South Dakota
DENTAL ASSOCIATION

A constituent society of the American Dental Association

S.D. Dental Association
804 N. Euclid, Ste 103
Pierre, SD 57501-1194
Phone (605) 224-9133
FAX (605) 224-9168
www.sddental.org

October 5, 2021

Dr. Harold Doerr, Chairman
South Dakota State Board of Dentistry
PO Box 1079
Pierre, SD 57501

Dear Dr. Doerr:

The South Dakota Dental Association appreciates the Board of Dentistry's work to update the administrative rules concerning anesthesia and sedation. Over the course of the past year, the Board has solicited feedback and incorporated feedback from stakeholders in the various drafts.

We appreciate the transparent and thorough process of review undertaken by the Board. The Association has actively engaged in this process, soliciting feedback from our members. Based on feedback from our members across the state and our committee that reviews these rules, we have responded to the Board's requests for input on the proposed rules and have provided both oral and written recommendations.

The Association supports the rules as they are currently proposed by the Board. We look forward to continued dialog as the framework for utilization of the rules are put into place.

Once adopted, we will share the new rules with our members and will provide training and education for dentists, and their staff, in order for them to be in compliance of the rules on monitoring patients and hosting licensed anesthesia providers, such as Certified Registered Nurse Anesthetists.

Thank you for the opportunity to provide input on the rule changes being considered by the Board.

Sincerely,

Paul Knecht
Executive Director

Oral and maxillofacial surgeons:
The experts in face, mouth and jaw surgery™

American Association of Oral and Maxillofacial Surgeons

9700 W. Bryn Mawr Ave.
Rosemont, IL 60018-5701

847-678-6200
800-822-6637
fax 847-678-6286

AAOMS.org

B.D. Tiner, DDS, MD, FACS
President

Karin Wittich, CAE
Executive Director

VIA EMAIL: contactus@sdboardofdentistry.com

September 14, 2021

South Dakota State Board of Dentistry
c/o Ms. Brittany Novotny, Executive Director
P.O. Box 1079
Pierre, SD 57501

RE: Proposed Updates to ARSD 20:43:09

Dear Members of the South Dakota Board of Dentistry:

On behalf of the 9,000 members of the American Association of Oral and Maxillofacial Surgeons (AAOMS) – and the 20 oral and maxillofacial surgeons (OMS) practicing in South Dakota – we thank you for the opportunity to provide comment on the anesthesia-related regulatory changes before the Board of Dental Examiners.

Anesthesia is at the core of OMS training and practice. OMS residency education standards require a dedicated 32-week resident rotation on medical and anesthesia service as well as an ongoing outpatient experience in all forms of anesthesia throughout four- to six-years of residency training. OMSs are trained in medical assessment and emergency management on par with our medical colleagues. Our training and ability to deliver treatment safely and affordably to patients via our team model of practice in our offices is unparalleled.

A review of claims data provided by FAIR Health for 2018 and 2019[1] show that OMSs are the dental specialists providing the overwhelming majority of deep sedation/general anesthesia and IV sedation services in the U.S. to patients who have private dental insurance. Because OMSs provide the majority of dental office-based anesthetic care in the country, we are uniquely qualified to offer informed opinion on this proposal. We offer the following thoughts on each section as indicated.

[1] Statistics calculated by AAOMS using data from the U.S. Census Bureau and information provided by FAIR Health based on its privately insured dental claims data for calendar years 2018 and 2019. Of the total 3,695,450 moderate and deep sedation/general anesthesia (DS/GA) cases performed in this period, 80 percent – or 2,974,562 – were delivered by OMSs. In the 1- to 7-year-old age group, OMSs provided 49 percent (10,743) of the total DS/GA cases (22,078). In the 8- to 12-year-old age group, OMSs provided 83 percent (56,004) or the total DS/GA cases (67,471). For moderate sedation, in the 1- to 7-year-old age group, OMSs provided 39 percent (889) of the total moderate IV sedation procedures (2,279) and in the 8- to 12-year-old age group, provided 77 percent (6,421) of the total moderate IV sedation services (8,326).

ARSD 20:43:09:03. General anesthesia and deep sedation permit requirements

AAOMS strongly supports the amendments related to qualified advanced training, education and prerequisites to administer general anesthesia and deep sedation to dental patients. In the interest of patient safety, only those with appropriate experience in the administration of deep sedation and general anesthesia should be allowed to administer such services in dental offices.

AAOMS supports the requirement for PALS certification when treating children but believes this is appropriate for use with children under the age of 8. PALS certification in addition to ACLS certification is consistent with universal anesthesia standards and appropriate to ensure patient safety.

Finally, AAOMS supports the requirement of the presence and assistance of two permitted individuals monitor patients under general anesthesia, deep sedation or moderate sedation – a current state requirement for anesthesia monitors. AAOMS Parameters of Care, the AAOMS Office Anesthesia Evaluation and numerous other states require two staff members in addition to the dentist be present during any deep sedation/general anesthesia procedure. This team approach, utilizing personnel currently credentialed by South Dakota to perform such tasks, has long been utilized by oral and maxillofacial surgeons with great success and is basis for AAOMS's Dental Anesthesia Assistant National Certification Examination (DAANCE).

ARSD 20:43:09:04. Moderate sedation permit requirements

As previously mentioned, AAOMS strongly supports the amendments related to training, education and prerequisites to obtain a moderate sedation permit. As the Board is aware, anesthesia is a continuum with moderate sedation easily able to transition to deep sedation or general anesthesia. As such, providers must have competence and proficiency to rescue a patient not only from the intended level of sedation but deeper levels as well.

In addition, AAOMS supports eliminating definitions of anesthesia and requirements based on route of administration in favor of level of sedation. This is the standard of AAOMS, the American Dental Association (ADA) and the American Society of Anesthesiologists.

AAOMS further supports specifying that at least one additional individual permitted to monitor a patient undergoing sedation or anesthesia be present when administering moderate sedation. This is the standard of care and consistent with guidelines of the ADA and with AAOMS policy.

Finally, AAOMS supports requiring that dentists must complete an accredited dental education residency prior to administering moderate sedation to a patient under 12 years of age. Pediatric patients are not "small adults" and the constantly changing morphology of the pediatric patient requires a level of proficiency obtained only through a residency program. To allow anything else could negatively impact the delivery of anesthesia and rescue during an emergency.

ARSD 20:43:09:04.01., 20:43:09:04.04. & 20:43:09:04.05. Host permits

While we understand the dynamics of the state's dental community have necessitated the development of the "host permit" as a compromise between the desire of some vocal practitioners versus patient safety, AAOMS cannot in good conscience endorse this model from a national perspective. AAOMS has long held the position that any dentist utilizing the services of a separate anesthesia provider meet and maintain the minimum requirements to hold a personal sedation permit – a point required by no less than 40 percent of all states.

Dentists cannot abdicate their roles as the leaders of their practices to outside providers and must take ownership of everything that occurs in their facilities. Dental providers utilizing separate anesthesia providers should meet the educational minimums to self-administer sedation/anesthesia. Such requirements ensure the principals involved in the patient treatment possess the knowledge base to assist, respond and treat emergencies. Operating within the airway of a sedated patient whose protective reflexes are obtunded requires education and training about safe operative techniques. Because dental practitioners operate within the patient's airway, with proper training in sedation the treating dentist can evaluate imminent airway-related emergencies. This cannot be achieved by a separate anesthesia provider and thus whoever is working within the airway during sedation and anesthetic procedures must possess the training to recognize and mitigate emergencies.

