

Date of Hearing: July 11, 2017

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Evan Low, Chair

SB 501(Glazer) – As Amended May 1, 2017

SENATE VOTE: 36-0

SUBJECT: Dentistry: anesthesia and sedation: report

SUMMARY: Revises the Dental Board of California requirements for the administration of various levels of outpatient sedation.

EXISTING LAW:

- 1) Authorizes the Dental Board of California (DBC) under the Department of Consumer Affairs (DCA) to regulate the practice of dentistry. (Business and Professions Code (BPC) § 1600 *et seq.*)
- 2) Specifies that no dentist shall administer or order the administration of general anesthesia on an outpatient basis for dental patients unless the dentist either possesses a current license in good standing to practice dentistry in this state and holds a valid general anesthesia permit issued by the DBC or possesses a current permit and holds a valid general anesthesia permit issued by the DBC. (BPC § 1646.1(a))
- 3) Prohibits a dentist from administering or ordering the administration of deep sedation or general anesthesia to patients under 13 years of age unless that dentist holds a pediatric endorsement for the general anesthesia permit, as required by the DBC, allowing the administration of deep sedation or general anesthesia for patients 12 years of age or younger. (BPC § 1646.1 (b))
- 4) States that no dentist shall order the administration of general anesthesia unless the dentist is physically within the dental office at the time of the administration.
- 5) Requires the dentist to have completed a Commission on Dental Accreditation (CODA) accredited or equivalent residency training program that provides competency in the administration of deep sedation and general anesthesia in order to be eligible to perform deep sedation or general anesthesia on children under 13 years of age. For patients under seven years of age, the applicant shall provide proof of completion of at least 52 cases to establish competency, both at the time of initial application and at renewal. (BPC § 1646.1(e))
- 6) Specifies that a dentist who desires to administer or order the administration of general anesthesia shall apply to the DBC on an application form prescribed by the DBC. The dentist must submit an application fee and produce evidence showing that he or she has successfully completed a minimum of one year of advanced training in anesthesiology and related academic subjects approved by the DBC, or equivalent training or experience approved by the DBC, beyond the undergraduate school level. (BPC § 1646.2(a))
- 7) Requires that the application for a permit shall include documentation that equipment and drugs required by the DBC are on the premises. (BPC § 1646.2(b))

- 8) Requires any dentist holding a permit to maintain medical history, physical evaluation, and general anesthesia records as required by DBC regulations. (BPC § 1646.3)
- 9) Specifies that for patients seven to 13 years of age, the dentist and at least two support staff shall be present, unless there is a dedicated general anesthesia provider present. The dentist and at least one support staff member shall be trained in Pediatric Advanced Life Support (PALS) and airway management, equivalent to the American Academy of Pediatrics and American Academy of Pediatric Dentistry (AAP-AAPD) Guidelines or as determined by the DBC. That staff member shall be dedicated to monitoring the patient throughout the procedure. (BPC § 1646.3(b))
- 10) Specifies that for children under seven years of age, there shall be present an operating dentist and either a general anesthesia permit holder or a nurse anesthetist directly supervised by a general anesthesia permit holder. The general anesthesia permit holder or the nurse anesthetist directly supervised by a general anesthesia permit holder shall be solely dedicated to administering anesthesia, monitoring the patient, and managing the airway through recovery. When a dedicated anesthesia provider is utilized, in addition to the operating dentist, both the dentist and at least one staff member shall be trained in PALS and airway management, equivalent to the AAP-AAPD Guidelines or as determined by the DBC. (BPC § 1646.3(c))
- 11) Prior to the issuance or renewal of a permit for the use of general anesthesia, the DBC may, at its discretion, require an onsite inspection and evaluation of the licentiate and the facility, equipment, personnel, and procedures utilized by the licentiate. The permit of any dentist who has failed an onsite inspection and evaluation shall be automatically suspended 30 days after the date on which the DBC notifies the dentist of the failure, unless within that time period the dentist has retaken and passed an onsite inspection and evaluation. Every dentist issued a permit under this article shall have an onsite inspection and evaluation at least once every five years. Refusal to submit to an inspection shall result in automatic denial or revocation of the permit. (BPC § 1646.4(a))
- 12) Requires the DBC to contract with public or private organizations or individuals expert in dental outpatient general anesthesia to perform onsite inspections and evaluations. The DBC may not, however, delegate its authority to issue permits or to determine the persons or facilities to be inspected. (BPC § 1646.4(b))
- 13) Requires a permittee to complete 24 hours of approved courses of study related to general anesthesia as a condition of renewal of a permit. Those courses of study shall be credited toward any continuing education required by the DBC. (BPC § 1646.5)
- 14) Requires a physician and surgeon to administer general anesthesia in the office of a licensed dentist for dental patients, without regard to whether the dentist possesses a permit issued pursuant to this article, if both of the following conditions are met: (BPC § 1646.9)
- 15) The physician and surgeon possesses a current license in good standing to practice medicine in this state.
- 16) The physician and surgeon holds a valid general anesthesia permit issued by the DBC.

