

BOARD OF DENTAL EXAMINERS
Professional & Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

MINUTES OF COMMITTEE MEETINGS
Rules Committee

The agenda for this meeting was filed with the Office of the Lieutenant Governor, as required by Section 92-7(b), Hawaii Revised Statutes ("HRS").

Date: Monday, January 27, 2014

Time: 8:00 a.m.

Place: Queen Liliuokalani Conference Room
King Kalakaua Building
335 Merchant Street, 1st Floor
Honolulu, Hawaii 96813

Present: Paul Guevara, D.M.D., M.D.S., Dental Member
Rodney Ching, Public Member
Mark Baird, D.D.S., Chair, Dental Member
Garrett Ota, D.D.S., Dental Member
James Kobashigawa, Executive Officer
Sandra Matsushima, Executive Officer
Lisa Kalani, Secretary

Guests: Noelani R.E.T.G. Greene, Hawaii Dental Hygienists' Association ("HDHA")
Diane Brucato-Thomas, RDH, EF, BS, FAADH, Hawaii Dental Hygienists' Association ("HDHA")
Gerraine Hignite, Hawaii Dental Hygienists' Association ("HDHA")
Cheryl Nakagawa, public
Lili Horton, Hawaii Dental Association ("HDA")
Joseph P. Mayer, Jr., D.D.S.
Loren Liebling, Hawaii Dental Association ("HDA")

1. Call to Order: There being a quorum present, Dr. Baird called the meeting to order at 8:00 a.m.
2. Discussion on Possible Amendments to Chapter 16-79, Hawaii Administrative Rules
Mr. Levins stated the new rules that were approved at the public hearing in July 2013 are effective as of today.

Mr. Kobashigawa stated at the Board's last meeting in November there was discussion on further amendments to the rules which primarily pertained to nurse anesthetist. There was also discussion on changes to the allowable duties of licensed dental hygienist to allow for public health settings in which they won't necessarily have to be under the direct supervision of a dentist. The proposed changes would read: "Pursuant to the delegation of and under the direct supervision of a licensed dentist, except as allowed pursuant to section 447-3(b), HRS". That would allow general supervision for public health settings.

Chair Guevara arrived 8:10 a.m.

Mr. Kobashigawa also stated regarding the continuing education requirement in section 16-79-141, instead of specifying seventeen hours of clinical courses, the proposed changes would read: "more than half". The last proposed change is regarding the "applicant" for continuing education, to be changed to read: "sponsoring organization", in section 16-79-143. The proposed changes pertaining to nurse anesthetist is to include them on the same level as anesthesiologist, allowing the nurse anesthetist to perform work without the direct supervision of a dentist.

Chair Guevara stated the issue today is related to anesthesia and sedation. Chair Guevara asked the Committee to review the American Dental Association ("ADA") Guidelines for the Use of Sedation and General Anesthesia by Dentists and the American Academy of Pediatric Dentistry ("AAPD") Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures. Chair Guevara stated if you read our rules today there is not much on sedation, and what is being proposed today is to provide clarification and direction. Chair Guevara asked to make clear on the terminology of sedation as opposed to anesthesia. Most dentists use local anesthetics; however sedation is to alter your level of consciousness. Right now we are looking at sedation. What has already been written by major entities like the ADA and the AAPD is something that the Board can reference to in the rules because the guidelines and terminology is already in there.

Guest Dr. Lilli Horton asked for clarification in the definitions section of the new rules. Ms. Horton stated general anesthesia was taken out and she is not sure if that was an oversight of the Board.

Mr. Kobashigawa stated it was moved to 16-79-1.

Chair Guevara stated as long as the definitions are clear so there is no gray area on what they can and cannot do.

Mr. Kobashigawa stated one of the philosophical issues is whether you want to

address the rules in such detail as some other states have or on a general basis by stating dentist have to follow the guidelines of ADA and in the case of pediatric patients, the guidelines of AAPD.

Mr. Levins stated when you make reference to another entity in general, one of the issues you may encounter is that they may change what their standards are and you would not know about it.

Chair Guevara stated we could say we'll follow current and future guidelines.

Mr. Levins stated today you may think the guidelines are okay but later they could become less restrictive or more restrictive and the Board may not want to be less restrictive or more restrictive.

Dr. Baird stated you could look at rules from other states and use those as a guideline.

Mr. Levins asked in the other states rules that have been looked at, do they make reference to these entities in general.

Chair Guevara stated yes, some of them do.

Dr. Baird stated they do make reference to them and also include what their level of training is required.

Mr. Levins stated for purposes of providing notice to the licensees its better to have it in the rules then having to go to a secondary document. They can see right there exactly what the Board is requiring them to have.

Chair Guevara stated they can use the two documents as their framework and take what they want from those two documents.

Mr. Ching stated we should follow the national standard and we can put "as amended" and reference the ADA and AAPD. If anything we should give people more protection than the standards and not less protection.

Dr. Baird we can look at getting help from the oral surgeons in the community and see what they are doing currently.

Dr. Guevara stated in 2011 he attended a seminar in Las Vegas by the American Dental Society of Anesthesiologist. A lot of the people there would take this course in order to get their certification. This was a 2 day review course in anesthesia and they went through the different aspects of anesthesia from minimal to moderate to

deep sedation.

