

PART Den 304 USE OF GENERAL ANESTHESIA AND SEDATION BY DENTISTS

Readopt with amendment Den 304.01, effective 12/9/15 (Document #10991), to read as follows:

Den 304.01 Definitions.

(a) “Deep sedation” means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function ~~may~~ **might** be impaired. Patients ~~may~~ **might** require assistance in maintaining a patient airway, and spontaneous ventilation ~~may~~ **might** be inadequate. Cardiovascular function is usually maintained.

(b) “Facility hosting permit” means a permit for a dental facility at which a qualified provider, other than the dentist holding the permit, administers general anesthesia, deep sedation, or moderate sedation, and the qualified provider brings additional anesthesia equipment, drugs, and supplies to the site beyond what is specified in Den 304.07(a).

(c) “Facility inspection” means an evaluation of a dental facility for either a facility permit or a facility hosting permit including inspection of equipment, drugs, and paperwork being supplied by the facility hosting an anesthesia qualified provider or for a qualified dentist delivering general anesthesia, deep sedation, and moderate sedation or for a qualified dentist delivering moderate sedation only.

(d) “Facility permit” means a permit for a dental facility at which the permit holder is a qualified dentist who administers general anesthesia, deep sedation, and moderate sedation or moderate sedation only at the same facility and maintains additional anesthesia equipment, drugs, and supplies on site as specified in Den 304.07.

(e) “General anesthesia” means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation ~~may~~ **might** be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function ~~may~~ **might** be impaired.

(f) “General anesthesia, deep sedation, and moderate sedation permit” means a permit issued by the **Office of Professional Licensure and Certification (OPLC)** allowing a qualified dentist to administer general anesthesia, deep sedation, and moderate sedation at a permitted dental facility to patients of all ages.

(g) “Hosting dentist” means a dentist whose name is on a particular facility permit or facility hosting permit and therefore holds that permit and is responsible for that facility.

(h) “Minimal sedation”, formerly known as anxiolysis, means a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination might be impaired, ventilatory and cardiovascular functions are unaffected.

(i) “Moderate sedation”, formerly known as conscious sedation, means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

(j) “Moderate sedation only permit” means a permit issued by the OPLC allowing a qualified dentist to administer moderate sedation only at a permitted dental facility **and only** to patients 13 years of age and older~~[-only]~~.

(k) “Moderate sedation permit with pediatric qualification” means a permit issued by the OPLC allowing a qualified dentist to administer moderate sedation only at a permitted dental facility **and only** to patients 9 years of age and older~~[-only]~~.

(l) “Operating dentist” means the dentist with the primary responsibility of performing a dental procedure while a separate qualified provider administers general anesthesia, deep sedation, or moderate sedation on the patient.

(m) “Qualified consultant” means a qualified provider contracted by the OPLC to serve as an advisory examiner to the board for determining compliance with the statutory and regulatory provisions of this chapter.

(n) “Qualified dentist” means a dentist with a permit to administer general anesthesia, deep sedation, and moderate sedation or moderate sedation only in the state of New Hampshire (N.H.).

(o) “Qualified provider” means a qualified dentist, a physician anesthesiologist licensed under RSA 329, or a nurse anesthetist licensed under RSA 326-B:18 delivering general anesthesia, deep sedation, or moderate sedation in dental facilities in the state of N.H.

(p) “Simulated emergency management evaluation” means an evaluation of the applicant for a permit to administer deep sedation, general anesthesia, and moderate sedation, moderate sedation only, or moderate sedation with pediatric qualification on emergency management based on the protocols for emergencies outlined in Appendix 3 of the **American Association of Oral and Maxillofacial Surgeons (AAOMS)** “Office Anesthesia Evaluation Manual”, 9th Edition, revised 2018.

(q) “Single dose” means an initial dose, a repeated dose, or a maintenance dose as recommended by the manufacturer guidelines as found in the Food and Drug Administration (FDA) “Online Label Repository” located at labels.fda.gov.

Adopt Den 304.02 to read as follows:

Den 304.02 Requirements for All Permits Issued Under This Chapter.

(a) Any dentist licensed to practice dentistry in N.H. pursuant to RSA 317-A who seeks to hold a general anesthesia, deep sedation, and moderate sedation permit, a moderate sedation only permit, or a moderate sedation permit with pediatric qualification shall first pass a simulated emergency management evaluation conducted by a qualified consultant at a dental facility in the state of N.H. before a permit is issued.

(b) Any dentist licensed to practice dentistry in N.H. pursuant to RSA 317-A and holding a general anesthesia, deep sedation, and moderate sedation permit, a moderate sedation only permit, or a moderate sedation permit with pediatric qualification shall only be authorized to administer general anesthesia, deep sedation and moderate sedation or moderate sedation only as authorized by their permit type at a dental facility that has been issued a corresponding facility or facility hosting permit by the OPLC.

(c) Each facility seeking to obtain a facility or facility hosting permit shall first pass a facility inspection conducted by a qualified consultant before a permit is issued.

(d) Each dentist who holds a general anesthesia, deep sedation, and moderate sedation permit, a moderate sedation only permit, or a moderate sedation permit with pediatric qualification shall undergo a simulated emergency management evaluation every 3rd biennial dental license renewal~~[, as outlined in RSA 317-A:13, after the initial simulated emergency management evaluation as described in Den 304.02(a)].~~

(e) Each facility holding a facility or facility hosting permit shall undergo a facility inspection every 3rd biennial certification renewal.

Repeal Den 304.03, effective 12/6/17 (Document #12428), as follows:

~~[Den 304.03 Permits for Use of General Anesthesia, Deep Sedation and Moderate Sedation.~~

~~—— (a) No dentist shall use general anesthesia, deep sedation, or moderate sedation on an outpatient basis for dental patients except pursuant to Den 304.02 or as follows:~~

~~(1) Such dentist shall possess a permit of authorization issued by the board;~~

~~(2) Such permit shall be subject to review and shall be renewed every 2 years at the same time as biennial registration for the practice of dentistry;~~

~~(3) Such dentist shall be certified in BLS-HCP; and~~

~~(4) Such dentist shall be currently certified in American Heart Association (AHA) approved advanced cardiac life support (ACLS) if treating post-pubertal patients 13 years old and older. Such dentists shall be currently certified in American Heart Association (AHA) approved pediatric advanced life support (PALS) if treating pre-pubertal patients under 13 years of age. These requirements shall supersede any requirements for current ACLS or PALS certification stated in the American Academy of Pediatric Dentistry 2016⁹ “Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures” as referenced in Den 304.04~~6~~(b)(1).~~

~~—— (b) In order to receive a permit to use general anesthesia, deep sedation and moderate sedation the dentist shall:~~

~~(1) Apply on an “Initial Application to Administer General Anesthesia and/or Sedation” form, effective October 2018, to the board, as specified in Den 304.05~~7~~;~~

~~(2) Submit the application fee specified in Den 301.08; and~~

~~(3) Provide evidence showing that he or she:~~

~~a. Complies with one of the following:~~

~~1. Has completed advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in Part III C. of the American Dental Association 2016 “Guidelines for~~

~~the Use of Sedation and General Anesthesia by Dentists”, as specified in Appendix H; or~~

~~2. Has completed advanced training in anesthesiology and related academic subjects as described in the CODA requirements for each advanced program; and~~

~~b. Has a properly staffed and equipped facility as set forth in:~~

~~1. The 8th edition of the “Office Anesthesia Evaluation Manual **2018**” of the American Association of Oral and Maxillofacial Surgeons, 2012, as specified in Appendix H; or~~

~~2. Part IV C. of the American Dental Association 2016 “Guidelines for the Use of Sedation and General Anesthesia by Dentists”, as specified in Appendix H.]~~

Adopt Den 304.03 to read as follows:

Den 304.03 Permit Types.

