

GEORGIA BOARD OF DENTISTRY
Sedation Committee Conference Call
2 Peachtree St., N.W., 6th Floor
Atlanta, GA 30303
September 30, 2022
2:30 p.m.

The following Committee members were present:

Dr. Glenn Maron, Chair
Dr. Michael Knight
Dr. David Reznik
Dr. Jeffrey Schultz
Dr. Brent Stiehl

Staff present:

Eric Lacefield, Executive Director
Max Changus, Assistant 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 2:34 p.m.

Introduction of Visitors

Dr. Maron welcomed the 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.

Rule 150-13-.01 Conscious Sedation Permits

Dr. Maron explained that the purpose of the conference call was for the Committee to discuss revisions to Rule 150-13-.01 and come up with a compromise regarding the number of hours required. He stated that a draft of the revised changes was provided by Mr. Joiner. Dr. Maron continued by stating that the number of hours required for in person training was felt to be restrictive. He stated that the Committee members reviewed the indications for in-person training and the indications for what could be taken online and was able to come up with a compromise. Dr. Maron stated that not only is it felt by the members of the Committee, but also the ADA, that live patient interaction is indicated and required for sedation training and permitting.

Dr. Maron explained that for a moderate enteral conscious sedation permit, of the required minimum of twenty-four (24) hours of didactic instruction, eight (8) hours of hands on training must be obtained in person. He stated that in person training would also be required for a moderate parenteral conscious sedation permit. He further stated that the requirements for a general anesthesia permit were not changing.

Dr. Maron stated that, per the ADA’s recommendations, sedation is a continuum regardless of the route whether it is enteral or parenteral; therefore, the level of training needs to be consistent for the patient’s care.

Dr. Maron asked if there were any comments. Dr. Stiehl responded by stating that he agreed with the suggested changes. He inquired as to how this applied to pediatric sedation. Dr. Maron responded by stating that nothing would change as far as the amendments that were made. He explained that if the applicant was not a trained pediatric dentist, then a pediatric sedation permit would be issued after completion of adult and pediatric training.

Dr. Knight commented that he was worried about “overkill” as far as the required training was concerned. He inquired if live stream or interactive training would suffice. He explained that he has completed interactive and live streamed courses, and found that he learned more from the interactive course versus attending a course in person. Dr. Knight stated that he felt the courses that were in person had distractions, whereas with interactive courses require the individual to be engaged at all times. Dr. Maron responded by asking if the individual was not taking an in person course, how could someone be monitoring that individual’s competency of administering drugs and checking the patient. Dr. Knight responded by stating that would occur with the patient experiences. Dr. Maron commented that the rule does not state patient experiences must be in person. He added that eight (8) hours has to be live interaction for a moderate enteral conscious sedation permit. Dr. Knight stated that ACLS is part of the training. Dr. Maron responded by stating ACLS is not the same as sedation training. He stated that Dr. Schultz is a certified anesthetist and oral surgeon. He requested Dr. Schultz’s input on the matter.

Dr. Schultz commented that he is not only experienced with anesthesia, but is also experienced in the development of office based emergency airway training, which consists of a very difficult simulated manikin type of course. He explained that it deals with the management of a simple airway, but also difficult airways. Dr. Schultz stated that, as Dr. Maron previously stated, sedation is viewed as a continuum, and although this is parenteral conscious sedation, there is no guarantee that conscious sedation cannot progress into a deeper sedation. He stated that he appreciated Dr. Knight’s interactive learning experience, but finds it difficult to believe that any interactive training as it relates to airway management is not in any way a greater product than in person training. Dr. Maron agreed. Dr. Maron stated that if someone wants to provide sedation for his/her patients, he/she needs to be trained as well as possible. He continued by stating that he realizes the hours may have been too much before, but when reviewing courses given around the country, eight (8) hours is one day out of the office in a setting where the individual is learning live how to administer sedation to a person, as well as how to bag a person and interpret the level of sedation. Dr. Maron stated that he does not see how the course not being in person is better for the public. He further stated that the Board’s job is to protect the public and feels that an eight (8) hour in person course is an appropriate compromise. He added that the Board needs to be protecting patients and not looking at it as what is easier for the dentist.

Dr. Reznik agreed with Dr. Maron. He stated that it is the Board’s duty to protect the public and the requirement of an in person course is a great compromise and would be of benefit to the state.

Dr. Stiehl inquired about patient death cases and if any of the patients had been to an oral surgeon or a general dentist who completed a sedation training course. Dr. Maron responded affirmatively by stating there have been two (2) cases in Georgia where the deaths were associated with enteral sedation and not IV sedation.

Ms. Amy Doehrman, Director of Boards and Appointments, Office of Governor Brian Kemp, requested clarification regarding the requirement for a moderate enteral conscious sedation permit. Dr. Maron affirmed that of the required minimum of twenty-four (24) hours of didactic instruction, eight (8) hours of hands on training must be obtained in person.

