GEORGIA BOARD OF DENTISTRY
Sedation Committee Conference Call
2 Peachtree St., N.W., 6th Floor
Atlanta, GA 30303
March 25, 2022
2:00 p.m.

The following Committee members were present:
Dr. Glenn Maron, Chair
Dr. Michael Knight

Staff present:
Eric Lacefield, Executive Director
Max Changus, Assistant Attorney General
Brandi Howell, Business Support Analyst I

Visitors:
Thomas Beusse, GDA
Lauren Pollow, PDS
Gary Pickard, PDS
Chris Zacharewicz, PDS
Dr. Rools Dessieux
Dr. Janki Patel
Dr. Atijah Collins
Dr. Amesha Hurt-Edwards

Open Session

Dr. Maron established that a quorum was present and called the meeting to order at 2:05 p.m.

Introduction of Visitors
Dr. Maron welcomed the visitors.

Approval of Minutes
Dr. Knight made a motion to approve the January 7, 2022, minutes. Dr. Maron seconded, and the Committee voted unanimously in favor of the motion.

Discussion Topics
Rule 150-13-.01 Conscious Sedation Permits and Rule 150-13-.02 Deep Sedation/General Anesthesia Permits: Dr. Maron reported that the Board voted to post amendments to these two rules and they should be moving forward to the Attorney General's office and then scheduled for a public hearing. Mr. Changus responded by stating that the Board did vote to post Rule 150-13-.01 and Rule 150-13-.02 and that that the Attorney General's office had given statutory authority for those changes; however, there were other items the Committee wanted to discuss at today's meeting prior to moving forward.

Venipuncture/Phlebotomy: Dr. Maron reported this topic will be discussed at a future meeting as Dr. Whitesides and the Georgia Dental Association have requested additional time to get courses established to an appropriate level.

Sedation Permits: Dr. Maron discussed correspondence received from Lauren Pollow on behalf of Pacific Dental Services (PDS). Ms. Pollow's correspondence requested clarification concerning the permitting process for sedation and concerns from individual dentists regarding site limits of how many

permits a surgeon can request. Ms. Pollow, who was on the call, thanked the Committee for allowing herself, members of PDS, and the visitors on the call to speak regarding this matter.

Mr. Chris Zacharewicz, PDS, stated there were several concerns brought to his attention by owner/dentists and independent contractors in regard to sedation permits and limiting the number of offices. He stated the first question pertained to the reasoning for limiting the permits and if there was additional information that could be provided. Secondly, he inquired if there was data to support clinical outcomes for IV sedation patients versus non-sedation patients. Mr. Zacharewicz stated the rule would not restrict them from extracting teeth in the offices, but would restrict from providing a service to help the patient.

Dr. Maron responded by stating that this is a complex issue in terms of requests for multiple sedation sites and limiting the number of permits. He stated that himself, along with Dr. Knight, have done extensive research by looking at different state regulations that limit the number of permits as well as reviewing the American Association of Oral and Maxillofacial Surgeons (AAMOS) Code of Ethics. Dr. Maron stated that currently there are not any states that restrict the number of permits. He further stated that does not make it right, but the point is no state is restricting the number of sedation permits a dentist has. Additionally, Dr. Maron stated there are higher incidences of complications associated with IV sedation and there is a high number of incidences with morbidity with IV cases than cases under local anesthesia. Dr. Maron continued by stating that with the number of offices some dentists go to dilutes his/her training, staff training, and the ability to respond appropriately to emergencies.

Dr. Maron read the following information from the American Association of Oral and Maxillofacial Surgeons Code of Professional Conduct:

C.5 **Itinerant Surgery:** Defined as elective oral and maxillofacial surgery performed in non-accredited surgical facilities other than the facility or facilities owned and/or leased by the oral and maxillofacial surgical practice employing the oral and maxillofacial surgeon.

a. Fellows and members are strongly discouraged from participating in itinerant surgery.

b. It is unethical if the patient is unfamiliar with the surgeon who performs their surgery. Therefore, if an oral and maxillofacial surgeon performs itinerant surgery, the patient must be provided, in writing, the full name of the surgeon, their state license number, their primary address or main office address, their office telephone number, and their after-hours number prior to their surgical appointment.

c. It is unethical for the surgeon to delegate their primary patient responsibility. Therefore, if an oral and maxillofacial surgeon performs itinerant surgery, they shall comply with the current published AAOMS Parameters of Care for patient assessment and the Office Anesthesia Evaluation Manual for outpatient anesthesia.