Chair Guevara stated it even goes as far as what type of CPR dentist are taking here in the state. Right now we're requiring basic CPR (BLS), but we should be requiring Healthcare Provider CPR dentists and hygienist are healthcare providers.

Mr. Levins stated the Chair has given an overview of different areas; however which particular areas should the Committee focus on.

Chair Guevara at this time he would like to focus on minimal and moderate sedation in the rules and the requirements for CPR.

Mr. Levins stated this will refer to both adult and pediatric patients.

Chair Guevara stated yes, but that is where we will need to make a distinction.

Mr. Levins stated if the Chair could give an overview of what their guidelines relate to for both adults and children in regards to minimal and moderate sedation.

Dr. Baird read the list of Clinical Guidelines from the ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists as follows:

1. Patient Evaluation
2. Pre-Operative Preparation
3. Personnel and Equipment Requirements
4. Monitoring and Documentation
5. Recovery and Discharge
6. Emergency Management; and
7. Management of Children

Chair Guevara read some of the Definitions from the ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists as follows:

- **local anesthesia** – the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.
- **minimal sedation** – a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.
- **moderate sedation** – 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.

- **deep sedation** – a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate, Cardiovascular function is usually maintained.
- **general anesthesia** – a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Mr. Levins asked what do you want to have set in the rules, for example, do you want a minimum education requirement for the dentist.

Dr. Guevara stated yes. Chair Guevara read the Educational Requirements from the ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists as follows:

A. Minimal Sedation

1. To administer minimal sedation the dentist must have successfully completed:
 - a. training to the level of competency in minimal sedation consistent with that prescribed in the *ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, or a comprehensive training program in moderate sedation that satisfies the requirements described in the Moderate Sedation section of the *ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* at the time training was commenced,
OR
 - b. an advanced education program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage minimal sedation commensurate with these guidelines;
AND
 - c. a current certification in Basic Life Support for Healthcare Providers.
2. Administration of minimal sedation by another qualified dentist or independently practicing qualified anesthesia healthcare provider requires

the operating dentist and his/her clinical staff to maintain current certification in Basic Life Support for Healthcare Providers.

Mr. Kobashigawa asked if that would be an additional training requirement.

Chair Guevara stated yes, unless they received the training in dental school.

Chair Guevara continued reading the Educational Requirements from the ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists as follows:

B. Moderate Sedation

1. To administer moderate sedation, the dentist must have successfully completed:
 - a. a comprehensive training program in moderate sedation that satisfies the requirements described in the Moderate Sedation section of the ADA *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* at the time training was commenced,
 - OR
 - b. an advanced education program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage moderate sedation commensurate with these guidelines;
 - AND
 - c. 1) a current certification in Basic Life Support for Healthcare Providers and 2) either current certification in Advanced Cardiac Life Support (ACLS) or completion of an appropriate dental sedation/anesthesia emergency management course on the same recertification cycle that is required for ACLS.
2. Administration of moderate sedation by another qualified dentist or independently practicing qualified anesthesia healthcare provider requires the operating dentist and his/her clinical staff to maintain current certification in Basic Life Support for Healthcare Providers.

C. Deep Sedation or General Anesthesia

1. To administer deep sedation or general anesthesia, the dentist must have completed:
 - a. an advanced education program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia, commensurate with Part IV.C of these guidelines;
 - AND
 - b. 1) a current certification in Basic Life Support for Healthcare Providers and 2) either current certification in Advanced Cardiac

Life Support (ACLS) or completion of an appropriate dental sedation/anesthesia emergency management course on the same recertification cycle that is required for ACLS.

2. Administration of deep sedation or general anesthesia by another qualified dentist or independently practicing qualified anesthesia healthcare provider requires the operating dentist and his/her clinical staff to maintain current certification in basic Life Support (BLS) Course for the Healthcare Providers.

For all levels of sedation and anesthesia, dentists, who are currently providing sedation and anesthesia in compliance with their state rules and/or regulations prior to adoption of this document, are not subject to these educational requirements. However, all dentists providing sedation and general anesthesia in their offices or the offices of other dentists should comply with the Clinical Guidelines in this document.

Mr. Levins asked if this would also cover pediatric patients.

Dr. Baird stated the standards are the same; it is the equipment and amounts that have to be appropriate to the size of the patient.

Mr. Levins asked Chair Guevara what he wants the Committee to look at before the next meeting.

Chair Guevara stated he really can't answer that question other than to look at all the information that's been provided today.

Guest Cheryl Nakagawa stated the rules on sedation are still insufficient and asked if there will also be a penalty section.

Chair Guevara stated that is something they will be looking at as well.

Mr. Levins suggestion is to task the Committee members to read in depth everything that has been provided and suggested that they look at before the next meeting and come back with their recommendations.

3. Adjournment: Chair Guevara adjourned the meeting at 8:50 a.m.

/s/ James Kobashigawa
James Kobashigawa,
Executive Officer

 /s/ Lisa Kalani
Lisa Kalani, Secretary

JK:lk

2/12/14

[X] Minutes approved as is.

[] Minutes approved with changes; see minutes of _____.