



**DENTAL BOARD OF CALIFORNIA**  
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815  
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

**DENTAL BOARD OF CALIFORNIA MEETING AGENDA**  
**Anesthesia Committee**  
**FEBRUARY 23, 2017**  
Humphreys Half Moon Inn  
2303 Shelter Island Drive  
San Diego, CA 92106

**Members Present**

Steven Morrow, Chair  
Fran Burton, Vice President  
Steven Chan  
Ross Lai  
Huong Le  
Bruce Witcher

**Members Absent**

Meredith McKenzie

**.Agenda Item 1** Quorum was established.

**Agenda Item 4 General Anesthesia and Conscious Sedation Evaluation Statistics**

Sarah Wallace, Assistant Executive Office, introduced the General Anesthesia (GA) and Conscious Sedation (CS) evaluation statistics for your review. On site evaluations are required for GA and Contra Sedation permits. We have a staff member that schedules these evaluations with SME. This overview if of the passes, fails, permits canceled or postponed for both GA and CS Evaluations.

March and April 2017 information is correct but statistics are anticipated passes since they are scheduled. Canceled permits are when the permit holder was called for evaluations and at that time opted to cancel permit. Permits cancelled for non-compliance doesn't mean they were failed. They were notified they need to schedule evaluation and no response, usually from no notification of change of address. Postponed usually means no SME could be located at that time, so they are just added to next batch which is 2-3 months out. Postpone by requests, emergency arise.

Ms. Burton: Is there a backlog of evaluations that need to be scheduled?

Ms. Wallace states 25-30 notices sent out monthly, and due to scheduling issues might be scheduled a couple of months out, not due to non-compliance. Failure to respond is rare, in comparison of how many are done.

Chair Morrow: How are evaluators recruited and are we in need of more evaluators? Can you tell us process, are they paid?

Ms. Wallace: We are consistently recruiting. Evaluators go through calibration training. They are paid per diem plus their expenses. Rural areas have more problems recruiting

evaluators. We are constantly evaluating how to increase numbers and make more attractive to get the evaluators out there.

Dr. Le: How many out of 857 physicians are GA permit holders? There is 79.

Dr. Whitcher stated that he has been tracking number of evaluations for the last 8 years. He stated he shows number of evaluations is significantly up and number of evaluators is down. We are losing a lot of evaluators to retirement.

**Agenda Item 2: Discussion and Possible Action on February 13, 2017 Hearing of the Pediatric Anesthesia Report.**

Dr. Morrow stated he hoped you were able to watch the tape. It was a very good experience and he would recommend watching the webcast if you haven't already. Dr. Whitcher stated the hearing was led by Board but we did not submit written statement but did provide PowerPoint slides. Gave background and focused on our recommendations from December meeting. Then Board member took questions. There was a general sentiment that the general anesthesia program is sufficient but would like to make it better. Genuine concern among Legislation regarding the Board recommendations and if they could raise some Access to Care issues and if we make it more onerous for services to be provided in office then would patients will be displaced to ambulatory and hospitals which are already impacted. There was also concern if delayed treatment would create more of a risk. How many patients would be affected by recommendations or suggestions? Senate Business, Professions & Economic Development Committee picked up ball but didn't give us any other suggestions or direction.

Ms. Fischer stated that discussion is to continue and three "spot" bills were introduced.

Ms. Burton: Why Full-Board didn't accept subcommittee's recommendation and also statistics are still being questioned, how many deaths are reported. Board should be aware that if deaths are not reported, what penalty is there if people don't report. Board going forward should make sure statistics are accurate and supported.

Dr. Chan: Senator Pan talked about how problem solving and piecemeal testimony was coming forward. In constructing good policy we should think of model first, and then do implementation based on those models.

**Public Comment:**

Mary McCune, CDA wanted to thank Dr. Whitcher and Board for presentation. Anesthesia is one part of puzzle.

Karen Seiber, President Elect for Society of Anesthesiologist, would like to thank board for recommendations. She said data collections should include: major complications, morbidity, brain damage, cardiac damage, pulmonary damage. They would urge Board to look at those in the future.

Board Comment: We did publish data on hospitalizations.

Ms. Fischer did state that when the study was initially started it was looking of deaths of children due to general anesthesia and then that was increased to under the age of 21.

Report also commented on different levels of sedation. The Board collect data for regulatory and discipline reasons.

Chari Morrow: Data gathered by dental offices or procedures differ greatly from data by hospitals.

Chair Morrow stated that the most valuable piece is that the discussions are now taking place and the Board will have to wait and see where it goes from here.

### **Agenda Item 3            Update regarding implementation of AB 2235**

Ms. Fischer stated staff will be developing a courtesy incident reporting form for use by licensees until the regulations can be updated addressing the new reporting requirement of the death of a patient. This new form will be sent to permit holders and be available on the Board's website. We will also be sending information regarding Informed Consent and posting on website.

Dr. Witcher also stated that there was another directive in the Thurmond Bill, to the extent funds are available, the Board suggests that reporting of near misses be reported to a non-profit database.

Chair Morrow stated that this would be under the consideration of the staff of advisement where time and money should be spent. This might need to be looked at in the future.

Board Comment: Can you give further information regarding the new form?

Ms. Witcher stated form will be courtesy and hoping to comply that there will be a requirement that they must report in a certain time frame.

Chair Morrow: And we also might want to include gathering more information than required by Bill 2275 that the Board could utilize.