1) The surgeon shall perform a patient assessment including a medical history and a physical examination prior to performing surgery.

2) The surgeon shall document the patient's physical status in their record using the American Society of Anesthesiology physical status classification prior to surgery, and

3) The surgeon shall document a diagnosis justifying surgical care.

d. It is unethical for the surgeon to perform surgery in an unsafe or unsuitably equipped facility. The AAOMS Office Anesthesia Evaluation program establishes the required vital sign monitors for the safe delivery of office based anesthesia. Therefore, if an oral and maxillofacial surgeon performs itinerant surgery, they shall comply with the current published AAOMS Office Evaluation Manual for facility and anesthesia team requirements for each office utilized for itinerant surgery. To further comply with required vital sign monitoring; each office where the surgeon operates should have its own vital sign monitoring equipment which undergoes regularly scheduled maintenance to ensure the equipment is properly calibrated and in working order. Required monitoring includes ECG, Blood Pressure, Pulse Oximetry, and End Tidal CO2. In addition, the Oral & Maxillofacial Surgeon is required to comply with State laws pertaining to permitting and licensing of any office facility utilizing and providing intravenous sedation and/or general anesthesia. All facilities utilized for such patient care must therefore, comply with State and Federal permitting and licensing requirements. As a minimum requirement, each surgeon shall provide their state component an affidavit confirming their compliance with the above standards of care including a list of each facility in which they perform itinerant surgery. Furthermore, an oral and maxillofacial surgeon must comply with the Drug Enforcement Agency (DEA) requirement to have and maintain a current and separate DEA registration for each office where the surgeon performs itinerant surgery. Appropriate storage of medications in a secured location must comply with requirements outlined in the DEA Practitioner's Manual. The manual is available at www.deadiversion.usdoj.gov/pubs/manuals.

e. It is unethical for the surgeon to perform surgery in an unsafe or unsuitably staffed facility. Therefore, if an oral and maxillofacial surgeon performs itinerant surgery, they shall comply with the state laws, rules and regulations for dental office based anesthesia/sedation procedures regarding staffing requirements. As a minimum requirement, each surgeon shall personally utilize a minimum of two operating room assistants properly trained to assist during itinerant procedures, anesthesia and patient recovery and be trained in emergency management.

f. It is unethical for a surgeon to delegate post-operative care to a person who is not similarly qualified to recognize, treat, and manage all surgical complications. This includes the ability and privilege to admit patients to an extended care hospital for surgical care and/or other management. Therefore, if an oral and maxillofacial surgeon performs itinerant surgery, they shall be responsible for the outcome of the post-surgical care and shall maintain communication to ensure the patient receives proper continuity of care.

Dr. Maron stated that he and Dr. Knight have determined that the number of sedation permits a dentist holds or applies for could not be restricted at this time. He further stated that he strongly supports the Code of Professional Conduct and the Parameters of Care established by AAMOS. Dr. Maron continued by stating that this should be considered fair warning for any itinerant surgeon practicing at multiple locations that if a complication was to occur it would be viewed strongly and stringently by the Board as being below the standard of care. He stated that if that occurs, the dentist could potentially lose his/her license. Dr. Maron commented that there is no way for iterant surgeons to keep an office confidently staffed when he/she is going to multiple locations.

Dr. Rools Dessieux was on the call and spoke to the Committee. Dr. Dessieux stated that he has a copy of the AAOMS Parameters of Care mentioned by Dr. Maron. Dr. Dessieux explained that he is responsible for the patient and there is a phone number available for the patient to call at any time. Dr. Dessieux continued by stating that emergency training with staff is conducted. He stated that in terms of the parameters of care, they do their best to follow those guidelines and go from there.