- 17) States that a physician and surgeon who desires to administer general anesthesia shall apply to the DBC on an application form prescribed by the DBC and shall submit all of the following: (BPC § 1646.9 (b))
- 18) The payment of an application fee.
- 19) Evidence satisfactory to the Medical Board of California showing that the applicant has successfully completed a postgraduate residency training program in anesthesiology that is recognized by the American Council on Graduate Medical Education.
- 20) Documentation demonstrating that all equipment and drugs required by the DBC are possessed by the applicant and shall be available for use in any dental office in which he or she administers general anesthesia.
- 21) Information relative to the current membership of the applicant on hospital medical staffs.
- 22) States that prior to issuance or renewal of a permit pursuant to this section, the DBC may, at its discretion, require an onsite inspection and evaluation of the facility, equipment, personnel, including, but not limited to, the physician and surgeon, and procedures utilized. At least one of the persons evaluating the procedures utilized by the physician and surgeon shall be a licensed physician and surgeon expert in outpatient general anesthesia who has been authorized or retained under contract by the DBC for this purpose.
- 23) Includes findings and declarations as follows:
- 24) “The Legislature further finds and declares that the educational standards presently required for general anesthesia should be required when the degree of sedation in the continuum of sedation is such that there is a reasonable possibility that loss of consciousness may result, even if unintended. These degrees of sedation have been referred to as ‘deep sedation’ and ‘light general anesthesia’ in dental literature. However, achieving the degree of sedation commonly referred to as ‘light conscious sedation,’ where a margin of safety exists wide enough to render unintended loss of consciousness unlikely, requires educational standards appropriate to the administration of the resulting predictable level of consciousness.”
- 25) Defines “conscious sedation” as a minimally depressed level of consciousness produced by a pharmacologic or nonpharmacologic method, or a combination thereof, that retains the patient’s ability to maintain independently and continuously an airway, and respond appropriately to physical stimulation or verbal command. (BPC § 1647.1)
- 26) Specifies that “conscious sedation” does not include the administration of oral medications or the administration of a mixture of nitrous oxide and oxygen, whether administered alone or in combination with each other.
- 27) Requires the drugs and techniques used in conscious sedation to have a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from painful stimuli shall not be considered to be in a state of conscious sedation. (BPC § 1647.1(b))

- 28) Requires for the very young or handicapped individual, incapable of the usually expected verbal response, a minimally depressed level of consciousness for that individual should be maintained.
- 29) Requires no dentist to administer or order the administration of, conscious sedation on an outpatient basis for dental patients unless one of the following conditions is met: (BPC § 1647.2)
- 30) The dentist possesses a current license in good standing to practice dentistry in California and either holds a valid general anesthesia permit or obtains a permit issued by the DBC authorizing the dentist to administer conscious sedation.
- 31) The dentist possesses a current permit and either holds a valid anesthesia permit or obtains a permit issued by the DBC authorizing the dentist to administer conscious sedation.
- 32) Specifies that a dentist who desires to administer or order the administration of conscious sedation shall apply to the DBC on an application form prescribed by the DBC. The dentist shall submit an application fee and produce evidence showing that he or she has successfully completed a course of training in conscious sedation (BPC § 1647.3 (a)).
- 33) Requires the application for a permit shall include documentation that equipment and drugs required by the DBC are on the premises.
- 34) A course in the administration of conscious sedation shall be acceptable if it meets all of the following as approved by the DBC: (BPC § 1647.3(c))
- 35) Consists of at least 60 hours of instruction.
- 36) Requires satisfactory completion of at least 20 cases of administration of conscious sedation for a variety of dental procedures.
- 37) Complies with the requirements of the Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry Association.
- 38) Requires a permittee to complete 15 hours of approved courses of study related to conscious sedation as a condition of renewal of a permit. Those courses of study shall be credited toward any continuing education required by the DBC. (BPC § 1647.5)
- 39) A physical evaluation and medical history shall be taken before the administration of conscious sedation. Any dentist holding a permit shall maintain records of the physical evaluation, medical history, and conscious sedation procedures used as required by DBC regulations. (BPC § 1647.6)
- 40) States that prior to the issuance or renewal of a permit to administer conscious sedation, the DBC may, at its discretion, require an onsite inspection and evaluation of the licentiate and the facility, equipment, personnel, and procedures utilized by the licentiate. The permit of any dentist who has failed an onsite inspection and evaluation shall be automatically suspended 30 days after the date on which the DBC notifies the dentist of the failure unless, within that time period, the dentist has retaken and passed an onsite inspection and evaluation. Every dentist issued a permit under this article shall have an onsite inspection and