### **Agenda Item 5:            Discussion and Possible Action Regarding the Utilization of Certified Registered Nurse Anesthetists to Administer General Anesthesia in Dental Health Care Settings**

CANA representative: Karen Carp, Practice Director of the Certified Registered Nurse Anesthetists:  
Dr. Roberta Ashley, Director of the Oral Maxiel Facial Anesthesiology in the Kemp School of Medicine

CANA would like to thank Board for leadership and has supported the Board's efforts through input during the report process. CANA also agrees any change put forward need to strike balance between established practices and evidence based changes that provides greater patient safety as well as the need to examine the effect on any proposed new legislation on Access to Care and cost effectiveness for Pediatric Dental patients and our resource constrained health care services. CRNAs required to have a minimum of 8 years combined education, training and critical care nursing before passing a National certifying examination. .2400 active CRNAs in California. CRNAs are the primary providers of anesthesia in rural and urban communities

One Legislation requires that dentist receive their own certification for providing anesthesia services in the dental office setting. CANA is asking this be addressed in any proposed regulatory or legislative proposals that are moving forward so CRNAs can be utilized in Dental setting more easily.

Board question: Ms. Carp spoke of 9 counties that anesthesia services are being providing by CRNA. Are these 9 counties all rural counties? Ms. Carp responded yes. Dentist are required to have permit so CRNAs work under that permit? Only in office settings are dentist required to hold permit, CRNAs are not eligible to hold one. CRNAs work in other setting (just not in dental office setting) without supervision. Do CRNAs typically have privileges in hospitals? Yes. In out-patient settings CRNA usually have privileges in hospital or ambulatory surgery settings nearby without required medical supervision.

Ms. Fischer: Requirement for supervision went away when? Ms. Carp responded in 2009 it was required for Medicare Part A.

Board question: What is training required for CRNAs? Ms. Carp stated they must have critical care experience before entering their Nurse Anesthesia Educational programs. Programs are 27-36 months in length. In 2021, all master programs will be converted to doctoral programs. Nursing Degree need to be at Bacculearate level? In some doctoral programs yes and in others can be Basic Science. Before applying for the Doctorial program the nurse would need to have some experience in ICU? Correct. Ms. Carp stated yes. Once doctoral, education programs will be at least 36 months. CRNAs work independently the charts don't have to be signed off? Ms. Carp stated yes. Need clarification 1646.9 is what is looked at for changing of statute. Need further clarification on 1646.1 describes no dentist should order or administer the administration of General Anesthesia fourth line and holds a valid anesthesia permit? If we read language, it sounds like our recommendation to the Legislature for moderate sedation was to have a separate surgeon, doctor, dentist separation from the administrator of the anesthesia. Section 1649.6 says the surgeon, dentist operator should hold a license. Is this being done now? Who has the necessary qualification to provide anesthesia or conscious sedation in a dentist office, at this point, the physician anesthesiologist which was included as a later provision which ironically requires them to get a permit from us. Previously, everyone was just doing it, they thought it was okay. What about a second anesthesiologist provider who is in the office but does not hold a permit? They can do it as long as they hold an anesthesiologist permit. Our recommendation was not for moderate sedation but was for patients under the age of seven for general anesthesia. If you order it then you need to have a general anesthesia permit. You only need one permit.

Chair Morrow stated he believed that it depends on what the definition is of ordering. If I have an anesthesiologist that holds a permit then he/she is the person who is ordering. Old adage: a Crisis brings up Opportunity! Now is the time to clean up things that should have been cleaned up a long time ago.

Ms. Fischer: You take a National Exam, so if CNRA licensed in another state how would they get permit in California. Ms. Carp responded they can apply through reciprocations through the Nursing Licensing Board and that they have graduated from program. Ms. Fischer asked how many programs in CA? There is seven.

Dr. Chan: To have privileges in hospital you must have cases to bring before the Hospital Board and then you go through proctoring. Can you describe?

Ms. Carp: Proctor could be done by a member of the Anesthesia department, could be anesthesiologist, CNRA, surgeon, or obstetrician.

Dr. Lai: Do CNRAs carry their own liability insurance?

Ms. Carp: Yes. There are minimums set by the state. \$1m to \$3m.

Board member clarified that CANA is requesting that CRNAs be able to apply for general anesthesia or contra sedation permit. They are looking that wording for legislation be changed. Board member explained that his thought for the requirement of the dentist holding a permit is that an anesthesia provider coming into a private office would not know the knowledge or ability of the dentist providing procedure where a dentist doesn't have privileges in hospital.

Ms. Burton has two more questions, there is going to be significant \$\$ coming into state for Children Health from Tobacco Tax Cut and there will be many components on how that money can be spent, how will that affect the work CRNAs do?

Ms. Carp: It could affect because they do work for Medi-Cal. They want to be able to provide service in underserved areas.

Ms. Burton: Asked status in other States and Ms. Carp responded that in 17 states they are allowed permit.

Dr. Seiber representative of CSA: Only one permit is necessary. Only barrier is when a physician anesthesiologist and nurse anesthesiologist can go to a dental office that does have an anesthesia permit.

**Agenda Item 6      Public comment on items not on agenda.**

Nothing

**Agenda Item 7      Future agenda items for Stakeholders**

Nothing

**Agenda Item 8      Future agenda items for Board Members**

Chair needs to see where Legislation is going before he has an idea of future agenda items. Need to be involved in development of the form required by AB 2235. Decide where the committee needs further discussion on future CNRAs utilization, seems to be updating codes and regulations.

**Meeting Adjourned.**