We appreciate the Board has obviously considered this point, as is evident by the requirement that host permit holders complete a course approved by the Board that meets specified criteria, including patient assessment, emergency scenarios and respiratory complications, just to name a few. Dentists who possess such knowledge are able to lead their teams in meaningful emergency drills but without practical experience with such emergencies, teams will gain only superficial skills to respond, putting both the practice and patient at risk. Such experience is only gleaned through formal and full training in the delivery of moderate sedation, deep sedation and general anesthesia as provided by advanced residency training.

AAOMS certainly understands that the needs of South Dakota vary greatly from the needs of the rest of the country, including challenges related to access to care and geographic distribution of providers. Because these issues and necessary protocols to address are unique to this state, we cannot endorse a model that could serve as a dangerous precedent for other states. That being said, if such a model is adopted, we will watch the implementation of this permit with interest and wish the Board well in its execution.

ARSD § 20:43:09:08. Application for permits – Renewal.

The maintenance of any skill set requires constant use and practice. AAOMS commends the Board of Dentistry in pursuing a minimum patient case requirement for the renewal of sedation/anesthesia permits, similar to what has already been in established in Alaska, Arizona, Mississippi and Utah.

In addition, the thresholds established by the Board are reasonable and should be easily achievable by any provider who regularly administers sedation or anesthesia in their offices. Such a proposal will

further patient safety by ensuring that those permitted to deliver sedation/anesthesia are proficient in such procedures and equipped to safely administer to patients.

ARSD 20:43:09:11. Inspection

AAOMS commends the Board for requiring any office that administers moderate sedation, deep sedation or general anesthesia in the state receive an office inspection by the state. This requirement will help to ensure that offices are prepared to safely deliver sedation/anesthesia and consistency across facilities. Such a necessity will only strengthen patient safety.

While AAOMS supports the requirement that inspectors be "individuals who are legally authorized to administer anesthesia or sedation at the level of the inspection being completed," we suggest those holding deep sedation/general anesthesia permits also be allowed to inspect moderate sedation offices. While it is true that those who provide only moderate sedation are not qualified to inspect deep sedation/general anesthesia offices, the reverse cannot be said. Such a change could also potentially broaden the pool of potential inspectors for moderate sedation offices.

ARSD 20:43:09:13. & ARSD 20:43:09:13.01. Equipment

AAOMS supports the additional equipment requirements proposed in this section, which are consistent with ADA, AAOMS and ASA standards. Monitoring a patient's end-tidal carbon dioxide is critical to understanding a patient's cardiopulmonary status and allows practitioners to more quickly detect and treat respiratory distress than does standard pulse oximetry.

AAOMS further supports the requirement that appropriately sized equipment be present when treating pediatric patients. Because of the constantly changing morphology of the pediatric patient, appropriately sized equipment is vital to the delivery of anesthesia and rescue during an emergency.

ARSD 20:43:09:17. Emergency response protocol.

The successful treatment of any complication or emergency that occurs in a dental office depends on the ability of the entire office staff to function as a well-trained team. Establishment, maintenance and practice of emergency drills is key to successful crisis management. AAOMS believes simulated emergencies should be practiced regularly and each member of the team should be familiar with their responsibilities for each type of emergency.

AAOMS commends the Board for requiring such protocols be formally established and such practice session be documented on a minimum annual basis. Such basic training can help shape the dental team into a cohesive unit, thereby better able to respond when complications arise.

We thank you for the opportunity to submit these thoughts and look forward to our continued collaboration on this and other issues affecting dentistry. Please contact Ms. Sandy Guenther of the AAOMS Governmental Affairs Department at 847-678-6200 or sguenther@aaoms.org for questions or additional information.

Sincerely,

B.D. Tiner, DDS, MD, FACS
AAOMS President

CC: Scott D. Van Dam, DDS, MD
Jay A. Crossland, DDS, President, South Dakota Society of OMS
Paul Knecht, Executive Director, South Dakota Dental Association
Charles A. Crago, DMD, MD, FACS, AAOMS District V Trustee
Karin K. Wittich, CAE, Executive Director, AAOMS
Srini Varadarajan, JD, Associate Executive Director, Practice Management, Health Policy and Governmental Affairs, AAOMS

South Dakota Association of Nurse Anesthetists

October 8, 2021

Brittany Novotny, JD, MBA
Executive Secretary
South Dakota State Board of Dentistry
PO Box 1079/1351 N. Harrison Ave.
Pierre, SD 57501

Dear Ms. Novotny:

I am the current President of the South Dakota Association of Nurse Anesthetists (SDANA). I am writing on behalf of our organization to express its support for the adoption of the proposed rules regarding the provision of anesthesia in a dental setting, which are currently being considered by the Board of Dentistry. SDANA represents over 500 Certified Registered Nurse Anesthetists (CRNAs) and student nurse anesthetists in South Dakota. Our organization is committed to supporting highly trained practitioners working within the full scope of their practice, who provide safe and effective anesthesia care in a variety of settings across the state.

We believe the proposed rules provide for enhanced collaboration with dental providers while ensuring patient safety remains a top priority for all involved. Nationwide, CRNAs have been safely practicing dental anesthesia for decades. In 2020, the South Dakota Legislature passed Senate Bill 50. The bill increased access to care by expanding the CRNAs' scope of practice and, among other things, allowed CRNAs to collaborate with dentists. As you may know, nearly all anesthesia care in rural South Dakota is provided by CRNAs. The proposed rules increase access to care, enhance the quality of care for patients and allow for our rural CRNAs to work with dental providers who have obtained the necessary permits and training to collaborate with anesthesia providers. SDANA supports the option for all dentists and patients to have access to anesthesia care provided by CRNA services, particularly when it comes to rural settings.

SDANA has been involved in the dialog surrounding the proposed rule changes since the process began in the Fall of 2020. During the process, we were notified of board meetings and teleconferences on the rules and invited to provide comments and suggestions on drafts. Our president at the time, Kara McMachen, and our board, worked hard to provide input and constructive feedback. We are pleased to see that some of our suggestions were incorporated into the current version of the proposed rules and appreciate the opportunity to be involved in the process. The SDANA encourages the adoption of the current version of the proposed rules, which support the ability of our CRNAs to continue to provide high quality care for South Dakota patients.

Respectfully,

Teri Schlunsen, MS, CRNA, APRN
SDANA President

South Dakota Society of Anesthesiologists

The South Dakota Society of Anesthesiologists (SDSA) appreciates the opportunity to provide feedback on the proposed changes to the regulations pertaining to dental anesthesia found in 48 SDR 16.

The SDSA represents upwards of 70 physician anesthesiologists practicing in South Dakota. Anesthesiologists have been leaders in establishing guiding principles for the safe care of patients in diverse environments who are receiving sedation and/or general anesthesia. As patient safety is our top priority, we suggest several changes: an addition to the definition of minimal sedation, an addition to the definition of deep sedation, ACLS requirement, and adverse event reporting.