evaluation at least once in every six years. Refusal to submit to an inspection shall result in automatic denial or revocation of the permit. (BPC § 1647.7 (a))

- 41) Specifies that an applicant who has successfully completed the course may be granted a one-year temporary permit by the DBC prior to the onsite inspection and evaluation. Failure to pass the inspection and evaluation shall result in the immediate and automatic termination of the temporary permit. (BPC § 1647 (c))
- 42) The DBC may contract with public or private organizations or individuals expert in dental outpatient conscious sedation to perform onsite inspections and evaluations. The DBC may not, however, delegate its authority to issue permits or to determine the persons or facilities to be inspected. (BPC § 1647 (c))

THIS BILL:

- 1) Deletes provisions of law requiring the DBC to produce the 2017 pediatric anesthesia report.
- 2) Requires the DBC to report on pediatric deaths related to deep sedation, in addition to general anesthesia (GA), at the time of its 2020 sunset review.
- 3) Requires the DBC to provide a report to the Legislature of the effects on access to care for pediatric dental patients specifically as it relates to requiring the addition of a second GA permitholder to be present during the administration of GA on a patient seven years of age or younger, if the provider is currently a GA permitholder. The analysis should include costs of sedation and anesthesia, resource constraints of the health care system, including Denti-Cal compared to private insurance, and feasibility issues that include, but are not limited to, time, skills, staff availability, and equipment availability for the provider to carry out necessary dental procedures. The DBC shall make the report publicly available on the DBC's Internet Web site.
- 4) Requires the DBC, by January 1, 2019, to conduct an interval update review of pediatric morbidity and mortality data for the purpose of obtaining high-quality data about outcomes and complications related to pediatric dental sedation and anesthesia in order to further improve safety.
- 5) Revises the definition of GA to mean 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 be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
- 6) Defines "deep sedation" to mean 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 be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- 7) Requires a dentist to have a GA permit to administer or order the administration of deep sedation.

- 8) Requires a dentist to have a pediatric endorsement for the GA permit to administer or order the administration of deep sedation or GA to patients under seven years of age.
- 9) Requires a dentist to be physically within the dental office at the time of ordering and during the administration of deep sedation, moderate sedation, or minimal sedation.
- 10) Requires the dentist and at least two support staff to be present for procedures involving GA or deep sedation for patients 7-13 years of age; requires the dentist to be currently certified in Pediatric Advanced Life Support (PALS) and at least one support staff member shall be trained in pediatric life support and airway management, equivalent to the American Academy of Pediatrics and American Academy of Pediatric Dentistry (AAP-AAPD) Guidelines or as determined by the DBC. That staff member shall be dedicated to monitoring the patient throughout the procedure.
- 11) Requires at least three people present during a procedure involving GA or deep sedation, including the dentist, for children under seven years of age; requires one person present to be solely dedicated to monitoring the patient and shall be trained in pediatric life support and airway management, equivalent to the AAP-AAPD Guidelines or as determined by the DBC. The second person shall also be trained in pediatric life support and airway management, equivalent to the AAP-AAPD Guidelines or as determined by the DBC, and may assist in the procedure. If a dedicated anesthesia provider is utilized, that person shall be a GA permit holder with a current pediatric endorsement and shall be certified in Advanced Cardiac Life Support (ACLS) and PALS.
- 12) Establishes the following requirements, beginning January 1, 2019, for a dentist to apply for a pediatric endorsement for the GA permit:
 - 13) Proof of successful completion of a Commission on Dental Accreditation accredited or equivalent residency training program that provides competency in the administration of deep sedation and GA on children under seven years of age.
 - 14) Proof of successful completion of at least 20 cases of pediatric sedation to patients under seven years of age to establish competency, both at the time of initial application and at renewal.
 - 15) Evidence of current and continuous certification in ACLS and PALS for the duration of holding the permit.
 - 16) Allows initial applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of pediatric sedation to patients under age seven years of age to provide deep sedation GA on patients under seven years of age under the direct supervision of a GA permit holder with a pediatric endorsement. The applicant may count these cases toward the 20 necessary in order to qualify for the applicant's pediatric endorsement.
 - 17) Requires a physical evaluation and medical history to be taken before the administration of deep sedation or GA.
 - 18) Requires a dentist with a GA to maintain records of deep sedation as required by DBC regulations.

