DIRECTOR'S REPORT ON THE PROPOSAL TO UPDATE THE SCOPE OF PRACTICE OF DENTISTRY PERTINENT TO THE ADMINISTRATION OF DENTAL ANESTHESIA

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To: **The Speaker of the Nebraska Legislature**
The Chairperson of the Executive Board of the Legislature
The Chairperson and Members of the Legislative Health and Human Services Committee

Date: **June 24, 2014**

Introduction

The Regulation of Health Professions Act (as defined in Neb. Rev. Stat., Section 71-6201, et. seq.) is commonly referred to as the Credentialing Review Program. The Department of Health and Human Services Division of Public Health administers the Act. As Director of this Division, I am presenting this report under the authority of this Act.

Description of the Issue under Review

The applicant group is seeking to update the provisions of its licensure statute by revising the education and training requirements for dentists to enhance their ability to provide the full range of dental anesthesia services safely and effectively.

Summary of Technical Committee and Board of Health Recommendations

The technical review committee members recommended approval of the applicants' proposal.

The Board of Health recommended approval of the applicants' proposal. The members of the Board of Health also approved the following ancillary recommendation:

> The Board of Health encourages the Board of Dentistry to ensure that the content of the training courses to be used to train dentists in anesthesia procedures are consistent with current American Dental Association guidelines. Additionally, there should be a recertification process to reflect ongoing guideline changes.

The Director's Recommendations on the Proposal

Pertinent to criterion one which states, "The health, safety, and welfare of the public are inadequately addressed by the present scope of practice or limitations on the scope of practice."

The record of the review indicates that current education and training for Nebraska dentists to administer dental anesthesia does not satisfy American Dental Association (ADA) safety standards. Allowing this situation to continue risks serious harm to dental patients, including loss of life. This risk is greatest among children. Thirty-one child deaths from dentist administered sedation have been reported during the last fifteen years across the United States, the most recent being a three-year-old child in the State of Hawaii. Some of these deaths have come as a result of overdoses of sedative drugs and overdoses of local anesthetic drugs. Other deaths have resulted from the failure of the administering dentist to protect the patient's airway to prevent foreign matter from obstructing the airway. Additional deaths have resulted from failure to accurately assess the patient's overall health condition. To quote a comment from a publication on sedation from the American Society of Anesthesiologists (ASA) entitled, "Continuum of Depth of Sedation," (2004):

> Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to diagnose and manage the physiologic consequences for patients whose level of sedation becomes deeper than initially intended.
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> For all levels of sedation, the practitioner must have the training, skills, drugs and equipment to identify and manage such an occurrence (an emergency, i.e.) until either assistance arrives (emergency medical service) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

Appropriate education and training in dental sedation is essential for all involved who provide such procedures. We must take action to ensure that such education and training is required of all who perform these procedures, as well as those who assist those who perform them.

Pertinent to criterion two which states, "Enactment of the proposed change in scope of practice would benefit the health, safety, or welfare of the public."

The proposal would establish education and training standards that would provide significantly greater assurance that dental anesthesia procedures administered by dentists are conducted safely and effectively than under current practice. The standards being advanced by the applicants' proposal were developed by the American Dental Association (ADA), and have been found to be effective in protecting the public in other states.

Pertinent to criterion three which states, "The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public."

The applicants' proposal successfully addresses the need for greater competency on the part of licensed dentists regarding dental sedation. However, it does not address concerns regarding the skills and abilities of those who would be assisting dentists administer dental anesthesia, nor does it address questions regarding who would be monitoring dental anesthesia after it has been

administered. In my estimation this is a major shortcoming of the proposal. For dental anesthesia to be safe for patients, all persons involved in providing it must be appropriately trained for the role they play in it. All practitioners involved in the provision of dental anesthesia services need to know what educational and training standard they are required to satisfy in order to provide these services. Likewise, all patients impacted by these services have a right to know the qualifications of all practitioners who provide these services.

Unfortunately, the current dental anesthesia proposal does not clarify what standards of training, education or competency assistive personnel would be required to satisfy. The proposal does not comment on how such personnel would be supervised under the terms of the proposal. It merely mentions that 'other persons' than dentists would also be involved in these procedures. It is vital that any legislative version of this proposal clearly and satisfactorily address this shortcoming of the proposal because it raises serious questions about public safety. I cannot support the proposal as a whole unless this matter is satisfactorily addressed.

Pertinent to criteria four and five:

- **Criterion four states, "The current education and training for the health profession adequately prepares practitioners to perform the new skill or service."**
- **Criterion five states, "There are appropriate post-professional programs and competence assessment measures available to assure that the practitioner is competent to perform the new skill of service in a safe manner."**

The proposal would create new education and training courses, including six additional continuing education hours, dedicated to upgrading the skills and abilities of Nebraska's dentists to safely administer anesthesia procedures to their patients. I am confident that these courses and the new continuing education training would provide dentists with the ability to provide the procedures in question, safely and effectively. However, as I previously stated, the proposal did not discuss what education and training is necessary to bring assistive personnel up to an appropriate safety standard regarding dental anesthesia. This too needs to be a component of any attempt to improve the safety of dental anesthesia in Nebraska.

Pertinent to criteria six which states, "There are adequate measures to assess whether practitioners are competently performing the new skill or service and to take appropriate action if they are not performing competently."

The Board of Dentistry would oversee the implementation of the new education and training for dentists. I see no reason why this Board would be anything less than successful in accomplishing this objective.

In conclusion, the education and training standards being proposed are necessary to ensure the protection of dental patients in Nebraska, and, I recommend that they be approved. However, my support for the applicants' proposal as a whole is contingent upon the clear identification of the personnel who would be assisting dentists in administering dental anesthesia, as well as the development and clear articulation of appropriate education and training for such assistive personnel.