

MINUTES
TENNESSEE BOARD OF DENTISTRY
ANESTHESIA COMMITTEE MEETING

Date: September 16, 2021

Location: Iris Room
665 Mainstream Drive
Nashville, TN 37243

Members Present: John Werther, D.M.D
Brian D. West, D.M.D (electronically)
George A. Adams, D.D.S
Stephen Maroda, D.D.S (electronically)
Richard Gaw, D.D.S

Staff Present: Michael Brown, Board Administrative Manager
Paetria Morgan, Senior Associate General Counsel

The meeting was called to order at 4:40 p.m.

Dr. Werther, Dr. Gaw, and Dr. Adams were all present in the board meeting room, with Dr. Maroda and Dr. West joining the meeting via conference call. Ms. Morgan confirmed that all members of the committee could hear each other. Dr. Maroda confirmed he was alone at the location where he was participating in the meeting. Dr. West stated his wife was present, but he was joining the meeting using air pods, so the conversation was still semi-private. A motion was made by Dr. Adams made a motion to continue with the meeting. Dr. Gaw seconded the motion, and the motion carried following a roll call vote. A motion was made by Dr. Gaw that the meeting was necessary to protect the health, safety and welfare of the citizens of Tennessee, despite not having a physical quorum. Dr. Adams seconded the motion, and the motion carried following a roll call vote. Ms. Morgan confirmed that all committee members received all necessary documents prior to the meeting.

As the pediatric dentist on the committee, Dr. Adams began the discussion concerning the course submitted by the Academy of Medical and Dental Anesthesia. Dr. Adams stated he had some very serious concerns about the submitted Limited Oral Sedation Course that they submitted for review. One of the main concerns was the CV of the instructors for the oral sedation education did not appear to include specialty training specific to working with pediatric patients, such as a pediatric dentistry residency or dental anesthesiology training program. The information on the course regarding the 10 patients each participant was required to provide sedation to, did not appear to include specifics on the treatment setting for these patients, or the age groups of those patients. Dr. Adams pointed out that pediatric residency program requires that participants provide sedation to 50 patients and 4 weeks of general anesthesia rotations. In the outline, the drugs being used would require a general anesthesia permit, and also didn't show that they would be administering sedation to pediatric patients during the course of study. Dr.

Adams stated that no pediatric dentists use Halsion on pediatric patients, which was a drug the outline stated would be administered to patients during the course of study. The committee members agreed with Dr. Adams that the course was insufficient and would pose a threat to the patients of Tennessee if it were to be an approved sedation course. Dr. Werther pointed out that one of the instructors, Dr. Pickens, had not been in clinical practice for 6 years, and he also had not provided his National Practitioner Databank report with the application. Dr. Werther discussed the issues with Dr. Mermel's National Practitioner Databank report, which may not qualify them to be an instructor for a sedation course. It was Dr. Werther's recommendation that the board should not accept further documentation to be submitted for the course, and the course be rejected with prejudice. Dr. Adams made a motion to reject the course. Dr. Gaw seconded the motion, and the motion carried following a roll call vote.

The next course discussed was the Advanced Dental Implant Institute for their IV Sedation Program. Dr. Maroda had concerns about the syllabus being from 2018, and mainly appearing to focus on implant dentistry and only briefly appears to mention IV Sedation. He was also concerned about the syllabus showing the use of Perodine, which is a drug that usually is not commonly used anymore. Dr. Maroda was not satisfied with the information provided in the anesthesia section of the course, to feel comfortable approving the course. Dr. Werther suggested that an updated sedation only syllabus be submitted for the course to be reviewed, instead of including the information on implants as the primary focus. The CV for Dr. Pedroza was also missing from the application package. Dr. Werther also requested an explanation of the settlement reported on the National Practitioner Databank report for Dr. Pedroza. He also wanted an explanation of the censored information on the record submitted by Dr. Riggs, to give a brief description of the nature of that circumstance. Dr. West made a motion to request the recommendations from Dr. Werther for the updated syllabus specific to the sedation portion of the course, the CV and an explanation of the settlement for Dr. Pedroza, and an explanation from Dr. Riggs for the inadequate records censure submitted with the application package. Dr. Gaw seconded the motion, and the motion carried following a roll call vote.

