GEORGIA BOARD OF DENTISTRY
Sedation Committee Conference Call
2 MLK Jr. Drive, SE, 11th Floor, East Tower
Atlanta, GA 30334
April 27, 2023
5:00 p.m.

The following Committee members were present:
Dr. Glenn Maron, Chair
Dr. Michael Knight
Dr. Jeffrey Schultz
Dr. JC Shirley

Staff present:
Eric Lacefield, Executive Director
Max Changus, Senior Asst Attorney General
Clint Joiner, Attorney
Brandi Howell, Business Support Analyst I

Open Session

Dr. Maron established that a quorum was present and called the meeting to order at 5:07 p.m.

Introduction of Visitors
Mr. Lacefield asked the visitors on the call to send an email via the "Contact Us" portal on the website if he/she would like his/her name reflected as being in attendance in the minutes.

Discussion Topics
Rule 150-13-.01 Conscious Sedation Permits and Rule 150-13-.02 Deep Sedation/General Anesthesia Permits: Dr. Schultz explained that during the Committee's review of sedation evaluations, the Committee has come across some instances where individuals who have applied for a conscious sedation permit have been exposed either directly or they have been observing medications that were not meant to accomplish conscious sedation. He stated that the Committee felt these medications have the potential to have a patient cross from a conscious state into an unconscious state. He further stated that himself, along with Mr. Joiner, have researched and came up with some additional language for Rule 150-3-.01. He added that the purpose of the proposed language is to try and eliminate drugs such as propofol, ketamine, dexmedetomidine, etc. Dr. Schultz stated that this gives the Board some leeway to make adjustments to the rule and add certain medications if necessary, but for the most part this list narrows the pharmacologic armamentarium people have to perform conscious sedation. He added that the patients are meant to remain conscious and not meant to pass into an unconscious state.

Dr. Maron stated that in some states there is either an oral conscious sedation permit or a sedation/general anesthesia permit. He further stated that they do not have a third level, which in Georgia is IV or moderate parenteral conscious sedation. He continued by stating that he thinks the previous definition of moderate parenteral conscious sedation is a misnomer. He stated it is either enteral conscious sedation or parenteral conscious sedation. Dr. Maron explained that there is a thin line between a patient going into sedation versus someone going into general anesthesia. He stated that, based on the rules that are already in place and Georgia already has these three (3) categories of sedation, this is the structure the Board has to work with. He stated that by defining certain medications that would clearly be closer to the level of deep sedation/general anesthesia it clarifies things a bit for candidates who are not sure which medications are appropriate to use for conscious sedation or deep sedation.

Dr. Knight commented that the Committee was trying to find a solution to a problem that he has not seen happen. He inquired if the rule change was necessary. He expressed his concerns over the Board going down a slippery slope if it adds language to the rule stating that specific drugs cannot be used. He stated

that the drug he is most concerned about is fentanyl. Dr. Knight stated that if there was an issue, he understood amending the rule. He added that he thinks the training is what is important. He stated that there have been times when he has given oral sedation to a patient and the patient goes to sleep on him. Dr. Maron responded by stating that was the point that he and Dr. Schultz were trying to make.

Dr. Maron stated that he did not know the history of how the three (3) levels of sedation came about. He further stated that this is the hand they were dealt. He explained that he has done research and there are states that only have two (2) categories, which are moderate parenteral sedation/deep anesthesia and enteral conscious sedation. Dr. Maron stated that individuals who hold a moderate parenteral sedation/deep anesthesia permit have to abide by all the same rules of deep anesthesia. He added that overall he believes it will be safer for the patients.

Dr. Knight inquired if it would be hard for schools or companies to add the appropriate training regimen to fit into either oral sedation or parenteral sedation. He expressed his concern over the use of fentanyl. Dr. Maron responded by stating that the difference is fentanyl has a reversal agent. He stated that it is a concern in the outside world, but from an anesthesia perspective it has a reversal agent. He further stated that for Dr. Knight to say he is worried about it under the guise of delivering anesthesia is apples and oranges. Dr. Knight commented by stating that it is still a medication that has been in the news and feels the Committee would be chasing a problem that does not exist.

Dr. Schultz commented by stating that he has sat in interviews with applicants that have put these medications down as part of their anesthetic records. Dr. Knight inquired if Dr. Schultz could provide documentation where patients have gone to the hospital due to a complication or where a death has occurred. He explained by stating that is where he gets concerned. He inquired if there was something in the patient's record that created a medical issue.

Dr. Maron asked Dr. Knight if he would rather be proactive than reactive. Dr. Maron stated that the Board's goal is to be proactive on these issues and not reactive. Dr. Knight responded by stating that he did not disagree with that, but felt the Board needs to be cautious as it can carry over to more issues if the Board is limiting the care of patients because the Board is scared of things that may happen. He stated that if there was a complaint or death, he would understand. He further stated that he does not understand why the Committee wants to amend the rule unless it changes the rule to two (2) levels and require schools or a company to teach this.

