

**GEORGIA BOARD OF DENTISTRY**  
**Sedation Committee Conference Call**  
**2 Peachtree St., N.W., 6<sup>th</sup> Floor**  
**Atlanta, GA 30303**  
**July 2, 2021**  
**3:00 p.m.**

**The following Committee members were present:**

Dr. Glenn Maron, Chair  
Dr. Michael Knight  
Dr. Brent Stiehl

**Staff present:**

Eric Lacefield, Executive Director  
Max Changus, Assistant Attorney General  
Kimberly Emm, Attorney  
Brandi Howell, Business Support Analyst I

Dr. Maron established that a quorum was present and called the meeting to order at 3:02 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**

**CO2 monitor for all sedation permits:** Dr. Maron stated that he felt it was important at this juncture to mandate end tidal CO2 monitoring or at least have CO2 monitoring available in the operatory for any dentist who holds a sedation permit no matter the level. Dr. Stiehl inquired if Dr. Maron wanted to have CO2 monitoring available and move away from a pulse oximeter. Dr. Maron responded by stating that a pulse oximeter would still be required. Dr. Stiehl responded that this requirement did not sound unreasonable. Dr. Knight commented that most states require CO2 monitoring. Dr. Maron agreed and stated that he wanted to be proactive as most systems have end tidal CO2 monitoring. The Committee discussed requiring this equipment at the time of renewal. Dr. Maron stated that the licensee would need show evidence of possession of a CO2 monitor. Ms. Emm commented that this would need to go through the rules process first and would likely not be in place by renewal time. Dr. Maron responded by stating that when the rule becomes effective, it should apply to individuals applying for his/her initial permit and those renewing a permit. There being no further discussion, Dr. Stiehl made a motion to refer this matter to the Rules Committee to amend Rule 150-13-.01 to require the availability of end tidal CO2 monitors for each level of sedation. Dr. Knight seconded and the Committee voted unanimously in favor of the motion.

**Inspections:** Dr. Maron commented that he found it unnerving that inspections were being done for general anesthesia and moderate parenteral conscious sedation applicants, but not for moderate enteral conscious sedation applicants. He added that the requirement of an inspection for all levels of sedation could be either done in-person or virtually. Dr. Stiehl inquired as to whether or not this would be required for initial applicants or at renewal. Dr. Maron responded by stating the requirement of a site evaluation would only be for initial applicants.

Ms. Emm stated that Rule 150-13-.01(6) states in part, “*The applicant must submit verification that the facility meets the above requirements and shall be subject to an on-site inspection.*” Mr. Changus added that the on-site inspection is required in O.C.G.A. § 43-11-21 and § 43-11-21.1. He explained that the “shall” sounds optional, but it is mandatory. The Committee agreed.

**Medications that can or cannot be used based on level of sedation:** Dr. Maron stated that, while Dr. Bennett was not present on the call, he was under the impression that the use of propofol was not allowed under a conscious sedation permit, only general anesthesia. Dr. Maron commented that the rules do not specify which medications could be utilized for each level of sedation. Dr. Knight stated that it is a level of sedation. Dr. Maron asked if there were any questions. There were none.

**Senate Bill 5:** Dr. Maron inquired as to what needed to be changed to the sedation rules in terms of SB5 as it was in effect. Mr. Changus responded that the first section of Senate Bill 5 addressed dental procedures in medispas. He stated that O.C.G.A. § 43-11-21(h)(1) reads, *“Any person who administers conscious sedation in this state in a dental facility or during the practice of dentistry in a medispa, without a license to practice dentistry from the board, shall be deemed to be engaged in the unlawful practice of dentistry and subject to the provisions of subsection (e) of Code Section 43-11-2 and Code Section 43-11-50. As used in this paragraph, the term "medispa" means a facility that offers a range of services for the purpose of improving an individual's well-being or appearance, including medical and surgical procedures such as liposuction, laser procedures, intense pulsed light, and injection of cosmetic filling agents and neurotoxins, in a nontraditional setting.”*

Mr. Changus added that O.C.G.A. § 43-11-23 requires training for dental assistants or licensed dental hygienists performing phlebotomy or venipuncture procedures. He explained that the committee needs to define what the proper training would be.

Mr. Scott Lofranco, GDA, was on the call and spoke to the committee. He stated that he spoke with Dr. Maron about the venipuncture part of this. He explained that the concern raised was having a dental assistant that relied on training by the supervising dentists. Mr. Lofranco stated that the bill was amended to include language about the training. He added that it was understood the Board would promulgate a new rule to meet requirements on the statute. Ms. Emm commented that Senate Bill 5 was on the Rules Committee agenda to address.

Dr. Stiehl inquired if there had been any issues with dental assistants drawing blood. Dr. Maron stated that some dental assistants do PRP (Platelet Rich Plasma) and really need to be trained. He added that the Board needed to be proactive about this matter.

Dr. Knight commented that the Board should have been approached about these changes before this came about. Mr. Lofranco explained the bill originally drafted was the medispa bill and the House was about to pass it, but then correspondence from GDHA was received about there being no requirement for dental assistants doing venipuncture so this language was added. Mr. Lofranco stated that GDA brought it to the attention of Dr. Maron. Mr. Lofranco apologized for GDA not keeping the Board up to speed, but stated that it happened at the last minute. Dr. Knight responded that this was the first he had heard of it, but was glad that Dr. Maron had been informed. Dr. Stiehl inquired as to what the concerns were from GDHA. Mr. Lofranco stated that he believed it was a safety matter for training. Dr. Maron commented that he thought it was also one of those things where dental hygienists think the Board is trying to stop them from doing things. Dr. Maron asked if this needed to be brought to the Rules Committee. Ms. Emm responded by stating that the matter is already with the Rules Committee so there is nothing for the Sedation Committee to handle regarding SB 5.

There being no further business to come before the Committee, the meeting was adjourned at 3:27 p.m.

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