New Hampshire Anesthesia and Sedation Evaluation Committee

A Committee of the New Hampshire Board of Dental Examiners

The New Hampshire Anesthesia and Sedation Evaluation Committee Annual Meeting 2018

Thursday April 12, 2018
6-9pm Meeting/ Dinner
The Centennial – Daniel Webster Room
96 Pleasant Street
Concord NH, 03303

Provided (Hard Copy in Your Folder):

- Sample Evaluation Scheduling information letter
- Facility Inspection and Comprehensive Evaluation Form for Deep Sedation-General Anesthesia Permit
- Facility Inspection and Comprehensive Evaluation Form for Moderate Sedation Restricted Permit
- Facility Inspection and Comprehensive Evaluation Form for Moderate Sedation Unrestricted Permit
- Emergency Scenarios Critical Performance Points Office Evaluation Deep Sedation General Anesthesia
- Emergency Scenarios Critical Performance Points Office Evaluation Moderate Sedation
- NH Laws and Rules – Recent Rule Changes
- NH Statutes Dentist and Dentistry
- Office Sign in/ BLS/HCP, ACLS,PALS 2014-3-13
- Currently assigned inspections for 2018
- NH Anesthesia and Sedation Committee Directory

Provided (USB Memory Stick):

ADA_Sedation_Use_Guidelines 2016.pdf
ADA_Sedation_Teaching_Guidelines 2016.p
sign in sheet day of evaluation.docx
RulesupdateDec2015 word bold.docx
nhsace meeting 2018 minutes.docx
NHASEC Agenda 2018 Annual Meeting
NH Statutes Dentist and Dentistry ~ 4-22-
LETTER TO EVALUATEE FOR CON
HB1577 update 4 11 2018 Dr Mark Abel.dc
HB 1577 Docket of.docx
HB 1577 Accessed 4 9 18.docx
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Emergency Scenarios Critical Performance F
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ASA Guidelines for Moderate Sedation 2(
ADSAChecklist-Modifiable.pdf
ADSAChecklistFINAL copy.pdf

Agenda Thursday, April 12, 2018

Introductions and Preliminary Items

I. Call to Order (Dr. Crowley)
II. Recognition of New NHASEC member Dr. Douglas Katz (Dr. Crowley)
III. Additional Items and Approval of Agenda (Dr. Crowley)
IV. Introduction of Guest (Dr. Levesque-Vogel)
V. Update of NHBODE activities (Dr. Levesque-Vogel)
VI. Recognition and Self-Introduction of Public Attendees (Dr. Crowley)

Old Business

VII. Pediatric Emergency Scenarios (Dr. Crowley)
VIII. Use of Current Evaluation Forms (Dr. Crowley)

New Business

IX. Suggested Scenario Changes (Dr. Crowley)
X. Resignation of NHBODE Executive Director, (Dr. Crowley, Dr. Levesque-Vogel) (Informational)
XI. Current and upcoming opening for Director NHBDE (Dr. Crowley Informational)
XII. Committee Performance 2017-2018 (Dr. Crowley)
XIII. Advisory Subcommittee Report (Dr. Hochberg)
XIV. Procedure: Request for extensions/ delay of evaluations/expired credentials (Dr. Crowley)
XV. HB 1577 History, Actions Taken and Implications for Practice (Dr. Abel)
XVI. Rules Revision- Rewrite or Update? Task Force Formation (Dr. Crowley)
XVII. ASA Guidelines for Moderate Sedation 2018 (Dr. Crowley Informational)
XVIII. Dr. Kuepper's letter of thanks for service on NHASEC and NHBODE (Dr. Crowley)
XIX. Invitation to NHASEC (Dr. Crowley)
XX. Other Business
XXI. Adjournment

Attachments

Appendix A Minutes of 2017 Meeting (approved and submitted to NHBODE)

APPENDIX B DR. HOCHBERG REPORT ON ADVISORY SUBCOMMITTEE

APPENDIX C DR. ABEL'S REPORT ON HB 1577

MINUTES

Introductions and Preliminary Items

I. Call to Order (Dr. Crowley) Public portion of the meeting called to order 6:10. She thanked the Committee members for their diligence in protecting the safety of those receiving sedation and anesthesia in the dental offices of New Hampshire.

II. Recognition of New NHASEC member Dr. Douglas Katz (Dr. Crowley)

Dr. Katz is a periodontist. He was trained at Duquesne and holds a Moderate Sedation Unrestricted permit. He is interested in treating the nervous patient.

III. Additional Items and Approval of Agenda (Dr. Crowley) None noted

IV. Introduction of Guest (Dr. Levesque-Vogel)

Dr. Levesque-Vogel is the new president of NHBODE. She practices general dentistry with her brother and father in her grandfather's legacy practice in Nashua. Her brother was a mechanical engineer. Dr. Levesque-Vogel is interested in having someone with anesthesia background on the Board. There will be an opening when Dr. Albee finishes his term in July

V. Update of NHBODE activities (Dr. Levesque-Vogel)
Online renewal has been a challenge. The Board is in existence to help protect the public. The NH government is attempting to be transparent, and all meetings have to be posted, announced and open to the public, unless there is an item that is sensitive to someone's reputation or a personnel matter.