Dr. Shirley commented by stating that the Board is following the framework that someone else created that does not follow the current levels of sedation. He stated that "conscious" is not used in contemporary language. He continued by stating that the proposed language clearly identifies medications that should not be used if an individual holds a conscious sedation permit. He stated that he had no concerns with the medications that were listed. Dr. Shirley further stated that he wanted to make sure the intent was to look out for those situations where an individual holds an enteral conscious sedation permit, but he/she is doing parenteral conscious sedation or deep sedation.

Dr. Shirley discussed the below proposed language to Rule 150-13-.01 which states:
"<u>Drug Restriction: No dentist issued a conscious sedation permit pursuant to this Rule shall administer or employ any general anesthetic agent which has been identified by the Board of Dentistry in Rule 150-13-.01(13) as exhibiting a narrow margin for maintaining consciousness, unless such dentist simultaneously holds a permit to perform deep sedation / general anesthesia procedures in that location, pursuant to Rule 150-13-.02.</u>" Dr. Shirley stated that the language states "shall administer or employ". He inquired as to what "employ" meant and asked if it was redundant. He stated that they are talking about the dentist administering the medication. He explained that he wanted to clarify that they are not talking about a dentist who employs or hires another sedation provider, such as an anesthesiologist, to come into the

dental office to provide general anesthesia. Dr. Maron responded by stating that he does not think the word "employ" was used in that setting.

Dr. Schultz commented by stating that it was put there under the definition of "to make use of". He stated that he felt it covers the administration to make use of a certain agent. Dr. Shirley suggested removing "or employ" as it will cause confusion. Dr. Maron agreed that the term was redundant. Mr. Joiner agreed and stated it would not change the meaning of the rule to remove it.

Mr. Joiner stated that O.C.G.A. § 26-4-5 defines "administer" or "administration" to mean "the provision of a unit dose of medication to an individual patient as a result of the order of an authorized practitioner of the healing arts." He further stated that "administer" and "employ" are the same thing in this context.

Dr. Maron commented that he does not want to minimize Dr. Knight's input as Dr. Knight represents a large number of people that are using these medications. Dr. Maron inquired if the proposed language would only be a band-aid on a bigger issue that needs to be fixed. He stated that every time there is a change to a rule, it goes to Mr. Changus for statutory authority, the Board has to hold a public hearing, and then the rule must be approved by the Governor. He continued by asking that if this is only a band-aid of a fix on something that is a bigger problem, and is the Committee better off not bringing this forward to the Board at this time and look towards correcting how sedation is written in the rules.

Dr. Knight responded by stating that would be his suggestion. He suggested speaking with Dr. Young since she is the Dean of the Dental College of Georgia and obtain her input as to what would be involved in changing the training regimen to make it two (2) categories of sedation. Discussion was held regarding not just having concern over what is taught at the dental college, but also about training of people from all over the country that want to come to Georgia. Dr. Knight stated that if the Board changes it rule, then the dental school would be the most appropriate way to help define those parameters and if anyone wants to come to Georgia from another state, they will have to abide by the Board's rules and guidelines.

Dr. Schultz commented by stating that trying to remake how these various weekend or five (5) day sedation courses to conform to the Board's standards is a monumental tasks when the rule can simply be defined to state what medications are appropriate and inappropriate. He stated that he does not think it is changing the rules as much as it is about making it more streamlined and eliminating all doubt as to what medications can be used for each permit type.

Discussion was held regarding if this involved changing the statute. Mr. Changus commented that if the Committee was looking to redefine the terms out of the statute then that meant opening up the Dental Practice Act. He stated that it was his understanding this came about from interviews with applicants who were seeking a sedation permit and using medications that were not appropriate for their permit type. He stated that the Committee could certainly have a conversation with Dr. Young on what the dental college is teaching because that is where some of the concerns stem from. He continued by stating that there are individuals who took the course from the dental college and did not understand the distinctions of what was appropriate for use at the various levels.

Dr. Knight suggested speaking with Dr. Young first to obtain her input before moving any further with the proposed rule amendment. Dr. Maron responded by stating that the Committee could discuss this with the full Board at its next meeting and get Dr. Young's input on the matter at that time. He inquired if the Committee was comfortable on bringing this forward on what drugs should not be used in certain settings. He added that he believes the proposed language lays it out pretty clearly that if an individual is using these specific medications, he/she does not have the ability to control what level of anesthesia a person is in and should be applying for a deep sedation permit based on the pharmacologic components of these particular medications. He continued by stating that he does not think that is unreasonable. Dr.