Dr. Amesha Hurt-Williams was on the call and spoke to the Committee. She stated that she has been practicing for 20 years and has worked in various private practices/DSO settings. She further stated there have been situations where oral surgeons have rotated through the offices. Dr. Hurt-Williams stated that she did listen to what Dr. Maron said about general dentists being dually qualified to provide post-operative care to patients who are seen by the oral surgeon. She explained that the only exceptions she heard from Dr. Maron is that she does not have ability to get the patient to the emergency room, but she can provide appropriate post-operative care for the patient. Dr. Hurt-Williams stated that the patient does have 24 hour emergency access if there are any complications or questions, or if the patient needs to be guided to the emergency room. She stated that they do follow up with the patient for post-operative treatment. Dr. Hurt-Williams commented that they do have the experience to provide the most appropriate care to the patient.

Dr. Maron inquired if Dr. Hurt-Williams stated that she did not have the ability to treat the patient at the hospital. Dr. Hurt-Williams responded affirmatively. Dr. Maron stated if that is the case, Dr. Hurt-Williams' level of training and management would not the same in dealing with all surgical complications. He explained that he is talking about extreme measures that may need to be dealt with, not treating a dry socket. Dr. Maron stated that he understood Dr. Hurt-Williams has experience, but she is not a trained oral maxillofacial surgeon, and that would fall on the oral surgeon, not the owner/dentist. He added that the Board would certainly come and look at the owner/dentist if the oral surgeon was not available to treat the patient. Dr. Maron stated that in a setting where a patient has to be admitted to the hospital and the oral surgeon is not available, based on the Committee's interpretation, the owner/dentist would be held responsible as well if a complication occurs.

Mr. Zacharewicz requested to provide clarification to the Committee. He stated that if the owner/dentist has a patient with complications that are out of his/her scope, the owner/dentist would be in close contact with the oral surgeon. He asked if there was any post-operative care information, such as a protocol, that could be provided to the Committee. Dr. Maron responded by requesting a list of surgeons and the hospitals he/she is on staff at.

Dr. Janki Patel was on the call and spoke to the Committee. Dr. Patel stated that she has worked with Dr. Dessieux in her office for years. She commented that she completely understood what the Committee was saying in terms of post-operative care. She requested clarification if what was in question concerns the number of sedation permits a dentist has versus not allowing an oral surgeon to work in the office. She stated that she did not understand why certain oral surgeons were being limited with the number of sedation permits in certain offices. Dr. Maron responded by stating that it was because a person can have a license to practice dentistry anywhere in the state of Georgia, but when the dentist requests a sedation permit, it increases the level of scrutiny from the Board. Dr. Patel commented that at her main office, patient care has always been handled by Dr. Dessieux, but in other offices she works at, there is not an oral surgeon that has a sedation license available so she cannot offer that service to her patient. She continued by stating that she has had patients end up in the emergency room because he/she could not be seen by an oral surgeon, which hinders that practice from getting patients seen in a timely manner. Dr. Maron responded by stating that Dr. Patel's individual case did not have merit for what was being discussed. He continued by stating that there are many oral surgeons within the metro Atlanta area that would be happy to see those patients. He explained that the dentist saying he/she needs to have an oral surgeon in the office as a reason for someone to have a sedation permit was not a valid reason.

Mr. Zacharewicz stated that he understood that limiting the number of sedation permits is not required by statute currently. He inquired if there was a timeline as to when the Board would make a determination on requiring this statutorily. Dr. Maron responded by stating that it did not look like the Board will make a determination. He stated that the Committee will discuss this matter at the next full Board meeting. He further stated that he and Dr. Knight have discussed this issue with OMSNIC (OMS National Insurance Company) and with the AAMOS Committee on Care. He stated that Committee on Care looks at surgeons falling below the standard of care. Dr. Maron stated that the Board would not be amending its sedation rules concerning the limitation of permits; however, he wanted to make it clear that any oral surgeon that is practicing itinerant surgery must understand that he/she will be watched even closer by the Board. In regard to where the data is coming from, he stated that there have been two deaths in Georgia in an oral surgery setting within the last month and half. Dr. Maron stated that is two more deaths he would not like to see under his watch and that is one of the reasons for discussing this matter.

