



October 13, 2020

Ms. Sandra Reen

Executive Director

Virginia Board of Dentistry

9960 Mayland Drive

Richmond, VA 23233-1463

Dear Ms. Reen,

We are writing on behalf of the Virginia Society of Oral and Maxillofacial Surgeons (VSOMS) to express our concerns over the suggested amendments in 18VAC60-21-291 Requirements for administration of moderate sedation, 18VAC60-21-301 requirements for administration of deep sedation or general anesthesia and 18VAC60-21-260 General provisions. As you are well aware, dentists in the Commonwealth of Virginia are currently allowed to employ and utilize Certified Registered Nurse Anesthetists (CRNAs) services in their practices only if the dentist has fulfilled the anesthesia training requirements set forth by the Board of Dentistry (BOD) in 18 VAC 60-20-10, which requires dentists to obtain permits issued by the BOD if they wish to administer conscious/moderate sedation or deep sedation/general anesthesia in their office as well as to delegate the administration to the CRNAs.

There are two points in the currently proposed amendments with which we have concerns. First and foremost, there is a statement which would allow a CRNA to perform sedation and anesthesia while under "*direction and indirect supervision of a dentist who meets the training requirements of 18VAC60-21-290 D and holds a moderate sedation permit or under the supervision of a doctor of medicine or osteopathic medicine.*" The later part of this statement underlined omits the type of supervision required from the Doctor of Medicine or osteopathic medicine over the CRNA. VSOMS is concerned that this omission can give rise to situations which are dangerous to patients' safety. This omission of level of supervision over CRNAs can lead to situations where the CRNAs can practice sedation/anesthesia in dental offices of dentists who do not have any sedation/anesthesia permit under remote supervision from the MD/DO anesthesiologists (meaning the anesthesiologist may not even be in the same facility). The dentist who is not trained or permitted in sedation and anesthesia administration may not understand what is needed and the anesthesia provider/CRNA may incorrectly assume that the office is already set and equipped to provide emergency care. Furthermore, the dentist that is not trained or permitted for deep sedation or general anesthesia will not have the adequately trained and or certified staff to handle an anesthetic emergency effectively. We see this situation being a huge problem just waiting to happen. CRNAs are accustomed to practicing in locations where backup from other qualified medical personnel are readily available (direct or indirect supervision) and essential emergency equipment and drugs are taken for granted. The combination of an untrained/unpermitted dentist and remote supervision by an MD/DO anesthesiologist can be dangerous.

Given the recent media coverage related to specific events of adverse outcomes related to anesthesia in the dental offices, there is a significant focus on this issue. If there were to arise an instance where adverse outcome occurred in the dental office in the above stated amended situations where anesthesia was provided by a CRNA without direct or

indirect supervision by a qualified dentist or an MD/DO anesthesiologist, it would not be the CRNAs/Board of Nursing who are judged by the public and other regulatory agencies. It will be the profession of dentistry, the Virginia BOD and the dentist in question. This could ultimately lead to another legislative authority removing the privilege dentistry has enjoyed providing anesthesia services to our patients altogether. This would only further impact and worsen the "access to care" concern so frequently voiced when discussing scope of practice issues.

Secondly, another statement omits the time interval in the monitoring of vital signs during moderate/deep sedation and anesthesia. **"Monitoring of the patient undergoing deep sedation or general anesthesia is to begin prior to the administration of any drugs and shall take place ~~continuously~~ continually during administration, the dental procedure, and recovery from anesthesia."** **Monitoring records of all required vital signs and physiological measures recorded every five minutes continually."** The proposed regulations replace vital sign monitoring and recording at 5-minute intervals with the term "continually." As per the definitions, "Continual" or "continually" means repeated regularly and frequently in a steady succession." This amendment does not state the time interval or frequency for recording the vital signs which makes it arbitrary and subject to provider's choice. It would be non-standardized and risky leaving it to the practitioner to decide the time interval, which could vary from every second to every 30 minutes for example. This is not the standard of care in anesthesiology, which is 5 minutes. This is a cause of serious concern to VSOMS as it undermines patient safety. This change is well below the standard of care that the BOD holds its licensees to and would be dangerous to the public which entrusts the BOD for their safety. We recognize that there may be some exceptional situations where this may not be possible, such as in a pediatric patients, which could be excluded from this rule with proper documentation.

In closing, the VSOMS recognizes and appreciates the skill and training of the CRNAs licensed in the Commonwealth. We appreciate the BOD's efforts to strengthen the anesthesia rules and regulations to ensure that these services are provided in the safest manner possible for the citizens of the Commonwealth. The practice of anesthesia in the dental office is unique in many respects and poses its own set of challenges that we feel need deliberate consideration. As the charge of the BOD is to ensure the safety of the patients of the Commonwealth of Virginia who undergo anesthesia in our dental offices, we request to addend the statements with direct or indirect supervision (not remote) from MD/DOs in the first case and add a time-interval of every 5 minutes or more to the second case. Please contact me at srenapurkar@vcu.edu for any questions or concerns.

Sincerely,



Shravan Renapurkar, DMD FACS
President



N. Ray Lee, DDS
Anesthesia Committee Chairman