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**Notice of Agenda & Combined Teleconference Meeting of
(1) The Anesthesia Committee and (2) The Anesthesia Sub-Committee**

Meeting Date & Time

Tuesday, April 13, 2021
6:00 p.m.

**This meeting will be held exclusively through teleconference means,
in accordance with Emergency Directives issued by Governor Sisolak**

Teleconference Number: (669) 900 6833

Teleconference ID#: 967 7932 2759

Teleconference Passcode: 229298

PUBLIC NOTICE:

***** This meeting will be held via TELECONFERENCE ONLY, pursuant to Section 1 of the DECLARATION OF EMERGENCY DIRECTIVE 006 ("DIRECTIVE 006") issued by the State of Nevada Executive Department and as extended by Directives 016, 018, 021, 026, and 029. There will be no physical location for this meeting*****

Public Comment by pre-submitted email/written form, only, is available after roll call (beginning of meeting); **Live Public Comment by teleconference** is available prior to adjournment (end of meeting). Live Public Comment is limited to three (3) minutes for each individual.

Pursuant to Section 2 of Directive 006, members of the public may participate in the meeting by submitting public comment in written form to: **Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd, A-1, Las Vegas, Nevada 89118; FAX number (702) 486-7046; e-mail address nsbde@nsbde.nv.gov**. Written submissions received by the Board on or before **Monday, April 12, 2021 by 4:00 p.m.** may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

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 the Board, at (702) 486-7044, 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 at (702) 486-7044, 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.

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62 **1. Call to Order**
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- 64 - Roll call/Quorum 6:02 PM Quorum was established for Committee and Sub-Committee.
65

Dr. Moore Chairman--PRESENT	Dr. Okundaye--PRESENT
Dr. West-----PRESENT	Dr. Johnson-----EXCUSED
Dr. Thompson-----PRESENT	Dr. Gray-----PRESENT
	Dr. Miller-----PRESENT
	Dr. Saxe-----PRESENT
	Dr. Twesme-----PRESENT
	Dr. Kutansky-----EXCUSED

66
67 Others Present: Phil Su, General Counsel; Frank DiMaggio; Executive Director.
68

- 69 **2. Public Comment (By pre-submitted email/written form):** The public comment period is limited to matters
70 specifically noticed on the agenda. No action may be taken upon the matter raised during public comment unless the
71 matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to
72 three (3) minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint. The
73 Chairperson may allow additional time at his/her discretion.
74

75 Pursuant to Section 2 of Directive 006, and extended by Directives 016, 018, 021, 026, and 029, members of the public may
76 participate in the meeting without being physically present by submitting public comment via email to
77 nsbde@nsbde.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or
78 before **Monday, April 12, 2021 by 4:00 p.m.** may be entered into the record during the meeting. Any other written public
79 comment submissions received prior to the adjournment of the meeting will be included in the permanent record.
80

81 In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law
82 Manual, the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the
83 authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being
84 irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with
85 the rights of other speakers.
86

87 There were no written public comments.
88

- 89 ***3. Chairman's Report:** D. Kevin Moore, DDS (For Possible Action)
90
91

92 **(a) Request to remove agenda item(s)** (For Possible Action)
93

94 No items were removed.
95

96 **(b) Approve Agenda** (For Possible Action)
97

98 Chairman Moore changed the order to the agenda as follows: (7), (8), (4), (5), (6), (9). The reorder is to
99 give and opportunity for a guest speaker to speak. Dr. West made the motion to approve the agenda
100 as re-ordered. Dr. Thompson seconded the motion, all in favor, motion passed.
101

102 **Old Business:** (For Possible Action)
103

- 104 ***4. Discussion and consideration of possible revision(s) to the current Anesthesia Algorithms for**
105 **simulated emergencies by the [Anesthesia Sub-Committee and Anesthesia Committee]**
106

107 - **NAC 631.2225** (For Possible Action)

108 Dr. Okundaye stated that she is getting feedback that there is too much information to comprehend. She
109 said in her opinion that there is not too much information and that it is up to date and she feels like the
110 examiners should know this information. She stated that she is open to feedback since she is the one who
111 created those algorithms. She wanted the Boards feedback.

112 Dr. Saxe made a comment that the scenarios need to be tailored to the permit they are testing for with a
113 possible revamping for who is being tested.

