

MINUTES
TENNESSEE BOARD OF DENTISTRY
ANESTHESIA COMMITTEE MEETING

Date: February 27, 2023

Location: Iris Room
665 Mainstream Drive
Nashville, TN 37243

Members Present: John Werther, DMD
George A. Adams, DDS
Richard Gaw, DDS
Katie Bradford, DDS
Steve Maroda, DDS (electronically)
Jayson Tabor, DDS
Brian West DMD

Staff Present: Ailene Macias, Board Director
Paetria Morgan, Senior Associate General Counsel

The meeting was called to order at 4:11 p.m.

Dr. Cory Pickens, from the ADMA, confirmed he was connected to the conference call line, to answer any questions the committee members may have about their course to be discussed during the meeting.

Ms. Morgan reviewed the requirements to hold a meeting with one of the committee members participating electronically. A roll call was taken to confirm that Dr. Maroda could hear all committee members who were physically present at the meeting. Dr. Maroda confirmed no one else was present at the location from which he was participating electronically in the meeting. The purpose of the meeting was to review sedation course submissions and other correspondence. Dr. West made a motion to continue with the meeting, and Dr. Adams seconded the motion. The motion carried, following a roll call vote. All committee members confirmed that prior to the meeting they had received all documents and materials to be discussed. Ms. Morgan reminded the committee members that all votes taken during an electronic meeting, must be by roll call vote. She reviewed the Conflict-of-Interest statement before turning the meeting over to Dr. Werther.

The oral sedation course submitted by the ADMA, was the first agenda item. Dr. Tabor recused himself from voting on this course, due to having prior dealings with that organization. Dr. West stated he felt the oral sedation course appeared to meet most of the criteria for the requirements, but he was interested to hear the other committee members opinions. Dr. Bradford was concerned about the entire section of the sedation course being on the topic of pediatric patients, but the oral sedation permit in the state does not allow for sedation of patients under the age of 13. Only the comprehensive sedation permit would allow for Tennessee dentists to sedate patients under the age of 13. Dr. Werther stated the course director and

several other instructors from the course, were ACLS certified. He believed the CVs submitted by the course instructors were less than professional. Dr. Werther expressed concern that lack of attention to the CVs, would indicate a lack of attention being paid to the oral sedation course that was being taught. He expressed he there was a major issue with the application due the absence of any National Practitioner Databank reports being submitted for any of the instructors of the course. Dr. Werther stated we cannot take the course provider's word for it that none of the instructors had any discipline or malpractice claims, therefore the National Practitioner Databank reports must be submitted to the committee for review. Dr. Werther had questions concerning the facility where the patients would be seen during the course and was curious to whether the facility was a private dental office or some other sort of facility. Dr. Tabor stated the ADMA was currently on the board's list of approved courses for the IV sedation class. He questioned whether these same questions or concerns about the course, instructors, and location of the course, was also inquired about for the IV sedation course as well. Dr. Werther stated the committee would have to go look at that course specifically to answer that question, and other information may have been submitted for that IV sedation course.

Dr. Werther questioned whether the medical information in the course was relevant and accurate. He pointed to page 46 of the submitted application concerning diffusion hypoxia information taught in the course. Dr. Werther discussed why the material was incorrect, scientifically inaccurate, and what was being taught demonstrated a lack of knowledge on the subject. In the section on emergency medicine, Dr. Werther pointed out course was teaching the use of an AED in emergency situations, which was taught in BLS instead of ACLS which would require a monitor and defibrillator to know what was going on with the patient. He also discussed the information on page 129 on intra-arterial injections, where the course recommends removing the catheter for the emergency procedure, which contradicted information on page 136 which states the procedure would require the catheter in this situation would stay in. Dr. Werther asked for more information about the new medical director- Dr. Adamson, who was added to the course in February 2023. Would the new medical director replace any existing staff, what is the new medical director's role with the course, would Dr. Adamson teach part of the course, will he go to Ohio to teach the course or portions of it? When reviewing the information submitted for Dr. Adamson, he noted the doctor had practiced in California for over 10 years, and his California license was left off the CV submitted to the committee for review. State licensure information and the National Practitioner Databank report for Dr. Adamson was missing from the submitted documents for the course as well.