1. Definition of Minimal Sedation
   The definition section of the draft revisions document removes the stipulation that a single drug be used to achieve minimal sedation. This single drug stipulation is key to patient safety. Combinations of drugs may lead to synergistic responses and perilous consequences. We recommend that the definition of minimal sedation includes that only a single drug may be used.

2. Definition of Deep Sedation
   The definition section of the draft revisions document removes the clarification that "reflex withdrawal from a painful stimulus is not considered a purposeful response". In the guidelines presented by the American Society of Anesthesiologists (ASA), this clarification is specified in the "Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia." Thus, this specification is pertinent and should be included in the definition of deep sedation.

3. ACLS Requirement
   The draft seems to reference several times that staff involved in dental procedures will need to have ACLS or an "equivalent approved by the board of dentistry." We suggest that ACLS from the American Heart Association is the only accepted course. All other surgery centers that do sedation and general anesthesia require ACLS training. This s

4. Adverse Event Reporting
   The draft language would require dentists to notify the Board of Dentistry within 72 hours of an adverse event and provide a written report of said event within 30 days. The SDSA believes that for the purposes of patient safety, 72 hours and 30 days is an excessive amount of time and recommends that instead that time be narrowed to 24 hours. With each day that passes, information could be lost or misremembered. A 24-hour reporting requirement would be helpful to the Board of Dentistry, the dentist responsible for the care of the patient, and the profession.

In conclusion, providing anesthesia is a serious and complex component of any medical procedure. When considering sedation or anesthesia, a comprehensive approach to medical management is required to ensure the best outcomes for our patients. On behalf of the SDSA, I encourage the above recommendations. With dentists offering anesthesia and sedation services ranging from anxiolysis to general anesthesia, it is critical from a patient safety perspective to ensure the alignment of current ASA practice standards and guidelines. Patients and their families expect and deserve to receive the same standard of care whenever anesthesia or sedation are administered.

Thank you for your consideration of this very important issue. Should you have any questions, please feel free to contact me at

Sincerely,

Seri Carney, MD

Seri Carney, MD
Director of the South Dakota Society of Anesthesiologists

October 12, 2021

Brittany Novotny
SD Board of Dentistry
PO Box 1079
Pierre, SD 57501

Dear Ms. Novotny:

The South Dakota Academy of General Dentistry (AGD) has reviewed the Board of Dentistry's work to update the administrative rules concerning anesthesia and sedation. We thank the Board for this opportunity to provide our feedback.

The AGD is in favor of efforts to increase the safety of sedation dentistry in South Dakota. However, we believe it is critically important that patients who require sedation care be able to access these services as required when treated by general dentists as well as other specialties. For this reason, we are in favor of changing the case requirements for moderate sedation permits to 12 cases over two years instead of the proposed 12 cases per year.

We believe that increasing case requirements will discourage general dentists from obtaining or maintaining a moderate sedation permit and thereby decrease access to care for patients that require this service.

Other than this proposed change, the AGD is in favor of the other proposed changes. The AGD appreciates the Board of Dentistry's commitment to serving the dentists in South Dakota as well as protecting the safety of the general public.

Sincerely,

Dr. Mark Bain, President

Brittany Novotny

Subject: FW: Dentistry Anesthesia Rules - Updated Draft

From: Mark East <meast@sdsma.org>
Sent: Monday, August 2, 2021 3:37 PM
To: Brittany Novotny
Cc: Timothy Engel
Subject: RE: Dentistry Anesthesia Rules - Updated Draft

Good Afternoon Brittany –

Thank you for forwarding to us the latest copy of the proposed rules and for granting us the opportunity to be a part of the process. Upon review, Tim (Engel) and I have no further questions, comments, or suggestions.

Mark East
SDSMA Vice President
2600 W 49th Street, Suite 100
Sioux Falls, SD 57105
Phone: 605.336.1965
Fax: 605.274.3274
Email: meast@sdsma.org
Values, Ethics, Advocacy

Brittany Novotny

Subject: FW: South Dakota - Anesthesia Rules Information

From: Schwartz, Paul J <
Sent: Tuesday, September 7, 2021 6:09 PM
To: Brittany Novotny
Cc: Schwartz, Paul J <
Subject: RE: South Dakota - Anesthesia Rules Information

Hi Brittany,
I discussed this with both the Board members of AAOMS and ADSA. Both groups have a great deal of concern with allowing dentists that do not have any level of sedation permits to hire a CRNA to provide anesthesia services. Our thoughts are summarized below.

- The CRNA has little understanding of dental procedures and their potential effect on the airway of a sedated/anesthetized patient, especially when there is the airway is open. The operating dentist who possesses no anesthesia permit has little understanding of sedation and anesthesia and lacks knowledge about the vulnerabilities of the patient whose protective reflexes are obtunded by sedation/anesthesia. Prevention of anesthetic complications is compromised with this delivery model.
- The risk of anesthetic complication increases with greater anesthetic time. With a sedated/anesthetized patient who lacks awareness, the operating dentist may develop a false sense of security about attempting procedures for which they lack training and experience. This lack of training and experience may lead to longer procedure and anesthesia times.
- The operating dentist who possesses no sedation/anesthesia permit typically works in a facility that is ill-equipped for sedation/anesthesia delivery. The operating dentist who possesses no sedation/anesthesia permit typically works with a staff that has no training or experience in sedation/anesthesia. Should an anesthetic emergency requiring resuscitation of the patient occur, the CRNA is surrounded by dentist and staff with little or no ability to assist in an inadequate facility for successful resuscitation.

The safest circumstance for CRNA anesthesia delivery in the dental office is for the CRNA to be limited to providing a level of sedation/anesthesia for which the operating dentist holds a permit. At the very least, the operating dentist should hold a permit for moderate sedation for the CRNA to provide moderate sedation, deep sedation and/or general anesthesia.
Best of luck to you as I know you are try to do what is best for the citizens and dentists in South Dakota.
Paul

BLACK HILLS pediatric DENTISTRY

Where Bright Smiles Begin

Pediatric Dentists: Brent J. **Bradley**, DDS*; Kelli J **Jobman**, DDS*; Karli M. **Williams**, DDS*; Stephany P. Liu, DDS
General Dentist: Carla P. Heino, DDS

*owner

Ms. Brittany Novotny
Executive Secretary
South Dakota Board of Dentistry
PO Box 1079
1351 N. Harrison Ave,
Pierre, SD 57501

Dear Ms. Novotny:

We are writing today regarding the proposed updates to the anesthesia administrative rules in ARSD Chapter 20:43. We would like to express our gratitude to the Board for its hard work in this area and express support for the proposed rules.

As you can see from the list below, many of the pediatric dentists in South Dakota openly support the proposed updates to the anesthesia requirements in ARSD Chapter 20:43.

Again, thank you for your dedication to the dental profession and diligent work on these needed updates to the anesthesia requirements. Please contact us if you have any questions.