Dr. Reznik made a motion to accept the changes made regarding in person requirements for a moderate enteral conscious sedation permit and forward to the full Board for consideration. Dr. Schultz seconded, and the Committee voted in favor of the motion, with the exception of Dr. Knight, who opposed.

Dr. Maron explained that for a moderate parenteral conscious sedation permit, of the required minimum of sixty (60) hours of didactic instruction, twenty (20) hours of hands on training must be obtained in person.

The Committee discussed organizations submitting the course syllabus and the outline of the live training to make sure the live training portion is satisfactory.

Dr. Reznik made a motion to accept the changes made regarding in person requirements for a moderate parenteral conscious sedation permit and forward to the full Board for consideration. Dr. Schultz seconded, and the Committee voted in favor of the motion, with the exception of Dr. Knight, who opposed.

Ms. Doehrman inquired if the rule should specify what needed to be taught for the required in person training. Dr. Maron responded by stating that it would be a good idea to make that clarification. After discussion, Mr. Joiner stated that the rule as written requires a continuing education course from a board approved organization and does not expressly provide for board approval of the course. Dr. Maron suggested the language be amended to state "Completion of a continuing education course approved by the board from a board approved organization..." Dr. Reznik agreed.

Discussion was held by Ms. Doehrman regarding the suggested changes and making sure the language throughout the rule was consistent. Dr. Maron explained that the most recent changes made by Mr. Joiner were consistent.

Mr. Joiner stated that a version with the discussed changes was available for the members to review on Sharepoint.

Dr. Stiehl made a motion to accept the changes made to Rule 150-13-.01 and forward to the full Board for consideration. Dr. Schultz seconded, and the Committee voted in favor of the motion, with the exception of Dr. Knight, who opposed.

150-13-.01 Conscious Sedation Permits.

- (1) When the intent is minimal sedation (anxiolysis), which is defined as a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway with unaffected ventilatory and cardiovascular function and respond normally to tactile and verbal stimulation, a permit for conscious sedation is not required.
 - (a) When the intent is minimal sedation for adults, the initial dosing is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation. For adults, supplemental dosing that may be necessary for prolonged procedures should not exceed one-half of the initial drug dose and should not be administered until the dentist has determined that the clinical half-life of the initial dosing has passed. The total aggregate dose must not exceed 1.5x the MRD on the day of treatment.
 - (b) The use of preoperative sedatives for children (age 12 and under) except in extraordinary situations must be avoided due to the risk of unobserved respiratory obstruction during transport by untrained individuals. Children can become moderately sedated despite the intended level of minimal sedation. Should this occur, the guidelines for moderate sedation apply. For children, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentists Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.
- (2) No dentist shall administer conscious sedation at the moderate level in Georgia in accordance with the definition of conscious sedation as defined by O.C.G.A. 43-11-1 unless such dentist possesses a permit based on a credentials review. The permits issued are Moderate Enteral Conscious Sedation or Moderate Parenteral Conscious Sedation.

- (3) Moderate Conscious Sedation is defined as a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- (4) Moderate Enteral Conscious Sedation is any technique of administration in which the drugs are absorbed through the gastrointestinal tract or oral mucosa, i.e. oral, rectal, and sublingual.
- (a) To obtain a Moderate Enteral Conscious Sedation Permit for adults, a dentist must provide certification of the following:
1. Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training necessary to administer and manage moderate enteral conscious sedation; or
 2. Completion of an in-person continuing education course approved by the board of from a board approved organization, which consists of a minimum of twenty-four (24) hours of didactic instruction, of which eight (8) hours must be in-person, plus management of at least ten (10) adult ease-patient experiences which provides competency in moderate enteral conscious sedation which may include simulated cases.
- (b) To obtain a Moderate Enteral Conscious Sedation Permit for pediatric patients (age 12 and under), a dentist must provide certification of the following:
1. Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training in pediatric sedation necessary to administer and manage moderate enteral conscious sedation of pediatric patients; or
 2. Completion of an in-person continuing education course approved by the board of from a board approved organization in pediatric sedation, including which consists of a minimum of twenty-four (24) hours of pediatric-specific didactic instruction, of which eight (8) hours must be in-person, after adult training and ten (10) pediatric patient experiences, to which include supervised administration of sedation of to at least five (5) patients; or completion of an ADA-accredited postdoctoral training program that provides pediatric sedation experience commensurate with these guidelines.
- (5) Moderate Parenteral Conscious Sedation is any technique utilizing multiple sedation modalities, including intravenous, enteral, parenteral, and inhalation.
- (a) To obtain a Moderate Parenteral Conscious Sedation Permit for adults, a dentist must provide certification of the following:
- (1)1. Completion of an ADA-accredited postdoctoral training program, which affords comprehensive training to administer and manage moderate parenteral conscious sedation; or
 - (2)2. Completion of a continuing education course approved by the board of from a board approved organization consisting which consists of of a minimum of sixty (60) hours of didactic instruction, of which twenty (20) hours must be in-person, plus in-person management of at least twenty (20) patients adult patient experiences, which provides competency in moderate parenteral conscious sedation.
- (b) To obtain a Moderate Parenteral Conscious Sedation Permit for pediatric patients (age 12 and under), a dentist must provide certification of the following:
1. Completion of an ADA-accredited postdoctoral training program, that provides pediatric sedation experience commensurate with these guidelines which affords comprehensive training in pediatric sedation necessary to administer and manage moderate parenteral conscious sedation; or