Mr. Zacharewicz inquired if there would there be a limit to the number of offices receiving a sedation permit, since there is no rule in place that addresses this issue. Dr. Maron responded by stating that the Committee would not be limiting the number of permits at this time, but moving forward would require an applicant requesting multiple permits to meet with the Committee to answer questions concerning coverage, care, team, management protocols, etc.

Mr. Gary Pickard, PDS, was on the call and spoke to the Committee. He stated that he has been in the dental field for many years. He added that PDS is owned and founded by Stephen Thorne. Mr. Pickard stated that PDS provides exceptional opportunities for dentists and clinicians in the industry. He further stated that PDS has been working in an interdisciplinary collaborative environment that benefits the patient. Mr. Pickard continued by stating that PDS support over 150 oral surgeons across various states and has the largest group of pediatric dental providers in the country. He stated PDS has established policies and procedures. He agreed that any death is one too many, but to remember that the dentist is in a medical setting where complications do occur and it is unlikely that all deaths could be prevented; however, PDS works closely with AAMOS and other associations to ensure quality of care and service continues. Mr. Pickard stated the Board could consider PDS as a resource moving forward and that PDS would be happy to work collaboratively with the Board.

Dr. Maron asked if Dr. Knight had any comments. Dr. Knight stated that he wanted to stress that this is not to punish any individual or group. He stated that there were concerns with an individual that previously met with the Committee and the Committee felt it needed to address those concerns. Dr. Knight explained that since then, the Committee discussed if there needed to be a limit on the number of permits issued. He stated that the Committee has researched this issue and found there are no limitations in other states and as such, the Board would not be changing the statute or rule. He stated that he appreciated everyone's input. Dr. Knight stated that is the Board's duty to ensure the safety of patients.

Mr. Pickard commented that PDS has invested 100 million dollars into a system that will bring together both the patient's medical and dental records. He explained that it has been a huge investment. He asked the Committee to understand PDS is not only giving lip service but is investing heavily in the state to protect every patient that PDS supported dentists see.

Dr. Maron asked the owner/dentists on the call how many offices does he/she travel to. Dr. Patel responded that she travels between two offices. Dr. Maron stated that he wanted to make sure it was clear that the Committee was not saying it had an issue with the dentist having oral surgeons in the office. He explained that the concern has to do with oral surgeons requesting 10-11 different sites. Additionally, Dr. Maron stated that having one person covering so many offices is taking risks that statistically lead to error and that is where the problems come in. Dr. Maron stated that the Committee was not coming after

Pacific Dental Services and appreciated their willingness to work with the Committee; however, when an owner/dentist says he/she cannot provide emergency care because the oral surgeon cannot come to that office anymore, his suggestion would be to send the patient to someone who can provide the service.

Dr. Maron stated that he appreciated everyone being on the call. He further stated that the Committee would discuss this matter further with the Board and would let them know there will not be a limitation on the number of sedation permits. Dr. Maron stated that the Sedation Committee would be asking anyone that requests multiple permits to meet with the Committee to review his/her protocols.

Dr. Knight made a motion and Dr. Maron 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 applications. Voting in favor of the motion were those present who included Dr. Michael Knight and Dr. Glenn Maron.

Executive Session

Appearance

- W.K.S.

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

Open Session

Dr. Maron stated that based on today's discussion, he does not foresee any additional changes to the sedation rules and would like to move forward with the proposed rule amendments. Mr. Changus responded that Mr. Lacefield and Ms. Howell have the memo from the Attorney General's office regarding statutory authority, and as such, the Board can proceed with scheduling the public hearing. Mr. Lacefield commented that he will schedule the hearing for the May meeting.

Dr. Knight made a motion to approve the following recommendation based on deliberations made in Executive Session and send to the full Board:

Appearance

• W.K.S.	General Anesthesia Applicant	Table pending receipt of additional information

Dr. Maron seconded and the Committee voted unanimously in favor of the motion.

There being no further business to come before the Committee, the meeting was adjourned at 3:16 p.m.

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