(a) The OPLC shall issue the following permits to qualified dentists or facilities who meet the qualifications for permitting as [described] **required** in Den 304.04, complete and submit the appropriate permits’ applications as [described] **required** in Den 304.05, and pay the applicable fees as [described] **required** in Plc 1002.11:

~~(a)~~**(1)** Facility permits authorizing the administration of one or all of the following levels of sedation, which shall be stated on the permit and include the facility site:

~~(1)~~**a.** General anesthesia, deep sedation, and moderate sedation;

~~(2)~~**b.** Moderate [~~S~~]sedation only; or

~~(3)~~**c.** Moderate sedation with pediatric qualification;

~~(b) A facility described in (a) above shall be permitted to host a qualified provider and shall not host a provider to administer anesthesia at a level higher than the permit the facility holds;]~~

~~(c)~~**(2)** Facility hosting permits authorizing the administration of one or all of the following, which shall be stated on the permit and include the hosting facility site:

~~(1)~~**a.** General anesthesia, deep sedation, and moderate sedation;

~~(2)~~**b.** Moderate [~~S~~]sedation only; or

~~(3)~~**c.** Moderate sedation with pediatric qualification;

~~(d)~~**(3)** General anesthesia, deep sedation, and moderate sedation permits which authorizes a qualified dentist, licensed by the state of N.H., to administer general anesthesia, deep sedation, and moderate sedation, to patients of all ages in a dental facility that [~~have~~] **has** the required facility permit or a facility hosting permit;

~~[(e)](4)~~ Moderate sedation only permits which authorizes a qualified dentist, licensed by the state of N.H., to administer moderate sedation only to patients 13 years of age and older in a dental facility that has the required facility permit or a facility hosting permit; and

~~[(f)](5)~~ Moderate sedation permits with pediatric qualification which authorizes a qualified dentist, with additional training in pediatric sedation, licensed by the state of N.H., to administer moderate sedation only to patients 9 years of age and older in a dental facility that has the required facility permit or a facility hosting permit.

(b) A facility described in (a)(1) or (2) above shall be permitted to host a qualified provider and shall not host a provider to administer anesthesia at a level higher than the permit the facility holds;

Repeal Den 304.07, effective 12/6/17 (Document #12428), as amended effective 6/15/18 (Document #12549), as follows:

~~[Den 304.04 Permits for Moderate Sedation Only.~~

~~— (a) In order to receive an unrestricted permit or a restricted permit to use moderate sedation only, the dentist shall:~~

~~(1) Apply on a prescribed application form to the board, as specified in Den 304.05 below;~~

~~(2) Submit the application fee specified in Den 301.08; and~~

~~(3) Provide evidence that he or she:~~

~~a. Has met the requirements of Part V of the American Dental Association 2016 “Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students”, as specified in Appendix II; and~~

~~b. Has a properly staffed and equipped facility as set forth in:~~

~~1. The 8th edition of the “Office Anesthesia Evaluation Manual” of the American Association of Oral and Maxillofacial Surgeons, 2012, as specified in Appendix II; or~~

~~2. Part IV B. of the American Dental Association 2016 “Guidelines for the Use of Sedation and General Anesthesia by Dentists”, as specified in Appendix II;~~

~~— (b) The following shall apply to an unrestricted moderate sedation permit:~~

~~(1) Patients shall be of any age, however for pre-pubertal patients treatment shall follow the American Academy of Pediatric Dentistry 2016 “Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures”, as specified in Appendix II;~~

~~(2) Routes of administration shall be enteral, parenteral or any combination with inhalation sedation;~~

- ~~(3) With or without inhalation sedation, agents shall be limited to a single dose of one or more drugs, or a multi-dose of a single drug using manufacturer guidelines;~~
- ~~(4) To renew their permit, dentists shall document 6 cases per year or 4 hours of continuing education in sedation training per biennium; and~~
- ~~(5) Case documentation shall include:~~
- ~~a. Age and sex of patient;~~
 - ~~b. ASA classification;~~
 - ~~c. Procedures;~~
 - ~~d. Drugs and dosage; and~~
 - ~~e. Level of sedation.~~
- ~~— (c) The following shall apply to a restricted moderate sedation permit:~~
- ~~(1) Patients shall be post-pubertal;~~
- ~~(2) Routes of administration shall be enteral or combination enteral-inhalation. Parenteral administration shall not be used;~~
- ~~(3) With or without inhalation sedation, agents shall be limited to a single dose of one or more drugs, or a multi-dose of a single drug using manufacturer guidelines;~~
- ~~(4) To renew their permit, dentists shall document 6 cases per year or 4 hours continuing education in sedation training per biennium; and~~
- ~~(5) Case documentation shall include:~~
- ~~a. Age and sex of patient;~~
 - ~~b. ASA classification;~~
 - ~~c. Procedures;~~
 - ~~d. Drugs and dosage; and~~
 - ~~e. Level of sedation.]~~

Adopt Den 304.04 to read as follows:

Den 304.04 Qualifications for Permitting. ~~[(a)]~~ Applicants shall qualify for the type of permit being applied for as follows:

~~[(1)]~~**(a)** For a facility permit the ~~[hosting]~~ **qualified** dentist of the facility shall:

~~[a-]~~**(1)** Hold a N.H. license to practice pursuant to RSA 317-A;

~~[b-]~~**(2)** Hold a general anesthesia, deep sedation, or moderate sedation permit, a moderate sedation only permit, or a moderate sedation permit with pediatric qualification issued by N.H.; and

~~[e-]~~**(3)** Have successfully completed an on-site facility inspection performed by a qualified consultant contracted by the OPLC;

~~[(2)]~~**(b)** For a facility hosting permit the hosting dentist of the facility shall:

~~[a-]~~**(1)** Hold a N.H. license to practice pursuant to RSA 317-A; and

~~[b-]~~**(2)** Have successfully completed an on-site facility inspection performed by a qualified consultant contracted by the OPLC;

~~[(3)]~~**(c)** For a permit to administer general anesthesia, deep sedation, and moderate sedation the applicant shall:

~~[a-]~~**(1)** Hold a N.H. license to practice dentistry pursuant to RSA 317-A;

