

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

MINUTES OF INVESTIGATIVE COMMITTEE MEETINGS  
Rules and Applications 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: Thursday, October 16, 2014

Time: 12:00 p.m.

Place: King Kalakaua Building  
Real Estate Branch Mediation Room  
335 Merchant Street, 3rd Floor  
Honolulu, Hawaii 96813

Present: Paul Guevara, D.M.D., M.D.S., Rules Committee Chair, Dental Member  
Candace Wada, D.D.S., Applications Committee Chair  
Rodney Ching, Public Member  
Stephen Levins, Deputy Attorney General  
James Kobashigawa, Executive Officer  
Sandra Matsushima, Executive Officer

Via telecom: Garrett Ota, D.D.S., Dental Member  
Earl Hasegawa, D.D.S., Dental Member

Excused: Mark Baird, D.D.S., Chair  
Mark Chun, D.M.D., Dental Member  
Janet Primiano, R.D.H., Dental Hygiene Member

Guests: Lee Ann Teshima, Executive Officer, Board of Nursing

Call to Order: There being a quorum present, Chair Guevara called the combined meeting of the Rules and Applications Committee to order at 12:10 p.m.

Discussion on Possible Amendments to Chapter 16-79, Hawaii Administrative Rules

Chair Guevara called the meeting to order to discuss the proposed amendments to Chapter 16-79 78 Administration of general anesthesia and sedation.

Dr. Hasegawa expressed his concerns related to the training and qualifications of the CRNAs (Certified Registered Nurse Anesthetists) in comparison to the training of the anesthesiologist. In reference to the training of oral surgeons, he noted that oral surgeons are trained in anesthesiology and although they are not equivalent or superior to an anesthesiologist, oral surgeons are recognized by the ASA (American Society of Anesthesiologists).

Ms. Teshima noted that CRNAs are primary care providers, are highly trained and qualified to administer anesthesia without the supervision of a doctor. She added that all CRNAs are certified and recertified every 2 years by the National Board of Certification and Recertification for Nurse Anesthetists. This certification is recognized in all states.

Mr. Kobashigawa added that research indicated the CRNA program is a minimum of two years and the student must complete a minimum of 550 anesthesia cases.

The Committee discussed whether it was appropriate to have proposed language that anesthesiologists and CRNAs be a member of the anesthesiology staff of an accredited hospital. It was noted that some oral surgeons and general dentists (with appropriate training) are not on the anesthesiology staff of an accredited hospital. Therefore, questions arose as to whether the rules should require that for those who have more training but not for some of the oral surgeons and general dentists? The criteria should be based upon who is qualified to perform the procedure and to ensure that the person is actively practicing.

After a discussion, the Committee proposed the following amendments to this section:

To delete the proposed language referencing “an active staff member of the anesthesiology staff of an accredited hospital”; and add “actively practicing and in good standing” in this section to read as follows:

§16-79-78 Administration of general anesthesia and sedation.

- (2) In lieu of the requirements in paragraphs (1)(A) and (B), a licensed dentist may receive a written authorization or permit to use general anesthesia, deep sedation or moderate (conscious) sedation, if the licensed dentist employs or works in conjunction with a physician licensed pursuant to chapter 453, HRS, who [is a member of the] specializes in anesthesiology [staff of an accredited hospital] or a certified registered nurse anesthetist licensed pursuant to chapter 457, HRS, who is actively practicing and in good standing; provided that the [anesthesiologist] physician who specializes in anesthesiology or certified registered nurse anesthetist shall remain on the premises of the dental facility

until the patient is fully recovered and discharged from the facility.

It was noted that the definition of “good standing” could be added to §16-79-2 Definitions section of the rules to address a license that is current, unencumbered, and actively practicing.

Dr. Ota commented that he understood the CRNAs are highly trained and have rights to practice anesthesiology, however, there needs to be public safety measures in place. He had concerns in situations such as whether the employing dentist may use poor judgment when contracting with these individuals.

Mr. Ching stated that the Board needs to balance requiring the highest level of protection against restricting qualified professionals from providing the service. By law, CRNAs are allowed and qualified to administer general anesthesia so they should be allowed to do so pursuant to the Board’s rules.

Dr. Guevara stated that the dentist should enter into a collaborative agreement with the CRNA and would certainly have some knowledge of the person’s qualifications that they employ to work on their patients. Dr. Guevara noted that he has personally spoken to several dentists at the AADB conference and most states have some type of language in their dental practice acts regarding a form or written collaborative agreement between the dentist and the CRNA. Dr. Guevara also noted that the hired anesthesiologists or CRNAs will remain on the premises of the dental office until the patient is fully recovered and discharged. Any emergency situation after that would be to call 9-1-1.

The draft rules with the proposed amendments as discussed will be provided to the full Board at its next meeting on November 17, 2014.

There being no further discussion for the Rules Committee, Dr. Ota ended his conference call and Mr. Ching left the Rules Committee meeting at this time. 12:55 p.m.

#### Discussion on Amendments to Application Forms

Chair Wada noted that the Applications Committee was working on the language to amend the application permit for dentists and for dental anesthesiologists.

In regards to the application for permit form, the Committee proposes to make the following changes:

- Change the name of the form to reflect the same language as in the ADA

Guidelines to read: *“Application for Permit to Administer Deep Sedation/General Anesthesia and Moderate Sedation”*

- Switch the position of the check boxes so Moderate Sedation is first; and Deep Sedation/General Anesthesia is second. Also delete the small print *“(check all that apply)”*
- On the third check box, delete language that refers to *“....anesthesiology staff of an accredited hospital...”*
- On the fifth check box, add “and/or” to read “...Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS)...”
- On the sixth check box, delete “[shall be a member of the anesthesiology staff of an accredited hospital and]”

The Committee is also tasked with reviewing the facility permit checklist for inspection. It was noted that some of the older permitted offices were grandfathered in. Chair Wada stated that the Committee will meet soon and provide additional amendments to the facility permit checklist. Mr. Kobashigawa will re-send the checklist to the Applications Committee.

There was no further discussion. Chair Guevara adjourned the meeting at 1:20 p.m.

Respectfully submitted by:

    /s/ Sandra Matsushima      
Sandra Matsushima  
Executive Officer

- [ X ] Minutes approved as is.
- [   ] Minutes approved with changes; see minutes of