Hammond, Abigail M

From: David Olson <dds155@yahoo.com>
Sent: Monday, March 14, 2016 8:57 PM
To: Hammond, Abigail M
Cc: bwhite@ncdentalboard.org; tfriddle@ncdentalboard.org
Subject: Proposed Changes to Sedation Rules
Attachments: sedation Board letter2015v3.docx

Ms. Hammond- Attached is my letter of concerns with the proposed changes to dental sedation rules. Please share with the commission and let me know if any questions. Thank you for your assistance.

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Dear North Carolina State Board of Dental Examiners:

I wanted to express my concerns with several of the proposed changes to the dental sedation rules. First and most importantly, I take issue with **the elimination of minimal conscious sedation and the re-classification of the administration of a minor psychosedative (in particular valium and Ativan) with nitrous oxide as moderate conscious sedation**. By the elimination of the minimal conscious sedation option, you will force dentists to either obtain a moderate sedation permit, eliminate use of the medications with nitrous oxide (which will not be as effective), or drop the option altogether. For the individuals who do have a moderate sedation permit, the re-classification of these medications in conjunction with nitrous as a moderate sedation would then require the higher levels of monitoring, increased staff, and equipment. I feel these changes are excessive, significantly increase costs to families, and will have negative effects on patient care.

Many pediatric dentists use valium or Ativan in conjunction with nitrous oxide in our offices to help ease anxiety in children, teenagers and patients with special needs. It is a safe, cost-effective and valuable treatment option. There is a long, documented history of safety when these medications are used at the recommended dosages and actually has the additional benefit of higher levels of oxygen for the patient with the addition of nitrous oxide. The medications are inexpensive for patients whether they have insurance coverage, such as Medicaid or private insurance, or must pay for the medication out-of-pocket. Many pediatric dentists do not charge an additional fee for anxiolysis and therefore this is very economical option for families. The proposed changes will force dentists to create a fee in order to cover the additional staff, staff CE training, and monitoring requirements. Finally, based on over 17 years of experience, the use of valium or Ativan with nitrous oxide works and is effective. Pediatric dentists are able to treat anxious children and young adults who otherwise would not cooperate for treatment in a traditional method. The elimination of this as an option for pediatric dentists without a moderate conscious sedation permit would be devastating for patients and families in North Carolina.

Secondly, **requiring all auxiliaries to have six hours of continuing education in medical emergencies annually is excessive**. Assistants will already be required to have BLS and the new requirement of bi-annual emergency responsiveness. Pediatric dentists already need BLS, PALS as well as the required annual CE . The six hours of annual CE for auxiliaries is unnecessary, will not added to patient safety, and will be extremely expensive for providers every year. You will be increasing the costs of sedation exponentially for children and therefore out pricing families of this option in order to cover these changes. I question the reasoning for this new requirement and who will actually profit from teaching these newly created medical emergency classes for auxiliaries.

Finally, **the requirement for having an EKG for pediatric conscious sedation is unnecessary**. Overwhelmingly, the most common emergency situation in pediatric

conscious sedation is related to maintaining a patent airway and oxygenation. Cardiac monitoring with leads would be cumbersome in a conscious sedation patient who is responsive, most likely upsetting to the child, and provide no additional benefit in safety for the patient. If a child has a cardiac emergency during a conscious sedation procedure, there was an undiagnosed cardiac abnormality or the airway emergency was not managed properly.

In summary, I have concerns that the proposed sedation changes will significantly hinder safe, effective, and affordable dental care to the children of NC. The additional cost to comply with several of the new regulations will have to be passed on to families. I ask that the Board to review the ***"Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures"*** developed and endorsed by the American Academy of Pediatric Dentistry and American Academy of Pediatrics. These guidelines have been refined over many years by experts in pediatric conscious sedation with the purpose of ensuring safety for the pediatric patient. They are updated regularly to reflect the best practices for pediatric patients. In the end, we all want safe conscious sedation for all of our patients.

Thank you for your consideration of these issues.

Sincerely,

David D. Olson, DDS, MS
Raleigh Pediatric Dentistry