~~[b-]~~**(2)** Have completed one of the following:

~~[1]~~**a.** Advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in Part III C. of the American Dental Association “Guidelines for the Use of Sedation and General Anesthesia by Dentists”, revised 2016, as specified in Appendix II; or

~~[2]~~**b.** An advanced dental education program in either dental anesthesiology or oral and maxillofacial surgery as described in the Commission on Dental Accreditation (CODA) requirements for each advanced program;

~~[e-]~~**(3)** Hold a current Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certification; and

~~[d-]~~**(4)** Have successfully completed a simulated emergency management evaluation performed by a qualified consultant contracted by the OPLC;

~~[(4)]~~**(d)** For a permit to administer moderate sedation only, the applicant shall:

~~[a-]~~**(1)** Hold a N.H. license to practice dentistry pursuant to RSA 317-A;

~~[b-]~~**(2)** Meet the requirements as described in Part III B. of the American Dental Association “Guidelines for the Use of Sedation and General Sedation by Dentists” revised 2016, as specified in Appendix II;

~~[e-]~~**(3)** Hold a current ACLS certification; and

~~[d-]~~**(4)** Have successfully completed a simulated emergency management evaluation performed by a qualified consultant contracted by the OPLC; or

~~[(5)]~~(e) For a permit to administer moderate sedation with pediatric qualification the applicant shall:

~~[a-]~~(1) Meet the requirements set forth in ~~[(4)]~~(d) above; **and**

~~[b-]~~(2) Hold **a** current PALS certification[;].

Repeal Den 304.05, effective 12/6/17 (Document #12428), and amended effective 8/11/21 (Document #13521, Emergency) in paragraph (F) and expired 8/7/22, as follows:

~~[Den 304.05 – General Anesthesia, Deep Sedation and Moderate Sedation, and Moderate Sedation Only Permit Application Procedures and Evaluations:~~

~~— (a) Each applicant for a permit to use general anesthesia, deep sedation and moderate sedation, or moderate sedation only shall supply the board with the following on the “Initial Application to Administer General Anesthesia and/or Sedation” form, effective October 2018:~~

~~(1) Applicant’s name;~~

~~(2) Applicant’s home address;~~

~~(3) Applicant’s primary email address;~~

~~(4) Applicant’s New Hampshire dental license number;~~

~~(5) Professional addresses and telephone numbers where permits are to be used;~~

~~(6) Proof of the basis in Den 304.03 above upon which the permit is to be issued;~~

~~(7) A list of all staff members who assist in general anesthesia or sedation; and~~

~~(8) Current cardiac life support training status of the applicant and each of the foregoing staff members.~~

~~— (b) The form shall be signed and dated.~~

~~— (c) To determine if the requirements of this section have been met by dentists to administer general anesthesia, deep sedation and moderate sedation, or moderate sedation only:~~

~~(1) The board shall require passage of an initial facility inspection, equipment and drugs as they relate to general anesthesia and sedation prior to the issuance of the initial permit;~~

~~(2) The board shall require, within 8 months of the issuance of the initial permit, passage of a comprehensive evaluation including personnel, records and patient treatment as they relate to general anesthesia and sedation. A comprehensive evaluation shall not be required for a second location;~~

~~(3) The comprehensive evaluation shall be carried out by a team of dental consultants acting as agents of the board, as follows:~~

~~a. Dentists with permits to administer general anesthesia, deep sedation and moderate sedation shall be evaluated by dental consultants who satisfy Den 304.03 (b)(3) b. 1. or 2.; and~~

~~b. Dentists with permits to administer moderate sedation only shall be evaluated by dental consultants who satisfy Den 304.03(b)(3) b. 1. or 2. above or (c)(3) a.;~~

~~(4) If more than one office location is used by the dentist, then each office shall have facility inspection;~~

~~(5) If the applicant fails the facility inspection or comprehensive evaluation, upon written request of the applicant, a second facility inspection or comprehensive evaluation shall be conducted by a different team of consultants;~~

~~(6) Upon satisfactory completion of the facility inspection and comprehensive evaluations, a comprehensive evaluation shall be held at least once every 5 years; and~~

~~(7) Such evaluation shall be carried out in the same manner as the initial comprehensive evaluation.~~

~~— (d) The evaluation of patient treatment shall include instances where the highest form of pain and anxiety control was used by the dentist being evaluated.~~

~~— (e) The board shall take action in any one or more of the following ways as necessary to protect the public welfare when the results of a facility inspection or comprehensive evaluation are unsatisfactory:~~

~~(1) By permit revocation or suspension;~~

~~(2) By limitation or restriction of a permit; and~~

~~(3) By requiring the licensee to participate in an educational program relevant to areas the licensee has been found to be professionally deficient.~~

~~— (f) The following requirements for inspection or evaluation fees shall apply:~~

~~(1) Fees for inspections and evaluations shall be borne by the dentist examined;~~

~~(2) If the facility inspection or comprehensive evaluation cannot be completed because the dentist is unprepared, the full fee shall remain owed;~~

~~(3) Third party fees shall be paid directly to the third party at the time of the facility inspection or comprehensive evaluation;~~

~~(4) Payment of all required fees shall be noted on the inspection or evaluation report for the evaluation to be satisfactory;~~

~~(5) Following an unsatisfactory facility inspection or comprehensive evaluation, a second inspection or evaluation shall require a second full fee; and~~

~~(6) The board shall take action for failure to pay required inspection and evaluation fees, pursuant to Den 304.05(f).~~

~~— (g) For those applicants who have not used general anesthesia, deep sedation or moderate sedation in New Hampshire, a permit shall be granted by the board based solely upon credentials contained in the application, after complete processing of the application and thorough investigation by an facility inspection as described in (a) and (c) above.]~~

Adopt Den 304.05 to read as follows:

Den 304.05 Applications and Permit Procedures.

(a) Applications for permits described in Den 304.03 shall be processed in accordance with Plc 304.06 through Plc 304.10.

(b) Applicants shall submit documents and fees as described below for the type of permit being applied for:

(1) For a facility permit the applicant shall:

- a. Complete and submit an application required by Den 304.05(c)(1);
- b. Pay the applicable fees as described in Plc 1002.11; and
- c. Have successfully completed the on-site facility inspection performed by a qualified consultant, as defined in Den 304.01(m), and Den 304.04(a)~~(1)~~**(3)**;

(2) For a facility hosting permit, the applicant shall:

- a. Complete and submit the application required by Den 304.05(c)(1);
- b. Pay the applicable fees as described in Plc 1002.11; and
- c. Have successfully complet~~ion~~**ed** the on-site facility evaluation performed by a qualified consultant, as defined in Den 304.01(m), and Den 304.04~~(a)~~**(b)**(2);

(3) For a general anesthesia, deep sedation, and moderate sedation permit, the applicant shall:

- a. Complete and submit the application required by Den 304.05(c)(2);
- b. Pay the applicable fees as described in Plc 1002.11;
- c. Submit one of the following:
 1. Evidence of completion of an advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in Part III C. of the American Dental Association “Guidelines for the Use of Sedation and General Anesthesia by Dentists”, revised 2016, as specified in Appendix II; or
 2. Evidence of completion of an advanced dental education program in either dental anesthesiology or oral and maxillofacial surgery as described in the

Commission on Dental Accreditation (CODA) requirements for each advanced program;

- d. Submit proof of current ACLS and PALS certification; and
- e. Have successfully completed the simulated emergency management evaluation performed by a qualified consultant, as defined in Den 304.01(m), and Den 304.04[(a)(3)](c)(4);

(4) For a moderate sedation only permit, the applicant shall:

- a. Complete and submit an application required by Den 304.05(c)(2);
- b. Pay the applicable fees as described in Plc 1002.11;
- c. Submit evidence of meeting the requirements as described in Part III B. of the American Dental Association “Guidelines for the Use of Sedation and General Anesthesia by Dentists” revised 2016, as specified in Appendix II;
- d. Submit proof of current ACLS certification; and
- e. Have successfully completed the simulated emergency management evaluation performed by a qualified consultant, as defined in Den 304.01(m), and Den 304.04[(a)](d)(4); or

(5) For a moderate sedation with pediatric qualification permit, the applicant shall:

- a. Complete and submit an application required by Den 304.05(c)(2);
- b. Pay the applicable fees as described in Plc 1002.11;
- c. Submit proof of meeting the requirements as described in Part III B. of the American Dental Association “Guidelines for the Use of Sedation and General Anesthesia by Dentists” revised 2016, as specified I Appendix II;
- d. Submit proof of current ACLS and PALS certification; and
- e. Have successfully completed the simulated emergency management evaluation performed by a qualified consultant, as defined in Den 304.01(m), and Den 304.04[(a)(5)](c)(1).

(c) Applications for permits **shall include**:

(1) ~~[Information required to be provided on t]~~ The “Application for Facility or Facility Hosting Permit” **requiring the following information**:

- a. Check which of the following is being applied for:
 - 1. Facility permit; or
 - 2. Facility hosting permit;

- b. Dental practice name;
- c. Hosting dentist's or qualified dentist's full legal name;
- d. List the name(s) of all qualified providers administering general anesthesia, deep sedation, or moderate sedation and those administering moderate sedation only at the facility including their N.H. license type(s) and number(s);
- e. Facility physical address;
- f. Facility mailing address;
- g. Facility primary e-mail address;
- h. Facility phone number;
- i. Answer yes or no to the question "Is either general anesthesia, deep sedation, or moderate sedation administered at this facility?"; **and**
- j. Answer yes or no to the question "Is moderate sedation only administered at this facility?"; **and**

~~[k.](2) [For facilities applying for a facility hosting permit]~~ **The "Application for Permit to Administer General Anesthesia, Deep Sedation, and Moderate Sedation, Moderate Sedation Only, or Moderate Sedation with Pediatric Qualification" requiring the following information:**

~~[1. hosting dentist permit holder's name and indicate all of the following the hosting dentist permit holder is certified in]:~~

a. Check the type of permit being applied for from the following list:

- 1. General anesthesia, deep sedation, and moderate sedation;
- 2. Moderate sedation; or
- 3. Moderate sedation with pediatric qualification;

b. Name of applicant;

~~[1. Basic Life Support for Health Care Providers (BLS HCP), ACLS, or PALS]~~ **c. Applicant's license type;** ~~[and]~~

~~[2. Date BLS HCP, ACLS, or PALS certification received, or date renewed and date of expiration;]~~

d. Applicant's license number;

e. Applicant's home mailing address;

f. Applicant's primary e-mail address;

g. Applicant’s home or cell phone number;

h. The following information for each facility where the dentist intends to provide services;

1. Facility name;

2. Facility’s physical address;

3. Facility’s permit type;

4. Facility’s permit number, if applicable; and

5. If facility application has been submitted to obtain a permit the date of submission;

i. If applying for a general anesthesia, deep sedation, and moderate sedation permit complete the following:

1. Check one of the following:

~~[L]~~(i) “I am applying for this permit based on completion of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in Part III C. of the American Dental Association “Guidelines for the Use of Sedation and General Anesthesia by Dentists”, revised 2016, as specified in Appendix II”; or

~~[H]~~(ii) “I am applying for this permit based on completion of an advanced dental education program in either dental anesthesiology or oral and maxillofacial surgery as described in the Commission on Dental Accreditation (CODA) requirements for each advanced program”;

j. Answer yes or no to the following certificate(s) held by the applicant and if yes, provide the expiration date:

1. Basic life support for healthcare providers (BLS-HCP);

2. Advanced cardiovascular life support (ACLS); and

3. Pediatric advanced life support (PALS); and

~~[I. List those qualified dentists practicing at the facility that hold a general anesthesia, deep sedation, and moderate sedation, moderate sedation only, or moderate sedation with pediatric qualification permit and indicate all of the following they are certified in:~~

~~1. BLS HCP, ACLS, or PALS; and~~

~~2. Date BLS-HCP, ACLS, or PALS certification received or date renewed and date of expiration; and]~~

~~[m.]~~**k.** List each ~~[personnel]~~ **clinical staff** member(s) involved in patient care **and** include~~[ing]~~ the following for each:

1. Job title;
2. Whether the individual has completed BLS-HCP;
3. Date BLS-HCP initial certification received or date renewed and date of expiration;
4. Whether the individual has completed ACLS;
5. Date ACLS initial certification received or date renewed and date of expiration;
6. Whether the individual has completed PALS; and
7. Date PALS initial certification received or date renewed and date of expiration~~[.];~~

1. If applying for a moderate sedation only permit without pediatric qualification or a moderate sedation permit with pediatric qualification, complete the following:

1. Answer yes or no to the question “I am applying for this permit based on evidence of meeting the requirements as described in Part III B. of the American Dental Association “Guidelines for the Use of Sedation and General Anesthesia by Dentists” revised 2016, as specified in Appendix II”;

~~[(2) Information required to be provided on the “Application for Permit to Administer General Anesthesia, Deep Sedation, and Moderate Sedation, Moderate Sedation Only, or Moderate Sedation with Pediatric Qualification” including:~~

- ~~a. Check type(s) of permit the applicant is applying for:
 1. General anesthesia, deep sedation, and moderate sedation;
 2. Moderate sedation only; or
 3. Moderate sedation with pediatric qualification;~~
- ~~b. Full legal name of applicant;~~
- ~~c. N.H. dental license number;~~
- ~~d. Applicant’s home mailing address;~~
- ~~e. Applicant’s primary e-mail address;~~

~~f. Applicant's home phone or cell phone number;~~

~~g. List the name(s) of practice(s) where the permit(s) are to be used including:~~

~~1. Facility address(es);~~

~~2. Facility permit type(es);~~

~~3. Full legal name of dentist(s) who hold(s) facility permit(s) at these facilities and N.H. dentist license number(s), if different than applicant; and~~