Sincerely,

Drs. Brent Bradley, Kelli Jobman, Stephany Liu & Karli Williams
Black Hills Pediatric Dentistry

Dr. Conner Christensen
ABC Pediatric Dentistry

Drs. Joe Olsen, Corey Peterson, JB Skibinski, John Taggart, Damon Thielen, & Scott Weyers
Children's Dental Center

Dr. Thane Crump
Lake Area Pediatric Dentistry

700 Sheridan Lake Rd
Rapid City, SD 57702

Phone: (605) 341-3068
Fax: 605-341-5757

Website: www.blackhillspediatricdentistry.com

Email: info@bhpdsd.com

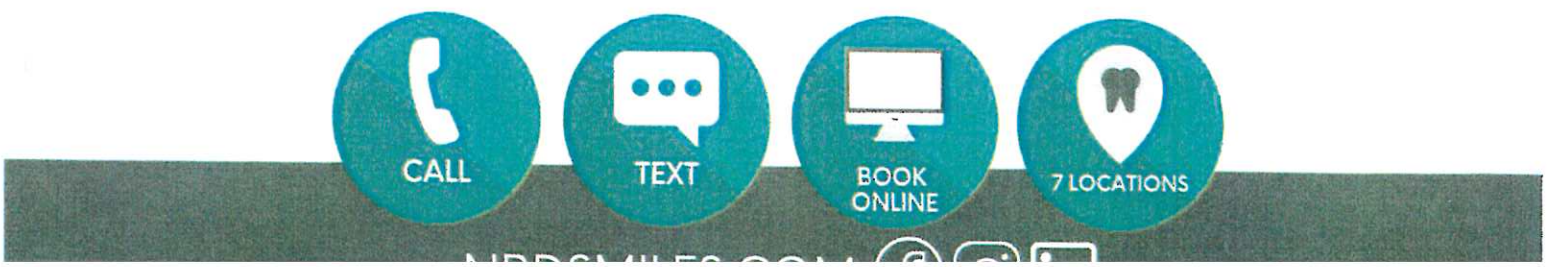
Neighborhood Dental

Attention: South Dakota State Board of Dentistry

We are collectively in support of ARSD 20:43:09 and the proposed draft. These proposed changes would allow for advanced functions and services being offered in the general dentistry setting while collaboratively working with a LAP. This would provide more access to care, especially for those patients seeking other levels of anesthesia. We look forward to hearing the results after the public hearing on October, 22, 2021.

Thank you,

Neighborhood Dental



Brittany Novotny

From: Jeff Loftus
Sent: Wednesday, September 15, 2021 9:40 AM
To: Brittany Novotny
Subject: anesthesia rule changes

Anesthesia committee,

I have read the proposed changes to the anesthesia rules. I am disappointed that after all the CE, time and money I put into getting my moderate sedation permit, now the rules have changed again, however, I understand the need to allow LAP to progress into the dental setting.

Performing general dental work, including crowns, bridges, fillings, etc. which requires heavy water spray into the airway is a serious challenge on sedated patients with a compromised airway. I expect that most dentists who haven't done this type of work on sedated patients will learn quickly how much of a challenge this is and I hope without incident.

I am concerned with the small number of patients required to maintain a permit. I don't think 12 patients per year is enough experience to maintain proficiency in all the aspects of moderate sedation. I also think the requirement for a host permit should involve a great deal of training on emergency scenarios, especially as it pertains to recovering a lost airway, as well as pharmacology necessary to support the LAP during an emergency.

Sincerely,

eff Loftus

Jeff Loftus DDS
5615 Nugget Gulch Rd
Rapid City, SD 57702

Dakota Family Dentistry™

September 17, 2021

South Dakota State Board of Dentistry

PO Box 1079, 1351 N. Harrison Ave

Pierre, SD 57501

Dear South Dakota State Board of Dentistry members:

As a practicing conscious sedation permit holder for the last 26 years, I support the Amendments to Administrative Rules under discussion. I have worked directly with CRNA's at Huron Regional Medical Center for the last 26 years and now currently the last 2 months at Dakota Family Dentistry. From my experience, I am confident in their education, training, and skill to be a part of the dental care team.

Utilizing CRNA's results in a safer, more monitored sedation experience for patients. I particularly am in full support of the host permit as it benefits patients by reducing barriers to care, like travel and cost. It also increases access to care for patients with dental anxiety as more dental offices can offer sedation services. Thank you for your consideration.

Sincerely,

Bruce D. Wintle DDS, MAGD, ABGD

Bruce D. Wintle, D.D.S., M.A.G.D., A.B.G.D.
1010 Dakota Avenue South • Huron, South Dakota 57350 • (605) 352-6999

Brittany Novotny

From:
Sent: Sunday, September 26, 2021 5:05 PM
To: Brittany Novotny
Subject: Re: Anesthesia Rule Project

Thank you for everything. I have read the new Rule Changes and i am ok with them. Thank you for changing the rules to 12 cases in 12 months.

Thank you
John Bridges

-----Original Message-----
From: Brittany Novotny
To: Brittany Novotny
Sent: Thu, Sep 9, 2021 4:02 pm
Subject: Anesthesia Rule Project

Greetings:
You are receiving this notification as an interested party. Attached please find the following:

- Notice of Public Hearing
- Draft Rules with LRC Form & Style Edits
- Summary of Rule Changes

This information can also be found on the Board's website. When reviewing the draft rules, please note that anything with an ~~overstrike~~ is currently in rule and being proposed for deletion. Anything with an underline is not currently in rule and is being proposed as an addition. Other text is currently in rule and is not being changed.

We appreciate your time and participation throughout this process. If you have any question, please let me know.

Sincerely,

Brittany

Brittany Novotny, JD, MBA
Executive Secretary
South Dakota State Board of Dentistry
PO Box 1079/1351 N. Harrison Ave.
Pierre, SD 57501
Ph: 605-224-1282
Fax: 888-425-3032
www.sdboardofdentistry.org

Board of Dentistry:

RE Updated Sedation Proposals:

I made a public records request for all information pertaining to the sedation rules submitted by South Dakota dentists from May 5th to June 1st, 2021 from the state attorney, Justin Williams. The information mailed to me was about ten paper pounds of submitted concerns and literature cited from South Dakota dentists. To assert that dentists in South Dakota support this legislation through a neutral process is incorrect and has yet to be proven. This process has been flawed from the beginning and I have serious concerns in the intentional liability attempted to be placed on providers through the host licensure proposals. I also have serious concerns regarding separate standards of care being placed on providers that are not oral surgeons. I can expand on several anti-competitive examples: the anesthesia committee has had members from a single oral surgery practice for over a decade, the behavior of some oral surgeons to general practitioners is well-known throughout the state (removing teeth, implant placement, and now sedation opinions), the anesthesia committee's redundant approval of already accredited training programs, and zero evidence/literature provided on sedation rule proposals when there are national guidelines already set in place. The advisory request by the board to a member of the SE district was so bad, if his opinion was not anti-competitive, the only other conclusion is advisory incompetence. There is also an instance of an appointed dental anesthesia inspector telling a dental student to not practice at the Canton office as an associate. This behavior may affect business practices from a person appointed by the state that has access to an office through sedation inspection. This person has inspected two of my offices. These examples are a fraction of possible complaints. There are more.

The current proposals should be replaced and a new standard proposed based on national guidelines and precedent already set by national anesthesia professionals. The ability for all dentists to easily participate and practice sedation is a need for patient access to care and to ensure fair market practices. All you need to do is look at the original, anti-competitive proposed rules and recorded opinions, to invalidate this entire process and validate the original intentions from the anesthesia committee. The arguments presented by the oral surgeons in this state rest on credentials, yet the only board-certified dental anesthesiologist in South Dakota is not on the committee.