VI. Recognition and Self-Introduction of Public Attendees (Dr. Crowley)
Mr. Dwayne Thibeault is a CRNA who provides office sedation in 13-14 locations. He cannot be on the committee as he is not a dentist, but is willing to act as a consultant for the scenarios and any other issues that arise within his expertise.

Old Business

VII. Pediatric Emergency Scenarios

We need updated scenarios for pediatric evaluations of MS-UR and DS/GA. Mr. Thibeault offered to act as a consultant for modification of existing scenarios. Consider the inclusion of local anesthesia toxicity, prevention and management.

ADSA has introduced iPad algorithms. There was a question of whether use of this is allowable during an evaluation. Dr. Crowley discussed the literature supporting the use of cognitive aids during routine and emergency care. Checklists, algorithms, flip cards or any other aid is allowable. The objective is to have a good outcome, and memory is unreliable with complex, infrequent and stressful events. The use is encouraged, but no system is endorsed by the Committee.

It is important that these be used as aids, not primary sources of information, during emergency evaluations. Familiarity with the method is critical. Using it for the first time or using it without being informed or aware of content is unacceptable.

VIII. Use of Current Evaluation Forms

Many changes have been made in the forms over the last few years. Some are typographical or layout issues. Some are made by decision of the committee with substantive content issues. Some are changes requested by NHBODE. Examples of recent changes: discontinuing vasopressin as a mandatory drug, acceptability of fentanyl as well as morphine as mandatory narcotic, acceptability of midazolam as well as diazepam for seizure resuscitation, designation of anesthesia provider, self-contained vs. facility dependent. PLEASE be sure that you have the most recent forms. PLEASE call Dr. Crowley's office, Erin, to have the most current form sent electronically to be sure that you are using the most current form just prior to your evaluation. PLEASE be sure that EVERY box and line is filled and meets the standard. Examples will be given of deficiencies in form submission resulting in extra hours of work for the Chair. **Many** thanks for attending to this with great care.

Procedural Note:

Please send all completed facility and comprehensive evaluation forms to:

Dr. Karen E. Crowley, Chair NHASEC
12 Parmenter Road Unit A-2
Londonderry, NH 03053

She will forward them to the Board. Please note any changes that you think need to be made to the forms.

* PLEASE REMEMBER THAT ALL COMPLETED EVALUATION FORMS MAY BE VIEWED BY EVALUTEE OR OTHERS OUTSIDE OF THE COMMITEE

ON THE EVALUATION FORMS!!!! BE SURE THAT

- ✓ **ALL CHECK OFF BOXES ARE FILLED OUT, THAT**
- ✓ **ALL INFORMATION IS ACCURATE, AND**
- ✓ **IN THE CASE OF INCOMPLETE OR MISSING INFORMATION, THE PLAN FOR COMPLETION OF THAT INFORMATION IS GIVEN.**

- ✓ **EXAMPLES TO BE GIVEN BY DR. CROWLEY OF RECENT SMALL PROBLEMS THAT TOOK HOURS TO RESOLVE.**

New Business

IX. Change on GA/DS scenarios suggested by Dr. Kuepper and Dr. Abel.
Consider consolidating the 2 hypertension scenarios into a single hypertension scenario and add a symptomatic hypotension scenario. Consider combining angina and MI into an ACUTE coronary syndrome scenario and add a local anesthetic toxicity/ overdose scenario. Dr. Citron volunteered to work on this.
Over the next year, please critically evaluate the chest pain, angina, MI scenario for needed changes.
Suggestion made to use current expert practice resources for creating scenarios. OMSNIC has cases for continuing education that may be helpful. The AAOMS Office Anesthesia Evaluation Manual will have a new edition shortly. It has been pending for over a year. Publication date unknown at this time.

X. Changes of Board Administration
Constance Stratton resigned effective March 20, 2018 from the position of Executive Director of the NHBODE.
Interim ED is Sheri Walsh, ED of Health Care OPLC.
There is a job posting for skills which an attorney or retired dentist might have. It is a 29 hour a week position.

XI. Opening of Director Position on NHBODE
Dr. Scura has been endorsed by the Trustees of NHDS for the current opening on NHBODE occasioned by Dr. Kuepper's resignation in February from both the Board and the NHASEC. Dr. Scura will plan to attend the Monthly Board meeting on May 7, 2018 whether or not he has been appointed by then. Another director opening will occur in July when Dr. Albee's term is done.