Dr. Pickens, from the ADMA, felt the requirements for the course were not accurately listed on the board website, and they did not know the malpractice information from the National Practitioner Databank Report on each instructor was needed. The oversight for the NPI, licensure information, and malpractice report would be submitted for each instructor, as requested by the committee. Dr. Pickens stated the pediatric medical information was listed in the course to warn adult oral sedation providers, to show the differences between pediatric and adult patients. They wished to provide this pediatric patient information as a precaution to dentists warning them not to attempt to treat patients under 14 without the proper training. Dr. Pickens stated they would review the medical information in their course, based on the recommendations of the committee. The ADMA would consider these recommendations to determine if their course was up to date and medically accurate. The medical director's role with the ADMA would be to evaluate the appropriateness of the curriculum and the safety margins of dosing. Dr. Pickens invited board members and committee members to come watch one of their courses, in order get a better understanding of what the students do and how they are being evaluated. The oral sedation course stresses

emergency medicine, patient management in emergency situations, and airway management. Dr. Pickens stated they would review the recommendations from the committee on emergency responses during sedation, and may update their course based on science and medical references. Dr. Pickens disagreed with Dr. Werther's opinion on the medical curriculum being taught on page 129 dealing with intra-arterial injections, stating this procedure was standard practice. The ADMA would review this portion of the curriculum to determine if it was medically accurate. Dr. Maroda asked how many cases each course participant would handle. Dr. Pickens said they would have 3 individual cases to work per participant, with additional clinical experiences throughout the week during their simulations.

Dr. Tabor spoke about the appearance to be a lack of a rule for the board which would require re-approval or re-certification of a course once it has been approved. He inquired about whether initial approval of a sedation course, meant the course had a "life-time" approval from the board. Ms. Morgan confirmed the rules do not currently have a re-credentialing requirement for sedation courses. Dr. Tabor was concerned about the lack of oral sedation courses available, stating that of the 3 approved courses on the board website, 2 of the courses seemed to no longer be offered by those providers. He felt that a lack of oral sedation courses available would result in an access to care issue for patients.

Dr. West asked about a possible typographical error in the ADMA packet, asking if the student to instructor ratio of the course in the packet, which stated it was 3 instructors to 1 student, was correct. Dr. Pickens confirmed there was an error, and it was 1 instructor to 3 students in the course. Dr. Adams requested the ADMA to give additional information in the clinical experiences to the students, to show the rule 0460-02-.07(6) (a) (1) (ii) were being met, which requires 24 hours of instruction with 10 clinically oriented experiences. Dr. Pickens requested clarification on the rule, which Ms. Morgan reminded the committee that they could not interpret the rules that the board itself created. Ms. Morgan stated Dr. Pickens could ask for that clarification from the full board on the rule, if he wished to have the rule interpreted. Dr. Werther interjected, stating Dr. Pickens and the ADMA has been asked on at least 2 separate occasions in the last 2 years, for their National Practitioner Databank reports during the sedation course review process. Dr. Pickens confirmed they would get that information in to be reviewed by the committee for their oral sedation course. Dr. Adams made a motion to table the course until further information has been received. Dr. Gaw seconded the motion. The motion carried following a roll call vote.

The next course to be reviewed was "Stay in the Box Sedation." Dr. Adams stated upon review of the CVs submitted for the instructors of this course, the CVs did not appear to have advanced sedation or anesthesia training listed. He was interested to know more about their background, and where they received their training. Dr. Adams was concerned that none of the faculty for this course appeared to have additional training in sedation or anesthesia, and they would be teaching conscious sedation in this course. No dental anesthesiologists or anesthesiologists appeared on the faculty list. Dr. Bradford was concerned about the content of the emergency training for this course, which was discussed about this course in previous meetings. The newly submitted course documents did show an update to include training in ACLS, which was not on previous submissions. Dr. Maroda pointed out the ACLS portion of this course appeared to be online, instead of an in-person ACLS course, which did not seem appropriate. Dr. Werther stated the entire emergency section of this course from previous submissions to the committee, appeared to have been replaced completely by ACLS training. He expressed concerns about the safety of this course, if all the emergency training was only a standard ACLS course, which he felt was a dereliction of

duty for emergency training in sedation. Dr. Werther stated he had no confidence in this group to teach proper safety to students for sedation cases. When reviewing the CVs and faculty list, Amanda Johnson was listed as being a lecturer for the emergency medicine portion of the course, although she is not a dentist, dental hygienist, or dental assistant, her bachelor's degree is in nutrition, she does not appear to have any emergency medicine training listed on her CV, and she is listed as being the front desk receptionist for 6 months for Dr. McGue. Dr. Werther did not feel that with the information provided for the course, that Ms. Johnson may be qualified to teach emergency medicine to students wishing to be sedation providers. The emergency medicine chapter was miniscule compared to the chapter on marijuana, which also was concerning. Dr. Werther expressed concerns about the lack of updates since the previous submissions on the CVs for the course instructors, especially after the committee had already requested the CVs be updated to provide more information. He felt the submitted CVs were not professional and were lacking information to show qualifications to teach a sedation course. The question of whether Dr. McGue himself is ACLS certified as well, due to that piece of information not being included in the submitted course documents. Dr. Werther discussed that the course would need to show additional emergency and safety training to be adequate to teach students how to handle sedation emergencies. It was noted the NPBD reports were provided for each faculty member listed, as requested by the committee previously. Dr. Adams made a motion to table to course to a further meeting to review any additional information they may submit, and Dr. Gaw seconded the motion. The motion carried following a roll call vote.

