STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

Dental Board of California
2005 Evergreen Street, Suite 1550, Sacramento, California 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

December 30, 2016

The Honorable Jerry Hill, Chair
Senate Committee on Business, Professions & Economic Development
State Capitol – Room 2053
Sacramento, CA 95814

RE: Pediatric Anesthesia Report

Dear Senator Hill:

The enclosed document was prepared in response to your February 8, 2016 letter requesting the Dental Board of California (Board) to conduct research of California's present laws, regulations and policies related to pediatric dental anesthesia in order to determine whether or not they are sufficient to guard against unnecessary use of general anesthesia in the treatment of pediatric patients, and whether these laws assure patient safety. This report also is being submitted to the California State Legislature in accordance with the reporting requirements of Assembly Bill 2235.

California dental sedation and anesthesia laws are similar to laws in other states, and differ primarily in the area of personnel requirements. Approximately half of other states specify the number of staff who must be present, in addition to the dentist, when general anesthesia or moderate sedation is administered. No state requires the presence of an individual dedicated to both the monitoring and administration of general anesthesia or moderate sedation.

California policies, laws and regulations are generally consistent with professional dental association guidelines with the exception of a recommendation in the American Academy of Pediatrics-American Academy of Pediatric Dentistry Guidelines for a person dedicated to the monitoring and administration of deep sedation and general anesthesia.

While the Board concluded that California's present laws, regulations and policies are sufficient to provide protection of pediatric patients during dental sedation, it recommends the following enhancements to current statute and regulations to provide an even greater level of public protection:

1. The board should continue to research the collection of high quality pediatric dental sedation and anesthesia related data to inform decision making.

2. The definitions of general anesthesia, conscious sedation, pediatric and adult oral sedation should be updated.

3. Proposed changes to the sedation and anesthesia permit system:

    a. Pediatric Minimal Sedation Permit for patients under age thirteen (13). (This permit would replace the existing Oral Conscious Sedation for Minors permit)
        i. Education: To be eligible for this permit, the dentist must complete 24 hours of instruction in pediatric sedation plus one clinical case; this training must include airway management and patient rescue from moderate sedation.
        ii. Administration is limited to a single dose of a single sedative drug via the oral route, plus nitrous oxide and oxygen that is unlikely to produce a state of unintended moderate sedation.
        iii. A minimum of one staff member, in addition to the dentist, trained in the monitoring and resuscitation of pediatric patients must be present.

    b. Pediatric Moderate Sedation permit for patients under age 13. (This permit could either be a new pediatric permit or an endorsement on an existing moderate (conscious) sedation permit.)
        i. Education: To be eligible for this permit, the dentist must have completed a Commission on Dental Accreditation (CODA) accredited residency in pediatric dentistry, or equivalent training in pediatric moderate sedation, as determined by the board. The applicant must provide proof of completion of a sufficient number of cases to establish competency, both at time of initial application and at renewal.
        ii. Administration of the drugs utilized is unlikely to produce an unintended state of deep sedation
        iii. Personnel: The dentist and at least one member of the support staff must be trained in pediatric advanced life support and airway management, equivalent to the AAP-AAPD Guidelines or as determined by the board. For children under age 7, two support staff, in addition to the dentist, must be present, and one staff member shall serve as a dedicated patient monitor.

    c. Pediatric general anesthesia permit for children under age 13. (This permit could either be a new pediatric permit or an endorsement on an existing general anesthesia permit.)

i. Education: the dentist must have completed a CODA accredited or equivalent residency training program that provides competency in the administration of deep sedation/general anesthesia for children under age 13. For patients under age 7 the applicant must provide proof of completion of a sufficient number of cases to establish competency, both at time of initial application and at renewal.

ii. Personnel: Personnel: For patients ages 7-13, the dentist and at least two support staff must be present. The dentist and at least one staff member must be trained in Pediatric Advanced Life Support and Airway Management, equivalent to the AAP-AAPD Guidelines or as determined by the board. One staff member, trained in patient monitoring, shall be dedicated to that task.

For children under seven, there shall be at least 3 people present during the procedure. One person shall be the practicing dentist. One person shall be a general anesthesia permit holder, who shall be solely dedicated to administering anesthesia, monitoring the patient, and managing the airway through recovery. One person shall be an anesthesia support staff, dedicated to the anesthesia process, and shall be trained in Pediatric Advanced Life Support and Airway Management, equivalent to the AAP-AAPD Guidelines or as determined by the Board.

iii. When a dedicated anesthesia provider is utilized, in addition to the dentist, both the dentist and at least one staff member must be trained in pediatric advanced life support and airway management, equivalent to the AAP-AAPD Guidelines or as determined by the board.

4. Requirements for records and equipment should be updated and include the use of capnography for moderate sedation.

5. The Dental Board should be provided with additional authority to strengthen the onsite inspection and evaluation program.

Few topics generate more controversy than the use of anesthesia, especially for children; and the challenge of reaching a consensus among interested parties on this issue is difficult. Although patient safety is always the foremost concern, the effects of regulatory change on healthcare can be fraught with unintended consequences. Any proposal should, therefore, strike a balance between established practice and evidence based changes that provide greater patient safety.

The Board recognizes that the manpower and economic considerations for pediatric dental sedation are beyond the scope of the present report. These considerations will be critical to the successful implementation of any changes to dental sedation laws. The

Board therefore recommends that there be an analysis of the effects of any proposed new legislation or regulation on access to care for pediatric dental patients prior to the implementation of any changes. Factors such as whether the costs of sedation and anesthesia are reasonable depends on how cost effectiveness is defined and calculated, and on the perspective taken. For example, clinicians often view cost implications differently than would payers or society at large. There needs to be consideration of the resource constraints of the healthcare system (for example, Denti-Cal versus private insurance). Feasibility issues must be considered, including the time, skills, staff, and equipment necessary for the provider to carry out the recommendations, and the ability of patients and systems of care to implement them.

If you have any questions, please contact the Board's Executive Officer, Karen Fischer. She can be reached at (916) 263-2188 or by email at Karen.Fischer@dca.ca.gov.

Sincerely,

Steven G. Morrow

Steven G. Morrow, DDS, MS
President

cc: Assembly Member Rudy Salas Jr, Chair – Assembly Business & Professions Committee
Assembly Member Tony Thurmond
Dental Board Members

Enclosure