XII. Committee Performance 2017-2018

2017-2018	Completed	Completed On Time	Completed + Overdue	Incomplete + Overdue
Comprehensive Evaluation MS/R	0	0	0	0
Comprehensive Evaluation-MS/UR	5	4	1	1
Comprehensive Evaluation-GA/DS	17	11	6	3
Comprehensive Evaluation (Itinerant Dentist Anesthesia Provider)	0	0	0	0
Comprehensive Evaluation Sub Totals	22	15	7	4
Facility Inspection MS/R	0	N/A	N/A	N/A
Facility Inspection MS/UR	1	N/A	N/A	N/A
Facility Inspection (Itinerant Dentist Anesthesia Provider)	1	N/A	N/A	N/A
Facility Inspection (for anesthesia administered by Anesthesiologist or CRNA)	6	N/A	N/A	N/A
Facility Inspection Sub Totals	8			
Total Number of Evaluations	**30**			**4**

The reasons for non-compliance with time deadlines is not consistent but has many sources of non-performance. Dr. Crowley was unable to find a pattern that could be corrected. Therefore, it is incumbent upon committee members to be sure that the comprehensive evaluations especially are completed within the appropriate time framework. The issue of non-compliance is very significant, especially in this era of public interest and oversight. If you have an assignment and are unable to contact the evaluatee, if there is no response, or if you make a good faith effort with 2-3 phone calls with no response, PLEASE get back to the Chair immediately. She will reassign, or work on a solution to the problem. PLEASE do not leave this open-ended but make a determination of response within 2-3 phone calls OR GET IT REASSIGNED!!!

Discussion of issues raised during evaluations occurred. The self-contained vs. facility dependent concept was introduced to allow any itinerant anesthesia provider not using resources of a facility to be evaluated once every 5 years with mobile equipment. However, there is frequent use of gases, suction, lights and other critical resources by all providers.

Therefore, at this time, the concept will be dropped. All facilities hosting sedation or anesthesia services must have a facility inspection.

The NHBODE is considering an initial provisional evaluation prior to granting a permit. The idea is that the initial evaluation, which is now only a facility inspection will be replaced with a facility inspection plus scenario performance. This is a greater assurance that the dentist applying for a permit has the resuscitative skills needed for patient safety. Two evaluators will be required, as it is a high stakes evaluation. The clinical performance will occur within 90 days and will also require 2 evaluators. If successful, then the 5 year term for the next office evaluation begins at the time of the clinical performance.

Itinerant providers came under discussion. The recommendation of the Advisory Subcommittee is that every facility should be inspected. There are no uniform requirements for dental office construction and emergency egress, as there are for surgical day care centers and hospitals. Emergency egress, transfer protocols specific for each office, awareness of the host dentist responsibilities in and emergency, and scripted transfer calls are all issues to be considered, not the competency or armamentarium of the anesthesia provider. The emergency response is not an individual effort but a team effort, and the itinerant provider does not have day-to-day familiarity with most offices or staff of hosting office.

XIII. Advisory Subcommittee Report (Dr. Hochberg) See Appendix B below

XIV. Procedure: Request for extensions/ delay of evaluations (Dr. Crowley)

Those evaluatees who request an extension may have a reasonable issue, but in fact, if they are in non-compliance, the issue must be brought to the NHBODE as soon as this occurs. Maternity leave, new staff, few or difficulty in securing cases are some of the reasons cited with the request for extension. If a dentist is delivering anesthesia, then that dentist should be able to undergo an evaluation. The evaluation is a viewpoint, not a pinnacle of performance. Anesthesia delivery is an everyday competence, not a static or one-time achievement. Dr. Crowley respectfully declines to give extensions based on the current climate of public scrutiny and the requirements of the Rules.

XV. HB1577 History and Update (Dr. Abel) See Appendix C below

XVI. Rules Revision or Total Rewrite? (Dr. Crowley)

2016 ADA GUIDELINES for the Use of Sedation and General Anesthesia by Dentists and 2016 ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students must be referenced in the Rules immediately. With the likely passage of HB1577 in the Senate, other additions to the Rules for anesthesia will be necessary. The Advisory Subcommittee has recommended that action be postponed until a new, permanent and full-time Board ED is in

place so effort will be expended most effectively. We will need a task force to work on the Rules. This is likely to consist of the Advisory Subcommittee members. Any others interested?

The most likely plan at this time is to revise the current Rules to meet the statutory requirements of HB1577. One of the real issues from a regulatory point of view is the new mandate for oversight of minimal sedation. There is simply not enough manpower on the Board or our committee to evaluate 1200 more dentists at once, and by August 7.

The recommendation for 16 hours of the 40 hours of biennial continuing education which is anesthesia-related was made by the Advisory Subcommittee and approved by the Committee.

XVII. ASA Guidelines for Moderate Sedation 2018 (Dr. Crowley) Informational
It is important that the committee members be aware of standards of providing moderate sedation. The American Society of Anesthesiology has new standards this year that are more current than their previous guidelines for sedation by non-anesthesiologists. Please read and consider. The document in pdf format is contained in the memory stick provided at the meeting.

XVIII. Dr. Kuepper Thank you

Letter and card signed by committee members will be sent

XIX. Invitation to Dr. Jill Brinkman, Dr. Keith Kealey, and Dr. Michael Alexander.
Suggestions for other candidates are welcome.

XX. Other Business

No other business introduced

XXI. Adjournment Unanimous approval to adjourn at 8:00 pm

Respectfully submitted,

Karen E. Crowley

Karen E. Crowley, D.D.S., Chair

Electronic vote to approve minutes sent _____2018.
Phone messages left _____2018 and final tally _____2018.