114 Dr. Okundaye agrees that they should be changed.

115 Dr. Saxe wanted to know how this could be changed.

116 Dr. Saxe stated that there needs to be a real life scenario.
117
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120 ***(a) Discussion and recommendations by the [Anesthesia Committee] of the possible**
121 **revision(s) to the current Anesthesia Algorithms for simulated emergencies to present to**
122 **the Full Board** (For Possible Action)

123 This Item was tabled for more information at the next meeting.

124 Dr. Okundaye said that they will put together other age ranges to change the algorithms.

125 Dr. Moore asked if there were any more questions.

126 Dr. West agrees that the algorithms need to be tailored to the scenario that it pertains to.

127 Dr. Okundaye and Dr. Saxe will get scenarios together for the next meeting.

128
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130 ***5. Reconsideration, Discussion, and Recommendations of possible revision(s) to the Current**
131 **Anesthesia Evaluation/Inspection Forms by the [Anesthesia Sub-Committee and Anesthesia**
132 **Committee]** – NAC 631.2227 & NAC 631.2231 (For Possible Action) This item was tabled

133
134 i) Moderate Sedation

135 ii) General Anesthesia

136
137 Dr. Twesme referred to NRS 631.2227 and is concerned about regulations for pediatrics.

138 Dr. Miller asked if an AED qualified as defibrillator. Dr. Okundaye suggested removing the words

139 "Moderate sedation" from NAC 631.2227(8).

140 Dr. Moore would like to have changes to the NAC language sent to Mr. Su or Mr. DiMaggio for the next
141 meeting.

142
143
144 ***(a) Discussion and recommendation by the [Anesthesia Committee] of the possible revision(s)**
145 **to the current Anesthesia/Inspection forms to present to the Full Board** (For Possible Action)

146
147 This agenda item was tabled.

148
149 ***6. Discussion and consideration of possible revision(s) to the current Anesthesia Evaluation process**
150 **by the [Anesthesia Sub-Committee and Anesthesia Committee]** - NRS 631.265 & NAC 631.2211 – NAC 631.2256
151 (For Possible Action)

152
153 ***(a) Discussion and recommendations by the [Anesthesia Committee] of the possible**
154 **revision(s) to the current Anesthesia Evaluation process to present to the Full Board**
155 (For Possible Action)

156 Dr. Miller showed slides from his AADB presentation. He said there a lot more deep sedation dentistry
157 cases because there is a shortage of availability of operating rooms. He spoke about accreditation and
158 standards that are used. He encouraged the Board to look at accreditation.

159 Dr. Saxe spoke to a Kelly Adkins that is an accreditation specialist and this may be an idea in the future
160 however they are new and it is run by medical doctors. He is concerned that they are new.

161 Dr. Miller responded that there is always 2 to 3 surveyors that come to offices. He is also concerned about
162 the newness. He feels that this is something that should be on our radar for the future.

163 Dr. Moore asked how everyone felt about our current process for evaluations.

164 Dr. Okundaye feels that at the site inspections, there have been doctors that have failed due to lack of
165 know how to dose etc. It is a good idea to get in there as there should be a higher standard of care.

166 Dr. Saxe had a question what is the percentage of renewals and do we have enough staff to perform the
167 inspections every five years. Maybe the Board should focus on the new people just coming out of school.

168 Dr. West feels it is a great idea to go out every 5 years. What he likes about our process is that the
169 inspectors are doctors and that when he goes he feels he can teach something. He does not want
170 anything to change.

171 Dr. Moore said that people have reached out to him asking whether any portion of this process can be
172 virtual. He asked if there can be some calibration of the sedation process.

173 Dr. Thompson asked if we have to be there physically to watch them administer an IV.

174 Dr. Thompson thinks that if they have only done a few maybe it is necessary to watch them administer IV
175 sedation in person and if you have done thousands maybe virtual would suffice.