Schultz agreed and stated that these drugs have significant potential to put patients over the edge. He added that there are so many things that go into a safe sedation and his confidence level in some of these programs with pushing the limits as far as what medications can be used to achieve certain levels of sedation at a dental office is not there yet from what he has seen from oral surgery community and also what has been litigated on a national basis. Dr. Schultz stated that reviewing the Dental Practice Act to try and redefine sedation levels seems to be cleaner and easier.

Mr. Changus stated that O.C.G.A. § 43-11-21 states in part, "…the dentist shall ensure that the pharmacologic agents and methods used to administer such agents shall include a margin of safety so that loss of consciousness of the patient is unlikely…" He further stated that the specification of drugs is not anything this Board has done before in terms of taking that discretion away from the dentist, who is engaging in these sedation practices, which is a concern. He added that while the Board has the authority to make sedation rules, the law does not specifically address authority to dictate what drugs can and cannot be used, which is a big step; however, he stated that it may be appropriate given the concerns raised by Dr. Maron and Dr. Schultz.

Dr. Maron commented that the goal is to make sure people are practicing correctly. He added that he thinks the Board can say to an applicant who applied for a conscious sedation permit that the more appropriate level permit would be a general anesthesia permit since the applicant listed they are using propofol on the application. He continued by stating that when reviewing applications, the Sedation Committee may have to point out if the applicant should apply for a different permit level, which may be more appropriate than stating that the applicant cannot utilize a specific drug.

Dr. Shirley commented that if the Committee does not make the change to the rule and someone uses IM ketamine which causes an issue, or the individual does not have the appropriate permit, the Committee can still say the individual is practicing outside the realm. Mr. Changus agreed and stated that if there was a complaint received and the Investigative Committee made the determination the drugs and amounts used were not appropriate, and if a peer reviewer agrees, then the use of that medication and dosage would be a violation of the Dental Practice Act and the Board could take action based on that.

Discussion was held regarding a dentist shifting what medication he/she was using based on literature or other factors. Dr. Maron commented that the Committee's intent is to make it safer for patients when they go to a dentist who is offering sedation. He asked if the most appropriate route would be to change the rule or have better enforcement of applications. He added that he dislikes having the three (3) categories of sedation. He stated that maybe the Committee should review the entire rule and look at the wording to make it appropriate for the current state of anesthesia.

Mr. Changus discussed O.C.G.A. § 43-11-21, which identifies conscious sedation, and O.C.G.A. § 43-11-21.1., which identifies general anesthesia. He stated these are the two (2) categories that are referenced in the statute. He continued by stating that O.C.G.A. § 43-11-21 reads in part "…that loss of consciousness of the patient is unlikely..." He added that he does not know if it has been muddied more in our rules than necessary. Mr. Joiner commented that the statute does not seem to have the same subdivisions as the rules.

Dr. Shirley discussed the history of how the different levels of sedation came about. He stated that around 2008/2009 he was the President of the Georgia Academy of Pediatric Dentistry. He further stated that when the Board of Dentistry was considering the changes, he recalled they wanted to change the rules and not change the statute because of the ease of implementing the rule changes. He added that this is why it does not match as cleanly as it should. Dr. Shirley stated that from what he recalls, there was not a consensus among everyone, but there were enough votes to pass the rule changes.

Dr. Maron inquired if the Committee agreed that the medications listed in the proposed rule change will cause someone to lose a state of consciousness. Dr. Shirley and Dr. Schultz agreed. Dr. Maron stated that the intention of someone with a conscious sedation permit is for the patient not to lose consciousness. He added that the Committee is in a situation where it wants to clarify this without changing the laws. He stated that the changes proposed by Dr. Schutlz clarify what is considered conscious and unconscious sedation and felt it would be appropriate as a rule change.

After further discussion, Dr. Schultz made a motion for the Committee to direct Mr. Joiner to remove the words “or employ” from the draft and present the proposed amendments to the full Board at its next meeting. Dr. Shirley seconded, and the Committee voted in favor of the motion, with the exception of Dr. Knight who opposed.

As a point of clarification, Dr. Maron discussed succinylcholine, which is not listed by name in the proposed draft. He stated that it is an emergency drug that the dentist would be required to have. He added that the rule states the dentist has to have drugs available to rescue someone in an emergency situation and succinylcholine would be that drug.

Approval of Minutes

Dr. Knight made a motion to approve the February 10, 2023, Public and Executive Session Conference Call minutes. Dr. Shirley seconded, and the Committee voted unanimously in favor of the motion.

Miscellaneous

Dr. Schultz reported that the individual who developed the AAMOS app is in the country right now and is interested in discussing what the Committee’s goals are. Dr. Schultz stated that he could arrange a call with him with the Committee or a member of the Committee. Dr. Maron volunteered to be on the call with Dr. Schultz.

There being no further business to come before the Committee, the meeting was adjourned at 6:06 p.m.

Minutes recorded by Brandi Howell, Business Support Analyst I
Minutes edited by Eric R. Lacefield, Executive Director