My recommendation is to start over and follow national guidelines for sedation in the state of South Dakota to properly validate the process. I also recommend changing the entire anesthesia committee based on equal representation of dental sedation providers in South Dakota. Otherwise, the regulation authority pertaining to dental sedation in South Dakota is anti-competitive.

Very Respectfully,

Chris Diaz-Freed D.D.S.

10/9/2021

To the South Dakota State Board of Dentistry,

The proposed rule changes must be abandoned. They have been opposed by every dentist anesthesiologist that has reviewed them, including the leadership of the American Society of Dentist Anesthesiologists (ASDA) who has written public letters of opposition. The proposal not only largely ignores the ASDA's model legislation but it contradicts a range of national guidelines published by expert groups, both within and outside of dentistry.

Despite some nominal modifications from previous versions and despite board claims of widespread community buy-in, the proposed rules are widely opposed by the range of those who are most affected by them. They are anti-competitive. They lack basis in data or evidence. They propagate the practices of one segment of dentistry over others. They do not protect patients or equitably regulate sedation for the range of dental professionals and practice models. They expose dentists to an excessive amount of unnecessary risk and disincentive them from treating patients compassionately to the highest levels of care. They actually worsen access to care, particularly for children, special needs patients and individuals with complex dental and medical needs.

For several years I have tried to influence the proposal in a way that would make it palatable. I have tried to work through written and spoken mediums, both publicly and privately. I was even invited to advise the board on the specific areas of greatest concern, which I have done repeatedly. Unfortunately, the authors of this proposal have largely ignored my input in key areas and they have pushed ahead, intending to adopt this in South Dakota and offer it up as a model for other states across the nation.

This proposal is not only bad for patients but is actually worse than the existing rules and regulations. The only groups who benefit from or who are largely unaffected by this proposal are the individuals who authored it and their colleagues.

Short of a complete abandonment of this proposal and a rewrite from scratch by a more objective committee representative of the range of dentists it would affect, I stand in opposition to this proposal in any form.

Kevin Croft DDS
Director at Large - American Society of Dentist Anesthesiologists
Diplomate - American Dental Board of Anesthesiology
Staff - University Medical Center Las Vegas, Nevada
Member - American Dental Association
South Dakota Dental Licensee and General Anesthesia permit holder
Dean - Institute for the Management of Pain and Anxiety
801-477-5337 (office)

Board of Dentistry:

In 2011 the chair of the ACC was also on the state board. Fast forward to present, the chair of the ACC is on the stated dental board. And these individuals practiced in the same office together. All of the proposed changes appear to spawn from the same office.

I propose that the present ACC members be replaced with a new lot of unbiased members without conflict of interest or anti-competitive behavior. I propose the new ACC consists of equal proportions of AP/Non-AP providers.

The proposed changes should be replaced with accepted, national guidelines. Not the subjective, non-evidence based, format being proposed. The changes should be consistent, and not excessive, with the lower 48 states, instead of trying to make an example of our state for personal gain.

I witnessed the bullying that took place 10 years ago and it smells very similar to what is happening now in 2021.

Respectively,

Chad Lewison

October 11th 2021

Members of the South Dakota State Board of Dentistry:

This letter is in opposition to the presented sedation 'update' of ARDS 20:43:09 as it continues to be flawed.

As an evidence-based professional, I am encouraged to have data reveal the truth and lead the way. It goes without saying I support any and all measures that increase public safety; however, there is no data correlation between safety and the updated proposals. Instead, the board seems to be following biased recommendations from a minority representing a narrow spectrum of South Dakota dentistry.

The board is very well aware the Anesthesia Credentials Committee (ACC) has an Oral Maxillofacial Surgeon majority even though the majority of sedation providers in the state are not. This committee created a grossly flawed initial draft constructed to benefit a certain few. Thankfully, many stakeholders opposed this-- and subsequent-- draft(s) showing widespread disapproval of the process and content. This is still the case. After reviewing public records provided, the majority of recommendations from myself and other South Dakota practitioners/organizations were ignored. This draft and the Board continue to lean towards benefiting only a certain group of providers in the state. This is anticompetitive and causes much dissension within the dental community. My question to the Board: can you honestly evaluate this draft and say with 100% certainty this proposal is not excessively benefiting some while placing others at a vast disadvantage? I still see many areas of the proposals that inhibit equal and fair practice between varying groups.

The current draft continues to ignore recommendations from national dental organizations and national trends. Although the latest draft is modestly improved from the excessive overreach presented by the ACC, it is not suitable to move into any formal ruling as it is without scientific basis and grossly divergent from the rest of the states' sedation rulings.

As of now, the most appropriate means of creating sedation law that benefits everyone (ALL providers and public) is to begin anew with varying perspectives. Sadly, this draft continues to echo the initial intent of the ACC: anticompetitive, lacking trends and data, unnecessary increase of liability, and limits access of care to South Dakotans.

Thank you,

Cody Gronsten DDS MS

10/5/2021

To whom it may concern,

I am a current moderate sedation permit holder. I see sedation as a valuable tool in dentistry to improve treatment outcomes, especially for those patients we treat who have extreme dental anxiety. I have worked in both rural areas and urban areas in South Dakota and see IV sedation as a great option to help provide quality care to our patients. When the permit rules were proposed months ago, I felt like the suggested number of annual cases (25) was a very steep standard to be set for those who practice in less populated areas. I am glad to see that our concern was heard and addressed with a compromise of 12 annual cases with a chance to make up for any deficiencies with continuing education options.

One area that I would like to be considered is to have more sedation drug options, that would be helpful in cases where our typical sedation drugs aren't ideal to achieve proper sedation outcomes.

I feel like sedation is an asset to my practice of dentistry and am very glad to be able to be use it on a regular basis.

Thank you for your time!

Dr. Dan Graves

Rapid City Smiles Implant and Family Dentistry

Brittany Novotny

Subject: FW: Proposed Anesthesia Administrative Rules Proposed Changes

From: Mike Doerr
Sent: Wednesday, October 13, 2021 11:11 AM
To: SD State Board of Dentistry <contactus@sdboardofdentistry.com>
Subject: Proposed Anesthesia Administrative Rules Proposed Changes

SD Board of Dentistry-

Upon reviewing the most current rules changes regarding ARSD 20:43:09 I would like to offer a few comments for your up coming meeting. I believe that the current proposals involving the Host Permit strike a fair balance between public safety, access to care, and responsibility for dentists electing to utilize the services of a licensed anesthesia provider. Personally, I have no interest in providing sedation services on my own. However, the Host Permit and its' facilities requirements is quite appealing as it allows me to treat patients that I may otherwise be unable to without the full blown requirements for moderate sedation. I fully support the changes and requirements that are being proposed. Thank you for all your time and efforts!

Regards,

-Michael H. Doerr, DMD

Brittany Novotny

From: Brian Richman
Sent: Wednesday, October 13, 2021 2:27 PM
To: Brittany Novotny
Subject: RE: Anesthesia Rule Project

Hi Brittany,

I am writing to you in regards to the new anesthesia rules for South Dakota. In general, I agree with and support these changes with a few exceptions. In my own practice and training I have found that there is no better way to be prepared other than hands on training. It is for this reason that I would tend to agree with AAOMS and my other colleagues and recommend that the minimum cases be at least 25 per year. I don't think that is an unreasonable case load, and to be honest it would only provide the bare minimum experience. I personally don't think that I would feel comfortable sedating patients if I was only doing 12 per year. Furthermore, I would not allow my own children to be sedated by someone who is minimally qualified based on ongoing practice and experience. All hospitals and surgical centers require ongoing cases in order to qualify for privileges. Also, I agree strongly that the "Host" dentist should be ACLS/PALS certified if he/she is allowing sedation to be administered in his/her office. The 6-8 hour courses that you are proposing for host dentists to become familiar with office based anesthesia seems like a bare minimum. I would be more comfortable with requiring a moderate sedation permit.

