GEORGIA BOARD OF DENTISTRY
Sedation Committee Conference Call
2 MLK Jr. Drive, SE, 11th Floor, East Tower
Atlanta, GA 30334
October 27, 2023
3:00 p.m.

The following Committee members were present:
Dr. Glenn Maron, Chair
Dr. Jeffrey Schultz
Dr. Lisa Shilman
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 3:03 p.m.

Introduction of Visitors
There were no visitors on the call.

Approval of Minutes
Dr. Schultz made a motion to approve the September 1, 2023, Conference Call minutes. Dr. Shirley seconded, and the Committee voted unanimously in favor of the motion.

Rules Discussion
Rule 150-13-.01 Conscious Sedation Permits: Dr. Maron stated the rule was tabled at the Board's Public Hearing held on October 6, 2023. He further stated that after discussion, Dr. Schultz was willing to remove the proposed language that specifically names the anesthetic agents due to the fact that medications are constantly changing and the rule would have to be updated each time there was a change; however, Dr. Maron added that Dr. Schultz and he agreed that the language in the entire rule needed to be changed.

Dr. Maron read the following statement:
"The purpose of this rule change is to make the process for obtaining and maintaining a moderate sedation permit well defined, transparent, and consistent for the dental professionals while at the same time protecting and promoting patient safety."

Dr. Maron continued by reading the following proposed amendments to Rule 150-13-.01:
(2) Understanding The Anesthesia Continuum

(a) The anesthesia continuum represents a spectrum encompassing analgesia, local anesthesia, sedation, and general anesthesia along which no single part can be simply distinguished from neighboring parts. It is not the route of administration that determines or defines the level of anesthesia administered. The location on the continuum defines the level of anesthesia administered.

(b) The level of anesthesia on the continuum is determined by the definitions listed below.

(3) Elements used to determine the level of anesthesia include the level of consciousness and the

likelihood of anesthesia provider intervention(s), based upon the following patient parameters:

(a) Responsiveness;

(b) Airway;

(c) Respiratory;

(d) Cardiovascular.

Dr. Maron recommended striking the term "conscious" from where the rule refers to "conscious sedation" and replace the term with "sedation"; therefore, the rule will refer to moderate enteral sedation and moderate parenteral sedation.

Dr. Maron suggested adding the following language at the end of the rule:

(a) All sedation permit holders shall submit a complete report to the board of any sedation related morbidity or mortality occurring in the course of such dentist's practice or other injury which results in temporary or permanent physical injury requiring any period of hospitalization. This report shall be filed with the board no later than 30 days following such incident and shall contain such information as the board shall deem necessary to investigate the circumstances of the incident.

(b) Any report received by the board pursuant to this Code section shall be subject to the limitations on disclosure set forth in paragraph (2) of subsection (h) of Code Section § 43-11-47.

Mr. Joiner commented by stating that dentists are required to make those reports in O.C.G.A. § 43-11-21.2. He stated that he did not feel it was necessary to include it in the rule since the language was already in the statute. Dr. Maron responded by stating that he felt it was necessary because many dentists only refer to the rules and not the statute. He added that this was clarifying what was in the law so dentists cannot say they did not know about it. He continued by stating that unless a dentist reads the law, it is not written anywhere else and this language in the rule makes it clear that it is required.

Dr. Schultz stated that he agreed with Dr. Maron in making these adjustments to the rule, but stated that he does not want that to mean he does not think a problem was going to occur. He further stated that he felt it was just a matter of time. He added that he thought the general dentists and some of the specialists "do not know what they do not know". Dr. Schultz commented that it was evident at the public hearing that many individuals supported their position. He stated that it will be a challenging time. He further stated that he does not think the general dentists and specialists understand their ability to practice this form of sedation. He continued by stating that it will just take one event to get out that a general dentist was using Propofol, Ketamine, Dexmedetomidine, etc. in a general dentist's office. Dr. Schultz stated he has spoken with many individuals who are shocked this is occurring. He added that what he was proposing was to limit the general dentist's ability to provide moderate sedation with agents that are reversable. He stated that the agents they are using are not reversable. He further stated that unless they have advanced airway management capabilities, an event is going to happen.