APPENDIX A 2018

Minutes of 2017 Meeting (approved and submitted to NHBODE)

New Hampshire Anesthesia and Sedation Evaluation Committee
Annual Meeting
Minutes of the 2017 Meeting

Wednesday April 19, 2017
5:00 - 5:30pm Open to Public
5:30pm-8pm Closed Meeting
The Centennial – Franklin Pierce Room
96 Pleasant Street
Concord NH, 03303

Attending:

Dr. Karen Crowley, Dr. Mark Abel, Dr. Dr. Vincent Albert, Dr. Shane Citron, , Dr. James Haas, Dr. Mark Hochberg, Dr. Chandler Jones, Dr. Robert Kuepper, Dr. Salman Malik, Dr. Barton McGirl, Dr. Kimberly Meyer, Dr. Peter Reich, Dr. Gregory Shaker, Dr. Patrick Vaughan.

Not in Attendance:
Dr. Rocco Addante, Dr. Shauna Gauthier, Dr. Matthew Heimbach, Dr. Dave Pak, Dr. Richard Rosato, Dr. Mark Scura

Invited Guests:
Dr. Charles Albee, President NH Board of Dental Examiners, Dr. Christopher King

Committee chair Dr. Karen E. Crowley called the public portion of the meeting to order at 5:30 PM. She welcomed Dr. Albee with a round of applause for his contributions to dentistry in NH. She welcomed future committee member Dr. Christopher King. Dr. Crowley thanked the committee warmly for their contributions to the committee; for contributing to the safety of patients in NH dental offices and for ensuring that any patient that enters a dental office in NH for anesthesia and sedation enters an office that meets the minimum standards for patient safety for anesthesia.
The public portion of the meeting was adjourned at 6:00 PM, and the Committee met for further deliberations in the closed meeting.

PALS CERTIFICATION REQUIREMENTS

After lengthy discussion, a vote was taken to ratify a prepubertal age requirement for PALS certification for NH Dental Anesthesia Permit holders –GA/DS, MS-UR who treat pre-pubertal patients.

Dr. Kuepper made the motion, seconded by Dr. Malik.

MOTION: Suggested Revisions of NH Den 304.02
Permits for Use of General Anesthesia, Deep Sedation and Moderate Sedation

Den 304.02 (a) (4) Such dentists shall be currently certified in American Heart Association (AHA) approved advanced cardiac life support (ACLS) if treating post-pubertal patients. Such dentists shall be currently certified in American heart Association (AHA) approved pediatric advanced life support (PALS) if treating pre-pubertal patients. These requirements supersede any requirements for current ACLS or PALS certification stated in the American Academy of Pediatric Dentistry 2006 "Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures" as referenced in Den 304.02 (d) (1).

Den 304.02 (b) (3) a. .....the American Dental Association **2016** "Guidelines for the Use of Sedation and General Anesthesia by Dentists"...

Den 304.02 (b) (3) b. ...**2016** "Guidelines...

Den 304.02 (c) (3) b. ...**2016** "Guidelines...

10 in favor of the motion
3 opposed to the motion
The motion passed that the recommendation to NHBDE will be changed from practitioners who treat patients under age 16 to those who treat pre pubertal patients will require PALS certification.

Dr. Crowley prepared a letter to NHBDE for the NHASEC after being made aware that the NHBDE voted that everyone delivering anesthesia and sedation in the State of NH should be required to have PALS. See **Appendix 1**. This was sent to the Board immediately following the meeting.

EVALUATIONS

We have 3 overdue providers

Disposition: one is scheduling issue, one being scheduled and one not scheduled at all.

We are trying to improve timely evaluations. There are fewer seriously delayed evaluations than in the past few years, but we have 100% compliance as our goal. Right now we have a few non-compliant permit holders.

The NHBODE has asked Dr. Crowley to review all completed evaluation forms before they go to board as the Board is unable to proof them. Please send completed evaluation paperwork to Dr. Crowley who will then submit them to the Board. Dr. Albee stated that the NHBDE gets a summary of the evaluation and if the evaluation meets the current requirements as attested by the evaluators, the NHBDE grants a permit.

NHBODE says the Evaluatees are asking for their completed evaluation forms. Dr. Crowley has no problem with them seeing the forms.
These completed forms may be looked at by parties other than this committee. It is very important that you make only objective notations so you are not subject to any problem should a difficulty arise with the evaluation or some other issue later on.

ITINERANT PROVIDERS

Several committee members have done evaluations of itinerant providers. A discussion took place regarding issues with Itinerant providers. Comments were very favorable.
Emergency protocol should be required for each individual office.
Script for emergency call for each individual office should be submitted.
Facility inspections should be required if the provider is not self-contained; that is, if the provider relies on the facility for suction, oxygen, or other essential armamentaria.

PROTOCOL FOR BECOMING A COMMITTEE MEMBER

Appendix 2.

Welcome Letter

Appendix 3.

PEDIATRIC EMERGENCY SCENARIOS

Dr. Crowley states that she will work on creation of Pediatric Emergency Scenario for MS/UR permit holder treating pediatric patients.