176 Dr. Okundaye suggested that virtual inspections could be used to inspect drugs and equipment.

177 Dr. Saxe suggested a random audit.

178 Dr. Twesme thinks 5 years is a good idea.

179 Dr. Okundaye said virtual inspections can be done with experienced doctors but not new permittees

Dr. Twesme agreed that virtual inspections should not be done on new permittees.
Dr. Miller agrees that 5 years is good. Dr. Miller does not agree that all inspections should be virtual.
Dr. Moore asked about a pilot program regarding virtual inspections.
Dr. Miller stated that some offices could volunteer to do both in-person inspections and virtual inspections.
Dr. Okundaye said that the NAC for the inspections of an office do not require in-person inspections.
Dr. Moore made a motion to conduct a volunteer pilot program to virtually inspect offices. These volunteer offices will get together to discuss virtual inspections. Dr. West seconded the motion. There was no further discussion. All were in favor. The motion passed.

***7. Discussion by the [Anesthesia Sub-Committee and Anesthesia Committee] if active Nevada licensed MD anesthesiologists and/or Certified Registered Nurse Anesthetists may administer moderate sedation and/or general anesthesia in a dental facility permitted by the Nevada State Dental Board – NRS 631.265 & NAC 631.224 (For Informative Purposes Only)**

(1) Michael Almeida, MSN, CRNA, President, Illinois Association of Nurse Anesthetists

Dr. Moore introduced Mr. Almeida and Ms. Jennifer Brown, CRNA.
Mr. Almeida and Dr. Miller participated in a slide show presentation to the AADB called "The CRNA and Safety". Michael Almeida is located in Illinois and is the President of the Illinois Association of Nurse Anesthetist (NA).
Mr. Almeida stated there are about 50,000 CRNA's throughout the country, and administer annually approx. 50 million anesthetics. The education starts with a bachelor's in nursing in an intensive care setting for a minimum of 1 year, and the average is 3.5 years. The approximate length of a CRNA program is 2.5 years. By 2025 all CRNA's will be at the doctoral level. Mr. Almeida went over safety slides, scope of practice laws, safety research and policy brief. NA's have been providing anesthesia in the US for more than 150 years. Mr. Almeida presented a map of State Dental board permits for CRNA. Mr. Almeida went over the legal responsibility. Mr. Almeida went over cost effectiveness.

Jennifer Brown is the President of Nevada Association of Nurse Anesthetists (NVANA).
Ms. Brown stated the board of nursing first adopted regulations establishing standards and authorization functions in 1986 for CRNA's. CRNA's are authorized to administer anesthetic agents to a person under the care of a licensed physician, dentist, or podiatrist. Ms. Brown stated that there are no supervision requirements and there are no state or federal requirements for CRNA's to administer anesthetics, so CRNA's have complete authority to control, administer, and direct anesthesia in the state of Nevada. Dr. Thompson stated that it is not currently legal to have a CRNA perform anesthesia in a general practice.

Chairman Moore asked if there were any questions for Ms. Brown.
Dr. Thompson asked if the CRNA had to be under supervision of a physician or dentist.
Ms. Brown said that the patient had to be under the care of the physician or dentist. The dentist has to hold a permit for general anesthesia. The dentist is required to supervise the CRNA.
Ms. Brown stated a lot of CRNA's are out of Utah and provide anesthesia to pediatric and outpatient dental patients. Ms. Brown was hoping there could be some language change to the laws and that the board would consider it.
Dr. West asked why the hesitancy to add CRNA services to the table.

Dr. Moore stated that a few Board members with quite a bit of experience may have some input on the historical questions that are being asked.
Dr. Twesme stated that he had gathered information about regulation in every state west of the Mississippi. He believes that CRNA would not be able to deal with an emergency situation such as a tracheotomy and does not feel that the regulations should change; he is opposed to the change.
Jennifer Brown responded that Nurse Anesthetists are trained in dentistry such as pediatrics and understands that experience; she said you have to choose the correct Nurse Anesthetist.
Dr. Twesme asked about Nurse Anesthetist and a Tracheotomy.

Jennifer Brown referred to Mr. Almeida for his opinion.
Mr. Almeida stated that you could poll thousands of anesthesia providers ask them how many have done a tracheotomy and you might have 1 person who says they have done one in their career and it is very rare.
Dr. Okundaye stated that there is no mobile component. She stated there was always a team. There is a physician anesthesiologist or dentist present for backup due to level of education, training or experience. Sharing an airway is different. Malpractice is another component. The CRNA in the North Carolina case

was not held liable but the dentist was held liable. Doctors do not know what questions to ask CRNA's to know how qualified they are. Arizona has had 3 deaths with CRNA's.

Dr. Moore opened the floor for more questions.