Dr. Maron commented by stating that the rule already requires a dentist holding a moderate conscious sedation permit to have ACLS training and advanced airway management skills training. He added that the permit holder is also required to have four (4) hours of continuing education every two (2) years. He stated that the Committee may want to consider increasing the number of hours of continuing education for that level, but that component was already in the rule.

Dr. Shirley stated that he felt all members on the call were in agreement as far as making things as safe as possible. He stated that the challenge was creating something in the rule that the other members of the Board would be in favor of. He added that it was obvious that was not going to happen last month. Dr. Shirley continued by stating that the Committee needs to come up with something everyone could agree that will contribute to providing safe care. He stated that he felt that the language Dr. Maron came up with was something that the Board could agree on.

Dr. Shilman stated that she agreed with Dr. Shirley and agreed with Dr. Maron's proposal. She added that she was in agreement with listing out the drugs; however, that is something that will not happen. She continued by stating that she agreed with making stringent rules for sedation. Dr. Shilman stated that if it starts with changing the wording in the rule and putting everyone on notice, that would be a great start.

Dr. Shirley stated that Colorado has a rule stating minimal, moderate, or deep/general anesthesia. He added that "sedation" was not listed. He further stated that would be an alternative, but he was unsure if it would prevent the issues the Georgia Board was trying to prevent.

Dr. Shilman commented that she knows what moderate and deep sedation is, but the issue is people are doing deep sedation and calling it moderate sedation. Dr. Maron agreed with Dr. Shilman. Dr. Shilman stated that what Colorado was doing would only make it worse.

Dr. Maron inquired if an event occurred, does the proposed language give the Board the ammunition to take disciplinary action if someone was acting outside of the rules. Dr. Shilman commented that she felt the rule should define what an episode was. She inquired at what point is the dentist required to report the situation. Dr. Maron responded by stating that the dentist would be required to report any patient that went to the hospital.

Discussion was held on what language to strike and add. Mr. Joiner stated that he would prepare a draft for the Committee to review prior to the end of the meeting.

Mr. Changus explained that the term "conscious sedation" was in the statute. He added that it is part of the legal framework for these permits. He continued by stating that if a dentist was administering general anesthesia without a general anesthesia permit, that would be a violation of O.C.G.A. § 43-11-21.1 and would be grounds to take disciplinary action. Mr. Changus stated that it may be fairly obvious from an incident where someone goes under and has an event which causes them to go to the hospital. In that case, he stated the Board would want a Peer Reviewer to state that the technique used to put this patient under conscious sedation was very likely to lead to a state of deep sedation. He explained that is what the Board would want to establish in terms of being able to take disciplinary action.

Dr. Maron inquired if Mr. Changus was stating that since the law says "conscious", the Committee could not strike it from the rule. Mr. Changus responded by stating that O.C.G.A. § 43-11-21.1 says "Conscious sedation" in the heading. He added that it is one of the two permits identified in the statute. He stated that a permit holder can either administer conscious sedation or general anesthesia under the code as identified.

Dr. Maron responded by stating that the law is incorrect, it is not conscious sedation. He inquired if a legislative change would need to occur in order to take out the term "conscious". Mr. Changus responded by stating the first portion of Rule 150-13-.01 speaks to minimal sedation and not needing a permit for minimal sedation. He stated that the law authorizes a conscious sedation permit to be issued. Dr. Maron inquired if the permit reads, "Moderate Enteral Conscious Sedation" or "Moderate Parenteral Conscious Sedation". Dr. Shirley stated that his permit states, "Conscious Sedation" because it was issued before the rule was changed. He explained that after the rule changed any permits issued now state,

"Enteral/Inhalation Conscious Sedation" or "Parenteral Conscious Sedation". He stated that this is an issue because there are permits that still state, "Conscious Sedation" and things are messy with the types of permits people hold. Dr. Maron agreed and stated that was an excellent point.