OTHER POINTS OF DISCUSSION

The Committee chair checked with a supplier regarding gas tank storage. They say tanks should be stored at room temperature and no higher than 110 degrees. Tanks should be upright and chained.

Please use current version of the evaluation forms.
An email with the current version is sent to all committee members if any changes are made. Check with Dr. Crowley's office that you have the current form. We've received out of date forms that don't reflect the current committee requirements.

The evaluation forms have been changed from a requirement to have Morphine to Morphine **OR** Fentanyl.

The committee agreed that diazepam **or** midazolam is acceptable for anti-seizure treatment. The forms have been changed to reflect this.

In the 2015 ACLS update, vasopressin was removed from the treatment algorithm for cardiac arrest. Consequently, it will be removed as a requirement in the evaluation forms.

EVALUATION CANCELLATION POLICY
It was the decision of the committee members that the full fee will be due for evaluations cancelled within 48 hours of the scheduled time/date. If something comes up outside of this time framework the evaluator can decide how to handle it. This notation will be included on the front of the forms, and written in any correspondence with the evaluate.

SUBCOMMITEE OF THE NHASEC
Dr. Albee states the NHASEC is established through one sentence in the rules. The dental hygienist committee is established in a similar manner. They are a committee of 5 and they meet every month. Dr. Albee states that the Board would like a more current vehicle for anesthesia information. He requests that the NHASEC form a sub-committee to help the NHBDE on a more regular basis.

One of each type of permit provider will be on this working committee.

Advisory Committee Volunteers: Dr. Crowley, Committee Chair, Dr. Haas, Dr. Hochberg, Dr. Kuepper, Dr. Scura.

The NH Rules need to be cleaned up and changed to reflect best practice. The NHBDE needs volunteers that will help to clean up the anesthesia rules, especially Den 304 which governs the NH Anesthesia and Sedation rules. The Advisory Committee will assist with this.

8:12 pm Motion to adjourn the annual NHASEC annual meeting.

Respectfully submitted,
Karen E. Crowley, DDS

Electronic vote to approve minutes sent October 11, 2017 and October 25, 2017.
Phone messages left on October 27 and October 31 and final tally November 1, 2017.
12/22 Approve 0 Disapprove 10 no response.

Appendix 1. Draft letter to NHBDE re: PALS

Attached to email

Appendix 2. PROTOCOL TO BECOME A COMMITTEE MEMBER

New Hampshire Anesthesia and Sedation Evaluation Committee

A Committee of the New Hampshire Board of Dental Examiners

Protocol to become a Committee member for the NH Anesthesia and Sedation Evaluation Committee:

Description: The committee is composed of dental consultants who have contracted to act as agents for the Board.

Action by Committee applicant:

1) Send a letter indicating interest in joining the committee along with a copy of Curriculum Vitae to the Chair of the Anesthesia/Sedation evaluation committee.

2) If the Chair of the Committee approves the applicant, the Chair sends a positive recommendation and supporting documentation to the NH Board of Dental Examiners. The applicant would be voted on by the NH Dental Board of Examiners at their monthly meeting.

3) If the applicant is approved by the NH Board of Dental Examiners a contract or agreement is sent from the Board to the applicant. Once signed and returned the Board will notify the Chair of the committee. The applicant is then added to the NH Anesthesia

and Sedation Evaluation Committee list of evaluators. A welcome letter is issued by the Chair of NHASEC to the new committee member.

N.B.: The candidate must comply with administrative rule Den 304.2 (h) (3) a. and b. (see attached) in order to be considered.

Appendix 3.

New Hampshire Anesthesia and Sedation Evaluation Committee

A Committee of the New Hampshire Board of Dental Examiners

August 14, 2017

Dr.

Dear Doctor,

It is my pleasure to welcome you to the New Hampshire Anesthesia and Sedation Evaluation Committee, a committee of the New Hampshire Board of Dental Examiners.

You have gone through many hurdles to reach this point of peer review for anesthesia in dentistry. You are trained and educated in the art and science of sedation and/or anesthesia, you have met the requirements of the NHBODE to receive a permit for practicing, and you yourself have undergone the process of office evaluation and comprehensive evaluation. Now, going even further, you have volunteered your time and expertise to ensure the safety of the citizens of New Hampshire. Congratulations on your achievements and altruism!

Our Committee mission is to maintain the standards of equipment, drugs, personnel and emergency preparedness of the dentists given the privilege of delivering sedation and anesthesia in the state of New Hampshire. Our service is to the citizens of New Hampshire who depend on these processes to ensure their safety in the dental offices of New Hampshire.

Your duties as a Committee member are several. First, you will participate in the evaluation process for facility inspections and comprehensive evaluations of dentists seeking anesthesia and sedation permits. The standards for these are determined by the Committee, and are covered in several documents which are attached. Specifically, they are the Facility and Comprehensive Evaluation forms for Moderate Restricted Sedation Providers, Moderate Unrestricted Sedation Providers and Deep Sedation/General Anesthesia Sedation Providers. Also included are the scenarios for the comprehensive evaluations for moderate sedation providers and deep sedation/general anesthesia providers. Your office evaluation assignments are attached. I will ask you to not only perform these office inspections individually and comprehensive evaluations as a team member, but to give feedback for improvement of the forms and the process as you see necessary. Other documents that are attached are the Policy and Procedure Manual, the organizational chart of NHBDE and the Committee and the Directory of current members of the Committee.