Thanks,

Brian Richman

From: Brittany Novotny
Sent: Thursday, September 09, 2021 4:02 PM
To: Brittany Novotny ‹
Subject: Anesthesia Rule Project

Greetings:
You are receiving this notification as an interested party. Attached please find the following:

- Notice of Public Hearing
- Draft Rules with LRC Form & Style Edits
- Summary of Rule Changes

This information can also be found on the Board's website. When reviewing the draft rules, please note that anything with an ~~overstrike~~ is currently in rule and being proposed for deletion. Anything with an underline is not currently in rule and is being proposed as an addition. Other text is currently in rule and is not being changed.

We appreciate your time and participation throughout this process. If you have any question, please let me know.

Sincerely,

Brittany

Brittany Novotny, JD, MBA
Executive Secretary
South Dakota State Board of Dentistry

Brittany Novotny

From: Ike Morgan
Sent: Wednesday, October 13, 2021 4:53 PM
To: Brittany Novotny
Subject: RE: Anesthesia Rule Project

I would like to share that I support a team model for anesthesia in a dental office and feel that any dentist treating a patient under anesthesia should hold a permit of some type and need ACLS training. I also believe that any dentist providing anesthesia should be doing more than 12 cases a year and know that for myself, I would not feel safe or comfortable sedating someone on average only once a month.

Ike Morgan, DMD
Black Hills Oral Surgery &
Dental Implant Center
3415 5th Street
Rapid City, SD 57701

PO Box 5690 Rapid City, SD 57709
605-348-6818
800-658-4598
605-3484690 Fax
www.bhoralsurgery.com

From: Brittany Novotny
Sent: Thursday, September 9, 2021 4:02 PM
To: Brittany Novotny
Subject: Anesthesia Rule Project

Greetings:
You are receiving this notification as an interested party. Attached please find the following:

- Notice of Public Hearing
- Draft Rules with LRC Form & Style Edits
- Summary of Rule Changes

This information can also be found on the Board's website. When reviewing the draft rules, please note that anything with an ~~overstrike~~ is currently in rule and being proposed for deletion. Anything with an underline is not currently in rule and is being proposed as an addition. Other text is currently in rule and is not being changed.

We appreciate your time and participation throughout this process. If you have any question, please let me know.

Sincerely,

Brittany

Brittany Novotny, JD, MBA

Brittany Novotny

From: Denis Miller
Sent: Thursday, October 14, 2021 7:47 AM
To: Brittany Novotny
Cc: Dr Lou George; Dr. Leet; Denis Miller
Subject: Found some typo's otherwise it the same as the email we sent yesterday to meet the deadline - Recommendations

- Hello Brittany,

Dr George, Dr Leet and I submit these recommendations to the State Dental Board to be considered at the upcoming board meeting when discussing the new anesthesia rules and regulations. We are available via zoom or phone to speak to any of these recommendations if that is an option.

Thanks

Denis Miller, DDS, MBA
Siouxland Orak & Maxillofacial Surgery

- Recommendation: ARSD 20:43:03:07.
- We need to have consistency throughout the document and we believe that The Board should make clear that The board holds authority over all CE courses, especially those related to anesthesia and that when ADA/PACE, AGD/AGED or other entities endorse, promote or provide oversight for a course or CE it is made clear that The SD Board has ultimate authority as to whether a CE course deserves credit. This may at times result in the The Board not allowing credit for anesthesia courses sponsored or advertised as recommended by outside entities. Recommend that we Include "board-approved" on page 2, line 3 before "continuing education anesthesia related topics per five-year licensure cycle." Goal: Consistency. Rules refer to board approved CE throughout and this would carry that same language into the anesthesia CE paragraph.

- Recommendation: ARSD 20:43:09:08.

- We support the inclusion of team training. We would recommend also including "difficult airway training or emergency simulation training" on page 24, line 22 before "at least annually...". Furthermore, in the case of pediatric anesthesia we would recommend that difficult airway training be required for all dental providers where pediatric (12 and under) anesthesia is provided. The pediatric airway is notorious for being difficult for a variety of reasons and management is not typically taught in CE courses. In addition we would ask the The Board to consider exploring avenues to ensure that itinerant anesthesia providers can provide documentation of training or attestation from their hospital credentialing bodies that the itinerant provider has initial training and ongoing training/competency in the management of pediatric and difficult airways. For properly trained individuals this should be a simple procedure and not a burden at all: Goal: Ensure appropriate ongoing training to maintain competency and ability of staff to respond effectively to emergencies. Authority: itinerant anesthesia providers will provide anesthesia services in the dental arena and not in the medical/nursing arena, so while we have no jurisdiction on their training in their profession we do have jurisdiction in the dental arena. The dental arena is significantly different than the same day surgery or hospital setting so different credentialing parameters are required. Consider each dental office as a same day surgery unit and since there is no credentialing committee in each dental office that duty falls on the State Dental Board. This is no different than requiring every anesthesia provider to be familiar with the equipment (crash cart) in each individual dental office that provides anesthesia services (see recommendations for ARSD 20:43:09:12)

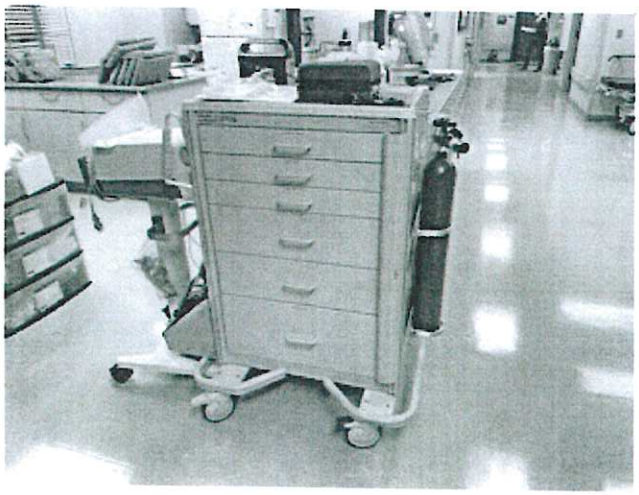
- Recommendation: ARSD 20:43:09:12 .
- Background: A host anesthesia provider after their initial training will have no continued real world experience in providing anesthesia and over time will not be familiar with resuscitative equipment. So even though the host dentist will presumably know what a "crash cart" is, their experience with it will be limited. Whereas, the itinerant anesthesia provider will have ongoing real life experience but no knowledge of the individual dental office facility. This disconnect can be rectified by having every anesthesia provider undergo a facility exam for each facility where they provide services.
- Include a requirement that host permit holders have a facility inspection completed with every single licensed anesthesia provider (LAP) he or she utilizes (ARSD 20:43:09:12). Goal: Ensure every LAP is familiar with office set up and emergency drugs and equipment.