The last item on the agenda was a discussion request, which was submitted by the new committee member, Dr. Tabor. The first item of discussion from Dr. Tabor was his concern that while the board requires that courses such as the RDA sealant certification course to recertify every 2 years or less, but sedation courses were not required to recertify with the board. He considered it to be ridiculous that a sealant placement course would need to recertify with the board, but a sedation course did not recertify after initially being approved by the board. Dr. Werther stated that after initial approval of a sedation course, the course provider was responsible for updating the board on any substantial changes to curriculum or faculty. Dr. Tabor expressed that of the 17 courses listed as being approved by the board for sedation, the board did not know whether the courses were still being offered or whether there had been changes made to the approved course by the providers. Dr. Tabor felt the sedation courses should be required to recertify every 2 years, to ensure the courses were still being offered and the board would be made aware of any changes to the curriculum or faculty. Dr. Werther agreed there may need to be something in place to have the courses recredentialed to ensure they were still adequate but requiring recredentialed may actually end up reducing the number of approved courses, if the providers choose not to submit a course package for review. Dr. Adams requested that Dr. Tabor draft language for a recommendation to the board, to share with the committee members to review and agree upon before presenting the document to the board for any proposed changes which would require course recertification. Ms. Morgan stated she would be happy to look over the language for any proposed changes from Dr. Tabor before the document would be sent to the committee members for their review in preparation for the next committee meeting.

Dr. Tabor explained that he had contacted several oral sedation course providers listed on the board website as approved sedation permit course providers, but those courses were no longer being offered. He was concerned of the lack of options available to dentists outside of a residency program, who wished to take an oral sedation course to obtain a limited sedation permit in the state. Dr. Tabor felt it was peculiar

there were 14 board approved conscious sedation courses, and only 3 oral sedation courses approved. He believed money was a possible factor into the course providers putting these courses on, due to the conscious sedation courses being more expensive for enrollment fees for students. Dr. Werther stated the committee and board did not request information on how much the courses were charging for their course. He discussed the fact that it would not be the place of the committee or board to solicit courses from organizations to request that they submit a request for sedation course approval. Dr. Tabor recommended that the approved conscious sedation course providers be asked if they had an oral sedation course or would be willing to create a course, which could be submitted to the committee for review. Dr. Adams stated that he is the last living member of the original committee created by the board, and the goal of the committee is to protect the citizens of Tennessee. He discussed that many dental schools years ago were asked about having additional sedation courses for dentists to take, but most institutions stated they wouldn't have the faculty available to teach such a course due to having just enough faculty to teach their dental residents. Dr. Adams stated it would not be the job of the committee to create courses, and the committee can only review courses from providers to determine whether the requirements in our statutes have been met for approval.

Dr. Werther questioned whether recredentialing of courses would really increase the number of oral sedation courses that would be approved. His opinion was that some course providers may choose not to submit their courses for recredentialing, which would lead to fewer courses being available for dentists wishing to obtain a sedation permit. Dr. Tabor believed the recredentialing would eliminate any courses that are no longer being offered by the provider, from being listed as an approved course option on the board website for dentists to obtain their sedation permit. Dr. Tabor asked if any of the 14 conscious sedation courses that are approved, can be contacted to ask if they offer an oral sedation course the committee would be able to review, or whether they would consider creating a new oral sedation course. Dr. Werther suggested a possible survey that may be sent out by the board or by an organization such as the TDA, which would ask sedation course providers if they offered an oral sedation course at this time. Dr. West and Dr. Adams recommended the TDA could be an organization which could seek courses for dentists to take for oral sedation, which would then possibly increase the number of oral sedation courses being submitted to the committee. The committee members discussed possibly removing sedation courses from the board website, for those courses that were no longer being provided. Ms. Morgan reminded the committee that the rules do not have a provision for the revocation of approval of courses based on their course availability. Due to the lack of rules for this process, the course providers would need to be given notice and a date to submit information to the board for review, before the approval status could be changed.

Dr. Tabor asked about whether the committee may be able to give a recommendation for sedation providers for how to dispose of liquid medications which are expired. He advised that many places which take expired prescriptions and medications, are no longer accepting liquids. Dr. Werther mentioned either letting the liquids evaporate under a hood, or the use of kitty litter to dispose of these items safely. He stated that no liquid medications or prescriptions should ever be disposed of by flushing them in the commode, because it would potentially end up in drinking water.

Ms. Morgan stated there was no one in the audience and no public comments before the meeting was adjourned. A motion was made by Dr. Bradford to adjourn the meeting and was seconded by Dr. Adams. The motion carried, and the meeting adjourned at 5:42 pm.