Dr. West asked Dr. Okundaye if there is a mobile component when you are trained.

Dr. Okundaye said yes it is written in CODA that there has to be 1 year of training on a mobile unit in a dental practice.

Dr. Gray has been an anesthesia evaluator for a very long time. He feels that he does not have the authority to certify the skill level of a CRNA. He states that you are generally alone while working and dentistry is unique because you share the airway. He feels there are a lot of downsides and he has reservations.

Dr. Miller, a Pediatric dentist, made a statement that the pediatrics brings a complexity to this issue. There are patient selection issues. He worries that backup won't be there in time of need.

Dr. Thompson would like to know statistics. How many are being underserved? Are their needs being met?

Dr. Saxe wanted to know where the training was done. Have you gone out to an office and done it during your training or have you only done it in a hospital setting?

Jennifer Brown said that she worked in a hospital setting with pediatric dentistry.

Ms. Brown commented that you were always being supervised by an anesthesiologist at the hospital.

Ms. Brown stated that during training that is true but since graduation she has been independent.

Dr. Saxe said that back up was a concern.

Dr. West stated that he understands that pediatrics is a very large part of the CRNA work and did she think a dental component could be added to NA training.

Dr. Okundaye stated that NA's should see a minimum 30 pediatric patients aged 2-12 years ideally 75 to graduate. Dr. Moore said that there needs to be more information. This is an access to care issue. There needs to be some statistics and some specifics of the CRNA training and asked Dr. Okundaye to prepare a comparison for consideration at the next meeting.

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New Business: (For Possible Action)

***8. Review, consideration, and discussion by the [Anesthesia Sub-Committee and Anesthesia Committee] on Cardiopulmonary Resuscitation (CPR), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) certification requirement pursuant to NAC 631.173, including but not limited to, whether such training can be completed through live and/or on-line training**

(For Possible Action)

***(a) Discussion and recommendations by the [Anesthesia Committee] to present to the Full Board on Cardiopulmonary Resuscitation (CPR), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) certification requirement pursuant to NAC 631.173, including but not limited to, whether such training can be completed through live and/or on-line training** (For Possible Action)

Dr. Okundaye stated that there was no information and could not find an exact date when the online training allowance ended. She stated that she would find out when it ended.

Dr. Moore asked if the training was live or online.

Dr. Thompson stated that it is typically hands on training. He also stated that it was only BLS on the prior agenda. The AHA has made the classroom portion interactive online and then you have to go in to do your hands on training. He said it is impossible to do all your training online for certification.

Mr. Su directed everyone to page 98 of the committee book regarding the CPR certification card extension by the AHA during COVID-19.

Dr. Miller said the hands on component is critical.

Dr. Okundaye said that UNLV has a sims lab that has feedback monitors.

Dr. West asked if it was hard to find a live course in Las Vegas. He stated that they did not have an issue where he is.

Dr. Moore made a motion that the Board works on language for the NAC to include a hands on requirement. Dr. West seconded the motion. There was no further discussion. All were in favor. The motion

passed.

***9. Review, discussion, and consideration by the [Anesthesia Sub-Committee and Anesthesia Committee] on the manufacturer's instructions for use on dosage, administering, packaging, and expiration dates for medications and equipment - NAC 631.2211 – NAC 631.2256 (For Possible Action)**

***(a) Discussion and recommendations by the [Anesthesia Committee] to present to the Full Board regarding the manufacturer's instructions for use on dosage, administering, packaging, and expiration dates for medications and equipment NAC 631.2211 – NAC 631.2256 (For Possible Action)**

There were no recommendations made for this agenda item, and no action was taken.

10. Public Comment (Live public comment by teleconference): 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. Comments by the public may be limited to three (3) 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.

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In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers.

There were no public comments.

11. Announcements

There will be another Anesthesia Committee/Subcommittee meeting in the next 4-6-8 weeks.

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

Dr. Thompson made a motion to adjourn the meeting. Dr. West seconded the motion. The meeting was adjourned.

PUBLIC NOTICE POSTING LOCATIONS

Office of the N.S.B.D.E., 6010 S Rainbow Boulevard, #A-1, LV, Nevada
Nevada State Board of Dental Examiners website: www.dental.nv.gov
Nevada Public Posting Website: www.notice.nv.gov

X

Frank DiMaqqio
Executive Director