~~4. The date the application(s) for facility permit(s) were submitted, if facility permit(s) not yet obtained;~~

~~h. If applying for a general anesthesia, deep sedation, and moderate sedation permit complete the following:~~

~~1. Check one of the following:~~

~~[I.](i). "I am applying for this permit based on completion of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in Part III C. of the American Dental Association "Guidelines for the Use of Sedation and General Anesthesia by Dentists", revised 2016, as specified in Appendix II"; or~~

~~[II.](ii). "I am applying for this permit based on completion of an advanced dental education program in either dental anesthesiology or oral and maxillofacial surgery as described in the Commission on Dental Accreditation (CODA) requirements for each advanced program";~~

~~2. Answer yes or no to the following certificate(s) held by the applicant and if yes, provide the expiration date:~~

~~I. Basic life support for healthcare providers (BLS-HCP);~~

~~II. Advanced cardiovascular life support (ACLS); and~~

~~III. Pediatric advanced life support (PALS); and~~

~~3. List all clinical staff member(s) name(s) including the current expiration date(s) of their BLS-HCP, ACLS, or PALS certification; and~~

~~i. If applying for a moderate sedation only permit without pediatric qualification or a moderate sedation permit with pediatric qualification, complete the following:~~

~~1. Answer yes or no to the question "I am applying for this permit based on evidence of meeting the requirements as described in Part III B. of the American Dental Association "Guidelines for the Use of Sedation and General Anesthesia by Dentists" revised 2016, as specified in Appendix II";~~

~~2. Answer yes or no to the following certificate(s) held by the applicant and if yes, provide the expiration date:~~

~~{I.}(i) Basic life support for healthcare providers (BLS HCP);~~

~~{II.}(ii) Advanced cardiovascular life support (ACLS); [and]~~

~~{III.}(iii) Pediatric advanced life support (PALS); and~~

~~3. List all clinical staff member(s) name(s) including the current expiration date(s) of their BLS HCP, ACLS, or PALS certification; and]~~

(3) Each applicant shall sign and date the application described in (1) or (2) above below the following attestation:

“I am not under investigation by any professional licensing board and my credentials have not been suspended or revoked by any professional licensing board. The information and documentation provided are true, complete, and not misleading to the best of my knowledge and belief, I understand that providing false or misleading information constitutes grounds for denial, suspension, or revocation of a license, and that knowingly providing false material information constitutes a misdemeanor under RSA 641:3 relative to falsification in official matters.”[-]

Readopt with amendment and renumber Den 304.02, effective 12/6/17 (Document #12428), as Den 304.06 to read as follows:

Den 304.06 Administration of General Anesthesia or Sedation Exclusively by a [N.H. Licensed Physician Anesthesiologist, or Certified Registered Nurse Anesthetist] **separate dedicated qualified provider**. Dentists shall not be obligated to obtain a sedation or anesthesia permit pursuant to this part if general anesthesia, deep sedation, or moderate sedation is being administered exclusively by a [N.H. licensed physician anesthesiologist or certified registered nurse anesthetist] **separate dedicated qualified provider**, so long as the hosting dentist obtains an anesthesia facility permit or facility hosting permit as described in Den 304.03.

Adopt Den 304.07 through Den 304.09 to read as follows:

Den 304.07 Facility or Facility Hosting Requirements.

(a) Each facility applying for a facility or a facility hosting permit shall have [the following] equipment and supplies on-site[-, as well as the] **and** proper staffing **as follows:**

(1) Oxygen delivery systems as follows:

a. Portable oxygen tank;

b. Bag valve mask such as ambu bag with connector tubing able to be connected to oxygen tank; and

c. Nasal cannula or ~~[nasal hood]~~ **oxygen mask** with connector tubing able to be connected to oxygen tank;

(2) Suction equipment as follows:

a. Suction unit or vacuum system connected to all operatories and recovery rooms;

and

b. Yankauer suction tip with connector tubing able to be connected to suction unit or vacuum system; ~~[and]~~

~~[c. Portable suction machine with Yankauer suction tip and connector tubing able to be used during power failure;]~~

(3) ~~[Airway devices as follows:]~~ **Wheelchair;**

~~[a. Oral airways of various sizes for adult patients, as well as for pediatric patients if patients under age 13 years are treated at facility;~~

~~b. Nasopharyngeal airways of various sizes for adult patients, as well as for pediatric patients if patients under age 13 years are treated at facility;~~

~~c. Supraglottic airways (such as Laryngeal Mask Airways or King Airways) of various sizes for adult patients, as well as for pediatric patients if patients under age 13 years are treated at facility; and~~

~~d. Emergency cricothyrotomy kit with connector tubing able to be connected to bag valve mask and oxygen tank;]~~

(4) Vital signs monitoring equipment in all operatories where moderate sedation, deep sedation, or general anesthesia is administered and recovery rooms as follows:

a. Continuous pulse oximeter; and

b. Blood pressure monitor with cuffs of various sizes for adult patients, as well as for pediatric patients if patients under age 13 years are treated at **the** facility;

(5) Defibrillator equipment as follows:

a. Manual or automated external defibrillator (**AED**);

b. Unexpired batteries for defibrillator, if **the** defibrillator **is** battery powered;

c. Log maintained documenting monthly inspections for proper defibrillator functioning; and

d. Unexpired adult defibrillator pads that connect to the facility's defibrillator equipment, as well as unexpired pediatric defibrillator pads that connect to the facility's defibrillator equipment if patients under age 13 years are treated at **the** facility;

- (6) Auxillary light source capable of use during power failure, such as battery powered headlight, flashlight, or generator;
- (7) Rigid CPR board; and
- (8) Staffing for procedures under moderate sedation, deep sedation, or general anesthesia, **in addition to the qualified provider**, shall be as follows:
 - a. The operating dentist, **if separate from the qualified provider**, maintains a[n] [~~unexpired ACLS certification, as well as an unexpired~~] **current** PALS certification if patients under the age of 13 years are treated at **the** facility;
 - b. [~~Has on staff at the time of the procedure a~~] **A** dental assistant with [~~unexpired~~] **current** BLS certification **on staff at the time of procedure**;
 - c. [~~Has a~~] **A**dditional personnel available when needed for calling emergency 911; and
 - d. [~~Has s~~] **S**taffing on site, as described in Den 304.0[5]**g**, appropriate for the procedure being performed.