Second, the annual meeting of the Committee occurs in early spring, and I respectfully ask for your attendance. I try to keep the meetings as short as possible and on point. I appreciate the views and opinions of all committee members, and find that the collective wisdom is greater than that of any one individual.

Lastly, I would ask that you share with the Committee any information you obtain about office outpatient anesthesia trends and issues, so that we can all stay well informed about the climate in which we practice this privilege of providing pain and anxiety relief for the citizens of New Hampshire.

Welcome to the NHASEC! I consider our privilege to practice sedation and anesthesia a public trust. The work we do as a Committee will uphold that trust. It will help us to maintain standards so that our privilege to deliver these services to the people of New Hampshire can be continued with the best interest of the patient as our primary objective. Thank you for your participation. I look forward to your unique contribution to the Committee.

Sincerely yours,

Karen E. Crowley, D.D.S.
Chair, Anesthesia and Sedation Evaluation Committee
New Hampshire Board of Dental Examiners
Crowley Oral Surgery and Associates
12 Parmenter Road, Unit A-2
Londonderry, NH 03053
(603) 437-7600

APPENDIX B 2018

DR. HOCHBERG'S REPORT ON ADVISORY SUBCOMMITTEE

NHASEC AS
New Hampshire Anesthesia/sedation evaluation committee Advisory subcommittee

Formed at the NHASEC annual meeting in April 2017

Advisory Subcommittee Responsibilities

- Members should be current with the latest in Anesthesia related issues & regulations with ADA, AAOMS, ASA, ADSA, ASDA, AAPD that could affect NH regulations regarding anesthesia delivery by dentists.
- Members should be available in an Advisory capacity the the NHBODE on Anesthesia related issues.
- Subcommittee composed of a Chair a representatives from all levels of permit holders. (Ideally: Pediatric Sedation Provider, Dentist Anesthesiologist, GA/DS provider, Unrestricted Moderate Sedation Provider, Restricted Moderate Sedation Provider.
- Advisory Subcommittee will plan on meeting Quarterly to discuss current issues in Anesthesia (in general) and NH regulatory issues. (specifically)

NHASEC AS

June 7, 2017

October 26, 2017

January 24, 2018

February 21, 2018

April 4, 2018

June 7, 2017 meeting

Discussion of NHBODE Actions related to Anesthesia (eg: Board voted to require PALS for only those Anesthesia Providers treating Pre-pubertal patients, **not all Anesthesia Providers**
Discussion of NHASEC Issues
Welcome new members, Scheduling of difficult OAE, How to handle overdue Comprehensive OAE
Rewrite the Rules DEN 304 (these were reviewed and inconsistencies were found that will need corrected)
Definition of Prepubertal (vs age) included in the "Rules"
Timing of Comprehensive Anesthesia Evalutions_(should be within 6 to 8 weeks of Facility Inspections)
Insufficient time/flexibility of current OAE evaluators. (Suggest allowing non-permitted recent NHASEC members to continue to inspect offices)

Action plan from June 7, 2017 meeting

- Develop volunteer call schedule for members of NHASEC AS to attend NHBODE meeting
- Dr. Kuepper to send our discovered inconsistencies in the "Rules" DEN 304 for the other members to review.
- Schedule delinquent Comprehensive OAE ASAP
- Send out OAE assignments in August, instead of January.
- Contact the NH Pharmacy Board regarding rules for the storage and security of Controlled Substances.

OCTOBER 26, 2017 MEETING

Extended an invitation to Dr. Sal Malik to join NHASEC AS which he accepted.
Itinerant Anesthesia Providers are either ***Self Contained*** or ***Facility Dependent*** (Written Emergency Transfer Plan required for each office the IAP provides anesthetics in.)
Questions from the NHBODE were answered by the Chair + Subcommittee members.
NHASEC Assignments –Must be completed by the evaluator in a timely manner, or Chair informed ASAP.

Scheduling of OAE – If three attempts to schedule are unsuccessful, Chair informed ASAP to resolve or re-assign.
Revision of DEN 304 (Dr. Kuepper recommended using Colorado Rules and Regs as a model to improving NH Rules and Regs)
Subcommittee recommends two evaluators necessary for ALL Comprehensive OAE.
Subcommittee recommends NHBODE allow retired Anesthesia Permit holders to continue to conduct OAE until their permits expire.

JANUARY 24, 2017 meeting

Implications of HB 1577 for Rules changes (NHASEC AS member Dr. Kuepper met with bill co-sponsors)

- PALS required for Anesthesia of pre-pubertal patients.
- Dr. Kuepper recommended some changes in wording (eg: "competent" changed to "qualified")
- Dr. Kuepper recommends DAANCE become a ***requirement*** for GA/DS providers as an acceptable second qualified Anesthesia team member.