Dr. Maron stated that section (8) of Rule 150-13-.01 reads:
"The requirements as set forth in this rule apply to all new permit applicants upon its effective date. Current, active sedation permit holders are grandfathered for educational requirements and will have until December 31, 2011 to comply with facility requirements including monitoring and emergency equipment, drugs, and supplies, and periodic emergency training requirements for the dentist and all support personnel." He stated that he interprets this to mean that if someone was issued a permit prior to this, they do not have to complete the required four (4) hours of continuing education.

In regards to continuing education, Dr. Maron inquired if anyone ever audited the continuing education required for sedation permit holders. Mr. Lacefield responded by stating that it would have been done as part of a post-renewal audit. Dr. Maron commented that it needed to be a separate audit from the post-renewal audit. He inquired if he interpreted what he read under section (8) was correct. Mr. Changus responded by stating that is not how he reads that section. He stated that the sedation permit holder was grandfathered for educational requirements which allowed the individual to obtain initial licensure versus continuing education. He further stated that they are two (2) separate things.

Dr. Shirley stated that on the Board's website under the "License Verification" section, under the drop down menu for "License Type" lists Conscious Sedation, Enteral/Inhalation Conscious Sedation, General Anesthesia, Conscious Sedation, and Provisional Conscious Sedation. He stated he received a conscious sedation permit with the intent of doing moderate enteral and intranasal in 1997. He inquired as to how one would differentiate between his permit and someone doing parenteral sedation. Dr. Maron commented that Dr. Shirley was grandfathered in and he believes that section (8) should be stricken.

Dr. Shirley commented that Parenteral Conscious Sedation was not listed under the drop down menu for "License Type". He stated that it appears it was never created and what that tells him is that dentists who were issued a Moderate Parenteral Conscious Sedation permit received a permit reflecting "Conscious Sedation". Mr. Lacefield responded affirmatively that Parenteral Conscious Sedation was not listed. Dr. Shirley stated there was no way to differentiate between the ones grandfathered and others issued after the rule changed.

Mr. Changus commented that the question concerns what the level of anesthesia is here. He stated that there is a lot of description in the current rule and the proposed rule about parenteral and enteral. He further stated that for those they are getting what the General Assembly inaccurately labeled conscious sedation permits. He added that, as a lay person, it seems to be more about a certain depth of anesthesia. Mr. Changus continued by stating that the Committee's concerns have to do with going beyond that and drifting into deep sedation. He added that a dentist operating under a conscious sedation permit is only using techniques that are designed to get to conscious sedation rather versus deep sedation.

Dr. Maron stated that what Mr. Changus explained was exactly the point. He further stated that this continuum has crept into a scenario where dentists who do not have the training or skills are going deeper with their sedation. He added that Dr. Schultz wanted to add the names of drugs to the rule; however, that would be cumbersome and that is why the Committee has to stand firm if they go into a deeper level of sedation, the dentist is operating outside of the scope of their conscious sedation permit.

Dr. Shirley stated that at the public hearing, the Board voted to table the rule and send back to the Committee. He inquired if the Committee makes no changes to the proposed rule and resubmits the same rule as before, does the rule go back to the Board and then to another public hearing. Mr. Changus

responded by stating that typically there are not any situations where a rule is sent back to a committee and there is no change made. He added that if the Committee went that route, it would have the same commentary as before. Mr. Joiner added that the Board would need to go through the entire rules process again.

At this point of the meeting, Dr. Hari Digumarthi, joined the call as a visitor. Dr. Maron asked Dr. Digumarthi if he had any comments. Dr. Digumarthi discussed certain types of training that are critical to be updated on. He stated that it was concerning to hear about people not being verified for their training and making sure they are up to date on their requirements.

Discussion was held regarding continuing education courses.