(b) [~~Each dentist applying for a general anesthesia, deep sedation, and moderate sedation permit, moderate sedation only permit, or a moderate sedation with pediatric qualification permis shall have the following additional equipment, drugs, and supplies on-site~~] **In addition to the requirements specified in Den 304.07(a), at the time that a qualified provider is administering moderate sedation, deep sedation, or general anesthesia, the facility shall have the following additional equipment and supplies on-site:**

- (1) Oxygen[~~/~~] **and** gas delivery systems as follows:
 - a. Oxygen fail-safe valve on anesthesia machine or [~~if~~] nitrous oxide **flowmeter if** administered; and
 - b. Size-dissimilar fittings, varied hose sizes, and colored tubing[~~/~~] **and** hoses for oxygen, nitrous oxide, and medical air if used;

(2) Suction systems as follows:

- ~~(2)~~**a.** Pulmonary suction catheter with connector tubing able to be connected to suction unit or vacuum system; **and**
- b. Portable suction device able to be used during power failure;**

(3) Airway devices as follows:

- a. Endotracheal tubes (ETTs) of various sizes **with stylets** for adult patients, as well as for pediatric patients if patients under age 13 years are treated at **the** facility;
- b. Syringe for ETT cuff inflation;
- c. Ambu bag and connector tubing to enable ETT to be connected to oxygen tank and deliver positive pressure;

d. Video laryngoscope with blades of various sizes for adult patients, as well as for pediatric patients if patients under age 13 years are treated at **the** facility;

e. Extra batteries for laryngoscope;

f. Extra bulbs for laryngoscope, if applicable;

g. Magill forceps; ~~and~~

h. Tongue grasping forceps;

i. Oral airways of various sizes for adult patients, as well as for pediatric patients if patients under age 13 years are treated at facility;

j. Nasopharyngeal airways of various sizes for adult patients, as well as for pediatric patients if patients under age 13 years are treated at facility;

k. Supraglottic airways (such as Laryngeal Mask Airways or King Airways) of various sizes for adult patients, as well as for pediatric patients if patients under age 13 years are treated at facility; and

l. Emergency cricothyrotomy kit with connector tubing able to be connected to bag valve mask and oxygen tank;

(4) Vital signs monitoring equipment in all operatories where moderate sedation, deep sedation, or general anesthesia is administered also with:

a. Continuous electrocardiogram;

b. Capnography; and

c. Stethoscope; **and**

(5) Accessory supplies and emergency medications as follows:

a. Disposable angiocatheters, tourniquets, and tape for IV catheter placement;

b. IV tubing and IV fluids;

c. Disposable needles and syringes for medication draw up and delivery;

d. Epinephrine 1:10,000[~~, a minimum of 3 doses~~] for cardiac arrest[~~, such as 3 Epinephrine injection USP syringes~~];

e. Epinephrine 1:1,000[~~, a minimum of 2 doses~~] for allergic reaction[~~, such as 2 EpiPen Auto Injectors~~];

f. Direct or indirect acting pressor for hypotension[~~±~~];

[~~i. Phenylephrine; or~~

~~ii. Midazolam;~~

s. Immediate-release non-enteric coated aspirin~~[-a minimum of 162 mg]~~ for acute coronary syndrome; **and**

t. Sublingual nitroglycerin for acute coronary syndrome~~[-and]~~.

~~u. Opioid injection for acute coronary syndrome:~~

~~i. Morphine; or~~

~~ii. Fentanyl;~~

(c) ~~[Each dentist applying for a general anesthesia, deep sedation, and moderate sedation permit shall have the following additional equipment, drugs, and supplies on-site if inhaled volatile anesthetics are used or if succinylcholine is used on a regular basis (not just kept on hand for emergencies)]~~ **In addition to the requirements specified in Den 304.07(b), at the time that a qualified provider is administering inhaled volatile anesthetics, or succinylcholine if administered on a routine basis, the facility shall have the following additional equipment and supplies on-site:**

(1) Oxygen~~[/]~~ **and** gas delivery system also with anesthetic gas analyzer **if inhaled volatile anesthetics are used;**

(2) Dantrolene injection~~[-a minimum of 250 mg]~~ for malignant hyperthermia; and

(3) Sterile water for dantrolene diluent;

Den 304.08 Administering General Anesthesia, Deep Sedation, or Moderate Sedation.

(a) Qualified dentist or operating dentist shall ensure that administered general anesthesia, deep sedation, or moderate sedation follows the clinical guidelines set forth in Part IV B. or C., as appropriate, of the American Dental Association “Guidelines for the Use of Sedation and General Anesthesia by Dentists” revised 2016, as specified in Appendix II including for patient history, pre-operative evaluation, and preparation~~[;]~~.

(b) For administration of general anesthesia, deep sedation, or moderate sedation, an intravenous catheter shall be in place prior to administration.

~~[(b)](c)~~ For administration of moderate sedation, with or without inhalation sedation, agents ~~[are]~~ **shall be** limited to a single dose of one or more **reversible** drugs, or a multi-dose of a single **reversible** drug, **in accordance with Den 304.01(i)** using manufacturer guidelines as found in the FDA “Online Label Repository” found at [labels.fda.gov](https://www.fda.gov/labels)~~[;]~~.

~~[(e)](d)~~ A dentist shall not delegate to a dental assistant or hygienist any task that is outside of their scopes of practice, as defined in Den 40~~[0]~~**4, Den 405,** and Den 501.01(b), such as placement of an intravenous catheter, ~~[or]~~ drawing **up medications,** ~~[and]~~ **or** administering medications. PALS certification ~~[does]~~ **shall** not supersede the duty restrictions outlined in Den 40~~[0]~~**4, Den 405,** and Den 501.01(b)~~[;]~~.

~~[(d)](e)~~ When treating patients under 13 years of age by administering general anesthesia or deep sedation, the qualified dentist or operating dentist shall:

- (1) Obtain informed consent that includes the statement that the procedure may be alternatively performed in a hospital setting with additional anesthesia personnel; and
- (2) Ensure that in addition to the dentist performing the procedure there shall be a separate dedicated anesthesia qualified provider present to monitor the procedure and recovery from anesthesia.

~~[(e)]~~**(f)** Qualified dentists who are board eligible or board certified by either the American Dental Board of Anesthesiology (ADBA) or the American Board of Oral and Maxillofacial Surgery (ABOMS) may apply to the board for exemption from the requirement for a separate dedicated anesthesia provider when treating patients 9 to 12 years of age with administration of general anesthesia or deep sedation pursuant to RSA 317-A:12, XII-a(h)(1), and shall:

(1) Have completed an advanced airway course with hands-on training~~[, such as the American Association of Oral and Maxillofacial Surgeons (AAOMS) Office-Based Emergency Airway Management (OBEAM) module,]~~ within the previous 6 years; and

(2) When the ~~[treating]~~ qualified dentist is administering general anesthesia or deep sedation without a separate dedicated anesthesia provider present:

a. Document a pre-operative physical examination of the patient’s airway consistent with the 2022 American Society of Anesthesiologists (ASA) Practice Guidelines for Management of the Difficult Airway;

b. Ensure that a designated staff member currently certified in PALS is present during the procedure with the sole responsibility to constantly observe the patient’s vital signs, airway patency, and adequacy of ventilation; **and**

c. Ensure that patients with ASA Physical Status Classifications ASA III or greater, children with special needs, or those with anatomic airway abnormalities, or with moderate to severe tonsillar hypertrophy, are required to have a separate dedicated anesthesia provider in order to receive administration of general anesthesia or deep sedation;