- 19) Allows a GA permit holder to complete the 24 hours of approved courses of study on deep sedation, as well as GA.
- 20) Prohibits this bill from being construed to authorize a dentist to administer or directly supervise the administration of deep sedation for reasons other than dental treatment.
- 21) Authorizes a physician and surgeon to administer deep sedation in the office of a licensed dentist for dental patients with a GA permit issued by the DBC.
- 22) Requires a physician and surgeon to provide proof of training that provides competency in the administration of deep sedation and GA on children under seven years of age for a GA permit. The applicant shall show proof of successful completion of at least 20 cases of pediatric sedation to patients under seven years of age to establish competency, both at the time of initial application and at renewal.
- 23) Requires the physician and surgeon to show documentation demonstrating that all equipment and drugs required by the DBC are possessed by the applicant and is available for use in any dental office in which he or she administers deep sedation.
- 24) Requires the physician and surgeon to show evidence of current and continuous certification in ACLS and PALS for the duration of holding the GA permit.
- 25) Updates sedation terms in the Legislative findings and declarations.
- 26) Replaces “conscious” with “moderate” sedation, to mean a drug-induced depression of consciousness during which a patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation, no interventions are required to maintain a patient’s airway, spontaneous ventilation is adequate, and cardiovascular function is usually maintained.
- 27) States that, for very young patients or those with intellectual disabilities, incapable of the usually expected verbal response, a minimally depressed level of consciousness should be maintained.
- 28) Requires for the moderate sedation of:
 - a) Patients 7-13 years of age, there be at least one support staff in addition to the dentist present at all times during the procedure. That staff member shall be trained in pediatric life support and airway management, equivalent to the AAP-AAPD Guidelines or as determined by the DBC.
 - b) Patients under seven years of age, there be at least two support staff, in addition to the dentist, present at all times during the procedure. One staff member shall be solely dedicated to monitoring the patient, and be trained in pediatric life support and airway management, equivalent to the AAP-AAPD Guidelines or as determined by the DBC.
 - c) Requires a course in moderation sedation to comply with the requirements of the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students of the American Dental Association, including, but not limited to, certification of competence in

rescuing patients from a deeper level of sedation than intended, and managing the airway, intravascular or intraosseous access, and reversal medications.