~~2. Completion of a continuing education course approved by the board from a board approved organization, in pediatric sedation including not less than which consists of a minimum of sixty (60) hours of pediatric-specific didactic instruction, of which twenty (20) hours must be in person, after adult training and in person supervised administration of sedation of twenty (20) pediatric patient experiences to include supervised administration of sedation to at least ten (10) patients; or completion of an ADA-accredited postdoctoral training program that provides pediatric sedation experience commensurate with these guidelines.~~

- (6) The dentist issued a permit in either Moderate Enteral Conscious Sedation or Moderate Parenteral Conscious Sedation shall maintain a properly equipped facility for the administration of such sedation, staffed with appropriately trained and supervised personnel. The facility must have equipment capable of delivering positive pressure oxygen ventilation, a pulse oximeter, suction equipment that allows aspiration of the oral and pharyngeal cavities, an operating table or chair that allows for the patient to be positioned to maintain an airway, a firm platform for cardiopulmonary resuscitation, a fail-safe inhalation system if nitrous oxide/oxygen is used, equipment necessary to establish intravascular access, equipment to continuously monitor blood pressure and heart rate, appropriate emergency drugs per ACLS or PALS protocol, a manual or automatic external defibrillator, and a recovery area with available oxygen and suction. The facility shall have continual monitoring of end tidal CO₂ (expired carbon dioxide) unless invalidated by the nature of the patient, procedure, or equipment. "Continual" shall mean "repeated regularly and frequently in steady rapid succession." All of the aforementioned equipment, drugs, and supplies must be stationary and not subject to transfer from one facility to another. The applicant must submit verification that the facility meets the above requirements and shall be subject to an on-site inspection. The dentist and all support personnel must be certified in cardiopulmonary resuscitation at the basic life support healthcare provider level given by a board approved sponsor with update not to exceed two years per board rules 150-3-.08, 150-3-.09, 150-5-.04, 150-5-.05. Additionally, the dentist must have current certification in advanced cardiovascular life support (ACLS) for adult permits or pediatric advanced life support (PALS) for pediatric permits or an appropriate dental sedation/anesthesia emergency management course as approved by the board. Any dental hygienist or dental assistant, expanded or general, performing phlebotomy or venipuncture procedures must be in compliance with O.C.G.A. § 43-11-23.
- (a) The dentist must take four (4) hours of continuing education every two (2) years in pharmacology, anesthesia, emergency medicine or sedation, as part of the 40 hour requirement for license renewal, to maintain certification for the Enteral and/or Parenteral Conscious Sedation Permits. Certification of this continuing education must be submitted at renewal.
- (b) The Georgia Board of Dentistry shall be given a written, thirty (30) day advance notification of the relocation of a facility, the addition of a facility or significant change to the facility.
- (c) When a Certified Registered Nurse Anesthetist (CRNA) is permitted to function under the direction and responsibility of a dentist for the administration of conscious sedation, the operating dentist must have completed training and hold a valid conscious sedation permit issued by the board that incorporates the level and mode of sedation administered by the CRNA.
- (d) The dentist must be certified in cardiopulmonary resuscitation at the basic and advanced levels and all support personnel who provide direct hands-on patient care must be certified in cardiopulmonary resuscitation at the basic life support level given by a board approved provider with an update not to exceed two years. While any conscious sedation procedure is underway, a minimum of two support personnel certified in basic cardiopulmonary resuscitation must be present.

- (7) A licensed dentist shall not delegate to a dental assistant or a dental hygienist the administration of any medication or drugs given to a patient through phlebotomy and venipuncture procedures.
- (78) 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.
- (89) Permit fees: As shown in the schedule of fees adopted by the Board of Dentistry.
- (910) Renewal Fees: As shown in the schedule of fees adopted by the Board of Dentistry.
- (4011) Late Renewal Fees: As shown in the schedule of fees adopted by the Board of Dentistry.

Dr. Maron suggested the Committee not go into Executive Session for discussion of an application. He stated that the application can be discussed by the full Board at its meeting on October 7th.

Approval of Minutes

Dr. Knight made a motion to approve the Public and Executive Session minutes from the April 29, 2022, Conference Call. Dr. Reznik 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 3:03 p.m.

Minutes recorded by Brandi Howell, Business Support Analyst I

Minutes edited by Eric R. Lacefield, Executive Director