(3) Have completed the “Application for Exemption from the Requirement for a Separate Dedicated Anesthesia Provider **When Treating Patients 9 to 12 Years of Age With Administration of General Anesthesia or Deep Sedation**” ~~[requiring]~~ **by providing** the following information:

- a. ~~[F]~~ **Applicant’s** full legal name;
- b. **Applicant’s** NH dental license number;
- c. ~~[F]~~ **Applicant’s primary** facility’s name;
- d. ~~[F]~~ **Primary** facility’s **physical** address;
- e. ~~[F]~~ **Primary** facility’s phone number;
- f. E-mail address;

g. Answer yes or no~~[t]~~ to “I have completed an advanced airway course with hands-on training~~[, such as the American Association of Oral and Maxillofacial Surgeons (AAOMS) Office Based Emergency Airway Management (OBEAM) module],~~ within the previous 6 years.”~~;~~

h. Answer yes or no to “Do you intend to treat patients 9 to 12 years of age with administration of general anesthesia or deep sedation without a separate dedicated anesthesia provider?”; and

i. Are you board eligible or board certified by either the American Dental Board of Anesthesiology (ADBA) or the American Board of Oral and Maxillofacial Surgery (ABOMS)?.

(4) Each applicant for exemption shall sign and date the application below the following attestation:

“I am not under investigation by any professional licensing board and my credentials have not been suspended or revoked by any professional licensing board. The information and documentation provided are true, complete, and not misleading to the best of my knowledge and belief, I understand that providing false or misleading information constitutes grounds for denial, suspension, or revocation of a license, and that knowingly providing false material information constitutes a misdemeanor under RSA 641:3 relative to falsification in official matters.”; and

~~[(4)](5)~~ When submitting the application described in (3) above, provide a copy of the document showing completion of an advanced airway course with hands-on training~~[, such as the American Association of Oral and Maxillofacial Surgeons (AAOMS) Office Based Emergency Airway Management (OBEAM) module,] within the previous 6 years[-];~~

~~[(4)](g)~~ When treating patients between 9 and 12 years of age with administration of moderate sedation only and without a separate dedicated anesthesia provider present, the qualified dentist shall:

~~[(1) Ensure that a staff member currently certified in PALS is present during the procedure with the ability to assist the dentist with physiologic patient monitoring and supportive resuscitation if needed;]~~

(1) Possess a permit for general anesthesia, deep sedation, and moderate sedation for all ages or a permit for moderate sedation with pediatric qualification for 9 years of age and older; and

(2) With or without inhalation sedation, agents ~~[are]~~ **shall be** limited to a single dose of one or more **reversible** drugs, or a multi-dose of a single **reversible** drug, **in accordance with Den 304.01(i)**~~[-]~~ using manufacturer guidelines as found in the FDA “Online Label Repository”~~[-]~~ as found at labels.fda.gov~~[-; and]~~.

~~[(3) Possess a permit for general anesthesia, deep sedation, and moderate sedation for all ages or a permit for moderate sedation with pediatric qualification for 9 years of age and older.]~~

~~(g)~~**(h)** When administering general anesthesia or deep sedation to patients 8 years of age ~~and~~ **or** under, the qualified dentist or operating dentist shall ensure that there are 2 providers present during the procedure. One provider shall be administering and monitoring the sedation and one provider shall be performing the procedure.

~~(h)~~**(i)** When administering moderate sedation to patients 8 years of age or under, the qualified dentist shall possess a permit to administer general anesthesia, deep sedation, and moderate sedation.

Den 304.09 Facility or Facility Hosting Documentation Requirements.

(a) Each facility ~~[applying for]~~ **holding** a facility or facility hosting permit shall maintain the following documentation:

~~(a)~~**(1)** Written anesthesia consent;

~~(b)~~**(2)** Anesthesia record including the following:

~~(1)~~**a.** Date of procedure;

~~(2)~~**b.** Nothing by mouth status (NPO) status;

~~(3)~~**c.** Availability of responsible adult escort;

~~(4)~~**d.** Vital signs pursuant to De~~(b)~~**n** 304.08(a), **including time-oriented monitoring of oxygenation, ventilation, and circulation; and**

~~(5)~~**e.** Drugs and doses administered **pursuant to Den 304.08(a) listing administration times;**

~~(e)~~**(3)** Anesthetic emergency record including the following:

~~(1)~~**a.** Date;

~~(2)~~**b.** Diagnosis of critical event such as laryngospasm or cardiac arrest;

~~(3)~~**c.** Medical history;

~~(4)~~**d.** Time of onset;

~~(5)~~**e.** Vital signs at time of onset and continuous monitoring;

~~(6)~~**f.** Administered drugs;

~~(7)~~**g.** Drug doses;

~~(8)~~**h.** Route and time of administration;

~~(9)~~**i.** When cardiopulmonary resuscitation (CPR) began and ended;

~~(10)~~**j.** Time of transfer and by whom; and

~~[(44)]~~**k.** Vital signs at transfer;

~~[(4)]~~**(4)** Emergency patient transfer form that is site specific for each location;

~~[(5)]~~**(5)** Scripted scenario for emergency 911 contact;

~~[(6)]~~**(6)** Plan describing the role and responsibility for each team member in an emergency;
and

~~[(7)]~~**(7)** Post-anesthesia instructions[;].

(b) At a dental facility hosting a qualified provider in the manner described in Den 304.01(b), the facility shall, in addition to the requirements of Den 304.09(a) above, have:

(1) A dated and signed attestation described in Den 403.01(e) from the qualified provider;

(2) An updated attestation required by Den 403.01(c) and (d) above from the provider each biennium thereafter;

(3) Documentation that the attestations required by (1) and (2) above have been submitted to the OPLC; and

(4) If the relationship between the dental facility, hosting a qualified provider in the manner described in Den 304.01(b), and the qualified provider is terminated, documentation that the hosting facility has notified the OPLC of that termination in accordance with Den 403.01(g).

Den 304.10 Facility or Facility Hosting Inspections.

(a) Each facility holding a facility or facility hosting permit shall have completed a facility inspection by a qualified consultant before the administration of general[;] anesthesia, deep sedation, or moderate sedation of any type. **The initial inspection shall be conducted in accordance with Plc 404.**

(b) Each facility holding a facility or facility hosting permit shall be inspected every 3rd biennial license renewal, as outlined in RSA ~~[317-A:13]~~ **310:6, II**, after the initial inspection. **The renewal inspection shall be conducted in accordance with Plc 405.**

Readopt with amendment and renumber Den 304.06, effective 12/6/17 (Document #12428), as amended effective 6/15/18 (Document #12549), as Den 301.11 to read as follows:

Den 304.11 Minimal Sedation.