- d) Requires a dentist qualifying for a pediatric endorsement for a moderate sedation permit to be trained in PALS and airway management, equivalent to the AAP-AAPD Guidelines, or as determined by the DBC, and successful completion of any of the following:
 - i) A moderate sedation course directed at treating pediatric patients under 13 years of age consisting of at least 60 hours of didactic instruction and at least 20 clinical cases.
 - ii) A moderate sedation course that is directed at treating patients 13 years of age or older, in addition to at least 24 hours of didactic instruction in pediatric moderate sedation and at least 10 clinical cases in pediatric moderate sedation.
 - iii) A moderate sedation course that is directed at treating patients 13 years of age or older, in addition to completion of an accredited pediatric dental residency program. The pediatric moderate sedation permit holder shall provide proof of completion of at least 20 cases to establish competency, both at the time of the initial application and at renewal.
- 29) Defines “minimal sedation” as a drug-induced state during which patients respond normally to verbal commands. Cognitive function and physical coordination may be impaired, but airway reflexes, ventilatory functions, and cardiovascular functions are unaffected.
- 30) Requires the drugs and techniques used in minimal sedation to have a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from painful stimuli shall not be considered to be in a state of minimal sedation.
- 31) Authorizes a dentist to administer or order the administration of minimal sedation on an outpatient basis for pediatric dental patients under 13 years of age, if one of the following conditions is met:
- a) The dentist holds a valid pediatric minimal sedation permit.
 - b) The dentist possesses an oral and maxillofacial surgeon permit or other specialty permit, as specified, and either holds a valid GA permit or obtains a permit issued by the DBC authorizing the dentist to administer moderate sedation, deep sedation, or GA.
- 32) Requires a dentist to apply to the DBC for a minimal sedation permit by submitting an application fee and producing evidence showing that he or she has successfully completed training in pediatric minimal sedation that meets the following requirements:
- a) Consists of at least 24 hours of pediatric minimal sedation instruction in addition to one clinical case. The pediatric minimal sedation instruction shall include training in airway management and patient rescue from moderate sedation.
 - b) Includes completion of an accredited residency in pediatric dentistry.

- 33) Requires the minimal sedation permit application to include documentation that equipment and drugs required by the DBC are on the premises.
- 34) Limits a dentist to administering a single dose of a single drug via the oral route, plus a mix of nitrous oxide and oxygen that is unlikely to produce a state of unintended moderate sedation.
- 35) Requires the presence of a minimum of one staff member, in addition to the dentist, trained in the monitoring and resuscitation of pediatric patients during the procedure in which minimal sedation is administered.
- 36) States the intent of the Legislature that the DBC hire sufficient staff to administer the program and that the fees established pursuant to this bill be equivalent to administration and enforcement costs incurred.
- 37) States that a violation of any provision of this bill constitutes unprofessional conduct and is grounds for the revocation or suspension of the dentist's permit or license, or both.
- 38) Deletes sections of law relating to the use of oral conscious sedation for pediatric and adult patients.
- 39) Makes technical changes.

FISCAL EFFECT: According to the May 1, 2017 Senate Committee on Appropriations analysis, this bill will result in substantial changes to the current use of anesthesia and sedation by dentists and the regulation of those activities including:

- One-time costs of about \$1 million for the preparation of a report regarding the impact on access to care for pediatric dental patients.
- One-time costs of about \$1 million for the preparation of a report regarding pediatric morbidity and mortality.
- One-time costs of \$630,000 and ongoing costs of \$575,000 for additional staff at the Board to review permit applications.
- Potential ongoing costs of \$3.6 million per year for additional site inspections at dental offices and clinics to ensure compliance with the requirements of the bill. The Board has indicated that it will need to perform a substantial number of additional licensing inspections under the bill. At this time, it is not clear whether there would actually be an increased number of overall permit holders, necessitating additional inspections.
- Potential one-time costs of \$2.4 million and ongoing costs of \$525,000 per year for additional office space for new Board staff. Similar to the previous bullet, it is not clear at this time the extent to which the Board would need a significant number of additional staff positions to enforce the requirements of the bill.

COMMENTS:

Purpose. This bill is sponsored by the **California Association of Oral and Maxillofacial Surgeons**. According to the author, “Last year the Dental Board of California was asked to produce a study to ensure the safety of our children in pediatric dental anesthesia and sedation. The Dental Board recommended a number of important steps, including staffing requirements, educational requirements and monitoring standards. But, another one of their recommendations was to add a second general anesthesia permit holder for patients less than seven years of age. That recommendation is unnecessary and keeps many patients from having affordable dental care. SB 501 broadly enacts the recommendations of this Pediatric Anesthesia Study, with the exception of the recommendation to add a second general anesthesia permit holder to the process.”

Background. *Regulation of Dentists by the DBC.* The DBC is charged with regulating over 70,000 licensees including dentists, registered dental assistants, dental sedation assistants, and orthodontic assistants. The DBC also provides a number of permits for those who are licensed and permitted. The table below provides an accounting of the type and number of providers regulated by the DBC.