The Sedation Education Academy course was discussed next by the committee. This course was revised from the previously submitted for their comprehensive conscious sedation course, they were requesting approval of an oral sedation portion to allow dentists to obtain either their limited sedation permit or their comprehensive sedation permit through taking that course. Dr. Adams began the discussion about the course regarding the lack of information on where the patients would be treated during the program, no information provided on the age groups of the patients being treated, and no information on training on treating preschool age patients. CODA approved programs have a minimum of 50 patients being sedated during the residency programs, and 4 weeks of sedation cases. Another concern of Dr. Adams was that there is no pediatric residency program at Meharry, where the CV shows that Dr. Bol works. The application indicates they are trying to set up a pediatric residency program partnership with Vanderbilt and Meharry. Dr. Adams stated that a partnership for that type of residency between the two universities was not highly likely. He felt that according to the submitted course packet, the course was not complete and sufficient to teach dentists to sedate pediatric patients safely. Dr. Adams voiced concern about the instructors' qualifications to teach the sedation course. Dr. Maroda agreed with the concern of the application package not explaining where the course would be taught, and what kind of facility the program would be held in. Dr. Adams that negative outcomes can occur when dentists use sedation on fragile preschool age children. The course did not have adequate information showing proper training in sedating all age groups of pediatric patients and would not be a safe program to approve for dentists to

obtain their sedation permits. Dr. West shared the same concerns with the course that Dr. Maroda and Dr. Adams voiced. Dr. Werther stated the oral sedation track was not sufficient as presented in the course materials and would not make sense to add the oral sedation track to the current course that was previously approved. Dr. West agreed the application package was incomplete, and not a solid enough course to be approved. Dr. Werther suggested the committee not approve the course and allow the program to resubmit the application in the future with additional information showing the course was complete and had sufficient training for a possible stand-alone oral sedation only course. Dr. Werther recommended the program would need to resubmit the course with the following information: where the course would be held, why the course was not going to be taught at Meharry, who Dr. Davenport is, the age breakdown of the patients being treated (to include pre-school age patients), and additional information regarding Dr. Bol's background on her anesthesia expertise. Dr. Adams made a motion to accept Dr. Werther's recommendations. Dr. Gaw seconded the motion, and the motion carried following a roll call vote.

The committee members continued the discussion from the previous meeting, concerning CRNA usage by sedation permit holders. Dr. Maroda agreed that clarification on the rule regarding CRNA usage by sedation permit holders should be made, so that there would be a clear understanding of supervision requirements for the dentist holding the permit. Dr. Maroda stated that he would only be comfortable only having one patient sedated at one time with direct supervision by the dentist when the CRNA was sedating the patient. Dr. Gaw was unclear about some dentists utilizing a CRNA to sedate one patient, while they were in a separate room in the office working on another patient at the same time. He requested more discussion and details regarding how that practice was being handled in dental offices who previously used CRNAs in that way. Dr. Werther believed the original intention of the rule for sedation permit holders using CRNAs, would be for the dentist to be performing the surgery on the patient while the CRNA was providing the sedation to the patient. He did not believe the rule was originally intended to be interpreted so that a dentist could either supervise multiple CRNAs at once in their office, or so that they could utilize a CRNA for one patient while the dentist could work on another patient in a separate room. Dr. Werther presented the following recommendations: only a deep sedation permit holder would be able to use the CRNA for the permit holder's patient; the deep sedation permit holder can provide sedation for a patient being treated by a non-sedation permit holder; the general anesthesia permit holder may utilize the CRNA to provide anesthesia for a non-permitted dentist but must directly supervise that CRNA and cannot treat, or provide supervision of other patients at the same time; a general anesthesia permit holder may not supervise 2 or more CRNA providers simultaneously. Dr. Werther was very surprised to hear that some sedation permit holders had been using CRNAs without direct supervision, while they were working on another patient at the same time. Dr. Maroda agreed with what Dr. Werther recommended, saying clarifying the rule would ensure the safety of patients by requiring the deep sedation permit holder to directly supervise the CRNA providing sedation to the patient. Ms. Morgan clarified for the record, that the rule being discussed in this recommendation was 0460-02-.07 (7)(a)(3). Dr. Gaw made a motion to accept the recommendations made by Dr. Werther. Dr. Adams seconded the motion, and the motion carried following a roll call vote.