(**NEITHER NH REP willing to omit second Anesthesia professional for pre-pubertal patients)**

- Dr. Jim Haas expresses concern over HB1577 limiting "access to care" with second Anesthesia provider necessary for Moderate Sedation. May need insurance mandate for children older than 6 years of age that require behavior management.
- A Pediatric Designation for all Anesthesia permit levels to be managed at the Rules level.
- Mandate for CE requirement related to Anesthesia & Sedation **(Subcommittee recommends 16 hours)**
- Proposed requirement of **ROOT CAUSE ANALYSIS** for ADVERSE EVENTS related to Anesthesia & Sedation (Subcommittee tables this to a later time)
- Subcommittee recommends every non-dentist Anesthesia provider MUST have an initial Facility Insp.

JANUARY 24, 2018 Meeting Continued

INITIAL PROSIONAL PERMIT (IPP)

-Applicant files for IPP for all levels of permitting based on education & training.
-NHASEC conduct initial facility inspection **AND** Emergency scenarios (2 evaluators)

-Within 90 days, NHASEC conducts clinical patient SED/ANES evaluation by 2 evaluators.
-If successful, 5 year cycle of OAE begins.

QUESTIONS FROM THE NHBODE

FEBRUARY 21, 2018 MEETING

Discussion of Implications of HB1577 for NH Rules Changes

- HB1577 introduced by NH REPS Marsh, Dawn-Bailey, Messmer, Cushing & SEN Reagan in 1/10/2018
- Meeting at NHBODE 1/20/2018 with HB 1577 co-sponsors REP Marsh & Dawn-Bailey.
- REP Marsh proposed Amendment to NH 1577 exempting Dental Anesthesiologist and OMS from 2nd decreed Anesthesia Provider if DAANCE certified assistant present.
- Public Hearing on HB1577 held 1/30/2018 at Health, Human Services and Elderly Affairs Subcommittee
- REP Knirk on 1/30/2018 proposes another Amendment to HB1577 reverting back to original bill requiring decreed 2nd Anesthesia Provider.
- NHBODE President Tara Lesveque-Vogel writes letter to Chair of HHSEA subcommittee on 2/6/2018 suggesting language change back to the Marsh Amendment
- Working Session of HHSEA Subcommittee on 2/20/2018 has NHASEC Chair Dr. Karen Crowley speak at their invitation

(Training & qualifications of Dental Anesthesia team, CRNA comparison to DAANCE certified assistant, lack of need for Minimal Sedation permitting, work of NHASEC to date, CE requirements for ANES/SED providers, Instituting the new Initial Provisional Permit)

FEBRUARY 21, 2018 Meeting continued
REPS Marsh, Campion, Knirk, Bove submit another HB1577 Amendment on 2/20/2018 which was voted "OUGHT TO PASS"
Full Committee Executive Session voted 18-1 for Amendment to pass the following day.
From here: Submission to NH HOUSE of REPS (will be followed closely by NHDS lobbyist Adam Schmidt)

Then goes to NH SENATE

NHASEC AS is in favor of the most recent Amendment of HB 1577

FEBRUARY 21, 2018 meeting continued

Dental Anesthesia Rules Changes that will be necessary as a result of NH 1577

- DAANCE will now be required certification for all anesthesia assistants.

(May be easy for AAOMS members, D.A. my need to get their assistants through DAANCE)

(NHBODE may accept EMT/Paramedic training as an alternative)

(Transition phase to having DANCE certified assistants, SC recommended 2 years)

- NHASEC AS's interpretation of proposed legislation is MS-U permit holders NOT affected by HB1577
- Minimal Anesthesia Permitting Proposed by HB 1577

A. No theoretical concern for NHASEC

B. Incongruent wording as proposed in the legislation.

C. Permitting of up to 1400 dentists will be a huge administrative burden for the NHBODE.

D. No specific requirements for OAE for Minimal Sedation Permits.

DENTAL ANESTHESIA RULES REVISION PLAN

Rules changes need to be update to reference the ADA Guidelines for Use of SED/GA by dentists & Guidelines for teaching Pain Control & Sedation to Dentists & Dental Students (most current version)

Propose In-Office Emergency Drills Training (Log of training dates, participants, drills reviewed, etc.) (Quarterly sessions of one hour will be recommended with everyone in office participating)

To improve NH Rules and Regs, do we modify current Rules, or rewrite the Rules using Colorado as a model

Will need to develop some type of Minimal Sedation Permitting Process

Will need to develop a format for "ROOT CAUSE ANALYSIS" of Adverse Events
Will need to enact the recommendation of the Initial Provisional Permitting Process
Will need to incorporate "any new language" of NH legislation that is passed into law.
Need to update requirements of Anesthesia Assistants
Consider a PEDIATRIC DESIGNATION for all GA/DS permits and Minimal Sedation Permits
NHBODE vacancy – NHASEC AS recommends Dr. Mark Scura to fill this position.
NHASEC AS recommends sending a "Letter of Appreciation" to Dr. Robert Kuepper for all the work has done on multiple levels.