LICENSE OR PERMIT	NUMBER OF PRACTITIONERS
Dental License	34,111
Elective Facial Cosmetic Surgery Permit	28
General Anesthesia Permit	853
Medical General Anesthesia Permit	79
Conscious Sedation Permit	517
Oral Conscious Sedation Permit	2,466
Oral & Maxillofacial Surgery Permit	86
Registered Dental Assistant	29,185
Registered Dental Assistant with Extended Functions	1,367
Orthodontic Assistant	646
Dental Sedation Assistant	29
TOTAL	79,655

Use of Anesthesia. Pursuant to BPC §1647(a), the Legislature found, “A commendable patient safety record has been maintained in the past by dentists and those other qualified providers of anesthesia services who, pursuant to a dentist’s authorization, administer patient sedation, and

that the increasing number of pharmaceuticals and techniques used to administer them for patient sedation require additional regulation to maintain patient safety in the future.”

Previous to 1980, state laws described separate and distinct definitions for general anesthesia and the state of consciousness. Since then, the Legislature has declared that there exists a continuum of consciousness that may not be predictable in every case. However, in most instances, the level of consciousness is correlated with the level of sedation.

Currently, the state does not delineate the minimum number of people involved in administering general anesthesia during a dental procedure, only that the operating room be large enough to accommodate at least three people.

AAP-AAPD Guidelines. According to the AAP-AAPD publication: *Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures: Update 2016:*

“The sedation of children is different from the sedation of adults. Sedation in children is often administered to relieve pain and anxiety as well as to modify behavior (e.g., immobility) so as to allow the safe completion of a procedure. A child’s ability to control his or her own behavior to cooperate for a procedure depends both on his or her chronologic age and cognitive/emotional development. Many brief procedures, such as suture of a minor laceration, may be accomplished with distraction and guided imagery techniques, along with the use of topical/local anesthetics and minimal sedation, if needed. However, longer procedures that require immobility involving children younger than six years or those with developmental delay often require an increased depth of sedation to gain control of their behavior.”

The AAP further suggests for moderate sedation procedures, the presence of a practitioner and support personnel for observation. For deep sedation procedures, the AAP recommends an additional independent observer to monitor the patient’s vital signs, administer drugs and assist in an emergency.

DBC Subcommittee Recommendations. On February 8, 2016, the Chair of the Senate Committee on Business, Professions and Economic Development (BP&ED) sent a letter to the DBC requesting that the DBC form a subcommittee to investigate pediatric anesthesia in dentistry, and requested that information from that investigation be reported back to the Legislature no later than January 1, 2017.

In the DBC subcommittee’s report, it writes:

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

California policies, laws and regulations are generally consistent with professional dental association guidelines with the exception of a recommendation in the American Academy of

Pediatrics-American Academy of Pediatric Dentistry Guidelines for a person dedicated to the monitoring and administration of deep sedation and general anesthesia.”

The DBC concluded that California's present laws, regulations and policies are sufficient to provide protection of pediatric patients during dental sedation. However, it recommended several enhancements to current statute and regulations to provide an even greater level of public protection. Of these is a recommendation that, for children under seven years of age, there shall be at least three people present during procedures where anesthesia is used. One person shall be the practicing dentist. One person shall be a general anesthesia permit holder, who shall be solely dedicated to administering anesthesia, monitoring the patient, and managing the airway through recovery. One person shall be an anesthesia support staff, dedicated to the anesthesia process, and shall be trained in PALS and Airway Management, equivalent to the AAP-AAPD Guidelines or as determined by the DBC.

Current Related Legislation. AB 224 (Thurmond) of the current Legislative Session, modifies requirements for dental anesthesia and sedation, with specific requirements for pediatric anesthesia and sedation. *STATUS:* This bill is currently pending in the Senate Committee on Business, Professions and Economic Development.

Prior Related Legislation. AB 2235 (Thurmond), Chapter 519, Statutes of 2016, enacted “Caleb’s Law” which required the DBC to investigate the state of pediatric dental anesthesia and provide recommendations to the legislature.

POLICY ISSUE:

The author should consider drafting amendments in consultation with stakeholders to ensure an appropriate balance of patient safety and access to care based on varying degrees of sedation.

REGISTERED SUPPORT:

California Association of Oral and Maxillofacial Surgeons (sponsor)
California Dental Association

REGISTERED OPPOSITION:

None on file.

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