Dr. Holifield addressed the committee, saying he would make changes that day in his office according to the recommendations from the committee regarding the use of CRNAs, although the recommendation would still need to go before the full board for discussion. He was concerned about his situation with DentaQuest and the access to care issue for patients in his area. Dr. Holifield stated there were 2 counties

in West Tennessee without dentists who could provide sedation services for TN Care patients, due to the rule interpretation of the usage of CRNAs by a sedation permit holder, and confusion on supervision requirements for the dentists using the CRNAs for their patients. He expressed concern about the issue this was creating for access to care for children in West Tennessee who rely on TN Care. Dr. Holifield discussed a surgery center in Nashville who did not employ an anesthesiologist or oral surgeon, who were using only CRNAs to provide sedation to patients in that center. He questioned if the rules are different if the facility is a medical or surgical center, instead of the rules for CRNAs working in an actual dental office. Dr. Holifield was also concerned about the use of RNs traveling to dental offices to assist with sedation, and how the rules apply to those situations. Dr. Holifield asked if the committee or the board to send a letter on his behalf to DentaQuest saying this clarification of the rule being recommended to the board was just occurred, and his office had not intentionally done anything to go against the board rules previously. Dr. Werther stated it the committee as well as the board did not have the statutory authority do send correspondence to DentaQuest concerning this matter. Dr. Holifield spoke about his knowledge of the Sedation Academy Course that was discussed earlier in the meeting. He stated the lack of approved oral sedation courses was creating an access to care issue in the state, and it did not appear that the two approved oral sedation courses had been operating for about two years. Dr. Werther stated the course was not being denied, but the committee was requesting additional information to be reviewed and discussed at a future meeting. Dr. Adams agreed that the sedation course requirements would not be lowered and incomplete course packages would not be approved to have more courses available to dentists, because adequate training for sedation was required to provide safe patient care.

Ms. Tausha Alexander addressed the committee as a representative of the Tennessee Association of Nurse Anesthetists. Ms. Alexander inquired about whether the recommendations from the committee would be sent to a rule making hearing after first being presented to the board at the next meeting. Ms. Morgan clarified the recommendation would be sent to the board, but the committee would have to be sent to the full board for discussion and for the board to determine whether a clarification to the rule would be needed. Ms. Alexander asked if the rules for comprehensive conscious sedation would also possibly be recommended to be clarified as well, due to dentists with that type of permit are also able to use CRNAs and the rule wording is similar to that of the deep sedation/general anesthesia rule being discussed. Specifically, Ms. Alexander inquired about whether a comprehensive conscious sedation permit holder would be able to have multiple patients in their office under sedation at the same time when using CRNAs, or whether it would be limited to a CRNA being used on the patient under the direct supervision of the dentist with the sedation permit. Ms. Morgan stated the board would be able to consider all of the sedation rules in relation to the use of CRNAs if they chose to propose a rule change, so it would not necessarily be exclusive to only the general anesthesia/deep sedation permit rules. Ms. Alexander recognized the access to care issues for patients in certain parts of the state, and also stated the CRNAs consider patient safety as a top priority. She requested that the committee and board include CRNAs in the discussion regarding possible rule changes regarding sedation and CRNA usage by dentists in their practice. Ms. Morgan stated for the record that any propose rule changes would require a rule making hearing, where public comments and questions on those rule changes would be permitted.

No other public comments or questions were presented, and there was no further discussion from the committee members. Dr. Gaw made a motion to adjourn the meeting. Dr. Adams seconded the motion, and the motion carried following a roll call vote. The meeting adjourned at 5:22 p.m.