(a) Dentists administering minimal sedation shall:

(1) Not be required to have a permit;

(2) Have met the requirements as described in Part III A. of the American Dental Association “Guidelines for the Use of Sedation and General Anesthesia by Dentists” revised 2016, as specified in Appendix II; and

- (3) Follow the guidelines set forth in Part IV A. of the American Dental Association “Guidelines for the Use of Sedation and General Anesthesia by Dentists” revised 2016, as specified in Appendix II including having a properly staffed and equipped facility.
- (b) The following routes of administration shall apply to the use of minimal sedation:
- ~~[(1) For patients under 13 years of age the route shall be inhalation only, using nitrous oxide; and~~
- ~~[(2) For patients 13 years of age and older the route shall be by:]~~
- ~~[a-]~~**(1)** Inhalation using nitrous oxide;
- ~~[b-]~~**(2)** Enteral **or intranasal**, using one or more doses of one drug within a 24-hour period using manufacturers guidelines as found in the FDA “Online Label Repository” found on labels.fda.gov **with the understanding that using more than one drug regardless of route of administration is considered moderate sedation and shall be administered in accordance with Den 304.08**; or
- ~~[e-]~~**(3)** A combination inhalation-enteral **or a combination of inhalation-intranasal**, as above in a. and b.

Adopt Den 304.12 to read as follows:

Den 304.12 Initial Inspections and Evaluations.

- (a) Each dental facility holding either a facility permit or a facility hosting permit authorizing the administration of general anesthesia, deep sedation, or moderate sedation on their premises shall be inspected before the initial permit is issued.
- (b) Each dentist applying for an initial permit to administer general anesthesia, deep sedation, or moderate sedation, moderate sedation only, or moderate sedation with a pediatric qualification shall:
- (1) Pass a simulated emergency management evaluation of their emergency procedures through scenario based drills with a qualified consultant contracted by the OPLC;
- (2) ~~[Each dentist applying for permit shall b]~~ **Be** evaluated upon completion of no less than 5 scenario based drills; and
- (3) ~~[The]~~ **Pass a** simulated emergency management ~~[The]~~ evaluation ~~[shall assess]~~ **assessing** the following:
- a. The dentist’s response to the scenario presented; and
- b. The staff assignment(s) and role(s) during the simulated emergency management evaluation;
- (c) The facility or hosting facility issued a permit to administer general anesthesia, deep sedation, or moderate sedation, moderate sedation only, or moderate sedation with a pediatric qualification shall be inspected by a qualified consultant contracted by the OPLC to ensure all requirements described in Den

304.07 [H]are available on site **and to verify documentation has been completed consistent with the requirements described in Den 304.09.**

Readopt with amendment and renumber Den 304.07, effective 12/6/17 (Document #12428), as Den 304.13 to read as follows:

Den 304.13 Morbidity and Mortality Reports.

(a) **Any dentist licensed pursuant to this chapter shall report to the board the occurrence of any adverse health care events resulting in death, brain damage, or hospitalization, occurring in the dentist's office or facility while utilizing general anesthesia, deep sedation, or moderate sedation.**

(b) The morbidity and mortality report shall be submitted to the board through the OPLC as soon as is reasonably and practically possible, but no later than 15 working days after discovery of the event.

(c) The morbidity and mortality report shall include a description of:

- (1) Dental procedure(s);
- (2) Pre-operative physical condition of the patient;
- (3) Drug(s) and dosage(s) administered;
- (4) Techniques used in administering the drug(s);
- (5) Any adverse occurrence, including:
 - a. Patient's signs and symptoms;
 - b. Treatment instituted in response to adverse occurrences; and
 - c. Patient's response to the treatment; and
- (6) Patient's condition on termination of any procedures undertaken.

(d) The report described in (c) above shall not identify any of the dental professionals, facility employees, or patients involved.

(e) After receiving a report of an adverse health care event, the board shall conduct a root cause analysis of the event utilizing the OPLC enforcement division.

(f) The board shall issue to the dentist the root cause analysis report.

(g) Following the root cause analysis, the dentist shall provide a corrective action plan to implement the findings of the analysis to the board and if for any reason the facility did not take corrective action, the plan shall contain the reasons for not taking the corrective action within 60 days of the event.

(h) If the dentist conducted a root cause analysis at the time of the event and implemented a corrective action plan, then the dentist shall report the findings of the analysis and the corrective action taken with the report described in [H] **(c) above.**

(i) All proceedings related to the root cause analysis and implementation of a corrective action plan shall be considered privileged and not subject to discovery or subpoena. All information and data made available to the board and the OPLC under this section shall be confidential and shall be held in accordance with RSA 91-A.

APPENDIX I

RULE	STATUTE
Den 304.01	RSA 317-A:20, II; 317-A:12, XII-c (a)
Den 304.02	RSA 317-A:20, II; 317-A:12, XII-a (e), (e), & (c)
Den 304.03 (repeal)	RSA 317-A:12, XII-a; RSA 317-A:20, II
Den 304.03	RSA 317-A:20, II; 317-A:12, XII-a (e), (e), & (c)
Den 304.04 (repeal)	RSA 317-A:12, XII-a; RSA 317-A:20, II
Den 304.04	RSA 317-A:12, XII-a(f)
Den 304.05 (repeal)	RSA 317-A:12, XII-a; RSA 317-A:20, II
Den 304.05	RSA 317-A:12, XII-a (f) & (h)
Den 304.06 (formerly Den 304.02)	RSA 317-A:12, XII-a; RSA 317-A:20, II
Den 304.07	RSA 317-A:12, XII-a (f); RSA 317-A:12, XII-c
Den 304.08	RSA 317-A:12, XII-a (h)
Den 304.09	RSA 317-A:12, XII-c
Den 304.10	RSA 317-A:12, XII-a (f); RSA 317-A:12, XIV
Den 304.11 (formerly Den 304.06)	RSA 317-A:12, XII-a; RSA 317-A:20, II
Den 304.12	RSA 317-A:12, XII-a; RSA 310:6, II
Den 304.13 (formerly Den 304.07)	RSA 317-A:12, XII-a

APPENDIX II

Rule	Title	Obtain at:
Den 304.04 (a)(3)b.1. & (4)b.; Den 304.05(b)(3)c.1., (b)(4)c., (b)(5)c., (c)(2)h.1., & (c)(2)i.1.; Den 304.08(a); Den 304.11(a)(2) & (3)	ADA 2012 “Guidelines for the Use of Sedation and General Anesthesia by Dentists” Revised 2016	American Dental Association Obtain online: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/library/oral-health-topics/ada_sedation_use_guidelines.pdf?rev=b8b34313071d416a99182e8b37add4dd&hash=E5FAB383105610C2988B0ECA2ADBDF95 Cost: none Contact: 211 East Chicago Avenue Chicago IL 60611 (800) 621-8099
Den 304.01(p)	AAOMS “Office Anesthesia Evaluation Manual” 9 th Edition, Revised 2018	American Association of Oral and Maxillofacial Surgeons (AAOMS) Obtained online: https://members.aaoms.org/PersonifyEbusiness/AAOMSSStore/Product-Details/productId/1518189 Cost: List Price \$372.00 Member Price \$124.00 Contact: 9700 Bryn Mawr Avenue Rosemont, IL 60018 (847)678-6200 or (800)822-6637