Spilsbury noted that the application was already reviewed by the Continuing Education Committee and their recommendations were presented to the Board for approval; however, the Board tabled the application pending review of the sedation course by the Anesthesia Committee. Mercer stated that he was inquiring specifically about the neuromodulators application and its status. Committee Member Moore stated that their application was tabled as the Board members wanted additional information regarding ADMA. Dr. Pickens stated that it was clearly understood.

Dr. Pickens commented that it appeared that there were emails with additional information provided to the Committee regarding ADMA and wondered if they would be provided with copies of the information that the Board was in receipt of so that they may provide a response. Committee Member Moore responded affirmatively.

11. Announcements

No announcements were made.

***12. Adjournment** (For Possible Action)

Committee member Moore called for a motion to adjourn the meeting.

MOTION: Committee Member West motioned to adjourn the meeting at approximately 7:38 p.m. Committee Member Thompson seconded the motion. All were in favor, motion passed.

Respectfully submitted:

Frank DiMaggio, Executive Director