- Recommendation: ARSD 20:43:09:13 and 20:43:09:13. Include "that can be accessed in one location" on page 32, line 4 and on page 30, line 17 following "transported to a medical facility".
- Background: In an emergency situation all emergency equipment should be immediately available. Typically, in the hospital/same day surgery setting everything that is needed is available in a "crash cart" and not scattered about in fishing tackle boxes, cupboards and different rooms. Itinerant anesthesia providers are accustomed to the hospital/same day surgery protocol and equipment and we should strive to rise to that standard. To be consistent with the recommendations for ARSD 20:43:09:12 (above) it would be prudent to require that in the dental facility that provides anesthesia services, the physical plant and equipment and protocol are as much as possible, similar to that encountered in the hospital/same day surgery setting because the itinerant anesthesia provider is familiar with that set up and will depend on the consistency of that environment to be able provide emergency care. You have 4 minutes before brain death occurs, every minute you spend running around looking for things or picking up equipment that spills out of a fishing tackle boxes is time wasted, it all has to be in one place.
- Goal: Ensure emergency drugs and equipment are all located in one place in the facility so all can be easily accessed when an emergency arises.

- Recommendation: As the Board implements these rules and completes a review of the inspection process, we would recommend that GA/Deep permit inspections be reviewed as a separate process. And that the rules state that the AAOMS review process is accepted as equal in every way to The Board's process. The AAOMS requires that only board certified oral surgeons conduct the anesthesia reviews for credit with AAOMS to maintain membership.
- Background: Deep Sedation/GA requires a higher standard of training, ongoing CE and higher case loads to maintain competency, facility and equipment requirement. To intermingle that with a moderate sedation or host permit confabulates the training and expertise of providers. Goal: To ensure that AAOMS board certified oral surgeons can continue to have one inspection conducted that meets both the Board's requirements and AAOMS guidelines. The AAOMS is in the process of increasing the CE requirements to maintain anesthesia certification and we would recommend that deep sedation/GA permit holders have the flexibility to follow the AAOMS guidelines. Furthermore we would petition The Board to adopt the AAOMS guidelines as much as possible for other anesthesia permit holders.

Recommendation 20:43:09:08: recommend that permit holders complete at least 25 cases per year

Background: The current advisory opinion recommends 25 moderate sedation cases per year. The current draft has reduced that number to 12. We feel that an average of 1 sedation case a month is woefully inadequate to maintain anesthesia competency. In a day and age where many dentists advertise the number of hours of CE or number of dental implants they place as proof of their expertise (the larger the number the greater the proof of expertise) it seems counter intuitive to promote expertise in sedation dentistry in the office setting with a low number of sedations. Should it not stand to reason that a provider with many anesthesia cases has more experience than one that has few cases and does the public not deserve to know which providers have ongoing experience with many cases rather than just 1 a month? By the existing landscape of advertising where practitioners advertise their expertise based on number of cases and/or hours of CE should we not also apply that same commonality to advertising anesthesia services? The board should consider that when advertising anesthesia services the practitioner should be required to also include the number of anesthesia cases they do per year and the number of anesthesia CE they complete per year (to remain consistent with what is done to advertise other services). That way the public can make an informed decision as to which providers they want to see based on their training and continued competency.



AAOMS is changing their criteria

Anesthesia resolutions to be considered – The House of Delegates will vote in September approve four anesthesia-related resolutions that amend membership qualification bylaws. the bylaws changes (and their effective date) will require:

- Members who provide office-based moderate, deep and/or general sedation to su an AAOMS-approved anesthesia simulation training course every five years (2026)
- Members who provide office-based moderate, deep and/or general sedation to pr that their anesthesia assistants are certified by an AAOMS-approved process (202
- All members to attest they are conducting quarterly team mock emergency drills (
- All members to complete an anesthesia survey every five years through the OAE P

I thin

Brittany Novotny

From: Chuck Scanlon
Sent: Thursday, October 14, 2021 10:32 AM
To: Brittany Novotny
Cc: Mattie Bertels; Scott Van Dam
Subject: SD Anesthesia Rules

Brittany,

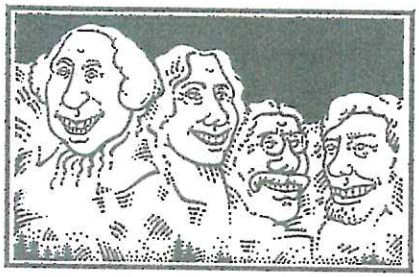
I wished to provide input on the proposed changes to the anesthesia rules in the State of South Dakota. I realize that there are many nuances to this discussion. As a moderate sedation permit holder, I feel that this should be the minimum requirement to hire a CRNA or anesthesiologist in our office. It is very important that the dentist has skill and experience with sedation so that patients are properly screened and selected for anesthesia services in a dental office setting. The anesthesia providers have a financial consideration to perform these sedations. It is vitally important that the dentist has the experience to not only help in an emergency but to also to access the appropriateness of sedation in an office setting. I think a moderate sedation permit should be required to hire an anesthesiologist in your office.

Once a moderate sedation permit is obtained, it is important that the provider does a minimum amount of cases to keep their skills up. I believe at least 12 moderate sedations should be completed by the permit holder annually.

Chuck Scanlon DDS, MSD

WEST RIVER
PERIODONTICS
& IMPLANT DENTISTRY

1761 Tablerock Rd
Rapid City, SD 57701
(605)721-1111
www.westriverperio.com



Dakota Family Dentistry™

October 11, 2021

South Dakota State Board of Dentistry

PO Box 1079, 1351 N. Harrison Ave

Pierre, SD 57501

Dear South Dakota State Board of Dentistry:

I am writing this letter to give my support for the Amendments to the Administrative Rules under discussion concerning sedation and the use of CRNA's. I have worked directly with CRNA's at Huron Regional Medical Center since I started practice 13 years ago, as I have hospital privileges which I utilize monthly. I am confident CRNA's possess the education, training, and skill to provide safe, high-quality, and cost-effective anesthesia care as members of the patient-centered dental care team.

I particularly am in full support of the host permit portion of the Amendments. The host permit will increase access to care as more dental offices will be able to offer sedation for anxious patients or patients with treatment that is inclined to use sedation to complete. Barriers to care for rural patients, like travel and cost, will be lessened with the host permit as well. In summary, the incorporation of CRNA's in to the dental care team raise the level of education, training, and skill of the team so it can provide the highest level of safety, patient care, and dental treatment. Thank you for your time and consideration.

Sincerely,

Jesse D. Fast DDS.

Jesse D. Fast DDS, FAGD

RECEIVED
OCT 14 2021

Jesse D. Fast, D.D.S.
1010 Dakota Avenue South • Huron, South Dakota 57350 • (605) 352-6999

proofpoint essentials

SD proposed anesthesia regulation

From:
To: Brittany Novotny

Oct 14, 2021, 4:33:04 PM

Brittany,

I would like to offer input concerning the proposed updates to the anesthesia regulation in the state of South Dakota. I feel that the host dentist should be required to maintain a moderate sedation permit for sedation services to be provided in their office. Although an anesthesia provider is present in the new proposal, in the patient's eyes, the dentist is providing comprehensive care. The patient has come to see the dentist as their primary care provider. In that light, I feel that the dentist is ultimately responsible for the patient's care and supervision. It would be in the patient's best interest for the host dentist to hold a moderate sedation permit to ensure the safe and appropriate treatment of patients in South Dakota.