Dr. Digumarthi discussed a recent course he had taken. He stated a lot has changed since he went through training three (3) years ago in regards to how you hold the patient, the way you bag the patient, etc. He further stated that he did not feel everyone was up to date on that information. Dr. Schultz responded by stating that was his point. He added that when you get into a scary situation, you have a limited time to react and do the right things. He continued by stating that many do not know the ramifications of just one (1) incident happening. Dr. Schultz stated that he was happy to go with the consensus of the Committee.

Dr. Maron stated that at the public hearing, the GDA representative stated to show cases. He charged Dr. Schultz in finding cases where this exact scenario led to an untoward event. He stated that he would help Dr. Schultz look for this information. Dr. Maron stated that many were asking for data at the public hearing. He continued by stating if data could be provided it would help the Committee to show this is an issue.

Mr. Lacefield stated that it sounded like there was more work to be done on the rule. He inquired if the Committee wanted to schedule another meeting so it could have something to send to the full Board. Mr. Joiner commented that he could have a draft ready after Executive Session. Dr. Schultz made a motion to direct Mr. Joiner to format the rule based on the language provided by Dr. Maron. Dr. Shilman seconded, and the Committee voted unanimously in favor of the motion.

Dr. Schultz made a motion and Dr. Shirley seconded, and the Committee voted to enter into **Executive Session** in accordance with O.C.G.A. § 43-1-19(h), § 43-11-47(h), and § 43-1-2(h), to deliberate and receive information on an application. Voting in favor of the motion were those present who included Dr. Dr. Glenn Maron, Dr. Jeffrey Schultz, Dr. Lisa Shilman, and Dr. JC Shirley.

Executive Session

Appearances

- F.J.H.
- W.K.S.

No votes were taken in Executive Session. Dr. Maron declared the meeting back in Open Session.

Open Session

The Committee reviewed the draft prepared by Mr. Joiner. Discussion was held about the language in the rule not matching the actual permit. Mr. Lacefield stated that if the Committee wanted to fix that, now was the time to do so.

Mr. Joiner stated that the draft presented did not eliminate the word "Conscious" because that is in the statute. The Committee discussed voting on the draft now and discussing potential amendments with the Board.

Dr. Schultz stated that it has been recommended by both the American Association of Oral and Maxillofacial Surgeons (AAMOS) and The American Society of Anesthesiologists (ASA) that the Board clean up its rules. He added that Georgia is one of the few states that still uses the term "conscious". He inquired if it required a legislative change to eliminate the term "conscious". Mr. Changus responded by stating that the Committee would be hard pressed to change the language to something else in the rule when the statute identified conscious sedation permits. He added that he thought the Committee could move forward with the proposed rule or a version of it without going to the General Assembly, but stated that at some point, the language in the statute needed to be cleaned up since the Committee has identified this problem and the challenges it is seeing. He suggested the Board ask GDA to make this a part of the legislative push.

Dr. Maron stated he felt comfortable bringing the draft to the full Board and stated it would also give time for each member to review. He requested the members provide input at the meeting to help educate the other members of the Board.

Dr. Shilman made a motion for the Committee to present the proposed amendments to Rule 150-13-.01 as drafted by Mr. Joiner to the full Board for input and consideration. Dr. Schultz seconded, and the Committee voted unanimously in favor of the motion.

In the same motion, the Committee voted to approve the following recommendations based on deliberations made in Executive Session:

Appearances

• F.J.H.	Notification of Change in Location	Approved request
• W.K.S.	Notification of Additional Site	Approved request

Miscellaneous

Guidelines for General Anesthesia/Conscious Sedation On-Site Evaluation: Dr. Schultz made a motion for the Committee to direct Ms. Howell to amend the Guidelines for General Anesthesia/Conscious Sedation On-Site Evaluation form by changing Anectine to Succinylcholine under Section (C). Dr. Shilman seconded, and the Committee voted unanimously in favor of the motion.

Sedation Continuing Education: Dr. Maron requested Ms. Howell add discussion concerning a post-renewal audit of sedation continuing education to the full Board's agenda. Dr. Maron requested it be brought up with the Board as a discussion point.

There being no further business to come before the Committee, the meeting was adjourned at 5:13 p.m.

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