APPENDIX C 2018

DR. ABEL'S REPORT ON HB1577 to NHASEC Annual Meeting

Dr. Mark Abel

April 11, 2018

New Hampshire HB1577 was introduced by Rep. Dean-Bailey, Rep. Messmer, Rep. Cushing, Rep. Marsh, and Sen. Reagan on January 10, 2018 at the request of one of Rep. Dean-Bailey's constituents who is the grandmother of Caleb Sears, a 6-year-old boy who died under office anesthesia administered by a California oral surgeon in 2015. The proposed bill mandates that a second, dedicated anesthesia provider be present for administration of sedation to children under the age of 13 for dental procedures. A meeting was held at the New Hampshire Board of Dental Examiners (NHBODE) office on January 20, 2018 with the bill's key sponsors (Rep. Dean-Bailey and Rep. Marsh, an ophthalmologist), together with Connie Stratton, Dr. Laurie Rosato, and Dr. Robert Kuepper, among others. Dr. Kuepper provided testimony at that meeting on behalf of the NHBODE giving context to the legislators of New Hampshire's stellar safety record with respect to sedation administered by dentists in their offices to date.

Subsequent to the January 20th meeting, Rep. Marsh filed an amendment to exempt Dental Anesthesiologists and Oral Surgeons from the requirement for a second, dedicated anesthesia provider, if a DAANCE-certified assistant was in attendance. Rep. Knirk then proposed an amendment on January 30, 2018, which essentially reverted the bill's wording back to requiring a second, dedicated anesthesia provider be present for administration of sedation to children under the age of 13 for dental procedures, regardless of a dentist's specialty training.

A public hearing on the bill was held by the House Health, Human Services, and Elderly Affairs (HHSEA) Committee on January 30, 2018. A summary in support of the bill was given by Rep. Dean-Bailey and Rep. Marsh. Testimony was also then given by Mike Auerbach and Dr. Manny Sousa for the New Hampshire Dental Society (NHDS), by Connie Stratton for the NHBODE, and by Dr. Mark Abel as a private-practice oral surgeon. The testimony advocated that the bill be modified to give the NHBODE the authority to enforce the rules mandated by the bill, to better reflect the training and abilities of the various dental specialists, and to address the affordability question of offering parents the option of having their children's dental procedures performed in a hospital setting with additional anesthesia personnel present at an increased expense. Current statutes only require medical insurers to reimburse facility and anesthesia charges for children under age 6 undergoing dental procedures in a hospital setting, whereas the bill highlights that special attention with respect to anesthesia for dental procedures be provided for children under age 13. Testimony was then given in support of the bill, as originally introduced, by Dr. Charles Cote, representing the American

Academy of Pediatrics, who was critical of dentists' ability to provide sedation to children unsupervised in their offices.

Following this public hearing, Dr. Levesque-Vogel wrote to Chairman Kotowski of the HHSEA Committee on February 6, 2018, suggesting language changes of the bill with the Marsh amendment. A Working Session of a subcommittee of the HHSEA Committee was held on February 20, 2018. Dr. Karen Crowley testified at the invitation of the Chair (Rep. Bove) as to the training and qualifications of the anesthesia team, CRNA comparisons to DAANCE, the lack of need for a minimal anesthesia permit, the work of the New Hampshire Anesthesia and Sedation Evaluation Committee (NHASEC) to date, and the already recommended changes to the Rules to strengthen the continuing education requirements for permit holders, instituting a Provisional Permit.

Subsequent to that meeting, Rep. Marsh, Rep. Campion, Rep. Knirk, and Rep. Bove submitted another amendment on February 20, 2018, which was voted "ought to pass" during a full Committee Executive Session 18-1 the next day. The amended version of the bill, which passed the HHSEA Committee, included the wording that exempted Dental Anesthesiologists and Oral Surgeons from the requirement for a second, dedicated anesthesia provider for administration of sedation to children under the age of 13 for dental procedures.

On March 14, 2018, the bill was referred to the Senate Health and Human Services (HHS) Committee. On April 3, 2018, the HHS Committee held a public hearing, at which testimony was provided by Mike Auerbach and Dr. Manny Sousa for the NHDS, and by Dr. Mark Abel as a private-practice oral surgeon. The NHDS expressed gratitude for "Rep. Dean-Bailey's initiative to review and update the state's rules governing dental sedation to hopefully prevent tragedies like the one that occurred in California from occurring in New Hampshire." The NHDS further expressed gratitude that they were approached by the bill's sponsors to help improve the legislation and that they look forward to working together with the Legislature in the future. The NHDS also expressed appreciation that the bill's sponsors were willing to amend the bill to include changes to state statutes so that medical insurers will be required to cover facility and anesthesia charges for children under the age of 13 undergoing dental procedures in a hospital setting. Dr. Abel echoed this sentiment and also highlighted some recommended wording changes to more accurately reference the specialties of "dental anesthesiology" and "oral and maxillofacial surgery" for exceptions under this bill.

This past week, the NHDS Lobbyist (Adam Schmidt) continued to act as a liaison between the bill's sponsors and the dental community to further tweak the bill's wording to be acceptable to all of the stakeholders involved.