Sincerely,
Mattie Bertels DDS

WR Perio RGB Logo_Long

Dr. Mattie C. Bertels, DDS
West River Periodontics
1761 Tablerock Rd.
Rapid City, SD 57701
(605) 721-1111

Encrypt

1 attachment

image001.jpg (41.5 KB)

Brittany Novotny

From: Joshua Nehring
Sent: Saturday, October 16, 2021 12:52 AM
To: Brittany Novotny
Subject: Comments for consideration...

Brittany:

I first and foremost apologize for the late response. I did not make it the priority it should have received.

I have not taken the time to look at other states' policies in these matters and I acknowledge my ignorance on being able to fully comprehend the big picture with these modifications. Having said that, I offer my thoughts on a few of the current suggested items.

I think that it is a wise decision to allow for anesthesia providers to partner with dentists on providing sedation for appropriate patients to improve the quality of care and quality of experience for patient care. I think there are a number of potential benefits with this adjustment. I do not fully agree with the concept that a host dentist needs to have a permit themselves to allow for an anesthesia provider to perform this service, but I think the reduction of a "full permit/license" of general, moderate etc. sedation is a amicable compromise that is less burdensome to the dentist and his team. I think it would be reasonable that any dental office desiring to offer sedation service via a designated anesthesia provider should be able to do that as long as the facility is adequate and the appropriate supportive monitoring team members are present to assist the anesthesia provider. I do not think the dentist performing the procedure should be expected to obtain any permit other than have a safe site and a written contract with the anesthesia provider that clarifies what supporting resources will be provided if any, if none, then the anesthesia provider should be expected to provide such resources (both human support and medical drugs and equipment).

Related to this above item, I do not agree with the need for the host permit model to require an office to participate in an annual sedation related course. I think it would certainly be a smart thing, but the anesthesia provider and the supportive team are the individuals that need this regular training. Additionally, if the anesthesia provider is a non-dentist, the trained personnel, the state dental board should be able to have guidance on their degree of sedation with an open airway environment.

I agree 100% with the requirement for children<12 to be sedated in any fashion other than N20 to be specifically residency based training requirements.

For dentists that want to have a moderate sedation permit, I think that the current requirements are justifiable, prudent, and obtainable by those wanting to provide high quality and safe sedation. I think there needs to be a requirement for sedation cases performed annually; As such I am not in favor of reducing the number of cases from the previously suggested 25 as opposed to the newly proposed number of 12. I also have suggested vocally that the ACLS requirements for moderate sedation permit holders be modified to dental specific anesthesia training. ACLS courses are almost entirely not relevant to the typical office environment of moderate sedation permit holders. I understand that it has been the standard of accreditation, but it is puzzling to me that it have remained as such due to its almost entirely irrelevant content. To adequately provide care for our patients and protect our dentists' and their teams optimally, it would be very appropriate to identify dental specific anesthesia courses that would be required on an annual basis to facilitate appropriate life saving skills related to the dental office.

Based on what I have heard, it sounds like AMOS group is not happy with some of these changes (too lax) and general dentists are not happy due to the requirements (too restrictive), congratulations should probably be given to all who

have worked on these issues that the suggested resolutions generally should be and in fact may be an excellent compromise.

Again, my apologie for the delayed response. I understand that you may not have the ability to have my comments for the public hearing on October 22nd, but hopefully they willl be of value and may considered at the time of final implementation.

Brittany, I applaud your efforts with the South Dakota State Dental Board. We are lucky to have your expertise! Thank you for all that you do.

Joshua

Joshua W. Nehring, DDS
C: 605-646-2456
O: 605-348-2556
W: www.dakotaperio.com

S.M.I.L.E.

Brittany Novotny

From: Mark Terry, DDS
Sent: Friday, October 15, 2021 7:10 PM
To: Brittany Novotny
Subject: RE: Anesthesia Rule Project

Brittany,

Sorry it took so long to get back to you on the anesthesia changes but after multiple prompts from Harold and Scott, I knew I needed to get it done ASAP. The items that were mentioned for specific feedback were:

Moderate anesthesia for children<12yrs old: Personally, I am not interested in providing moderate sedation for anyone younger than about 16. I am totally supportive of extra training, PALS certification, etc. In this area, I think the more cautious the approach, the better.

CE requirements for host moderate sedation; Annual CE etc: I am also supportive of regular CE requirements for moderate sedation. As with any skill that is not used on a regular basis such as BLS, ACLS, airway, etc., those skills will get rusty and regular refreshers are needed. Our office has engaged the services of Rick Ritt for regular training for the doctors and staff. I have found his material to be both relevant and helpful as a refresher course and feel the regular updates are very important to maintaining knowledge and prior training.

Number of annual cases for maintaining moderate sedation permit: Frankly, 12 cases annually to maintain a moderate permit seems a bit low and that the rules were a bit generous in this area. To me, 2 cases per month for 20-24 ases/year does not seem too difficult to do to maintain a moderate permit.

Host permit for moderate sedation: I think that having a host permit and maintaining certain life saving skills and training is important for those who employ a LAP. If an emergency occurs, it is always better to have more people available to provide care than less. We are the treating doctor and still have responsibility for the patient's best interest and well-being. Though the course requirements themselves of 60 coursework hours and 20 live patients would seem a bit daunting to me if I were a dentist wanting to get a moderate permit, when I think back on the training I received during my residency, the requirements feel tough but fair. I am also ok with the other course requirement guidelines.

Reviewing the remaining guidelines, I didn't feel that anything was too unreasonable or excessive.

Hope this helps. If you have any other specific items on which you would like additional feedback, please let me know.

Mark A. Terry, DDS
Dakota Regional Periodontics

From: Brittany Novotny
Sent: Thursday, September 9, 2021 4:02 PM
To: Brittany Novotny
Subject: Anesthesia Rule Project

Greetings:
You are receiving this notification as an interested party. Attached please find the following:

1. Notice of Public Hearing
2. Draft Rules with LRC Form & Style Edits

3. Summary of Rule Changes

This information can also be found on the Board's website. When reviewing the draft rules, please note that anything with an ~~overstrike~~ is currently in rule and being proposed for deletion. Anything with an underline is not currently in rule and is being proposed as an addition. Other text is currently in rule and is not being changed.

We appreciate your time and participation throughout this process. If you have any question, please let me know.

Sincerely,

Brittany

Brittany Novotny, JD, MBA
Executive Secretary
South Dakota State Board of Dentistry
PO Box 1079/1351 N. Harrison Ave.
Pierre, SD 57501
Ph: 605-224-1282
Fax: 888-425-3032
www.sdboardofdentistry.org

Brittany Novotny

From: Jennifer Friedman
Sent: Friday, October 15, 2021 2:32 PM
To: Brittany Novotny
Subject: Anesthesia Rules Project

Hi Brittany,
I just wanted to write to let you know that as a moderate sedation permit holder, I looked over all of the proposed changes and I fully support all of the proposed changes. Thank you!

Jenny

--
Jennifer LH Friedman, DDS
705 Columbus Street
Rapid City, SD 57701
605-343-0711